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117TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
117–403

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2023

R E P O R T

OF THE

COMMITTEE ON APPROPRIATIONS
HOUSE OF REPRESENTATIVES

together with

MINORITY VIEWS

[TO ACCOMPANY H.R. 8295]

JULY 5, 2022.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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47–923 WASHINGTON : 2022

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Ms. DELAURO, from the Committee on Appropriations, submitted the following

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MINORITY VIEWS

[To accompany H.R. 8295]

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, and the 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, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and Social Security Administration for the fiscal year ending September 30, 2023, 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 2023, the budget request for fiscal year 2023, and the Committee recommendation for fiscal year 2023 in the accompanying bill.

2023 LABOR, HHS, EDUCATION BILL

[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2023 Committee compared to—	
	2022 Enacted	2023 Budget	2023 Committee	2022 Enacted	2023 Budget
Department of Labor	$13,189,218	$14,900,363	$15,030,743	+$1,841,525	+$130,380
Department of Health and Human Services	108,625,224	123,894,211	124,218,951	+15,593,727	+324,740
Department of Education	76,424,255	88,326,976	86,717,384	+10,293,129	−1,609,592
Related Agencies	15,906,903	17,656,312	17,288,922	+1,382,019	−367,390

General Summary of the Bill

For fiscal year 2023, the Committee recommends a total of $224,399,000,000 in current year discretionary funding—the 302(b) allocation—and $242,105,000,000 in overall programmatic funding, including offsets and adjustments. The fiscal year 2023 recommendation is an increase of $28,536,000,000 above the fiscal year 2022 enacted level.

The Labor-HHS-Education bill supports some of the nation's most critical programs that touch individuals and families throughout their lifespan, from Early Head Start to Social Security.

Through this bill, the Committee continues to build on progress from the fiscal year 2022 Consolidated Appropriations Act, such as significant investments in education, including strong funding increases for schools serving students in low-income communities and students with disabilities, as well as programs to expand access to post-secondary education.

The fiscal year 2023 Labor-HHS-Education bill continues to build on investments in public health, including flexible resources for State and local governments to strengthen core public health infrastructure and capacity. And the bill continues to build on progress in biomedical research—following a 50 percent increase in funding for the National Institutes of Health over the past seven years—and expands the subcommittee's investment in the Advanced Research Projects Agency for Health (ARPA–H), which was established in fiscal year 2022, to accelerate the pace of scientific break-

throughs that have the potential to transform health care and address our most complex health challenges.

The bill continues to address our nation's most urgent health crises, including maternal health, mental health, gun violence, and substance misuse, while making strides to reduce persistent and unacceptable health disparities.

And the Committee invests in workforce training and worker protection agencies, including significant new investments to rebuild capacity to enforce federal labor laws to protect workers' paychecks, benefits, and ensure the health and safety of our workplaces. The Committee also makes a major commitment to retired workers by including an increase of $1,100,000,000 for the Social Security Administration's operating expenses, which will restore federal capacity to provide earned benefits and services through Social Security, one of the cornerstones of the federal safety net.

Some of the most notable initiatives in fiscal year 2023 include:

Elementary and Secondary Education

The Committee is committed to increasing investments in core Federal programs that support high-quality public education opportunities for all students. Our nation's public schools serve more than 50 million children, more than 50 percent of whom come from low-income families. Research shows that low-income students are more likely to struggle academically and often attend high-need schools with fewer resources, less experienced teachers, and more limited access to advanced coursework. At the same time, there is overwhelming empirical evidence on education spending and student outcomes that finds more funding in schools yields statistically significant positive results for students.

Overall, the Committee recommendation provides $50,918,030,000 for Federal K–12 education programs, including the Individuals with Disabilities Education Act (IDEA), an increase of $8,333,798,000 over the fiscal year 2022 enacted level. The recommendation is a 20 percent increase over last year.

In particular, the Committee recommends an additional $3,000,000,000 over the fiscal year 2022 enacted level for Title I Grants to Local Educational Agencies for a total of $20,536,802,000. Title I serves an estimated 25 million students in nearly 90 percent of school districts and nearly 60 percent of all public schools.

The Committee recommends $1,000,000,000 for the English Language Acquisition program, which provides formula grants to States to serve English Leaners (EL), an increase of $168,600,000 over the fiscal year 2022 enacted level. Federal data shows that significant achievement gaps exist between ELs and their peers. At the same time, many States and school districts have experienced rapid growth in their EL populations. Providing increased resources to improve educational quality for EL students is a top priority for the Committee.

The Committee recommends $16,259,193,000 for IDEA Part B Grants to States, which is $2,915,489,000 above the fiscal year 2022 enacted level. The Committee is concerned that the Federal share of the excess cost of educating students with disabilities has declined and notes the critical role this increase will play in help-

ing to reverse this trend and serve as a significant step toward fully funding IDEA.

Early Childhood Education

The Committee includes nearly $20,000,000,000 for early childhood education programs through the Child Care and Development Block Grant (CCDBG), Head Start, and Preschool Development Grants—an increase of $2,420,000,000 over the fiscal year 2022 enacted level.

The Committee recognizes that child care and early learning investments are essential for children and working families, and includes a $1,000,000,000 increase for the CCDBG program. This funding will provide critical support to families by providing affordable, high quality child care to more children, providing opportunities for more parents to remain in or return to the workforce, and supporting the child care workforce, which is primarily made up of women, and particularly women of color.

The bill includes an increase of $1,360,000,000 for Head Start, including a $596,000,000 cost-of-living adjustment for the Head Start workforce, $262,000,000 in flexible, quality improvement funding for program-specific needs, and $500,000,000 to expand Head Start, Early Head Start, and Early Head Start-Child Care Partnerships to approximately 30,000 additional infants and toddlers from low-income families.

The Committee further recommends $350,000,000, an increase of $60,000,000, for Preschool Development Grants to build State and local capacity to provide early childhood care and education for children birth through five from low- and moderate-income families.

Higher Education

In the aftermath of the COVID–19 pandemic, college affordability and access are vital to our nation's recovery efforts. Therefore, the Committee recommendation makes necessary investments in programs supporting student financial aid, student support services, and other programs supporting institutions of higher education and their students.

The recommendation includes sufficient funding to support an increase in the maximum Pell Grant by $500 over the fiscal year 2022 enacted level, from $6,895 to $7,395. In addition, the Committee recommendation provides $1,243,882,000 for Federal Work Study, an increase of $33,882,000 over the fiscal year 2022 enacted level. The Committee recommendation also includes $920,000,000 for the Federal Supplemental Educational Opportunity Grants, an increase of $25,000,000 over the fiscal year 2022 enacted level.

The Committee recommendation includes $1,297,761,000 for the TRIO programs, an increase of $160,761,000 over the fiscal year 2022 enacted level. The recommendation also includes $408,000,000 for the Gaining Early Awareness and Readiness for Undergraduate Programs, which is $30,000,000 more than the fiscal year 2022 enacted level.

In an effort to assist postsecondary institutions in addressing barriers in completion and attainment, the Committee recommendation includes a total of $1,110,117,000 for programs that

serve high proportions of students of color (Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges and Universities, and other Minority Serving Institutions), an increase of $225,000,001 over the fiscal year 2022 enacted level.

The Committee also includes robust funding to support teacher preparation. The recommendation includes $30,000,000 in funding for the Augustus F. Hawkins Centers of Excellence program, an increase of $22,000,000 over the fiscal year 2022 enacted level, and the recommendation includes $132,092,000 for the Teacher Quality Partnerships program, an increase of $73,000,000 over the fiscal year 2022 enacted level.

Public Health

Public health can no longer only get attention during a crisis. The Committee recognizes that State, local, territorial, and Federal public health partners need a long-term strategy and long-term investments, beginning at CDC. The bill includes approximately $10,500,000,000 for CDC, an increase of more than $2,000,000,000.

Half of the increase included in the bill is directed to core capacities, as CDC's budget must be rebalanced between disease- or condition-specific activities and fundamental activities that support the nation's public health ecosystem. Building on funding initially provided in fiscal year 2022, the bill includes an increase of $550,000,000 for public health infrastructure to turn the tide on the nation's public health capacity by providing a stable source of disease-agnostic funding so the nation's State, local, territorial, and Federal public health agencies will be better equipped to coordinate together to save lives.

This bill also includes core capacity increases of: $45,000,000 for Public Health Workforce and Career Development to invest in essential public health workers who protect our communities and are empowered by science; $150,000,000 for Public Health Data Modernization to advance the transformation of the collection and utilization of public health data from retrospective reporting to driving action in real time; $10,000,000 to advance laboratory science and safety so CDC is capable of meeting evolving health threats and maintaining the highest standards; $10,000,000 for the National Center for Health Statistics to initiate investments in the next generation of surveys; $100,000,000 for Global Public Health Protection to modernize and expand disease surveillance and response capabilities to strengthen global health security; and $50,000,000 for the Center for Forecasting and Outbreak Analytics to improve preparedness and response.

Biomedical Research through NIH and ARPA–H

The Committee has increased NIH funding by nearly $15,000,000,000, or 49 percent, over the past seven years, under both Democratic and Republican leadership. The Committee continues and accelerates this investment by providing $47,459,000,000, an increase of $2,500,000,000 above the fiscal year 2022 enacted level for NIH research and activities.

The Committee continues its ongoing support for key NIH initiatives, such as the Cancer Moonshot, BRAIN Initiative, and the All of Us Precision Medicine Initiative. The bill also includes sufficient

funding to provide an across-the-board increase of at least 3.2 percent for NIH Institutes and Centers. The Committee remains concerned that targeted funding for specific research initiatives in recent years has slowed the growth in other areas of basic research that may lead to unforeseeable scientific breakthroughs.

The Committee also established the Advanced Projects Research Agency for Health (ARPA–H) in fiscal year 2022. Modeled after the Defense Advanced Research Project Agency (DARPA), ARPA–H will invest in large high-risk, high-reward research projects that have the potential to achieve breakthroughs in the treatment of diseases such as cancer, Alzheimer's disease, diabetes, amyotrophic lateral sclerosis (ALS), and others that impact the lives of millions of Americans and exacerbate existing health disparities. The Committee provides $2,750,000,000 for ARPA–H in fiscal year 2023, an increase of $1,750,000,000 above the fiscal year 2022 enacted level, to accelerate these critical research projects.

Mental and Behavioral Health

The COVID–19 pandemic exacerbated existing mental health and substance use disorder crises, with more people reporting increased levels of anxiety, depression, suicidal ideation, and substance use. In particular, more than a third of high school students reported experiencing poor mental health during the COVID–19 pandemic. Suicide continues to be a leading cause of death, taking more than 45,000 lives in 2020, and is the second leading cause of death among youth between the ages of 10 and 14. Drug overdose deaths have also continued to increase with CDC estimating more than 107,000 drug overdose deaths in the United States during 2021, an increase of nearly 15 percent from 2020, according to provisional data.

The Committee recommendation includes $9,170,380,000 for the Substance Use And Mental Health Services Administration (SAMHSA), making a range of investments across the behavioral health continuum to support prevention, screening, treatment, and other services. The Committee includes a total increase of $1,726,062,000 for mental health activities. This includes an increase of $500,000,000 for the Mental Health Block Grant and an increase of $85,000,000 for Certified Community Behavioral Health Clinics. In addition, the Committee includes a significant increase of $640,280,000 for the new three-digit 988 program, including the National Suicide Prevention Lifeline and behavioral health crisis response infrastructure, which is scheduled for rollout in July 2022. The bill also increases the mental health crisis set-aside to ten percent and creates a new set-aside for prevention and early intervention.

The Committee includes $60,000,000, an increase of $50,000,000 over the fiscal year 2022 enacted level, for the second year of the Mental Health Crisis Response Grant program, to help communities continue to create mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams.

The bill supports children's mental health with a $68,113,000 increase to the National Child Traumatic Stress Initiative, a $20,000,000 increase for Infant and Early Childhood Mental Health, and an additional $100,000,000 for Children's Mental

Health services, including a new pilot program to address the impact of violence in communities of color.

The Committee includes a total increase of $871,452,000 for substance use treatment activities. This includes an increase of $500,000,000 for the Substance Use Prevention and Treatment Block Grant and an increase of $250,000,000 for State Opioid Response Grants. The bill creates a new set-aside within the block grant to support recovery services. The Committee recommendation also includes an increase of $30,215,000 for substance use prevention services and activities.

The bill also includes a significant investment in recruiting and training mental and behavioral health professionals to expand access to quality mental health and substance use disorder treatment services to areas and populations most in need, including an increase of $62,000,000 for HRSA's Behavioral Health Workforce Education and Training activities.

Maternal Health

To help eliminate race-based disparities and drive down the rate of maternal mortality, the bill provides an increase of $60,000,000 for CDC's Safe Motherhood and Infant Health programs. This funding allows for the expansion of Maternal Mortality Review Committees and Perinatal Quality Collaboratives, and for increased support to current States and territories, as well as increased support for other programs including Sudden Unexplained Infant Death. The bill provides an increase of $120,000,000 for HRSA's Maternal and Child Health Services Block Grant, which includes investments in projects such as an increase of $10,000,000 for State Maternal Health Innovation Grants, an increase of $3,300,000 to expand the Alliance for Innovation in Maternal Health Safety Bundles to more States, and an increase of $3,000,000 to support and expand availability of the Maternal Mental Health Hotline. The bill also provides $30,000,000 to recruit and train midwives and doulas and an increase of $5,000,000 for Screening and Treatment for Maternal Depression and Related Disorders.

HIV Initiative

Advances in medications for the prevention and treatment of HIV, improved diagnostic tests, and new outbreak detection technology provide a unique opportunity to alter the trajectory of HIV infection rates in the U.S. with a goal of eliminating new HIV infections. This bill provides a total of $738,000,000, which is an increase of $225,000,000 for the fourth year of the Ending the HIV Epidemic Initiative, which began a new era of moving the U.S. from HIV prevention to HIV epidemic control.

Firearm Injury and Mortality Prevention Research

Firearm injury and mortality is among the leading causes of death for people aged 1–64 in the U.S. In 2019, there were nearly 40,000 firearm-related deaths in the U.S. Addressing the gaps in knowledge around this issue and identifying effective prevention strategies are needed steps toward keeping people, families, schools, and communities safe from firearm injury. In fiscal year 2020, the Committee provided the first funding in more than two

decades to address the public health emergency of firearm violence with a total of $25,000,000 to CDC and NIH. This bill more than doubles the total funding to $60,000,000 to support research to identify the most effective ways to prevent firearm related injuries and deaths, and to broaden firearm injury data collection. Building on these efforts to address firearm injury and death, this bill also includes $100,000,000 for a new evidence-based community violence intervention initiative at CDC, which aims to prevent intentional violence, such as mass casualty violence or gang violence.

Employment and Training

The economy and the labor market have seen significant gains since the economic recession resulting from the COVID–19 pandemic. The U.S. economy has added 6.5 million jobs over the past year and the unemployment rate, which peaked at 14.7 percent two years ago, is now down to 3.6 percent. Despite the strong labor market, however, economic opportunity remains hard to reach for millions in communities around the country. The unemployment rate for Black and Hispanic workers remains considerably higher than that of the overall population, and far too many women have been pushed out of the workforce or forced to consider new employment over the last two years. We must prioritize our workers and their wages as the nation emerges from the COVID–19 pandemic.

As such, the Committee recommendation includes needed investments in workforce and training systems. Specifically, the recommendation includes $3,135,332,000 for Workforce Innovation and Opportunity Act Grants to States, an increase of $256,000,000 above the fiscal year 2022 enacted level and $116,230,000 above the fiscal year 2023 budget request. In addition, the recommendation includes $303,000,000 for registered apprenticeships, an increase of $68,000,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

The recommendation also includes $100,000,000 for the Strengthening Community Colleges Training Grant program, an increase of $50,000,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. This program helps community colleges build capacity for training workers. The recommendation includes $50,000,000 for a new grant program to support communities suffering dislocations related to changes in fossil fuel and other energy industries.

The recommendation also includes $3,184,635,000 for Unemployment Compensation State Operations, an increase of $333,819,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This funding will help support States in overcoming challenges associated with administering unemployment insurance programs. Altogether, these investments will continue to support families with the economic consequences of COVID–19 and prepare workers for new employment opportunities.

Worker Protection Agencies

The Committee recommends $2,179,524,000 for Department of Labor agencies responsible for worker protection and worker rights. This is an increase of $346,589,000 over the fiscal year 2022 enacted level.

The Wage and Hour Division employs fewer investigators today than it did 75 years ago, despite the workforce having grown significantly in that time. To help make up for this lost ground, hold bad-acting employers accountable, and defend working people so they receive the pay they earned and are legally entitled to, the Committee recommendation includes $312,678,000, an increase of $61,678,000 over the fiscal year 2022 enacted level and an increase of $5,000,000 over the fiscal year 2023 budget request.

The Occupational Safety and Health Administration (OSHA) enforcement of safety and health laws is critical to preventing workplace tragedies from occurring, which is why it is concerning that, under current staffing levels, the agency would need more than 150 years to inspect each workplace under its jurisdiction. To restore OSHA's enforcement capacity, the Committee includes $712,015,000, an increase of $100,000,000 over the fiscal year 2022 enacted level and $10,610,000 over the fiscal year 2023 budget request for this critical worker protection agency.

The Committee also recommends $319,424,000 for the National Labor Relations Board, an increase of $45,200,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2022 budget request. This increase will restore the NLRB's capacity to protect workers' rights to union representation and collective bargaining.

POLICY HEARINGS

The Committee continued to fulfill its responsibility to conduct oversight of programs under its jurisdiction by holding nine subcommittee hearings—including four budget hearings and three policy hearings, as well as subcommittee hearings to take testimony from Members of Congress and public witnesses.

Social and Emotional Learning and Whole Child Approaches in K–12 Education

The Subcommittee held a hearing on "Social and Emotional Learning (SEL) and Whole Child Approaches in K–12 Education," during which the Subcommittee heard from a panel of national experts on the robust evidence of effectiveness for whole child interventions, including SEL. The Subcommittee focused on how high-quality SEL programs that support students' social, emotional, and cognitive development result in lasting positive academic and life outcomes. In addition, the Subcommittee explored how dedicated Federal resources for these approaches are vital to expanding their reach nationwide.

Healthy Aging: Maximizing the Independence, Well-Being, and Health of Older Adults

The Subcommittee held a hearing to discuss some of the top health issues facing seniors, with a particular focus on the importance of senior nutrition, elder justice, mental health, and falls prevention programs. The Subcommittee recognizes that the country's senior population is growing, and that the Labor, Health and Human Services, Education, and Related Agencies bill funds several key agencies, including the Administration for Community Living (ACL), CDC, and SAMHSA, that provide direct services to support seniors' independence, health, and overall well-being. The

Committee heard from four aging experts about some of the most significant challenges to healthy aging, and the need for specialized prevention, treatment, and support services to support seniors' physical and mental well-being.

Tackling Teacher Shortages

The Subcommittee held a hearing on "Tackling Teacher Shortages," during which the Subcommittee heard from a panel of national experts on the scope and severity of nationwide teacher shortages. The Subcommittee discussed root causes of teacher shortages and explored acute challenges with the retention and recruitment of educators of color and special educators. In addition, the Subcommittee identified strategies to help rebuild educator pipelines and address shortages and highlight needed investments in programs funded in this bill that support educator pipelines and address challenges related to recruitment and retention.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2022	$10,481,739,000
Budget request, fiscal year 2023	11,570,169,000
Committee Recommendation	11,763,847,000
Change from enacted level	+1,282,108,000
Change from budget request	+193,678,000

The Employment and Training Administration (ETA) administers Federal job training grant programs and Trade Adjustment Assistance and provides funding for the administration and oversight of the State Unemployment Insurance and Employment Service system.

TRAINING AND EMPLOYMENT SERVICES

Appropriation, fiscal year 2022	$3,912,338,000
Budget request, fiscal year 2023	4,410,999,000
Committee Recommendation	4,597,632,000
Change from enacted level	+685,294,000
Change from budget request	+186,633,000

Training and Employment Services provides funding for Federal job training programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA).

Adult Employment and Training Activities.—For Adult Employment and Training Activities, the Committee recommends $940,649,000, which is $70,000,000 more than the fiscal year 2022 enacted level and $40,662,000 more than the fiscal year 2023 budget request.

Youth Employment and Training Activities.—For Youth Employment and Training Activities, the Committee recommends $1,033,130,000, which is $100,000,000 more than the fiscal year 2022 enacted level and $69,293,000 more than the fiscal year 2023 budget request.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends $1,161,553,000, which is $86,000,000 more than the fiscal year 2022 enacted level and $6,275,000 more than the fiscal year 2023 budget request.

Dislocated Worker Assistance National Reserve.—The Committee recommends $457,386,000 for the Dislocated Workers National Reserve, an increase of $156,527,000 more than the fiscal year 2022 enacted level and $70,000,000 below the fiscal year 2023 budget request.

The Committee recommendation includes $100,000,000, an increase of $50,000,000 over the fiscal year 2022 enacted level and is the same as the fiscal year 2023 budget request, for Strengthening Community College Training Grants to support a new grant competition. This funding will continue to help better align workforce development efforts with postsecondary education and build off lessons learned from the Trade Adjustment Assistance Community College and Career Training Grant program. The Committee continues to direct the Department to follow the program requirements as laid out in House Report 116–62, except that the 120 day requirement for the solicitation shall not apply.

The Committee recommendation also includes $50,000,000 for a new program designed to assist communities experiencing dislocations occurring in fossil fuel and other energy related industries. A part of the Interagency Working Group on Coal and Power Plant Communities and Economic Revitalization, this program builds upon the Obama Administration's POWER+ initiative and is intended to support the economic well-being of workers and communities impacted by changes in the coal, oil, gas, and other industries.

The Committee strongly encourages continued investment in areas with high rates of unemployment and substance use disorder impacted by the loss of employment in the coal industry. This industry has experienced significant employment reduction in the past decade and sustained investment to transition workers to new industries is necessary to offset challenging economic conditions.

The Committee is aware of the high, unmet demand for cybersecurity and software development skills in both the Department of Defense (DoD) and the private sector and appreciates the Secretary's attention to this priority. Given the high wages and job security associated with jobs in these areas, combined with the benefits for national security and the economy at large, the Committee directs the Secretary to utilize appropriate discretionary or mandatory funds available for the purpose of high skill job training to establish grants for qualified training and educational institutions to help increase training capacity to meet this demand. The Department is also strongly encouraged to coordinate with partners within the DoD to ensure the program is effectively targeted to meet existing needs.

The Committee includes $5,000,000 for the Department of Labor to establish an Automation Impacted Industries Pilot Program to award competitive grants to industry or sector partnerships to support demonstration and pilot projects relating to the training needs of workers who are, or are likely to become, dislocated workers as a result of automation. Under this program, grantees may use the funds for one or more of the following: 1) Providing training services, which may include training services that prepare workers for in-demand industry sectors or occupations; 2) providing assistance for employers in developing a staff position for an individual who will be responsible for supporting training services provided under

the grant; 3) purchasing equipment or technology necessary for training services; 4) providing job search and other transitional assistance to workers in industries with high rates of job loss; 5) providing a training stipend to workers for training services; 6) providing integrated education and training.

The Committee provides $45,000,000 for the Workforce Opportunity for Rural Communities program, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions.

The Committee encourages the Department to develop demonstration and pilot programs that facilitate education and training programs in the field of advanced manufacturing. Eligible entities include local educational entities (*e.g.*, technical college, community college, a manufacturing extension center, or an entity that assists educationally underserved communities) partnering with manufacturers that employ individuals who have advanced manufacturing skills. These programs should (1) develop skills and competencies of workers in communities with expected growth in advanced manufacturing; (2) provide education and training for available and anticipated jobs in advanced manufacturing; (3) educate individuals about career advancement opportunities within advanced manufacturing; (4) strengthen community college partnerships with manufacturing extension centers and advanced manufacturing businesses in an effort to meet the needs of businesses for adaptability in training of workers; and (5) give priority to incumbent workers, dislocated workers, and unemployed individuals.

The Committee recognizes that the environmental health workforce is vital to protecting the health and safety of the public. The Committee encourages the Secretary, in coordination with Federal, State, local, and tribal government agencies, and private-sector and nongovernmental entities, to develop model standards and guidelines for credentialing environmental health workers. The Committee further encourages the Secretary to develop a comprehensive and coordinated plan for developing the environmental health workforce to meet national needs. This plan should include performance measures to more clearly determine the extent to which these programs and activities are meeting the Department's strategic goal of strengthening the environmental health workforce; identify any gaps between existing programs and activities and future environmental health workforce needs; identify actions to address such identified gaps; and identify any additional statutory authority that is needed by the Department to implement such identified actions. The Committee requests this plan no later than 360 days after the date of enactment of this Act.

The Committee recognizes that there is a significant number of immigrants that arrive in America, fluent in English and holding degrees and credentials in health care from their home countries. Because of the significant barriers of translating these foreign certifications into required American certifications, many immigrants are underemployed, resulting in a lower quality of life and contributing to the shortage of health care professionals. The Committee recommends that the Secretary of Labor release guidance that identifies ways to bridge the gap between unemployed immigrants and health care professions.

The Committee supports efforts by organizations to advance worker training for individuals who are survivors of abuse, abandonment, or trauma. The Committee further supports worker training projects that provide wraparound services to these individuals and recognizes the value and need to support the "whole" worker, including access to new clothing, shoes, home essentials, family hygiene items, relevant worker resources, and life skill classes to foster healing and create long-term goals.

Native Americans.—For the Indian and Native American programs, the Committee recommends $63,800,000, which is $6,800,000 more than the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

Migrant and Seasonal Farmworkers.—For the National Farmworker Jobs program, the Committee recommends $105,000,000, which is $9,604,000 more than the fiscal year 2022 enacted level and $8,289,000 more than the fiscal year 2023 budget request.

The Committee directs the Secretary to ensure that additional funding made available in fiscal year 2023—above the fiscal year 2022 enacted level—is available to all eligible organizations.

YouthBuild.—For the YouthBuild program, the Committee recommends $145,000,000, which is $45,966,000 more than the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

Reintegration of Ex-Offenders.—The Committee recommends $150,000,000 for training and reintegration activities for individuals with criminal legal histories or who have been justice system-involved, which is $47,921,000 more than the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. The Committee directs the Department to ensure grantees establish formal partnerships with employers and that program participants receive industry recognized credentials and training in fields that prepare them for successful reintegration, including ensuring participants receive training and credentials in fields where their criminal record is not a barrier to entry or continued employment. The Committee also directs the Department to consider the needs of communities that have recently experienced significant unrest.

The Committee includes a set-aside of $50,000,000 for competitive grants to national and regional intermediaries. The Committee encourages the Department to prioritize grants to national intermediaries and community-based organizations with recognized expertise and nationwide employer partners that will address the inequities deepened by the pandemic by serving populations with multiple barriers to employment and providing wraparound services to the individuals served.

The Committee is aware that recent re-entry programs are an excellent way to help address workforce challenges, including those in the advanced manufacturing sector. The Committee directs the Department to provide an update in the fiscal year 2024 Congressional Budget Justification on information from the last three fiscal years on pathways and relationships built with employers, including data on formerly incarcerated individuals who have utilized the program, rates of increased credentials, and placement in higher paying positions.

Workforce Data Quality Initiative.—The Committee recommends $6,000,000 for the Workforce Data Quality Initiative, which is the

same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The Committee supports the work of States in using these funds to create and utilize data to align preschool through workforce systems.

Apprenticeship Grants.—The Committee recommends $303,000,000 for the apprenticeship grants program, which is $68,000,000 more than the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. The Committee established this program in 2016 to expand work-based learning programs in in-demand industries through registered apprenticeships. Registered apprenticeships are a proven strategy for meeting the needs of our nation's workforce and industry simultaneously.

The Committee continues to invest in expanding opportunities relating to Registered Apprenticeship programs registered only under the National Apprenticeship Act, to be available to the Secretary to carry out activities through grants, cooperative agreements, contracts and other arrangements with States and other appropriate entities. As part of these opportunities, the Committee directs the Secretary to continue funding for national and local apprenticeship intermediaries, business and labor industry partner intermediaries, and equity intermediaries. The Committee also directs the Department to ensure that these intermediaries are given opportunities to apply for competitive grants, cooperative agreements, contracts, and other funding opportunities. The Committee urges the Secretary to ensure that States engage both business and labor as part of any State funding opportunities associated with this program. In addition, the Committee continues to support the funding and development of industry or sector partnerships as a means to expand work-based learning programs and registered apprenticeships in in-demand industries.

The Committee directs the Secretary to submit a report to the Committees on Appropriations providing details on entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded at the time such awards are made. Not later than 90 days after enactment of this Act, the Department shall provide the Committees on Appropriations a detailed spend plan of anticipated uses of funds made available, including administrative costs. The Committee also directs the Department to provide quarterly briefings on all spending activities under this program to the Committee. The Committee strongly supports efforts to expand Registered Apprenticeships to traditionally underrepresented communities.

In addition, the Committee continues to note that apprenticeships are an important path to the middle-class, with those completing a program earning an average annual income of $70,000. However, women are largely underrepresented in apprenticeship programs, and women who do participate make far less than men. Therefore, the Committee directs the Department to accelerate efforts to recruit and retain women as part of these programs and to ensure equal compensation.

The Committee recognizes that the creative economy was severely impacted by COVID–19 and encourages the Department to partner with the National Endowment for the Arts and the National Endowment for the Humanities to explore the feasibility and expansion of Registered Apprenticeship programs for creative

workers who previously received income through creative, cultural, or artistic-based pursuits to produce ideas, content, goods, and services, without regard to whether such income is earned through employment as an independent contractor or as an employee for an employer.

The Committee continues to be concerned about nationwide shortages of qualified drinking water and wastewater operation professionals, especially in rural areas, and urges the Secretary to address these challenges through apprenticeship opportunities consistent with the National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists.

The Committee notes that apprenticeship programs contribute to higher wages and fewer injuries for workers in the energy industry. The Committee also notes that as the United States combats climate change, we need to expand the clean energy workforce. However, we currently lack sufficient apprenticeship programs in the clean energy sector. Therefore, the Committee continues to encourage prioritization of apprenticeships in clean energy and encourages the Department of Labor to accelerate efforts to support apprenticeship programs that increase the number of trained workers in the clean energy sector with an emphasis in regions anticipating a loss in fossil fuel industry jobs.

The Committee appreciates the Administration's actions to ensure high-quality training opportunities by taking steps to rescind the industry registered apprenticeship program. The Committee strongly supports expansion of registered apprenticeships, youth apprenticeships, and pre-apprenticeship programs to create more job training opportunities—especially in the face of shifting workforce needs and in-demand career skills. In light of this need, the Committee encourages the Secretary to identify key sectors, including advanced manufacturing, with growing workforce demands that adapt well within apprenticeship models and develop streamlined plans with key stakeholders to execute apprenticeship programs.

The Committee supports efforts by organizations to advance worker training for individuals who are survivors of abuse, abandonment, or trauma. The Committee further supports worker training projects that provide wraparound services to these individuals and recognizes the value and need to support the "whole" worker, including access to new clothing, shoes, home essentials, family hygiene items, relevant worker resources, and life skill classes to foster healing and create long-term goals.

National Youth Employment Program.—For the National Youth Employment Program, the Committee recommends $75,000,000, which is the same as the fiscal year 2023 budget request. This new competitive grant program will provide funding for youth employment programs, including summer and year-round opportunities.

Veterans' Clean Energy Training Program.—For the Veterans' Clean Energy Training Program, the Committee recommends $10,000,000, which is the same as the fiscal year 2023 budget request. This new competitive grant program will prepare veterans and their spouses for careers in clean energy.

Civilian Climate Corps.—For the Civilian Climate Corps, the Committee recommends $15,000,000, which is the same as the fiscal year 2023 budget request. This new grant pilot will rely on strong DOL partnerships with other Federal agencies to focus on

job training and paid community service for underrepresented populations in clean energy and climate mitigation.

Community Project Funding.—Within the funds included in this account, $132,114,000 shall be used for the projects, and in the amounts, specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" at the end of this report.

JOB CORPS

Appropriation, fiscal year 2022	$1,748,655,000
Budget request, fiscal year 2023	1,778,964,000
Committee Recommendation	1,798,655,000
Change from enacted level	+50,000,000
Change from budget request	+19,691,000

Job Corps is the nation's largest residential employment and workforce development program for youth, helping prepare thousands of young people ages 16 through 24 for jobs in in-demand occupations with good wages each year.

Operations.—For Job Corps Operations, the Committee recommends $1,627,325,000, which is $24,000,000 more than the fiscal year 2022 enacted level and $24,314,000 more than the fiscal year 2023 budget request.

Construction, Rehabilitation, and Acquisition.—The Committee recommends $133,000,000 for construction, rehabilitation, and acquisition activities of Job Corps centers, which is $20,000,000 more than the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

Administration.—The Committee recommends $38,330,000 for the administrative expenses of the Job Corps program, which is $6,000,000 more than the fiscal year 2022 enacted level and $4,623,000 below the fiscal year 2023 budget request.

For over 50 years, Job Corps has successfully educated and trained millions of young adults for jobs in high demand industries and trades. Job Corps has campuses across all 50 States and Puerto Rico and provides a safe living, learning and disciplined residential setting that allows disconnected and opportunity youth to gain the employment and skills that U.S. employers seek. The Committee recommendation includes funding for Job Corps to meet capacity and ensure a safe learning environment for all students and staff, including to train youth for employment in industry sectors facing critical shortages of skilled workers, such as construction, healthcare, manufacturing, transportation, and cyber technologies. Job Corps centers are capable of serving approximately 50,000 out-of-work and out-of-school youth each year, and the Committee encourages the Department to use such funding accordingly.

The Committee continues to be concerned with the administration of the Job Corps program, including the underutilization of centers relative to on-board strength, industry-standard training, and performance incentives.

As millions of disconnected youth struggle with housing, food insecurity, and unemployment, the Committee supports the full resumption of Job Corps operations, including the reintegration of nonresidential students into normal classes, similar to other schools and institutes of higher education across the country.

The Committee has previously expressed concern regarding the impact of the transition to fixed-price Job Corps contracts on staff compensation. Currently, the Department exempts Job Corps prime contracts from compliance with the McNamara-O'Hara Service Contract Act. The Committee directs the Department to provide a report within 90 days of enactment of this Act explaining the rationale for this exemption and an estimate of the costs of requiring all Job Corps contracts to comply with this statute. The Committee further directs the Department to estimate the costs of compliance if Job Corps academic and trade instructors were classified as non-exempt for the purposes of the Fair Standards Act.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2022	$405,000,000
Budget request, fiscal year 2023	405,000,000
Committee Recommendation	450,000,000
Change from enacted level	+45,000,000
Change from budget request	+45,000,000

The Community Service Employment for Older Americans program provides grants to public and private non-profit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older whose family income is below 125 percent of the poverty level.

The Committee recommends $450,000,000 for the Community Service Employment for Older Americans program, which is $45,000,000 more than the fiscal year 2022 enacted level and the fiscal year 2023 budget request.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriation, fiscal year 2022	$540,000,000
Budget request, fiscal year 2023	494,400,000
Committee Recommendation	494,400,000
Change from enacted level	−45,600,000
Change from budget request	−−−

The Trade Adjustment Assistance program (TAA) provides assistance to workers adversely affected by international trade. TAA provides training, income support, wage subsidies for older workers, job search and relocation allowances to groups of workers who file a petition and are certified as eligible to apply for such benefits due to job losses resulting from increases in imports or foreign trade.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriation, fiscal year 2022	$3,711,331,000
Budget request, fiscal year 2023	4,258,173,000
Committee Recommendation	4,213,960,000
Change from enacted level	+502,629,000
Change from budget request	−44,213,000

The total includes $4,124,894,000 from the Employment Security Administration Account from the Unemployment Trust Fund and $89,066,000 from the General Fund of the Treasury. These funds are used to support the administration of Federal and State unemployment compensation laws.

Unemployment Insurance Compensation.—For Unemployment Insurance (UI) Compensation, the Committee recommends

$3,184,635,000, which is $333,819,000 more than the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. The recommendation provides additional resources for States to increase staffing capacity and to accommodate sustained increases in workload.

In addition, the recommendation provides contingency funding for increased workloads that States may face in the administration of UI. The Committee recommendation includes bill language so that, during fiscal year 2023, for every 100,000 increase in the total average weekly insured unemployment (AWIU) above 1,778,000, an additional $28,600,000 shall be made available to States from the Unemployment Trust Fund.

In the event that additional funds are provided to States under the AWIU contingency authority, the Department is directed to provide notification to the Committees on Appropriations of the current projected AWIU level for the fiscal year, when funds were provided to States, and how much additional funding was provided in total and to each State within 15 days of funding being provided. In the event that additional funds are provided on a quarterly basis, the Department shall provide this information on a quarterly basis.

The Committee includes $117,000,000 for the Reemployment Services and Eligibility Assessments program, and an additional $258,000,000 is made available pursuant to the Bipartisan Budget Act of 2018 (P.L. 115–123), which is $125,000,000 more than the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request.

UI Integrity Center of Excellence (UIICE).—The recommendation provides $9,000,000 for the continued support of UIICE.

Unemployment Compensation National Activities.—The Committee recommends $118,000,000 for National Activities, which is $100,000,000 more than the fiscal year 2022 enacted level and $50,174,000 below the fiscal year 2023 budget request. This increase in funding is intended to help modernize information technology systems and support States in administering the UI program.

The Committee supports ongoing efforts by the Department's Employment and Training Administration to collaborate with state workforce agencies to modernize unemployment insurance management systems. The Committee continues to urge the department to develop a comprehensive long-term strategy for delivery of assistance to state workforce agencies, as outlined in House report 117–96.

Employment Service.—The Committee recommends $723,862,000 for the Employment Service allotment to States, which is $48,810,000 more than the fiscal year 2022 enacted level and $25,000,000 more than the fiscal year 2023 budget request.

The Committee also recommends $25,000,000 for Employment Service National Activities, which is the same as the fiscal year 2022 enacted level and $2,682,000 more than the fiscal year 2023 budget request.

The Employment Service offers vital services such as referrals for job openings, career counseling, and job searches for individuals seeking employment, including veterans and people with disabilities. Since 1933, this Federal-State partnership has facilitated the

connection between employers in need of workers and individuals seeking employment. Given the nature of this exchange, the Department has historically required that the Employment Service system rely on State merit-staff employees to ensure that these services are rendered in the public interest and not solely to meet private interests. However, under the previous Administration, the Department's issued a final rule that marked a dangerous departure from this operation. As such, the recommendation includes new bill language preventing the implementation of the final rule, entitled "Wagner-Peyser Act Staffing Flexibility" (85 Fed. Reg. 592).

Foreign Labor Certification.—The Committee recommends $94,810,000 for the Foreign Labor Certification (FLC) program, which is $15,000,000 more than the fiscal year 2022 enacted level and $3,721,000 below the fiscal year 2023 budget request. The recommendation includes $68,528,000 for Federal administration, an increase of $10,000,000 over the fiscal year 2022 enacted level and $1,721,000 below the fiscal year 2023 budget request, that is intended to be used to ensure effective oversight and enforcement of employer regulations, and $26,282,000 for grants to States, an increase of $5,000,000 over the fiscal year 2022 enacted level and $2,000,000 below the fiscal year 2023 budget request.

Heat-Related Deaths.—The Committee recognizes that farm workers ensure our nation's food supply at the risk of their own health and safety, toiling under extreme temperatures and other dangerous conditions. Agriculture had the highest average rate of heat-related deaths of all industry sectors. More specifically, agriculture had roughly three times the rate of heat-related death compared to construction, which is the industry with the second highest rate of heat-related death, and 35 times the risk of heat related death compared to other industry sectors. The Committee believes that no workers should die of heat. Heat death and illness can be prevented by very simple measures, such as access to drinking water, shade, and rest breaks. The Committee urges the DOL to consider what immediate steps they can take to prevent heat illness and death while the OSHA rulemaking is in progress. In particular, the Committee urges the DOL to consider what protections could be put into place to protect workers at H–2A employers from heat illness and death, such as requiring a heat illness prevention plan as part of the H–2A labor certification process.

Workforce Information.—To better understand the growing threat heat-related illness poses to climate-vulnerable agricultural workers, the Committee encourages the Department to assess heat-related illness prevention and response through the National Agricultural Worker Survey. Specifically, the Committee encourages the Employment and Training Administration (ETA) to ensure workers' access to drinking vessels, potable water, restrooms, and shade are addressed by the National Agricultural Workers Survey. The Committee also directs ETA to incorporate questions about the incidence and prevalence of heat-related illness during agricultural employment and whether workers have been training on the job about heat-related illness. The Committee directs ETA to include a report to Congress on the findings from these questions of the survey as part of its annual report on the National Agricultural Worker Survey.

Schedule A Occupational Classification.—The Committee is aware that the Schedule A occupational classification list currently includes only two broad occupational classifications and a narrow subset of other applicants. The Committee continues to encourage the Secretary to consider rulemaking to improve the experience of employers and to effectively allocate Department resources with the goal of protecting U.S. workers from undue foreign competition through the labor certification process.

One-Stop Career Centers/Labor Market Information.—The Committee recommends $67,653,000 for One-Stop Career Centers and Labor Market Information, which is $5,000,000 more than the fiscal year 2022 enacted level and $18,000,000 below the fiscal year 2023 budget request. The recommendation also includes language authorizing the Secretary to transfer certain funding to the Office of Disability Employment Policy for research and demonstration projects.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends such sums as necessary for Advances to the Unemployment Trust Fund and Other Funds. The funds are made available to accounts authorized under Federal and State unemployment insurance laws and the Black Lung Disability Trust Fund when the balances in such accounts are insufficient.

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2022	$164,415,000
Budget request, fiscal year 2023	222,633,000
Committee Recommendation	209,200,000
Change from enacted level	+44,785,000
Change from budget request	−13,433,000

The recommendation includes $144,465,000 from the General Fund of the Treasury and $64,735,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Committee includes new bill language ensuring Office of Apprenticeship resources support Registered Apprenticeships and adequate staffing in the Office of Apprenticeship and State offices.

Prize Competition.—The Committee continues to encourage the Department, in coordination with the Office of Science and Technology Policy, to establish a prize competition consistent with the requirements of section 24 of the Stevenson-Wydler Technology Innovation Act of 1980, to support eligible programs designed to prepare high school students to enter and succeed in an in-demand industry sector or occupation.

National Guard Job ChalleNGe.—The Committee appreciates the value and success of the National Guard's Youth ChalleNGe Program, and the benefits the Department of Labor's collaboration through Job ChalleNGe provides to the youth served through the experience. The occupational skills training, individualized career and academic counseling, work-based learning opportunities, and leadership development activities provided through the Job ChalleNGe are even more vital in the aftermath of the economic fallout associated with the pandemic. The Committee encourages the Department to build upon its collaboration with Youth ChalleNGe programs and offer youth occupational skills training, individual-

ized career and academic counseling, work-based learning opportunities, and leadership development activities.

Gun Violence.—The Committee encourages the Department to prioritize Workforce Innovation and Opportunity funding opportunities, like the Young Adult Reentry Partnership and YouthBuild, to support reintegration, transitional employment, long-term impactful positions, union positions, and living wages for systems-involved youth and older adults in cities disproportionately impacted by daily gun violence.

Higher Education Workforce Development Initiative.—The Committee encourages the Department of Labor to partner with the Department of Education to explore the feasibility of creating workforce development programs at 4-year higher education institutions to align workforce development efforts and post-secondary education and support expanded skills instruction, apprenticeships, and other work-based learning opportunities, including cooperative education and upskilling and reskilling efforts in industries like manufacturing, information technology, healthcare, and energy, among others. The Committee encourages the Department to model the Higher Education Workforce Development Innovation program similarly to the Strengthening Community College Training Grants Program.

Electric Vehicle Mechanics.—The Committee recognizes the growing need of high skilled mechanics and workforce development in the automotive field to prepare for advances in the electric vehicle industry. The Committee encourages the Department of Labor and the Department of Education to explore the feasibility of working with industry partners, labor groups, and nonprofit experts to develop curriculum and training programs to further career pathways for electric vehicle mechanics. The collaboration should also develop recommendations of advanced training programs for established career mechanics to grow skilled labor outcomes and deepen their skills and knowledge to meet the needs of the future.

Disaggregated Data by Race.—The Committee is aware that few federal or federally funded workforce training programs track outcomes by race. The Committee recommends careful evaluation of disaggregated racial data in order to advance racial equity and minimize racial disparities in workforce training. The Committee requests a report from ETA within 120 days of enactment of this Act on efforts to evaluate disaggregated racial data in federally-funded workforce training programs.

Reducing Homelessness.—The Committee recognizes that employment that pays a living wage and can support the cost of housing is a key to reducing homelessness. The Office of Workforce Investment (OWI) is responsible for a national workforce investment system that provides workers with the information, advice, job search assistance, supportive services, and training for in-demand industries and occupations needed to get and keep good jobs. The Committee urges OWI to provide workforce boards with incentives and guidance to promote coordination with local homelessness systems to ensure that employment services are accessible and useful to people who are homeless or have recently left homelessness.

Justice Involved Workers.—The Committee supports the Department of Labor's intention to expand education, skills training, and work experience programs to connect justice-involved individuals

with employment opportunities to obtain and retain jobs. The Committee continues to recommend that Federal workforce development funding under covered education and training programs be available to eligible recipients with a demonstrated capacity to develop and improve the availability of employment and transitional job programs that support work-based learning activities designed to increase reentry employment as an equitable workforce approach. To increase alignment of work experience opportunities across federal programs, the committee also directs the Department to enter into a cooperative agreement with national nonprofit organizations that have an established partnership with the SNAP Employment & Training program at the Department of Agriculture.

Regional Councils and Councils of Governments.—The Committee encourages the Department to list regional councils and councils of governments as eligible entities in competitions for Federal funding whenever local governments or non-profit agencies are eligible entities. Furthermore, the Committee encourages the Department to seek opportunities for regional councils and councils of governments to serve as lead applicants and grantees to encourage and expand greater regional collaboration.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$185,000,000
Budget request, fiscal year 2023	233,867,000
Committee Recommendation	233,867,000
Change from enacted level	+48,367,000
Change from budget request	– – –

The Employee Benefits Security Administration (EBSA) assures the security of retirement, health and other workplace-related benefits of working Americans.

The Committee recommends $233,867,000 for EBSA, which is $48,367,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance.—The Committee has included resources for the Employee Benefits Security Administration (EBSA) to fully implement Section 203 of Division BB of the Consolidated Appropriations Act, 2021. Section 203 requires that all group health plans perform comparative analyses of the design and application of nonquantitative treatment limitations (NQTLs) to ensure those imposed on mental health and substance use disorder benefits are not more restrictive than limitations for medical and surgical benefits.

The Committee is encouraged that EBSA formed a MHPAEA NQTL Task Force composed of experienced investigators, health policy experts, technical experts from EBSA's regional and national offices, and attorneys from the Office of the Solicitor of Labor to assist in the implementation of the new provisions. The Committee encourages EBSA to continue to enhance its MHPAEA NQTL enforcement program by increasing the investigative resources dedicated to NQTL review and analysis. To the extent resources allow, the Committee also encourages EBSA to create templates and tools for collecting and scoring the comparative analyses and rendering

decisions on compliance; enhance coordination, standardization and MHPAEA-related decision-making uniformity among regional offices; and conduct follow-up investigations into group health plans whose comparative analyses indicate likely noncompliance or areas in which further examination is needed to determine compliance.

PENSION BENEFIT GUARANTY CORPORATION

Appropriation, fiscal year 2022	$472,955,000
Budget request, fiscal year 2023	493,314,000
Committee Recommendation	493,314,000
Change from enacted level	+20,359,000
Change from budget request	– – –

Congress established the Pension Benefit Guaranty Corporation to insure the defined-benefit pension plans of working Americans.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$251,000,000
Budget request, fiscal year 2023	307,678,000
Committee Recommendation	312,678,000
Change from enacted level	+61,678,000
Change from budget request	+5,000,000

The Wage and Hour Division (WHD) enforces Federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act (FLSA). WHD also has enforcement and other administrative responsibilities related to the Migrant and Seasonal Agricultural Worker Protection Act, the Employee Polygraph Protection Act, the Family and Medical Leave Act, the Davis Bacon Act, and the Service Contract Act.

The Committee recommends $312,678,000 for WHD, which is $61,678,000 above the fiscal year 2022 enacted level and $5,000,000 above the fiscal year 2023 budget request. The increase will support additional investigators to combat wage theft and protect workers. The Committee urges WHD to explore and expand strategic enforcement approaches to the agency's work to make the most of this increase.

Retaliation.—Because retaliation and the threat of retaliation remain a critical challenge to workers' ability to exercise their workplace rights, the Committee requests for WHD to provide information regarding its volume of retaliation complaints, the status of those complaints, and how WHD is working effectively to protect workers from retaliation in the fiscal year 2024 Congressional Budget Justification.

Accessibility.—The Committee notes the importance of making sure all workers can access WHD's resources, including workers of color, immigrant workers, workers in rural communities or with limited access to transportation, and workers with disabilities. The Committee encourages WHD to undertake efforts to improve accessibility of WHD offices, translate WHD documentation and signage into languages spoken by 5 percent or more of the population in a given WHD region, and translate WHD's online webpages, complaint forms, and resources to match regional needs. In hiring investigators, the Committee encourages WHD to focus on employing and retaining a greater number of multilingual investigators. In addition, the Committee encourages WHD to establish protocols

that permit workers to participate in investigations and hearings remotely where appropriate.

Community-based Organizations and Partnerships.—The Committee believes that community-based organizations are critical in establishing necessary trust, connecting workers with agencies, facilitating communication between agencies and workers, and deploying enforcement resources strategically. Working with community-based organizations helps agencies cooperate with workers who might otherwise be difficult to reach, including workers employed by small businesses, workers with literacy challenges, workers with limited access to broadband, and workers in high-hazard industries most vulnerable to wage violations. Therefore, the Committee urges WHD to increase its capacity to conduct outreach and collaborate with community-based organizations.

U and T Visa Certification.—The Committee notes the critical role WHD plays in completing U and T visa certifications on behalf of victims of crime and victims of trafficking in the workplace. Ensuring that all workers, regardless of immigration status, can participate in WHD investigations and exercise their workplace rights is critical to the full and effective enforcement of Federal labor laws. The Committee urges WHD to use resources provided in fiscal year 2023 to ensure the efficient and timely processing and certification of all certification requests.

Domestic Workers.—The Committee is concerned that domestic workers are particularly vulnerable to workplace exploitation, including wage theft, verbal abuse, trafficking, and sexual assault. Domestic work commonly takes place in private homes, where workers are often isolated and alone. This workforce is predominantly female, and represents populations that are already vulnerable, including immigrant women and women of color. The Committee is concerned by the limited enforcement of workplace rights for this population and the severe power imbalance between domestic workers and their employers. In response to these concerns, the Committee includes new bill language directing the Secretary to use funds made available under WHD to establish a national hotline to support domestic workers. In addition, the Committee urges WHD to prioritize investigations in sectors where workers are more vulnerable to wage theft, including domestic work, long term care, and home health care.

Misclassification.—The Committee is concerned that cases of workers being misclassified as independent contractors have been steadily rising in recent years, a development that transfers costs of doing business to workers, denies them the rights and protections of bedrock workplace protections, and depletes federal coffers by limiting payroll taxes. The Committee urges the WHD to use the full extent of its existing powers to enforce laws related to employee classification and to undertake such rulemaking action as may be necessary to execute Congress's direction under 29 USC 202.

Warehouse Workers.—The Committee recognizes that temporary warehouse workers have been the backbone of efforts to address the supply chain issues that the United States experienced during the COVID–19 pandemic. The Committee strongly supports increased oversight to prevent wage theft from warehouse workers and is encouraged by the WHD's initiative on Warehouse and Lo-

gistics workers. The Committee requests a report within 90 days of enactment of this Act detailing the steps the WHD is taking to address wage theft among warehouse workers, including non-union temporary warehouse workers. In addition, the Committee requests a progress report on the initiative on Warehouse and Logistics workers, including steps to provide education, outreach, enforcement to increase compliance and reduce industry violations.

OFFICE OF LABOR MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$45,937,000
Budget request, fiscal year 2023	49,951,000
Committee Recommendation	45,937,000
Change from enacted level	– – –
Change from budget request	–4,014,000

The Office of Labor Management Standards (OLMS) administers the Labor-Management Reporting and Disclosure Act (LMRDA), which establishes safeguards for union democracy and union financial integrity, and requires public disclosure reporting by unions, union officers, employees of unions, labor relations consultants, employers, and surety companies.

The Committee recommends $44,937,000 for OLMS, which is the same as the fiscal year 2022 enacted level and $4,014,000 below the fiscal year 2023 budget request.

Persuader Reporting.—The Committee is concerned about uneven compliance with rules regarding reporting of persuader activity and urges the Department to review its rules and policies on persuader reporting and take all appropriate actions to strengthen its rules and enforcement to ensure maximum compliance and reporting of persuader activity. Further, the Committee urges the Department to consider proposing a revision to its rules to require disclosure on the LM–10 form as to whether the filer is a federal contractor, whether the persuader activity relates to employees working on or in connection with the federal contract, and with which agency or agencies the employer contracts.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$108,476,000
Budget request, fiscal year 2023	147,051,000
Committee Recommendation	147,051,000
Change from enacted level	+38,575,000
Change from budget request	– – –

The Office of Federal Contract Compliance Programs (OFCCP) ensures equal employment opportunity in the Federal contracting community through enforcement, regulatory work, outreach and education to workers and their advocates.

OFCCP is responsible, per Executive Order 11246 (EO 11246), for ensuring Federal contractors and subcontractors take affirmative action to ensure that all individuals have an equal opportunity for employment, without regard to race, color, religion, sex, or national origin.

The Committee recommends $147,051,000 for OFCCP, which is $38,575,000 above the fiscal year 2022 enacted level and the same

as the fiscal year 2023 budget request. The Committee supports OFCCP's efforts to make sure contractors and subcontractors are adhering fully to EO 11246.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$120,129,000
Budget request, fiscal year 2023	145,977,000
Committee Recommendation	145,977,000
Change from enacted level	+25,848,000
Change from budget request	– – –

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, the Energy Employees Occupational Illness Compensation Program Act, and the Black Lung Benefits Act. These programs provide eligible injured and disabled workers and their survivors with compensation, medical benefits, and services including rehabilitation, supervision of medical care, and technical and advisory counseling.

The Committee recommendation includes $143,772,000 in General Funds from the Treasury, which is $25,848,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 request, and $2,205,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

SPECIAL BENEFITS

Appropriation, fiscal year 2022	$244,000,000
Budget request, fiscal year 2023	250,000,000
Committee Recommendation	250,000,000
Change from enacted level	+6,000,000
Change from budget request	– – –

These funds provide mandatory benefits under the Federal Employees' Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2022	$32,970,000
Budget request, fiscal year 2023	36,031,000
Committee Recommendation	36,031,000
Change from enacted level	+3,061,000
Change from budget request	– – –

These funds provide mandatory benefits to coal miners disabled by black lung disease, to their survivors and eligible dependents, and for necessary administrative costs.

The Committee recommends $36,031,000 for Special Benefits for Disabled Coal Miners. This amount is in addition to the $11,000,000 appropriated in fiscal year 2022 as an advance for the first quarter of fiscal year 2023. The total program level recommendation is $3,061,000 more than the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

The Committee recommendation also provides $10,250,000 as an advance appropriation for the first quarter of fiscal year 2024. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2022	$63,428,000
Budget request, fiscal year 2023	64,564,000
Committee Recommendation	64,564,000
Change from enacted level	+1,136,000
Change from budget request	– – –

These funds provide mandatory benefits to eligible employees or survivors of employees of the Department of Energy (DOE); its contractors and subcontractors; companies that provided beryllium to DOE; 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.

Beryllium Vendor Eligibility.—The Committee is concerned that the Department of Labor's interpretation of what constitutes a "covered employee" under the terms of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) mistakenly excludes some employees of beryllium vendors and facilities and contravenes congressional intent under EEOICPA. As such, the Committee encourages the Department to examine making eligible all employees of beryllium vendors named in EEOICPA for benefits under the Act regardless of corporate structure, past reorganizations, or current ownership as a subsidiary provided those actions were compliant with applicable federal law. The Committee further directs the Department to submit a report to the Committee no later than 90 days after the date of enactment of this Act that outlines the number of beneficiaries and eligible employers covered under the EEOICPA.

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2022	$331,505,000
Budget request, fiscal year 2023	394,896,000
Committee Recommendation	394,896,000
Change from enacted level	+63,391,000
Change from budget request	– – –

The Black Lung Disability Trust Fund, supported with mandatory funding, pays black lung compensation, medical and survivor benefits, and administrative expenses when no mine operator can be assigned liability for such benefits, or when mine employment ceased prior to 1970. The Black Lung Disability Trust Fund is financed by an excise tax on coal, reimbursements from responsible mine operators, and short-term advances from the Treasury. The Emergency Economic Stabilization Act of 2008 authorized a restructuring of the Black Lung Disability Trust Fund debt and required that annual operating surpluses be used to pay down the debt until all remaining obligations are retired.

Black Lung Benefits Claims Processing.—The Committee is concerned with lengthy delays in the processing of Black Lung Benefits Act claims, particularly where the mine operator's ability to pay the claim is in question. Delays impede access to necessary medical care while claims are pending. The Committee supports efforts by the Secretary to resolve these claims expediently to ensure miners can receive the benefits and medical care they need. The

Committee requests an update in the fiscal year 2024 Congressional Budget Justification on the Department's efforts to improve the speed and quality of its black lung claims processing.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$612,015,000
Budget request, fiscal year 2023	701,405,000
Committee Recommendation	712,015,000
Change from enacted level	+100,000,000
Change from budget request	+10,610,000

The Occupational Safety and Health Act of 1970 established the Occupational Safety and Health Administration (OSHA) to assure safe and healthy working conditions by setting and enforcing standards and by providing training, outreach, education and assistance.

Within the total for OSHA, the Committee provides the following amounts:

Budget Activity	FY 2023 Committee
Safety and Health Standards	$29,080,000
Federal Enforcement	285,508,000
Whistleblower Programs	27,290,000
State Programs	121,075,000
Technical Support	27,007,000
Federal Compliance Assistance	91,608,000
State Consultation Grants	63,500,000
Training Grants	14,287,000
Safety and Health Statistics	42,180,000
Executive Direction and Administration	10,480,000

Compliance Safety and Health Officers (CSHOs).—The Committee is concerned about the significant reduction in OSHA Compliance Safety and Health Officers (CSHOs) in recent decades relative to the number of workers they oversee. These CSHOs enforce federal workplace standards across the country, inspecting worksites and ensuring that employers comply with worker safety and health regulations. That is why the Committee is strongly supportive of OSHA's plans to use additional resources to support and rebuild OSHA's enforcement program by hiring additional CSHOs. The Committee encourages the agency to focus on employing and retaining multilingual officers crucial to thorough inspections of workplaces across the country.

Elimination of the Limiting OSHA Coverage to Small Farms Rider.—The Committee continues to eliminate the existing appropriations rider that prevents OSHA from conducting any activities—including compliance assistance, investigations, and enforcement activities—on small farms. Agriculture is among the most dangerous industries in the United States. However, OSHA is currently prohibited from investigating even fatalities and serious injuries on small farms, as well as responding to worker complaints. Agricultural exemptions in New Deal worker protection laws, which set the precedent for the OSHA small farms rider, were included as compromises to secure the votes of Southern lawmakers who opposed expanding labor rights for black farmworkers and sharecroppers. This is an almost 40-year-old rider that continues to

have a disparate impact on racial and ethnic minorities and should not be included in this Act. All farmworkers deserve to be protected by the OSHA law, regardless of the size of their employer.

Penalties.—The Committee notes that OSHA penalties are among the lowest of any Federal agency and believes they are woefully inadequate in deterring workplace health and safety violations by employers. For instance, despite widespread reports that meatpacking facilities were becoming deadly COVID–19 hotspots as early as March 2020, OSHA waited six months before issuing two small financial penalties totaling $29,000 to a JBS plant and a Smithfield plant. For context, in 2019, JBS's annual revenue was $51.7 billion and Smithfield's was $14 billion. To address these concerns, Committee urges OSHA to adopt policies that encourage the use of maximum penalties or a penalty multiplier for serious violations in large businesses.

Whistleblower Protection Program.—The Committee is concerned about the increasing caseloads and unprecedented length of time taken by OSHA to complete whistleblower investigations. OSHA's whistleblower investigative staff enforces protections for employees who suffer retaliation for protected activity under more than 20 statutes, and the number of statutes continues to increase. OSHA's already-overburdened Whistleblower Protection Program staff has seen a consistent increase in new complaints filed, including a large increase in COVID–19 related complaints since the beginning of the pandemic, which has resulted in a significant backlog of pending investigations. The Office of Inspector General concluded in August 2020 that when OSHA fails to respond in a timely manner, it "could leave workers to suffer emotionally and financially" and may lead to the erosion of evidence needed for the case. To bolster the Whistleblower Protection Program's capacity to conduct critical investigations in a timely manner in industries across the country and bring the agency closer to compliance with statutory requirements of more than 20 statutes, the Committee increases resources for the Whistleblower Protection program by $5,790,000 above the fiscal year 2022 enacted level. This increase will support OSHA's efforts to update its decades-old Whistleblower data base to the current OSHA Information System for OSHA's main enforcement program or to develop a new system.

Susan Harwood Training Grants.—The Susan Harwood Training Grants to non-profit organizations reach workers in dangerous industries with critical education and training on workplace hazards and statutory protections. The latest statistics from the Bureau of Labor Statistics show that workplace fatalities are increasing for Black workers and that fatality rates are higher among Hispanic and Black workers. The Committee supports OSHA's efforts to provide funding to non-profit, community-based groups, and other non-profit organizations with the capability to reach workers in low-wage industries and workers in dangerous industries. In addition, the Committee urges OSHA to allow grantees to train on multiple hazards. Further, the Committee encourages OSHA to ensure grants are awarded to train workers employed in disaster recovery and rebuilding sectors.

U and T Visas.—The Committee strongly supports efforts by OSHA to ensure all workers, regardless of immigration status, can participate in OSHA investigations and exercise their workplace

rights. However, the Committee notes that OSHA does not outline a process for U and T visa certification. The Committee encourages OSHA to evaluate the merits of establishing a policy on U and T visa certification requests and consider assisting workers with U and T visa certification.

OSHA Noise Standard.—The Committee is aware that the National Institute for Occupational Safety and Health (NIOSH) estimates that 22 million U.S. workers are exposed to potentially dangerous levels of noise in the workplace every year and that hearing loss is the most commonly recorded occupational illness in manufacturing, accounting for 1 in 9 recordable illnesses. The Committee is also aware that the OSHA Noise Standard (20 CFR 1910.95) for employers was established in 1983, but has not been updated since that time even as the Department of Defense (DoD), NIOSH, and many other countries have recommended or adopted more protective noise exposure limits. Accordingly, to better protect the American workforce and reduce the risk of noise-induced hearing loss, the Committee urges OSHA to lower the current permissible exposure level to 85 dBA TWA using a 3 dB exchange rate. Such a change would substantially reduce the excess risk of developing occupational noise-induced hearing loss over a working lifetime and be consistent with current exposure limits specified by the DoD and voluntarily adopted by many private employers.

OSHA Heat Standard.—The Committee recognizes that with climate change, risks of heat-related illnesses continue to grow, posing serious risks to workers and their families as well as the nation's food supply and supply chains. Workers exposed to extreme heat are disproportionately low-wage workers and workers of color. The Committee is encouraged by the notice of proposed rulemaking by the Department announced in October 2021. While the rulemaking is underway, the Committee is pleased that OSHA's National Emphasis program will create, for the first time, a nationwide enforcement mechanism to proactively inspect workplaces for heat-related hazards and prevent worker injuries, illnesses, and fatalities.

Children in Agriculture.—The Committee is concerned that children working in agriculture are at risk from work injuries that could result in death. The Committee requests a report within 180 days of the date of enactment of this Act which shall include an evaluation of data that reflects the status of child labor and related safety and health hazards, such as the health impact of pesticide use. The report shall include information on work-related serious injuries to children under 18 employed in agriculture, as well as work-related deaths of children under 18 employed in agriculture. The report shall provide relevant details, including environmental hazards, such as chemical or pesticide exposure; use of machinery or tools at time of incident; work tasks performed at time of incident; and other details relating to the incident. OSHA is encouraged to collaborate with BLS and WHD.

Technology.—The Committee recognizes that technology is increasingly incorporated into how we work. The Committee encourages OSHA, in collaboration with NIOSH and stakeholders, to examine the role of technology in improving safety. In particular, OSHA should review efforts to make technology innovation more accessible, to identify the most hazardous situations for the Amer-

ican workforce, and to eliminate barriers to the adoption of critical safety controls by employers. The Committee requests a briefing with 120 days of enactment of this Act on recommendations on these topics to specifically focus on reducing fatalities.

Interagency Collaboration.—The Committee is concerned about the implementation and renegotiation of the 1994 Memorandum of Understanding (MOU) between OSHA and the Food Safety and Inspection Service (FSIS) towards establishing a process for FSIS inspection personnel to be trained to recognize and report serious workplace hazards. The Committee requests a report within 90 days of enactment of this Act on the implementation status of this renegotiated MOU that includes the agencies' timeline and action plan for implementation.

Asbestos.—The Committee is concerned that construction workers continue to be exposed to asbestos at renovation, rehabilitation, and restoration construction sites for both private developments and public housing. The Committee encourages OSHA, in collaboration with the Environmental Protection Agency, to prioritize activities that proactively prevent asbestos exposure, such as increased site visits. In addition, the Committee encourages OSHA to work with employers to ensure asbestos hazards, fact sheets, and safety protocols are publicly listed in English and Spanish and to provide trainings to employers and employees.

Arc-flash Personal Protective Equipment.—The Committee is concerned with continued lack of compliance with OSHA's and industry's standards for arc-flash (AR) clothing and associated personal protective equipment (PPE) requirements that have been in place for over two decades. More than 600,000 American workers performing work on or near energized electrical equipment are exposed to deadly arc-flash related injuries and hazards on worksites across the country without the required lifesaving protection. This results in many catastrophic injuries and fatalities of American workers every year, virtually all of which are preventable. The Committee encourages OSHA to adopt an enforcement policy citing existing standards such as NFPA 70E, and for requiring appropriate arc flash protective clothing and PPE during all live electrical work performed in the United States.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$383,816,000
Budget request, fiscal year 2023	423,449,000
Committee Recommendation	403,816,000
Change from enacted level	+20,000,000
Change from budget request	−19,633,000

The Mine Safety and Health Administration (MSHA) enforces the Federal Mine Safety and Health Act in underground and surface coalmines and metal/non-metal mines.

Within the total for MSHA, the Committee provides the following amounts:

Budget Activity	FY 2023 Committee
Mine Safety and Health Enforcement	$279,509,000
Standards and Regulations Development	6,229,000

Budget Activity	FY 2023 Committee
Assessments	7,191,000
Educational Policy and Development	39,755,000
Technical Support	36,209,000
Program Evaluation and Information Resources	18,655,000
Program Administration	16,268,000

Coal, Metal, and Non-metal Mines.—MSHA is directed to include in the fiscal year 2024 Congressional Budget Justification and all future Congressional Budget Justifications historical and budget year information on enforcement activities and outcomes, distinguishing between coal and metal/non-metal mines. To promote transparency in agency spending on its enforcement activities, MSHA shall continue to separately present annual spending on coal and metal/non-metal mines as it has in past Congressional Budget Justifications.

Resources and Activities.—The Committee notes significant worker dislocations and mine closures because of economic conditions throughout the mining industry, and in coal mining in particular. The Committee reiterates its support for the ongoing effort to bring MSHA enforcement into proportion by redistributing resources and activities to the areas where mine production is currently occurring and where MSHA identifies the most significant safety hazards.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$687,952,000
Budget request, fiscal year 2023	741,744,000
Committee Recommendation	726,334,000
Change from enacted level	+38,382,000
Change from budget request	−15,410,000

The Bureau of Labor Statistics (BLS) is an independent national statistical agency that collects, processes, analyzes, and disseminates essential economic data to the Congress, Federal agencies, State and local governments, businesses, and the public. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

The Committee recommendation includes $658,334,000 from the General Fund of the Treasury and $68,000,000 from the Employment Security Administration Account in the Unemployment Trust Fund. The recommendation does not include funds for the relocation of the BLS headquarters, which was fully funded in fiscal year 2022.

Within the total for BLS, the Committee provides the following amounts:

Budget Activity	FY 2023 Committee
Employment and Unemployment Statistics	$261,454,000
Labor Market Information	68,000,000
Prices and Cost of Living	252,000,000
Compensation and Working Conditions	92,976,000
Productivity and Technology	12,853,000
Executive Direction and Staff Services	39,051,000

National Longitudinal Survey of Youth (NLSY).—The Committee continues to recognize the importance of the National Longitudinal Survey of Youth (NLSY), which has provided valuable information about labor market trends for decades. The increase includes sufficient resources to continue development of a new NLSY cohort.

Preserving Existing Statistical Work and Staff.—When implementing the NLSY and other new investments, the Committee directs BLS not to reduce or eliminate existing statistical work. Further, the Committee directs BLS not to reduce the number of full-time equivalent positions beyond the apportioned fiscal year 2022 full-time equivalent ceiling.

Nonprofit Sector Workforce.—The Committee recognizes the importance of the nonprofit sector workforce as a critical partner to government and a frontline service provider in communities nationwide and encourages BLS to examine the value in including nonprofit organizations as a distinct category of employer in quarterly reports from its Quarterly Census of Employment and Wages (QCEW).

Artificial Intelligence.—The Committee notes the continued development of artificial intelligence and encourages BLS to examine this trend's impact on the economy.

Public Safety Telecommunicators.—The Committee recognizes that categorizations of a 'public safety telecommunicator' as an 'office and administrative support occupation' is outdated and does not reflect the nature of this life-saving work. The Committee encourages BLS to update data collection practices to be in line with modern changes to the public safety telecommunications profession, classifying them as a 'protective service occupation' and collecting data accordingly.

Military Spouses.—The Committee recognizes the need for comprehensive data measuring employment among military spouses over time. The Committee encourages BLS, in collaboration with the Department of Defense, to assess the potential for measuring labor market outcomes and characteristics of military spouses with existing survey data and explore options for modifying such surveys to capture this population.

BLS Data Collection Sources.—The Committee recognizes the value and importance of real-time economic data for the purpose of identifying economic trends and consumer sentiment. Further, as the Department prepares future solicitations for economic data and research, the Committee encourages the Department to conduct robust market research to identify potential new market entrants.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$40,500,000
Budget request, fiscal year 2023	58,566,000
Committee Recommendation	58,566,000
Change from enacted level	+18,066,000
Change from budget request	– – –

The Office of Disability Employment Policy (ODEP) provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

The Committee recommendation for ODEP is $58,566,000, which is $18,066,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. The Committee is supportive of the budget proposal for ODEP to support the planning and implementation of Equitable Transition Model (ETM) projects that will develop strategies to enable low-income youth with disabilities, including youth experiencing homelessness, leaving foster care, or involved in the justice system, to be more likely to transition to employment.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$367,697,000
Budget request, fiscal year 2023	492,104,000
Committee Recommendation	498,917,000
Change from enacted level	+131,220,000
Change from budget request	+6,813,000

The Departmental Management appropriation provides funds for the staff responsible for Departmental operations, management, and policy development.

The Committee recommendation includes $498,609,000 from the General Fund of the Treasury, $131,220,000 above the fiscal year 2022 enacted level and $6,813,000 above the fiscal year 2023 budget request, and $308,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Within the total for Departmental Management, the Committee provides the following amounts:

Budget Activity	FY 2023 Committee
Program Direction and Support	$38,958,000
Departmental Evaluation	10,351,000
Legal Services	178,183,000
International Labor Affairs	138,965,000
Administration and Management	36,630,000
Adjudication	42,836,000
Women's Bureau	35,361,000
Civil Rights Activities	11,591,000
Chief Financial Officer	6,042,000

Office of the Solicitor (SOL).—The recommendation includes $178,183,000 for SOL to bring enforcement actions on behalf of DOL's agencies. The SOL is encouraged to increase staffing levels to assist in the development of investigations, negotiations, and litigations to ensure workers get the relief they deserve.

Bureau of International Labor Affairs (ILAB).—Of the $138,965,000 recommended for ILAB, the Committee directs the Secretary to allocate not less than $40,500,000 in grants to build the capacity of countries to enforce labor rights to promote a more level playing field for workers in the U. S. while maintaining critical funding for combatting child labor. The Committee directs ILAB to use its fiscal year 2023 funding increase to place additional labor attaches in strategic countries, including, but not limited to, Honduras.

Flagship Reports on Child Labor and Forced Labor.—ILAB is directed to continue its work on three key reports, including: DOL's Findings on the Worst Forms of Child Labor; the List of Goods Pro-

duced by Child Labor or Forced Labor; and, the List of Products Produced by Forced or Indentured Child Labor. The Committee includes the resources requested in the fiscal year 2023 budget request for staff and contract costs to fulfill a new statutory mandate requiring the List of Goods Produced by Child Labor or Forced Labor to include goods that are produced with inputs that are produced with forced labor or child labor.

USMCA Implementation Act.—The Committee urges ILAB to use USMCA Implementation Act funding to directly support workers' rights and capacity to organize independent unions in Mexico. These activities must be central to ILAB's monitoring, enforcement, and capacity-building roles in USMCA implementation. ILAB can also advance this critical work through technical assistance that strengthens the capacity of independent unions in USMCA priority sectors. Further, ILAB can fund research and legal teams, including through academic institutions, to develop sustainable programs that train and support labor lawyers and researchers in priority sectors. Finally, ILAB can support key USMCA objectives by funding innovative supply chain monitoring and accountability mechanisms, focused on ensuring the effective recognition of workers' rights to organize and collective bargaining in USMCA priority sectors. Such efforts to develop necessary research, legal assistance and monitoring mechanisms will collectively supplement and strengthen core ILAB program to directly educate and train workers to build independent unions.

In the fiscal year 2024 Congressional Budget Justification, ILAB is directed to include spending plans for resources provided in the USMCA Implementation Act for fiscal years 2020 through 2024. Spending plans should include descriptions and amounts for projects and staffing.

Child Labor in Cocoa.—The Committee is concerned about the continued prevalence of child labor in the harvesting and production of cocoa beans. Further, the Committee notes that while the Child Labor Cocoa Coordinating Group (GLCCG) has facilitated progress in the reduction of child labor in cocoa production, substantial levels of children remain engaged in child labor in the industry. The Committee is concerned about the progress of the GLCCG in accordance with goals established in the Harkin-Engel Protocol. The Committee encourages the Department to report on indicators of progress being made by high-risk countries to eliminate child labor and forced labor in the cocoa sector, including progress being made to map all cocoa farms. In addition, the Committee encourages the Department to report on government and industry use of available best practices for management, reporting, and verification, and on the active and meaningful participation of worker organizations in order to provide consumers with assurance that cocoa products are produced without the use of child labor and forced labor.

Women's Bureau.—Of the $35,361,000 appropriated to the Women's Bureau, the Committee provides no less than $7,500,000 for the Women in Apprenticeship and Nontraditional Occupations (WANTO) program, which is $5,000,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. This program helps employers and labor unions recruit, train, and retain women for nontraditional employment opportunities. These re-

sources are essential in helping women overcome traditional barriers to entry and supporting women's full participation in the labor force.

Operating Plan.—The Committee directs the Department to submit its annual Operating Plan to the Committees on Appropriations within the 45-day statutory deadline.

Advertising Spending.—The Committee understands that, as the largest advertiser in the U.S., the Federal Government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs the Department to include the following information in its fiscal year 2024 Congressional Budget Justification: Expenditures for fiscal year 2022 and expected expenditures for fiscal years 2023 and 2024, respectively, for (1) all contracts for advertising services; and, (2) contracts for the advertising services of(I) socially and economically disadvantaged small business concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Nondisclosure Agreements.—The Committee recognizes that harassment, including sexual harassment and assault, continue to be pervasive in the workplace, and that the use of predispute nondisclosure and nondisparagement clauses as conditions of employment can perpetuate illegal conduct by silencing survivors and shielding perpetrators. The Committee directs the Department to include proposals in its fiscal year 2024 Congressional Budget Justification to eliminate the use of grants and contracts to employers that use this practice.

National Equal Pay Enforcement Task Force.—The Committee strongly urges the Secretary to establish a National Equal Pay Enforcement Task Force (Task Force), consisting of representatives from the Equal Employment Opportunity Commission, the Department of Justice, the Department of Labor, and the Office of Personnel Management. The mission of the Task Force should be to improve compliance, public education, and enforcement of equal pay laws. The agencies in the Task Force should coordinate activities and limit potential gaps in enforcement. The Committee further urges the Task Force to investigate challenges related to pay inequity, advance recommendations to address those challenges, and create action plans to implement the recommendations. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on steps to establish the Task Force.

Employees.—The Committee directs the Department to provide a report not later than 30 days after the conclusion of each quarter detailing the number of full-time equivalent employees and attrition by principal office and appropriations account.

Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs in fiscal years 2020, 2021 and 2022 to serve individuals living in persistent poverty counties, as defined as a county that has had 20

percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, or any territory or possession of the United States, and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2014–2018 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days of enactment of this Act on how the Department is carrying out this directive. In the case of any competitive program for which at least 10 percent of the funds allocated were not allocated to persistent poverty counties or for which the percentage allocated to high-poverty areas in fiscal year 2021 or 2022 was less than the average percentage of Federal assistance allocated to high-poverty areas awarded under the program in fiscal years 2017, 2018, and 2019, such report and briefing shall explain why such a benchmark is unable to be met.

Study on the Health Impact of Pesticide Use on Children in Agriculture.—The Committee includes $1,000,000 for the Department to contract with the National Academies of Sciences, Engineering, and Medicine (NASEM) to study the impact of pesticide exposure on children working in agriculture. Pesticides have a detrimental effect on human health, with children among the particularly vulnerable, and low levels of pesticide exposure can affect children's neurological and behavioral development. The Committee encourages NASEM to review other environmental hazard-related exposures on children in agriculture as well.

Evidence-based Policymaking Act.—The Committee is supportive of efforts by the Department to consider evidence of effectiveness in grant competitions and requests an update in the fiscal year 2024 Congressional Budget Justification on implementation of the Foundations for Evidence-based Policymaking Act (P.L. 115–435) and implementation plans for the coming year. The Committee encourages the Secretary to develop guidance to ensure relevant participants and grantees are involved in the Department-wide process of prioritizing evidence needs, including participating in Department led evaluations. Consistent with program statutes, the Committee encourages the Secretary to ensure that evidence of effectiveness is a consideration in grant opportunities.

Organizational Priority Goals.—The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2024 Congressional Budget Justification.

Streamlining Service Delivery and Improving Customer Service.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee further directs the

Department to include an update on the progress of these efforts in the fiscal year 2024 Congressional Budget Justification.

Use of Force.—The Committee supports vigorous action to improve training for all Federal, State, and local law enforcement officers on racial profiling, implicit bias, procedural justice, the use of force, and the duty for officers to intervene when witnessing the use of excessive force against civilians. The Committee therefore directs the Secretary to work with the Attorney General and the Federal Law Enforcement Training Centers to implement improved, mandatory training on these topics for all federal law enforcement officers, along with the development of related standards that can be applied in hiring and performance assessments. These training requirements and standards should be based on the related provisions in H.R. 1280, as passed by the House of Representatives in March 2021.

The Committee directs the Department's Division of Protective Operations, to the extent it has not already done so, to submit its use of force data to the Federal Bureau of Investigation's National Use of Force Data Collection database. The Committee requests a briefing within 90 days of enactment of this Act on current efforts to tabulate and submit use of force data to the FBI.

Inter-agency Collaboration.—The Committee identifies a need for more inter-agency collaboration between the Department—including WHD and OSHA—, Equal Employment Opportunity Commission, and the National Labor Relations Board to enforce labor and civil rights laws fully and effectively. The Committee encourages the agencies to review and evaluate current enforcement efforts, rescind harmful regulations and sub-regulatory guidance, and ensure each agency is using all the tools and policies at their disposal to protect workers. This includes robust coordinated outreach and education to rebuild trust in government enforcement, especially in communities of color.

Critical Minerals.—The Committee recognizes the importance of critical minerals for use in the United States. In response to this growing need, as part of the Consolidated Appropriations, Act of 2021 (P.L. 116–260), Congress authorized in section 7002 a workforce assessment and workforce development program in the Department of Labor to address mineral security. The Committee requests an update on these efforts in the fiscal year 2024 Congressional Budget Justification.

Residential Contractor Certification Program.—The Committee encourages the Department to develop a system, similar to Energy Star, to help consumers make informed decisions when hiring a residential contractor to perform work. The Department should work with labor unions and other stakeholders in developing such a system. The Committee requests a briefing within 90 days of enactment of this Act on the Department's plans to develop this system.

VETERANS EMPLOYMENT AND TRAINING

Appropriation, fiscal year 2022	$325,341,000
Budget request, fiscal year 2023	330,968,000
Committee Recommendation	338,841,000
Change from enacted level	+13,500,000
Change from budget request	+7,873,000

The recommendation includes $70,500,000 from the General Fund of the Treasury and $268,341,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Veterans Employment and Training (VETS) program serves America's veterans and separating service members by preparing them for meaningful careers, providing employment resources and expertise, and protecting their employment rights.

Within the total for VETS, the Committee provides the following amounts:

Budget Activity	FY 2023 Committee
State Administration Grants	$183,000,000
Transition Assistance Program	32,379,000
Federal Administration	49,548,000
Veterans Employment and Training Institute	3,414,000
Homeless Veterans Reintegration Program	70,500,000

The Committee recommendation includes $32,379,000 for the Transition Assistance Program, which is the same as the fiscal year 2022 enacted level and $1,000,000 more than the fiscal year 2023 budget request. This funding will enhance the quality of employment support services for transitioning service members and allow VETS to develop and implement a course curriculum to help military spouses overcome the challenges they face related to employment and career development.

The Committee includes $70,500,000 for the Homeless Veterans Reintegration Program, which is $10,000,000 more than the fiscal year 2022 enacted level and $8,000,000 more than the fiscal year 2023 budget request. Funds will be used to further support the needs of veterans experiencing homelessness.

The Committee includes $500,000, which is the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request, to support the HIRE Vets Medallion Program authorized by the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017.

The Committee recommendation includes $300,000 within Federal Administration, which is the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request, to continue the operation of the Disabled Veteran Program (DVP), which was initiated by the Committee in fiscal year 2020. The DVP addresses the high unemployment and low labor force participation rate of veterans with service-connected and non-service-connected disabilities. The DVP helps increase employment and advancement opportunities for veterans with disabilities by working with Federal, State, and private partners to promote the hiring of veterans with disabilities, improve coordination of available employment services and supports, and to identify and share employment best practices for hiring, retaining, and advancing veterans with disabilities in the workforce.

Equity and Access for Homeless Veterans.—The Committee continues to direct the Department to include an update on racial equity and access to programs at the Department providing services to homeless veterans in its fiscal year 2024 Congressional Budget Justification. The update shall also track departmental expenditures within the Homeless Veteran Programs, specifically with re-

gard to minority, female, and LGBTQ populations. Where available, the Department shall disaggregate data by ethnicity, age, gender identity, and discharge status.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriation, fiscal year 2022	$28,269,000
Budget request, fiscal year 2023	47,969,000
Committee Recommendation	38,269,000
Change from enacted level	+10,000,000
Change from budget request	−9,700,000

Information Technology (IT) Modernization provides a dedicated source of funding for Department-wide IT modernization projects together with funding through the Department's Working Capital Fund.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2022	$90,847,000
Budget request, fiscal year 2023	107,865,000
Committee Recommendation	99,028,000
Change from enacted level	+8,181,000
Change from budget request	−8,837,000

The Office of Inspector General (OIG) conducts audits of Department programs and operations in order to determine that they comply with the applicable laws and regulations, that they use resources effectively, and that they are achieving their intended results.

The recommendation includes $93,187,000 from the General Fund of the Treasury, which is $8,000,000 more than the fiscal year 2022 enacted level, and $5,841,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Pandemic Unemployment Assistance.—The PUA program was designed to ensure that critical emergency assistance was delivered immediately, so it would be available to unemployed workers when it was most needed. It is important to ensure that resources for such critical emergency assistance during simultaneous public health crisis and financial crisis should be targeted to individuals and families who are eligible for benefits. The Committee supports the Inspector General's oversight activities and efforts to investigate any illegal schemes to defraud the PUA program.

GENERAL PROVISIONS

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

(TRANSFER OF FUNDS)

Sec. 102. The Committee continues a provision regarding transfer authority.

Sec. 103. The Committee continues a prohibition on use of funds to purchase goods that are in any part produced by indentured children.

Sec. 104. The Committee continues a provision related to grants made from funds available to the Department under the American Competitiveness and Workforce Improvement Act.

Sec. 105. The Committee continues a provision to prohibit recipients of funds provided to the Employment and Training Administration from using such funds for the compensation of any individual at a rate in excess of Executive Level II.

(TRANSFER OF FUNDS)

Sec. 106. The Committee continues a provision providing the Secretary with the authority to transfer funds made available to the Employment and Training Administration to Program Administration for technical assistance and program integrity activities.

(TRANSFER OF FUNDS)

Sec. 107. The Committee continues a provision allowing up to 0.75 percent of discretionary appropriations provided in this Act for specific Department of Labor agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this Act applicable to such office.

Sec. 108. The Committee continues a provision relating to surplus property and apprenticeship programs.

Sec. 109. The Committee modifies a provision relating to the Secretary's security detail.

Sec. 110. The Committee continues a provision relating to the Treasure Island Job Corps Center.

Sec. 111. The Committee continues a provision relating to Job Corps.

Sec. 112. The Committee includes a new provision relating to the Wagner-Peyser Act Staffing Flexibility regulation.

Sec. 113. The Committee includes a new provision relating to regulations pertaining to industry recognized apprenticeship programs.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2022	$8,891,772,000
Budget request, fiscal year 2023	8,782,614,000
Committee Recommendation	9,574,521,000
Change from enacted level	+682,749,000
Change from budget request	+791,907,000

The Health Resources and Services Administration (HRSA) supports programs that 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.

The Committee recommendation for HRSA includes $9,295,951,000 in discretionary budget authority, $256,370,000 in mandatory funding and $15,200,000 in trust fund appropriations for the Vaccine Injury Compensation Program Trust Fund, and $7,000,000 for the Countermeasures Injury Compensation Program.

PRIMARY HEALTH CARE

Appropriation, fiscal year 2022	$1,748,772,000
Budget request, fiscal year 2023	1,839,022,000
Committee Recommendation	1,946,772,000
Change from enacted level	+198,000,000
Change from budget request	+107,750,000

Health Centers

The Committee recommends $1,945,772,000 for the Health Centers program, $198,000,000 above the fiscal year 2022 enacted level and $107,750,000 above the fiscal year 2023 budget request. Health Centers deliver affordable, accessible, quality, and cost-effective primary health care to millions of people across the country regardless of their ability to pay. Programs supported by this funding include community health centers, migrant health centers, health care for the homeless, and public housing health service grants.

The Committee includes bill language providing up to $120,000,000 for the Federal Tort Claims Act program, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request.

Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.—The Committee appreciates the work and leadership of HRSA to implement the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities and provides $15,000,000 for this activity, an increase of $10,000,000 above the fiscal year 2022 enacted level. This program is imperative to redressing disparities in cancer screening in medically underserved communities. In continuing to implement this program, the Committee encourages HRSA to support approaches that leverage the use of community health workers and navigators providing health services at the individual health center and, where appropriate, health center-controlled network level with training, oversight, and clinical workflow support from NCI-designated comprehensive cancer centers. Also, given the immense data supporting the disparate impact of lung cancer on medically underserved populations and the effectiveness of screening for this condition, the Committee strongly encourages HRSA to prioritize programs targeting lung cancer, such as screening and smoking cessation counseling.

Early Childhood Development.—The Committee provides $42,500,000 within the total for HRSA-funded Health Centers to hire or contract for early childhood development specialists to better integrate early developmental promotion services, as described in the fiscal year 2023 budget request. The Committee encourages HRSA to create a service expansion grant opportunity for health centers, with training and technical assistance to be provided by the Maternal and Child Health Bureau, which has a long-standing commitment to improving the health and wellbeing of young children and their families.

Ending the HIV Epidemic (EHE) Initiative.—The Committee provides $172,000,000 within the Health Centers program for the EHE Initiative, $49,750,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This initiative provides funding to Health Centers in high-need jurisdic-

tions to increase the use of pre-exposure prophylaxis (PrEP) among people at high risk for HIV transmission.

Health Care for the Homeless.—The Committee supports the activities of the Health Care for the Homeless program, which provides funding to community-based health centers to provide low- or no-cost health care to underserved populations using a trauma-informed, harm reduction approach. Services provided by such health centers include primary care, mental health treatment, substance use treatment, medical respite care, case management, and enrollment/benefits assistance.

Health Center Controlled Networks (HCCNs).—These networks are the foundation of health information technology (HIT) services for the nation's community health centers. Health centers function as the largest primary care network in the country, caring for 30 million patients. HCCNs are voluntary associations of community health centers that band together to invest in HIT tools, optimize the use of these technologies, digitally connect to health care and community partners, and more. The HIT infrastructure requires robust Federal investment to support the demand caused by the COVID–19 pandemic's resulting shift in how health care is provided. The Committee encourages HRSA to provide robust support for these networks and requests as part of the fiscal year 2024 Congressional Budget Justification an update on the status of the network HIT infrastructure.

Integrating High-Quality Contraceptive Care.—The Committee is aware that while most primary care physicians provide women's health services, many are not able to provide patients with a broad range of contraceptive care options, including long-acting reversible contraceptive methods that require specialized training and skill development. The Committee includes $25,000,000 within the total for Health Centers to support grants for training and quality improvement efforts to make available patient-centered contraceptive care within health center primary care settings. Grantees may use funds to support training and quality improvement to implement best practices in contraceptive care, including reproductive health screening, patient-centered contraceptive counseling, and access to the full range of FDA-approved, cleared, or granted contraceptive products that are determined by an individual's medical provider to be medically appropriate. These activities would improve health equity, strengthen maternal health and prenatal care, and empower patients to decide if and when they want to become pregnant.

School-Based Health Centers (SBHCs) and Health Center School-Based Service Sites.—Recognizing the critical role of Health Centers as part of our Nation's health care safety net, and that Health Centers providing services at sites located at schools within the communities they serve are currently one of the most effective sources of mental health care for children and adolescents, the Committee includes $50,000,000, an increase of $20,000,000 above the fiscal year 2022 enacted level, for awards to Health Centers operating school-based service sites to increase their capacity to meet the increasing demand for health services, including mental health services. The Committee also includes $50,000,000 to make grants to fund the School-Based Health Center Program and expand services at SBHCs pursuant to 42 USC 280h–5. SBHCs provide a con-

venient access point to high-quality, comprehensive primary health care, mental health services, preventive care, social services, and youth development to primarily children and adolescents from low-income families.

HRSA Strategy to Address Intimate Partner Violence and Project Catalyst.—The Committee includes no less than $2,000,000 within the total for Health Centers for the HRSA Strategy to Address Intimate Partner Violence, the same as the fiscal year 2022 enacted level.

Native Hawaiian Health Care Program.—The Committee provides $23,000,000 within the total for Health Centers for the Native Hawaiian Health Care Program, $1,000,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The Native Hawaiian Health Care Systems help improve the health status of Native Hawaiians by making health education, health promotion, disease prevention, and Native Hawaiian traditional healing services available.

Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than $10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including expanded research and surveillance related to the health status of Native Hawaiians and strengthening the capacity of the Native Hawaiian Health Care Systems to provide comprehensive health education and promotion, disease prevention services, traditional healing practices, and primary health services to Native Hawaiians.

Vaccination and Screening for Hepatitis B.—The Committee encourages HRSA to urge health center grantees to adopt the necessary practices and policies to comply with the November 2021 Advisory Committee on Immunization Practices (ACIP) recommendation that all adults between 19 and 59 be vaccinated for hepatitis B. To implement this policy, the Committee further encourages HRSA to ensure that Health Centers screen all individuals for hepatitis B, offer to immunize all non-infected patients in the 19–59 age cohort, and navigate infected individuals into care. The Committee urges that this recommendation be implemented as early as possible in fiscal year 2023.

Free Clinics Medical Malpractice

The Committee includes $1,000,000 for carrying out responsibilities under the Federal Tort Claims Act, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The program provides medical malpractice coverage to individuals involved in the operation of free clinics to expand access to health care services to low-income individuals in medically underserved areas.

HEALTH WORKFORCE

Appropriation, fiscal year 2022	$1,295,742,000
Budget request, fiscal year 2023	1,619,884,000
Committee Recommendation	1,543,566,000
Change from enacted level	+247,824,000
Change from budget request	−76,318,000

The Bureau of Health Workforce strengthens the health care workforce by providing grants, scholarships, and loan repayment

programs to help communities recruit and retain health care providers where they are most needed.

The Committee bill strikes language prohibiting HRSA funds from being used to support section 340G–1 of the Public Health Service Act (PHS Act), which authorizes demonstration projects to train or employ alternative dental health care providers, including dental therapists. Dental therapists are licensed providers who play a similar role in dentistry to that of physician assistants in medicine, and work under the supervision of a dentist to provide routine dental care like exams and fillings. Ending this prohibition on funding will give States flexibility to expand the oral health workforce and improve access to dental care, particularly in rural and underserved communities.

Impact of the COVID–19 Pandemic on the Health Workforce.—The Committee looks forward to receiving the report requested in House Report 117–96 on the impact of the COVID–19 public health emergency on the nursing workforce and encourages HRSA to continue to analyze and make information available about the impact of the pandemic on the broader health care workforce and strategies to mitigate and address these impacts.

Registered Nursing Shortages.—The Committee is concerned about current and projected shortages of registered nurses in the U.S. as discussed in the HRSA publication *Supply and Demand Projections of the Nursing Workforce 2014–2030*. The Committee encourages HRSA to prioritize investments to increase the supply of registered nurses particularly in states with the greatest projected shortages.

Report and Analysis of Technology's Role in the Health Care Workforce.—The Committee recognizes the important role that HHS and its operating divisions continue to provide to support and protect the public health workforce during the COVID–19 pandemic. The Committee directs HRSA to submit a report to the Committee within 18 months of enactment of this Act on the challenges associated with hiring, recruiting, and retaining the Federal, State, local, Tribal and territorial public health workforce. This study should include a specific analysis of how technology, especially hands-free technology, could help to protect clinicians' physical safety and ease the burden of patient care, thereby increasing retention of the public health workforce.

Grant-Based Program to Include Disability Clinical Care Competency Training.—The Committee strongly encourages HRSA to consider implementation of 42 U.S.C. 293, to develop a grant-based program in collaboration with the National Council on Disability, professional societies, licensing and accreditation entities, health professions schools, experts in minority health and cultural competency, and public health and disability groups, and community-based organizations to expand upon the National Initiative In Developmental Medicine: Draft Curriculum, which targets a patient population of adults with intellectual and developmental disabilities, to include disability clinical care competency training inclusive of all disability patient subpopulations (e.g. deaf, blind, mobility disabilities, etc.).

Addressing Workforce Shortages.—The Committee supports HRSA's efforts to develop the workforce needed to care for a rapidly aging U.S. population. The Committee encourages HRSA to ad-

dress the skilled care workforce needs of seniors through existing workforce education and training programs.

National Health Service Corps (NHSC)

The Committee includes $155,600,000, an increase of $34,000,000 above the fiscal year 2022 enacted level, for NHSC to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and tribal areas. Within this total, the Committee includes an increase of $10,000,000 for loan repayment for mental and behavioral health providers, including peer support specialists, that serve in crisis centers, as described in the fiscal year 2023 budget request. The Committee also includes $15,600,000, the same as the fiscal year 2022 enacted level, within the total to support NHSC awards to participating individuals that provide health services in IHS facilities, Tribally-Operated Health Programs, and Urban Indian Health Programs.

Behavioral Health Demonstration Program.—The Committee notes that racial and ethnic minority communities continue to face acute challenges accessing behavioral health services due to the lack of providers who speak their language or understand their culture. The Committee includes $10,000,000 within NHSC for a pilot program to evaluate the benefit to patient access and practitioner recruitment and retention of increasing loan repayment of upwards of $15,000 above the maximum amount for qualified behavioral health providers serving in Federally Qualified Health Centers (FQHCs), preferably at which at least 20 percent of patients are best served in a language other than English. The Committee notes that if the qualified behavioral health provider is fluent in a language other than English or is determined by the health center to have achieved fluency in a language other than English during the provider's period of obligated service, the provider shall be paid $15,000 above the maximum amount. The Committee also directs HRSA to include an assessment of program utilization and impact in the annual NHSC report to Congress.

Maternity Care Target Areas (MCTAs).—The Committee includes $5,000,000, $4,000,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request, within NHSC to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCTAs and collecting and publishing data on the availability and need for maternity care health services in Health Professional Shortage Areas (HPSAs).

NHSC Loan Repayment Application Process.—The Committee is concerned that HPSA designations may not arrive in time for provider to apply for loan forgiveness through the NHSC loan repayment program, and therefore must wait for the loan forgiveness application to reopen. Given the loan repayment program is a critical component to attract providers—particularly those in critically needed fields like behavioral health—the Committee is concerned that the timeline for HPSA designation process and the timeline for NHSC loan repayment are inconsistent and could deter providers from participating in the NHSC. The Committee requests a report within 90 days of enactment of this Act assessing the coordination of the two processes, and any improvements that could be made to ensure all providers working in a HPSA are eligible for the

NHSC student loan repayment program as soon as they are hired or the HPSA is designated during the calendar year.

Rural Demonstration Program.—The Committee notes that rural communities continue to face acute workforce challenges, with approximately five percent of incoming medical students coming from rural areas and only one-third of NHSC placements in rural communities. The Committee includes $10,000,000 within NHSC to conduct a pilot program to evaluate the benefit to patient access and practitioner recruitment and retention of extending loan repayment for 5 years and $200,000 for providers serving in a rural HPSA. The Committee directs HRSA to submit a report to the Committee within a year of enactment of this Act on program utilization and impact.

Health Professions Training for Diversity

The Committee supports programs that improve the diversity of the health care workforce. HRSA's diversity pipeline programs, including the Health Careers Opportunity Program, Centers for Excellence, Faculty Loan Repayment, Nursing Workforce Diversity, and Scholarships for Disadvantaged Students, help advance patient care and ensure opportunity for all health care providers.

Centers of Excellence (COEs).—The Committee includes $30,422,000 for COEs, $6,000,000 above the fiscal year 2022 enacted level. This program provides grants to health professions schools and other institutions to serve as resource and education centers for the recruitment, training, and retention of underrepresented minority students and faculty.

Health Careers Opportunity Program (HCOP).—The Committee includes $18,500,000 for HCOP, $3,050,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds to navigate careers in the health professions. The Committee encourages HRSA to continue its improvement of the diversity and distribution of needed health care professionals through the National HCOP Academies.

Faculty Loan Repayment.—The Committee includes $1,500,000 for Faculty Loan Repayment, $274,000 above the fiscal year 2022 enacted level. This program provides loan repayment to health profession graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

Scholarships for Disadvantaged Students (SDS).—The Committee includes $56,014,000 for SDS, $3,000,000 above the fiscal year 2022 enacted level and $4,044,000 above the fiscal year 2023 budget request. This program provides grants to health professions and nursing schools to provide scholarships to students from disadvantaged background who have financial need.

Set-Aside for Midwifery Training.—Within the total for SDS, the Committee includes $5,000,000, $1,500,000 above the fiscal year 2022 enacted level, to increase the number of grants awarded for the purpose of educating midwives to address the national shortage of maternity care providers, and specifically the lack of adequate diversity in the maternity care workforce.

Primary Care Training and Enhancement

The Committee includes $54,924,000, an increase of $6,000,000 above the fiscal year 2022 level and $1,000,000 above the fiscal year 2023 budget request, for Primary Care Training and Enhancement programs, which support training and direct financial assistance for future primary care clinicians, teachers, and researchers. The Committee includes funding to support the proposal in the fiscal year 2023 budget request to make grants to support mental health training for primary care professionals.

Eating Disorders Screening, Brief Intervention, Referral, and Treatment (SBIRT).—The COVID–19 pandemic worsened eating disorders across the Nation, with one study reporting a significant increase in eating disorder caseloads in children's hospitals. Despite the medical and psychiatric acuity associated with eating disorders, many patients remain undetected and untreated, as only 20 percent of surveyed medical residency programs offer elective training in eating disorders and only six percent require such training. Within the total for Primary Care Training and Enhancement, the Committee provides up to $1,000,000, in coordination with SAMHSA's Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, briefly intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 13006 of the 21st Century Cures Act.

Oral Health Training

The Committee includes $42,173,000 for Oral Health Training, $1,500,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The Committee directs that this increased funding be allocated to General Dentistry Programs, Pediatric Dentistry Programs, and State Oral Health Workforce Improvement Grants. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants initially awarded in fiscal year 2020 and dental faculty loan repayment program (DFLRP) grants initially awarded in fiscal years 2021 and 2022. The Committee also directs HRSA to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

Action for Dental Health.—With the enactment of the Action for Dental Health Act of 2018, the Committee encourages HRSA to expand oral health grants for innovative programs under PHS Act Section 340G to include Action for Dental Health activities. The Action for Dental Health program helps reduce barriers to dental care through oral health education, prevention, and the establishment of dental homes for underserved populations.

Interdisciplinary Community-Based Linkages

Area Health Education Centers (AHEC).—The Committee includes $48,000,000 for the AHEC program, an increase of $3,000,000 above the fiscal year 2022 level and $4,750,000 above the fiscal year 2023 budget request. This program links university health science centers with community health service delivery systems to provide education and training networks.

Patient Safety Telesimulation Programs.—The Committee encourages HRSA to support the development and implementation of patient safety telesimulation programs. Allowable use of these funds may include increasing virtual content delivery capacity at modeling simulation centers, establishing partnerships with medical schools in providing telesimulation programs, developing telesimulation content and devices, developing appropriate governance on data and data management, and outfitting HPSA locations with necessary telesimulation hardware and software assets.

Geriatrics Workforce Enhancement Program (GWEP).—The Committee includes $48,245,000 for the GWEP program, $3,000,000 above the fiscal year 2022 level and $1,708,000 above the fiscal year 2023 budget request. This program supports training to integrate geriatrics into primary care delivery and develops academic-primary care-community based partnerships to address gaps in health care for older adults.

Mental and Behavioral Health Programs.—The Committee includes $44,053,000 for Mental and Behavioral Health Programs, an increase of $5,000,000 above the fiscal year 2022 level.

Adolescent Addiction Medicine and Addiction Psychiatry Workforce.—The Committee remains concerned by the lack of pediatric and adolescent addiction medicine and addiction psychiatry expertise. Currently, there are insufficient opportunities to effectively train a robust mental health and substance use disorder (SUD) workforce. Only 75 of the Nation's 179 accredited medical schools offer addiction medicine fellowships, and only one program focuses on fellowship opportunities for pediatric and adolescent addiction medicine and addiction psychiatry. The Committee strongly encourages HRSA to include an adequate number of funding awards to fellowship programs focused on increasing the number of board certified pediatric and adolescent addiction medicine and addiction psychiatry subspecialists.

Graduate Psychology Education (GPE).—Within the total for Mental and Behavioral Health Programs, the Committee recommendation includes $25,000,000, $5,000,000 above the fiscal year 2022 enacted level, for the interprofessional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. The Committee recognizes the severe impact of COVID–19 on Americans' mental and behavioral health and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands.

Behavioral Health Workforce Education and Training (BHWET).—The Committee includes $185,000,000 for the BHWET Program, $62,000,000 above the fiscal year 2022 enacted level. This program establishes and expands internships or field placement programs in behavioral health, serving populations in rural and medically underserved areas.

The Committee is concerned that increased gun violence and the pandemic's exacerbation of health disparities has unveiled an immediate and desperate need for behavioral health professionals, including social workers, psychologists, counselors, occupational therapists, and psychiatrists. Neuropsychiatrists and advanced practice behavioral nurses are specially trained to diagnose mood disorders or biochemical imbalances. A HRSA report, however,

found that there will be a shortage of 250,000 mental health professionals by 2025. The Committee supports increased funding for BHWET to increase the quality and supply of behavioral health professionals and access to behavioral health services, in particular for children, adolescents, and transitional-aged youth at risk for behavioral health disorders. The Committee encourages HRSA to continue to collect data and analyze the scope of the shortage of behavioral health professionals and barriers to careers in behavioral health.

Behavioral Health Integration Into Community-Based Settings.—The Committee includes $10,000,000, the same as the fiscal year 2023 budget request, to provide grants to community-based organizations and local health departments to integrate navigators and community health workers trained in Mental Health First Aid or similar trainings into non-traditional community settings. This effort will be carried out in partnership with the Maternal and Child Health Bureau and will help to address the behavioral health needs of families in underserved communities.

Community Improvement Program.—The Committee includes $10,000,000, the same as the fiscal year 2023 budget request, to develop and expand community-based experiential training through internships and field placements for behavioral health and behavioral health-related professionals to prepare them to work with and support individuals who are involved, or at risk of being involved, in the criminal justice system.

Crisis Workforce Development.—The Committee includes $15,000,000 for grants to support crisis workforce development. Crisis service models present opportunities for cost savings and more effective use of the behavioral health workforce by stabilizing individuals experiencing behavioral health crises in less intensive settings.

Mental and Substance Use Disorder Workforce Training Demonstration.—The Committee includes $34,700,000 for this activity, $3,000,000 above the fiscal year 2022 enacted level and $700,000 above the fiscal year 2023 budget request. This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide SUD treatment in underserved communities.

Peer Support Specialists in the Opioid Use Disorder Workforce.—Within the total for BHWET, the Committee includes $14,000,000, the same as the fiscal year 2022 enacted level, to fund training, internships, and national certification for mental health and SUD peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

Social Workers.—While the Committee is aware that the behavioral health workforce is seeing shortages in all professions, the Committee encourages HRSA to ensure that social workers are receiving equitable treatment from the program given their multifaceted roles in health care settings. Additionally, the Committee encourages HRSA to ensure that program awardees are actively working to recruit a diverse field of behavioral health professionals.

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program.—The Committee includes $28,000,000 for this

program, $4,000,000 above the fiscal year 2022 enacted level and the same as fiscal year 2023 budget request. An estimated 21 million Americans needed treatment for SUD in 2017, but only 4 million received any form of treatment for SUD. The Bureau of Labor Statistics data has cited tremendous workforce shortages in the SUD treatment profession. Without strategic investments in the SUD workforce, this gap will not close and more lives will be lost. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average.

National Center for Health Workforce Analysis (NCHWA)

The Committee includes $6,663,000, $1,000,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request, for the NCHWA. This program collects and analyzes health workforce data to provide information on health workforce supply and demand.

Public Health and Preventive Medicine Training Programs

The Committee includes $18,000,000 for Public Health and Preventive Medicine Training Grant Programs, $1,000,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. Within this total, the Committee provides an increase of $500,000 for the Preventive Medicine Residency Training Program and an increase of $500,000 for Public Health Training Centers.

Nursing Workforce Development

The Committee recommends $324,472,000 for Nursing Workforce Development programs authorized under title VIII of the PHS Act, $44,000,000 above the fiscal year 2022 enacted level and $29,500,000 above the fiscal year 2023 budget request.

Expanding Access to Nursing Education.—The Committee remains concerned about workforce shortages among health care professionals, including the nursing workforce. According to the American Hospital Association, nursing vacancies increased by nearly 30 percent between 2019 and 2020, with an additional 500,000 nurses expected to retire or leave the profession by the end of this year. Recent studies suggest that an additional 1.2 million nurses will be required in the U.S. by 2030 to meet anticipated demand, with States like California, Texas, and Florida projected among those with the greatest need. The Committee also recognizes that nursing schools across the U.S. are struggling to expand capacity to meet this rising demand for care. Significant shortages of faculty, classroom space, and clinical training sites are commonly identified as factors in nursing schools turning away qualified applicants in many areas of the country. The Committee supports efforts to expand access to educational opportunities at accredited nursing schools to qualified applicants, including low-income and minority students, to meet this growing demand for nursing professionals.

Experiential Learning Opportunities.—The Committee is aware that mental health is one of the most in-demand skills in nursing, but many nurse education training programs do not expose stu-

dents to mental health care settings. The Committee encourages HRSA to give priority to experiential learning opportunities grantees that are partnering with behavioral and mental health hospitals to increase the pipeline of nurses into this field.

Advanced Nursing Education.—The Committee includes $105,581,000 for Advanced Nursing Education, $26,000,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This program supports traineeships and faculty and curriculum development to increase the number of qualified nurses in the primary care workforce.

Maternal and Perinatal Nursing Workforce Program.—Within the total for Advanced Nursing Education, the Committee includes $20,000,000 to increase and diversify the number of certified nurse midwives, with a focus on practitioners working in rural and underserved communities, as described in the fiscal year 2023 budget request. These funds will support grants to accredited nurse midwifery programs or other eligible entities to award scholarships to students and registered nurses to cover the total cost of tuition for the duration of the nurse midwifery program, as well as the planning/development of new midwife training programs.

Nursing Education, Practice, Quality, and Retention (NEPQR).—The Committee includes $56,413,000 for NEPQR, $2,000,000 above the fiscal year 2022 enacted level and $7,500,000 above the fiscal year 2023 budget request. This program supports academic, service, and continuing education projects to enhance nursing education, improve the quality of care, increase nurse retention, and strengthen the nursing workforce.

Nurse Practitioner Optional Fellowship Program.—The Committee provides $6,000,000, the same as the fiscal year 2022 enacted level, for grants to establish or expand community-based nurse practitioner residency and fellowship training programs for practicing postgraduate nurse practitioners in primary care or behavioral health, as described in House Report 117–96.

Nursing Workforce Diversity.—The Committee includes $26,343,000 for Nursing Workforce Diversity, $3,000,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. This program increases nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.

Nurse Corps Scholarship and Loan Repayment.—The Committee includes $101,635,000 for Nurse Corps, $13,000,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

Nursing Faculty Loan Program.—The Committee includes $28,500,000 for the Nursing Faculty Loan Program, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. This program supports schools of nursing to provide loans to students enrolled in advanced nursing education programs who are committed to becoming nurse faculty.

Children's Hospitals Graduate Medical Education (CHGME)

The Committee includes $385,000,000 for the CHGME payment program, $10,000,000 above the fiscal year 2022 enacted level and

$35,000,000 above the fiscal year 2023 budget request. This program helps eligible hospitals maintain graduate medical education programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and surgical subspecialties.

Medical Student Education

The Committee includes $60,000,000, $5,000,000 above the fiscal year 2022 enacted level, to support colleges of medicine at public universities located in the top quartile of States projected to have a primary care provider shortage. The Committee directs HRSA to give priority to applications from academic institutions located in States with the greatest number of Federally-recognized Tribes. The Committee also directs HRSA to give priority to applications from public universities with a demonstrated public-private partnership.

Pediatric Subspecialty Loan Repayment Program

The Committee includes $15,000,000, an increase of $10,000,000 above the fiscal year 2022 enacted level, for the Pediatric Subspecialty Loan Repayment Program authorized in section 775 of the PHS Act. The Committee recognizes that there are significant shortages of pediatric subspecialists, child psychiatrists, and other child mental health providers in underserved areas. The Committee also understands that high graduate debt load is a significant barrier to providers choosing to complete additional training to enable them to provide specialized care for children with special medical and mental health care needs.

Public Health Loan Repayment Program

The Committee includes $25,000,000 to establish the Public Health Loan Repayment Program. Funds will support loan repayment for public health professionals who agree to serve three years in a local, State, or tribal health department. This investment in the public health workforce will contribute to our Nation's preparedness to address current and future public health emergencies.

Preventing Burnout in the Health Workforce Program

The Committee includes $25,000,000 for activities authorized in the Dr. Lorna Breen Health Care Provider Protection Act (P.L. 117–105) to provide comprehensive and evidence-based support to prevent suicide, burnout, and mental and behavioral health conditions among health care providers.

National Practitioner Data Bank (NPDB)

The Committee includes $18,814,000 for the NPDB, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The NPDB is a workforce tool that collects and discloses information to authorized entities on past adverse actions of health care practitioners, providers, and suppliers to reduce fraud and abuse and improve health care quality.

MATERNAL AND CHILD HEALTH

Appropriation, fiscal year 2022	$1,044,470,000
Budget request, fiscal year 2023	1,272,930,000
Committee Recommendation	1,201,296,000
Change from enacted level	+156,826,000
Change from budget request	−71,634,000

The mission of the Maternal and Child Health Bureau (MCHB) is to improve the physical and mental health, safety, and well-being of the Nation's women, infants, children, adolescents, and their families.

Maternal and Child Health (MCH) Block Grant

The Committee recommends $872,700,000 for the MCH Block Grant, $125,000,000 above the fiscal year 2022 enacted level. States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre-and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

MCH Block Grant Special Projects of Regional and National Significance

The Committee continues bill language identifying specific amounts for Special Projects of Regional and National Significance (SPRANS). The Committee provides the following within SPRANS:

Budget Activity	FY 2023 Committee
Set-aside for Oral Health	$5,250,000
Set-aside for Epilepsy	3,642,000
Set-aside for Sickle Cell Disease	7,000,000
Set-aside for Fetal Alcohol Syndrome	1,000,000

Addressing Emerging Issues and Social Determinants of Maternal Health.—The Committee includes $10,000,000 to create an innovation fund for community-based organizations to support reducing maternal mortality and adverse maternal outcomes, as described in the fiscal year 2023 budget request. Projects may include expanding access to maternal mental health and SUD services, providing resources to address social determinants of maternal health, developing digital tools to enhance maternal health care, and technology-enabled collaborative learning and capacity building models for pregnant and postpartum women.

Alliance for Innovation in Maternal Health Safety Bundles.—The Committee includes $15,300,000, an increase of $3,300,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request, to support continued implementation of the Alliance for Innovation on Maternal Health program's maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Behavioral Health Integration Into Community-Based Settings.—The Committee includes $40,000,000, the same as the fiscal year 2023 budget request, to provide grants to engage and train commu-

nity partners in underserved communities to link mothers and children with resources to address their mental and behavioral health needs, as well as children's social and emotional development. This effort will be carried out in partnership with the Behavioral Health Workforce Education and Training program.

Bias Recognition in Clinical Skills Testing.—The Committee includes $1,000,000, the same as the fiscal year 2023 budget request, to support a National Academies of Sciences, Engineering, and Medicine (NASEM) study authorized under Subtitle D, Sec. 133 of the fiscal year 2022 Consolidated Appropriations Act (P.L. 117–103) to make recommendations for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and osteopathic medicine.

Bias Training for Health Care Professionals.—The Committee includes $2,000,000 to make grant awards to train health care providers on identifying and avoiding implicit bias, as described in the fiscal year 2023 budget request.

Congenital Syphilis (CS).—The Committee is concerned with the rise in CS. A recent report by CDC cited data showing a 300 percent increase in CS over the past five years. Those born with CS can have skeletal and facial deformities, deafness, blindness, be still born, or die shortly after birth. These conditions and deaths are completely preventable with expanded prenatal screening and appropriate treatment. The Committee urges HRSA to expand efforts to increase multiple prenatal screening and testing for CS throughout pregnancies to detect and treat CS at the earlier possible stage. Assuring that providers are trained on the recommended treatment of syphilis in pregnant women is a critical component of eliminating CS.

Early Childhood Development Expert Grants.—The Committee includes $10,000,000, $5,000,000 above the fiscal year 2022 enacted level, to support the placement of early childhood development experts in pediatric settings with a high percentage of Medicaid and Children's Health Insurance Program patients. Funds will support additional State-level awards and related technical assistance with nationwide reach.

Group Prenatal and Postpartum Care Programs.—The Committee recognizes the important role of group prenatal and postpartum care (GPC/PC) programs, such as Centering Pregnancy, can have on improving prenatal care and providing support for expecting mothers. GPC/PC programs provide the opportunity for expectant mothers to learn more about pregnancy, a network of social support, educational tools, and ultimately work towards lowering rates of infant and maternal mortality. The Committee includes $2,000,000 within SPRANS for grants to establish new or support existing GPC/PC programs.

Growing and Diversifying the Doula Workforce Program.—The Committee includes $10,000,000 to provide grants to community-based organizations to develop and/or expand programs to recruit doula candidates, support their training/certification, and then employ them as doulas to support improved birth outcomes in the community, as described in the fiscal year 2023 budget request.

Hereditary Hemorrhagic Telangiectasia (HHT) Centers of Excellence.—The Committee includes $2,000,000 for HHT Centers of Excellence. This funding supports coordination and expansion of care

for HHT patients and participation in a prospective, longitudinal registry of HHT patients to better understand this rare disease and accelerate the development of new diagnostic and treatment options.

Infant-Toddler Court Teams.—The Committee includes $18,000,000 for research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families. The Committee directs HRSA to allocate the funding increase of $5,000,000 above the fiscal year 2022 enacted level to existing court team grantees.

Maternal Mental Health Hotline.—The Committee includes $7,000,000, an increase of $3,000,000 above the fiscal year 2022 level and the same as the fiscal year 2023 budget request, to support the maternal mental health hotline. The COVID–19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. The hotline should provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided should also be used to raise public awareness about maternal mental health issues and the hotline.

Minority-Serving Institutions.—The Committee includes $5,000,000 to establish a research network to support minority-serving institutions to study health disparities in maternal health outcomes, as described in the fiscal year 2022 budget request.

Oral Health and Primary Care Integration.—The Committee includes $5,250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report Integration of Oral Health and Primary Care Practice. The Committee encourages the Chief Dental Officer to continue to provide leadership in the design, monitoring, oversight, and implementation of the demonstration projects.

Pregnancy Medical Home Demonstration.—The Committee includes $10,000,000 to support a demonstration providing incentives to maternal health care providers to provide integral health care services to pregnant women and new mothers, with the goal of reducing adverse maternal health outcomes and maternal deaths, as described in the fiscal year 2023 budget request. The Integrated Services for Pregnant and Postpartum Women Program will award grants to establish or operate programs to deliver integrated health care services to pregnant and postpartum women to optimize maternal and infant health outcomes.

Regional Pediatric Pandemic Network.—The Committee provides $18,000,000, the same as the fiscal year 2022 enacted level, to continue support for coordination among the Nation's pediatric hospitals and their communities in preparing for and coordinating timely research-informed responses to future pandemics.

State Maternal Health Innovation Grants.—The Committee includes $39,000,000, $10,000,000 above the fiscal year 2022 enacted level, for State Maternal Health Innovation Grants to establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce

maternal mortality. The demonstrations should be representative of the demographic and geographic composition of communities most affected by maternal mortality.

Fetal, Infant, and Child Death Review (FIDCR).—The Committee includes no less than $3,100,000, an increase of $1,000,000 above the fiscal year 2022 enacted level, for the FIDCR program to expand support and technical assistance to States and tribal communities and improve the availability of data on sudden unexpected infant deaths.

Uterine Fibroids Public Health Information Dissemination.—The Committee encourages HRSA to work with partners to advance awareness of uterine fibroids and promote evidence-based care for women with fibroids. These efforts may include specific information on minority women, who have an elevated risk to develop uterine fibroids, and the range of available options for the treatment of symptomatic uterine fibroids, including non-hysterectomy drugs and devices approved under the Federal Food, Drug, and Cosmetic Act in these awareness efforts. The Committee encourages HRSA to work with health care-related specialty societies and health systems, as appropriate, to promote awareness of evidence-based care for women with fibroids.

Maternal and Child Health Programs

Sickle Cell Anemia Demonstration Program

The Committee includes $8,205,000 for this program, an increase of $1,000,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The Committee recognizes the importance of the program in supporting the comprehensive sickle cell disease (SCD) centers in the provision of coordinated, comprehensive, culturally competent, and family-centered care to people with SCD. The Committee affirms the goals of the program to improve care delivery and access to high quality care for people with SCD, with a focus on increasing access to SCD specialists; increase the number of providers with SCD expertise and knowledge of SCD treatment methods; and enable access to the latest treatment options following evidence-based guidelines.

With the start of new five-year grant awards in fiscal year 2022, the Committee requests an update in the fiscal year 2024 Congressional Justification on how the program is supporting the growth of comprehensive sickle cell disease centers that provide the latest treatment options following evidence-based guidelines and have mechanisms to identify and serve patients with SCD who are not currently being cared for by SCD specialists.

Autism and Other Developmental Disorders

The Committee recommends $57,344,000 for Autism and Other Developmental Disorders, $3,000,000 above the fiscal year 2022 enacted level. These programs seek to improve the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the early identification and treatment of autism and related developmental disabilities.

Leadership Education in Neurodevelopmental and Related Disabilities (LEND).—The Committee provides $38,245,000,

$1,000,000 above the fiscal year 2022 enacted level, for the LEND program to allow the existing 60 LEND sites to maintain their capacity to train interdisciplinary professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities.

Heritable Disorders

The Committee provides $21,883,000 for the Heritable Disorders program, $2,000,000 above the fiscal year 2022 enacted level. This program assists States to improve and expand their newborn screening programs and to promote parent and provider education. HRSA also supports the work of the Advisory Committee on Heritable Disorders in Newborns and Children, which provides states with a Recommended Uniform Screening Panel (RUSP) to help ensure every infant is screened for conditions that have a recognized treatment. With new funding provided in fiscal year 2023, the Heritable Disorders program can continue to enhance, improve, expand and provide technical assistance to State public health newborn screening systems as four new disorders have been added to the RUSP in the last six years, and can continue developing and disseminating national, regional, and State education and training resources for parents, families, providers, and patient support groups.

Severe Combined Immune Deficiency (SCID).—Within the total amount for Heritable Disorders, the Committee provides $4,000,000, the same as the fiscal year 2022 enacted level, to support wider implementation, education, and awareness of newborn screening and follow-up for SCID and other newborn screening disorders.

Healthy Start

The Committee recommends $145,000,000 for the Healthy Start program, $13,160,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The program provides grants to communities with high rates of infant mortality to support primary and preventive health care services for mothers and their infants.

The primary purpose of Healthy Start is to reduce maternal and infant mortality and to generally improve maternal and infant health. Grants are awarded to nonprofits, State and local health departments, and community health centers in eligible communities with high rates of infant mortality and other adverse birth outcomes to develop a package of innovative health and social services for pregnant women and infants, and evaluate those services. Funding is provided to both increase funding to existing grantees so they can increase the number of individuals served and to support new, additional awards to community-based organizations for targeted initiatives to reduce disparities in maternal and infant health outcomes. The Committee requests an update in the fiscal year 2024 Congressional Justification on existing evaluations of Healthy Start's effectiveness.

Maternal Mortality.—The Committee continues to provide no less than $15,000,000, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request, for Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician

assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

Early Hearing Detection and Intervention (EHDI)

The Committee includes $18,818,000 for the EHDI program, an increase of $1,000,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. This program awards grants to 53 States and territories to support Statewide systems of newborn hearing screening and early intervention programs.

The Committee recognizes the requirement under the PHS Act for EHDI funds to support prompt evaluation and diagnosis of children referred from screening programs and appropriate educational, audiological, medical, and communication (or language acquisition) interventions (including family support), for children identified as deaf or hard-of-hearing. The Committee encourages HRSA to provide the most accurate, comprehensive, up-to-date, and evidence-based information to children identified as deaf or hard-of-hearing and their families. The Committee also encourages HRSA to work with partners to advance awareness about the wide range of modalities available for children who are deaf and hard of hearing, including but not limited to auditory-oral therapy, auditory-verbal therapy, Signed Exact English (SEE), American Sign Language (ASL), Total Communication (TC), and Cued Speech; as well as a full range of assistive hearing technologies, such as hearing aids and cochlear implants.

Emergency Medical Services for Children

The Committee includes $25,000,000 for Emergency Medical Services for Children, an increase of $2,666,000 above the fiscal year 2022 enacted level. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to support research on and dissemination of best practices.

Screening and Treatment for Maternal Depression and Related Disorders State Grants

The Committee provides $11,500,000 for the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD), an increase of $5,000,000 above the fiscal year 2022 enacted level and $1,500,000 above the fiscal year 2023 budget request. Suicide and overdose, driven by maternal mental health conditions (MMH), are the leading cause of maternal mortality in the first year following pregnancy. MMH conditions impact one in five pregnant or postpartum individuals, including as many as one in three pregnant and postpartum Black individuals. However, 75 percent of those impacted by MMH conditions go untreated. The COVID–19 pandemic has exacerbated the number of individuals experiencing MMH conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. MDRBD trains health care providers to screen, assess, and treat for MMH conditions and provide specialized psychiatric consultation to assist the providers. The Committee directs HRSA to make grants to establish new State programs and improve or maintain existing State programs, prioritizing States with high rates of adverse maternal

health outcomes. Grants shall include culturally and linguistically appropriate approaches to assist in the reduction of maternal health inequities. The Committee recognizes the high need amongst States and directs MDRBD to provide technical assistance to non-grantee States.

Pediatric Mental Health Access

The Committee includes $14,000,000 for Pediatric Mental Health Access, an increase of $3,000,000 above the fiscal year 2022 enacted level and $4,000,000 above the fiscal year 2023 budget request. This program supports expanded access to behavioral health services in pediatric primary care by supporting the development of pediatric mental health care telehealth access programs.

Poison Control Centers

The Committee includes $26,846,000 for Poison Control Centers, an increase of $1,000,000 above the fiscal year 2022 enacted level and $2,000,000 above the fiscal year 2023 budget request. The Poison Control Centers program supports a national network of centers that prevent and treat poison exposures by providing cost effective, quality health care advice to the public and health care providers. The Committee encourages Poison Control Centers to partner with institutions of higher education in border communities to be better equipped to combat public health outbreaks exacerbated by the flow of people and goods across international borders.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2022	$2,494,776,000
Budget request, fiscal year 2023	2,654,781,000
Committee Recommendation	2,694,776,000
Change from enacted level	+200,000,000
Change from budget request	+39,995,000

The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program funds activities to address the care and treatment of persons living with HIV/AIDS who are either uninsured or underinsured and need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV-related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.

Within the total for the Ryan White HIV/AIDS program, the Committee provides the following amounts:

Budget Activity	FY 2023 Committee
Emergency Assistance	$691,045,000
Comprehensive Care Programs	1,385,517,000
AIDS Drug Assistance Program	*900,313,000*
Early Intervention Program	211,861,000
Children, Youth, Women, and Families	79,114,000
AIDS Dental Services	13,826,000
Education and Training Centers	35,413,000
Special Projects of National Significance	28,000,000

Budget Activity	FY 2023 Committee
Ending the HIV Epidemic Initiative	250,000,000

Ending the HIV Epidemic (EHE) Initiative.—The Committee includes $250,000,000 within the Ryan White HIV/AIDS Program for the EHE Initiative, an increase of $125,000,000 above the fiscal year 2022 enacted level. Funds are distributed to high-need jurisdictions to increase linkage, engagement, and retention in care with the goal of increasing viral suppression among people living with HIV.

HEALTH SYSTEMS

Appropriation, fiscal year 2022	$96,009,000
Budget request, fiscal year 2023	94,009,000
Committee Recommendation	99,009,000
Change from enacted level	+3,000,000
Change from budget request	+5,000,000

The Health Systems Bureau supports national activities that enhance health care delivery in the U.S., including maintaining a national system to allocate and distribute donor organs to individuals awaiting transplant; building an inventory of cord blood units; and maintaining a national system for the recruitment of bone marrow donors.

Organ Transplantation

The Committee includes $31,049,000 for the Organ Transplantation program, $1,000,000 above the fiscal year 2022 enacted level and $2,000,000 above the fiscal year 2023 budget request.

Maximizing Deceased Donor Organ Recovery, Acceptance, and Utilization.—The Committee supports regulatory and enforcement efforts to minimize excessive and frivolous expenses reimbursed to Organ Procurement Organizations (OPOs) and the Organ Procurement Transplantation Network (OPTN) by Medicare, including as related to organ acquisition costs and the waitlisting of patients, and to ensure all potential conflicts of interest of OPO and OPTN executive and board leadership are publicly disclosed. The Committee encourages HHS to make all efforts to promote competition for the Organ Procurement Transplantation Network (OPTN) contract, including the NASEM recommendation that HRSA separate the information technology functions of the OPTN contract. The Committee supports this recommendation as it will both increase the likelihood of full and open competition for all components of the OPTN contract activities and likely lead to significant improvements in the OPTN's IT functionality, which is also a goal HRSA highlights in their request for information published on April 8, 2022.

Living Organ Donation Reimbursement Program.—The Committee includes $8,000,000, an increase of $1,000,000 above the fiscal year 2022 enacted level, for the Living Organ Donation Reimbursement Program. The Committee supports significant expansion of income eligibility for the program to allow as many donors as possible to qualify and to ensure that financial reimbursement and monetary exchange take place outside of the organ donor-organ recipient relationship to the greatest extent possible.

Reducing Organ Discards.—The Committee expresses its support for the procurement and transplantation of moderate-to-high Kidney Donor Profile Index (KDPI) kidneys at risk of discard to alleviate the organ shortage. The Committee requests a report within 180 days of enactment of this Act regarding the OPTN proposal to remove donor service areas from allocation and the impact of this policy on organ discards.

National Cord Blood Inventory (NCBI)

The Committee includes $19,266,000 for the NCBI, an increase of $1,000,000 above the fiscal year 2022 level. The NCBI program supports cord blood banks to build a genetically and ethnically diverse inventory of the highest quality cord blood units for transplantation. To further strengthen communication and collaboration between HRSA and cord blood banks, the Committee directs HRSA to host quarterly stakeholder calls open to all cord blood banks contracting with NCBI. These calls should serve as a forum for the agency to solicit feedback from the cord blood banks and ensure that the program is implemented in accordance with Congressional intent. Such feedback should be incorporated into contracts between the agency and the cord blood banks to increase the programs reach and achieve program goals.

C.W. Bill Young Cell Transplantation

The Committee includes $33,009,000 for the C.W. Bill Young Cell Transplantation program, an increase of $1,000,000 above the fiscal year 2022 level. This program supports coordinating the procurement of bone marrow and umbilical cord blood units for transplantation.

The Committee continues to support cell transplantation using bone marrow, peripheral blood stem cells, and cord blood. The Committee appreciates HRSA's efforts to increase the diversity of the volunteer registry and supports efforts to significantly reduce barriers to transplant for patients. This includes increasing targeted donor recruitment efforts, intervening with community referring physicians upon patient diagnosis to accelerate the path to transplant, and propelling innovation to improve outcomes and establish new treatment options to ensure a matched donor for all searching patients, regardless of their racial/ethnic background, socioeconomic status, age, ancestry, or any other individually defining characteristic. The highest priority should be given to providing immediate and free testing of patients' cellular markers to quickly determine if a there is an available matched a donor. Eliminating these barriers would allow therapies for patients to be delivered on time and to provide equal and successful outcomes for all.

Hansen's Disease Program

The Committee includes $13,706,000 for the Hansen's Disease Program, $122,000 for Hansen's Disease Buildings and Facilities, and $1,857,000 for Payments to Hawaii for Treatment of Hansen's Disease. These funding levels are the same as the fiscal year 2022 enacted levels and the amounts requested in the fiscal year 2023 budget request. The programs support inpatient, outpatient, long-term care, as well as training and research in Baton Rouge, Louisiana; 11 outpatient clinic sites in the continental U.S. and Puerto

Rico; facility-related expenses for the buildings of the Gillis W. Long Hansen's Disease Center; and medical care and treatment of persons with Hansen's disease in hospital and clinic facilities at Kalaupapa, Molokai, and Honolulu, Hawaii.

RURAL HEALTH

Appropriation, fiscal year 2022	$331,062,000
Budget request, fiscal year 2023	373,709,000
Committee Recommendation	375,675,000
Change from enacted level	+44,613,000
Change from budget request	+1,966,000

The Federal Office of Rural Health Policy's programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; and for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments.

Rural Health Outreach Programs

The Committee includes $90,975,000 for Rural Health Outreach Programs, an increase of $5,000,000 above the fiscal year 2022 enacted level and $975,000 above the fiscal year 2023 budget request. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services.

Rural Maternity and Obstetrics Management Strategies (RMOMS).—The Committee recommendation includes no less than $8,000,000 for RMOMS, an increase of $2,000,000 above the fiscal year 2022 enacted level. RMOMS supports grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care.

Rural Health Research and Policy Development

The Committee includes $11,076,000 for Rural Health Research and Policy Development, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. Funding supports the Federal Office of Rural Health Policy's activities to analyze, advise the Secretary, and provide information to the public regarding issues that affect the availability, access to, and quality of health care in rural areas.

Rural Health Research Centers.—In the next competition for Rural Health Research Centers, the Committee strongly encourages the Federal Office of Rural Health Policy to prioritize States that have not previously hosted such a center. The Committee supports centers in areas that have a demonstrated collaborative partnership with research and education in the pharmacological and physician space. Further, the Committee strongly encourages the Office to explore establishing a center which encompasses research related to biomedical and cancer research, opioid abuse, delivery of

rural healthcare, and training for rurally focused residency programs.

Rural Health Flexibility Grants

The Committee includes $68,500,000 for Rural Health Flexibility Grants, $6,223,000 above the fiscal year 2022 enacted level and $10,991,000 above the fiscal year 2023 budget request. These programs support States to assist small and critical access rural hospitals to remain economically viable and to provide high-quality care. Within this total, the Committee includes no less than $5,000,000 for the Rural Emergency Hospitals Technical Assistance Program and no less than $20,942,000 for the Small Rural Hospital Improvement Program.

State Offices of Rural Health

The Committee includes $12,500,000 for State Offices of Rural Health, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. HRSA supports the establishment and operation of State offices of rural health to strengthen rural health care delivery system.

Black Lung Clinics

The Committee includes $12,190,000 for Black Lung Clinics, an increase of $345,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally-related respiratory and pulmonary impairments.

Radiation Exposure Screening and Education Program (RESEP)

The Committee includes $2,734,000 for the RESEP program, an increase of $845,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Rural Health Residency Program

The Committee includes $12,700,000 for the Rural Health Residency Program, an increase of $2,200,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This program funds physician residency training programs that support physician workforce expansion in rural areas.

The Committee commends the Federal Office of Rural Health Policy for their efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Programs.

Rural Communities Overdose Response Program (RCORP)

The Committee includes $160,000,000, an increase of $25,000,000 above the fiscal year 2022 enacted level, for the RCORP program, and allows for the expanded focus on behavioral health care, including SUD, needs in rural communities. The Committee is par-

ticularly interested in programs that address health equity and reach rural populations that have historically suffered poorer behavioral health outcomes relative to their counterparts. Within the funding provided, the agreement includes $10,000,000 to continue the Rural Centers of Excellence (COE) program in order to collaboratively identify, implement, and evaluate innovative SUD and broader behavioral health approaches to build the evidence-base for effective prevention, treatment, and recovery programs in rural communities across the U.S.; and through the addition of a fourth coordinating COE, track, synthesize, and disseminate national and State-level SUD policies and research, including any effective interventions and outcomes identified.

Rural Health Clinic Behavioral Health Initiative

The Committee includes $5,000,000 to support expanded access to behavioral health services at rural health clinics, as described in the fiscal year 2023 budget request.

FAMILY PLANNING

Appropriation, fiscal year 2022	$286,479,000
Budget request, fiscal year 2023	400,000,000
Committee Recommendation	500,000,000
Change from enacted level	+213,521,000
Change from budget request	+100,000,000

The Family Planning program administers Title X of the PHS Act. This program supports preventive and primary health care services at health centers nationwide by increasing access to affordable contraceptive education, services, and supplies; STD prevention, screening, and treatment; cervical and breast cancer screenings; first-line infertility services; and other community and health care services. The Title X program is a vital component of the health care safety net and is essential to addressing health inequities.

The Committee directs the Secretary to ensure that grantees certify that they: (1) provide medically accurate and complete counseling, including referral as requested, on all matters; (2) shall not condition the receipt of Title X-supported services on patients remaining sexually abstinent until marriage; and (3) will not make any appointments or referrals for patients that are contrary to the patient's wishes. The bill requires that all recipients of funds under this heading offer services consistent with the best available evidence-based standards, including the Quality Family Planning guidelines from the CDC and the Office of Population Affairs (OPA).

Recommendations for Quality Family Planning Services.—The Committee directs the Secretary to continue the process of revising "Providing Quality Family Planning Services," evidence-based recommendations that were last updated in 2017, and to ensure the robust participation of both the CDC's Division of Reproductive Health and OPA in this effort. Revisions should incorporate new evidence and support comprehensive reproductive and sexual health needs of all people. The Committee requests a briefing on the status of this process no later than 180 days of enactment of this Act.

Estimated Need for Services.—The Committee requests the Secretary conduct a study, within 270 days of enactment of this Act, determining the current estimated need for Title X services, updating the 2016 study published in the American Journal of Public Health. The Committee requests that, as in the previous work, the CDC's Division of Reproductive Health and OPA collaborate on this effort.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2022	$1,259,484,000
Budget request, fiscal year 2023	230,709,000
Committee Recommendation	934,857,000
Change from enacted level	−324,627,000
Change from budget request	+704,148,000

This account supports telehealth programs, operation of the 340B drug pricing program, community projects, and the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA.

HRSA Chief Dental Officer.—The Committee is disturbed to learn that despite its directive to have HRSA ensure that the Chief Dental Officer (CDO) is functioning at an executive level with resources and staff to lead oral health programs and initiatives across HRSA, no such authority has been delegated. The Committee urges HRSA to hire a CDO and restore the position with executive level authority and resources to oversee and lead dental programs and initiatives across the agency. The CDO is also expected to serve as the agency representative on oral health issues to international, national, State, and/or local government agencies, universities, and oral health stakeholder organizations. The Committee requests an update as part of the fiscal year 2024 Congressional Justification on how the CDO is serving as the agency representative with executive level authority on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.

Oral Health Literacy.—The Committee includes $300,000 to continue the development of an oral health awareness and education campaign across relevant HRSA divisions, including the Health Centers Program, Oral Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health. The Committee directs HRSA to identify oral health literacy strategies that are evidence-based and focused on oral health care prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer. The Committee encourages HRSA to ensure that the Chief Dental Officer plays a key role in the design, monitoring, oversight, and implementation of this project.

Targeted Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high-poverty census tracts. For purposes of this Act, the term "high-poverty area" means any census tract with a poverty rate of at least 20 percent as measured by the 2016–2020 5-year data series available from the American Community Survey of the Census Bureau and the term "persistent poverty counties" means any county that has had 20 percent or more of its population living in poverty over the past

30 years, as measured by the 1993 Small Area Income and Poverty Estimates, the 2000 decennial census, and the most recent Small Area Income and Poverty Estimates, or any territory or possession of the U.S. The Committee directs HRSA to develop and implement measures to increase the share of investments in high-poverty census tracts with a poverty rate of at least 20 percent as measured by the 2016–2020 5-year data series available from the American Community Survey of the Census Bureau, and any other impoverished areas the Department determines to be appropriate areas to target. The Committee directs HRSA to submit a report to the Committee within 180 days of enactment of this Act that includes the amount of funds that were targeted to such areas; the percent change from fiscal year 2022 in the amount of funds that were targeted toward such areas; and, to the extent practicable, an assessment of the economic impact of the program on the areas, including data on the categories of individuals impacted by the targeting of funds to such areas under the program, disaggregated by household income, race, gender, age, national origin, disability status, and whether the individuals live in an urban area, suburban area, or rural area.

Office of Pharmacy Affairs (OPA)

The Committee includes $13,238,000 for OPA, $2,000,000 above the fiscal year 2022 enacted level. OPA administers the 340B drug pricing program, which was designed to help safety net providers maintain, improve, and expand patient access to health care services. The 340B program has lowered the cost of outpatient drugs to health clinics and nonprofit and public hospitals that serve a disproportionate share of low-income and rural patients. These entities provide additional services and benefits to their communities with the savings realized.

The Committee recognizes that the 340B program is a critical lifeline to safety net providers, including FQHCs, FQHC Look-Alikes, children's hospitals, Ryan White HIV/AIDS clinics, and other safety-net hospitals and providers. These covered entities are model stewards of the program and reinvest 340B savings to reach more patients and provide more comprehensive services.

The Committee is concerned by the fact that the number of pharmaceutical manufacturers that are violating the 340B statute has dramatically increased, threatening the ability of safety-net providers to care for patients in need. The Committee is pleased that HRSA has continued to take steps to enforce the statute and take action against companies that curtail the use of 340B drugs in contract pharmacies, refer violations of the statute by manufacturers to the HHS Office of Inspector General, and appeal litigation in these matters. The Committee encourages HRSA to continue to use its authority and any available measures, including the imposition of civil penalties, where appropriate, to hold those drug manufacturers in violation of the law directly accountable. The Committee urges HRSA to continue to take actions to safeguard covered entities' lawful access to discounted drugs.

Telehealth

The Committee includes $37,050,000 for Telehealth, an increase of $2,000,000 above the fiscal year 2022 enacted level. Funds sup-

port the Office for the Advancement of Telehealth, which promotes the effective use of technologies to improve access to health services for people who are isolated from health care and to provide distance education for health professionals.

Provider Bridge.—The Committee includes $500,000 within the total for Telehealth for the Provider Bridge program. With funds appropriated in the Coronavirus License Portability Grant Program, HRSA established the Provider Bridge Program to empower medical professionals to safely and efficiently deliver urgently-needed care to communities during public health emergencies. To date, over 400 entities and 85,000 healthcare professionals have leveraged this national tool connecting health care professionals with State agencies and health care entities to quickly verify credentials and professional background information. Specifically, the platform provides a directory of State and Federal COVID–19 resources, allows health care professionals to submit professional background information, produces official and verified digital documents of licensure and credentialing information, and provides access to a database of information for volunteer clinicians willing to provide care.

Telehealth Centers of Excellence.—The Committee supports the continued development of Telehealth Centers of Excellence to continue to validate technologies and reimbursement mechanisms, establish training protocols, and develop comprehensive templates for States to integrate telehealth into their state health provider networks.

Rural Telehealth Initiative.—The Committee supports the Memorandum of Understanding entered into on August 31, 2020, establishing a Rural Telehealth Initiative among HHS, the Federal Communications Commission, and the Department of Agriculture. Together, this important initiative can leverage expertise of each respective agency and improve collaboration amongst entities tasked with addressing rural telehealth access. This initiative recognizes the unique problems facing rural Americans that need access to critical care services through telehealth platforms. The Committee encourages agencies involved in this initiative to prioritize opportunities to continue the expansion of telehealth services, close the digital divide, and not leave rural communities behind.

Community Project Funding

Within the funds included in this account, $726,569,000 shall be used for the projects, and in the amounts, specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" at the end of this report. The Committee includes $6,000,000 within this total for agency administrative expenses.

VACCINE INJURY COMPENSATION PROGRAM

Appropriation, fiscal year 2022	$13,200,000
Budget request, fiscal year 2023	26,200,000
Committee Recommendation	15,200,000
Change from enacted level	+2,000,000
Change from budget request	−11,000,000

The Committee includes $15,200,000 for administrative costs associated with the Vaccine Injury Compensation Program, an in-

crease of $2,000,000 above the fiscal year 2022 enacted level. This program provides compensation for individuals with vaccine-associated injuries or deaths.

COVID–19 Vaccine Liability.—The FDA has approved one COVID–19 vaccine for children 5 and older and granted emergency use authorization for a second COVID–19 vaccine for children 12 and older. The ACIP recommends that every eligible person receive the COVID–19 vaccine, including children aged 5 and older. Under the National Childhood Vaccine Injury Act (NCVIA), this recommendation requires the Secretary to add the COVID–19 vaccine to the VICP within two years. As the public anticipates the transition of COVID–19 vaccine injury compensation claims from the Countermeasure Injury Compensation Program (CICP) to the VICP, the Committee requests a report within 60 days of enactment of this Act regarding HHS's transition plan for COVID–19 vaccine injury compensation claims. This report should include a specific timeline for the rulemaking process to add COVID–19 vaccines to the Vaccine Injury Table, as well as a plan for how pending claims already filed with the Countermeasure Injury Compensation program will be handled. The plan should also include any anticipated resources needed to facilitate this transition and quickly process pending claims as well as how HHS will inform current and potential petitioners of their options.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, fiscal year 2022	$5,000,000
Budget request, fiscal year 2023	15,000,000
Committee Recommendation	7,000,000
Change from enacted level	+2,000,000
Change from budget request	−8,000,000

The Committee includes $7,000,000 for administrative costs associated with the Countermeasures Injury Compensation Program (CICP), an increase of $2,000,000 above the fiscal year 2022 enacted level. The CICP provides benefits to individuals who are seriously injured as a result of a vaccination, medication, device, or other item recommended to diagnose, prevent or treat a declared pandemic, epidemic or security threat.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Appropriation, fiscal year 2022	$8,457,204,000
Budget request, fiscal year 2023	10,730,159,000
Committee Recommendation	10,499,354,000
Change from enacted level	+2,042,150,000
Change from budget request	−230,805,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes $9,540,696,000 in discretionary budget authority, $55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act, and $903,300,000 in transfers from the Prevention and Public Health (PPH) Fund.

CDC's mission is to protect America from health, safety, and security threats, which it accomplishes by supporting core public health functions at State, local, and tribal health departments, detecting and responding to new and emerging health threats, pro-

moting health and safety, and providing leadership in the public health workforce.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2022	$868,155,000
Budget request, fiscal year 2023	1,250,930,000
Committee Recommendation	1,083,155,000
Change from enacted level	+215,000,000
Change from budget request	−167,775,000

The Committee recommendation includes $663,805,000 in discretionary budget authority and $419,350,000 in transfers from the PPH Fund.

Immunization cooperative agreements are awarded to State and local public health departments for planning, developing, and conducting childhood, adolescent, and adult 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.

Within the total for Immunization and Respiratory Diseases, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Immunization Program	$825,797,000
Acute Flaccid Myelitis	6,000,000
Influenza Planning and Response	251,358,000

Cost Estimates.—The Committee urges that the report on estimated funding needs of the Section 317 Immunization Program be updated and submitted not later than February 1, 2023. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. It should also include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for human papillomavirus (HPV) and influenza.

Immunization Program.—The Committee includes an increase of $175,000,000 to enhance immunization efforts, including increasing awardee base awards with a focus on expanding and sustaining critical immunization program infrastructure.

Immunization Rates.—The Committee is concerned about the marked decline in routine vaccines as a result of the pandemic. The Committee encourages CDC to continue surveillance and laboratory efforts, and to promote HPV vaccination in support of the Administration's Cancer Moonshot Initiative. In addition, the Committee requests information in the fiscal year 2024 Congressional Budget Justification on how the Advisory Committee on Immunization Practices (ACIP) can support both routine and emergency reviews in real time to ensure timely access to immunizations. Furthermore, the Committee recognizes that office-based physicians are trusted sources of health care information and delivery, and encourages CDC to consider their role in vaccination efforts.

Improving Immunization Information System Infrastructure and Data.—The Committee encourages CDC to engage with States and local jurisdictions to assess gaps and greatest areas of need to work toward all Immunization Information Systems (IIS) adopting and adhering to national standards to support the capture of data for all vaccinations administered across the life course, and have secure bi-directional information sharing capabilities both inter- and intra-State and with other IIS, health information exchanges, health data systems and entities, including data repositories to achieve interoperability levels needed to capture reliable, complete, real-time vaccine administration data.

Influenza Planning and Response.—The Committee includes an increase of $40,000,000 to enhance CDC's influenza activities, including expanding vaccine effectiveness monitoring and evaluation, and increasing influenza vaccine acceptance by removing barriers to vaccination and promoting vaccination coverage.

Influenza Vaccine.—The Committee encourages CDC to consider including vaccines produced through recombinant DNA technology in addition to traditionally-produced vaccines in future solicitations to facilitate the competitive process for all vaccine manufacturers.

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS PREVENTION

Appropriation, fiscal year 2022	$1,345,056,000
Budget request, fiscal year 2023	1,470,556,000
Committee Recommendation	1,463,556,000
Change from enacted level	+118,500,000
Change from budget request	−7,000,000

CDC provides national leadership and support for prevention research and the development, implementation, and evaluation of evidence-based HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention programs serving persons affected by, or at risk for, these infections. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local, and tribal health departments and community-based organizations to develop and implement integrated community prevention plans.

Within the total for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Domestic HIV/AIDS Prevention and Research	$1,046,712,000
HIV Initiative	*245,000,000*
School Health-HIV	*46,081,000*
Viral Hepatitis	54,500,000
Sexually Transmitted Infections	179,310,000
Tuberculosis	140,034,000
Infectious Diseases and the Opioid Epidemic	43,000,000

Access to PrEP.—The Committee notes the importance of expanding HIV pre-exposure prophylaxis (PrEP) nationally to improve access to medications and essential support services, community and provider outreach, to make progress towards ending the HIV epidemic.

Ending the HIV Epidemic Initiative.—The Committee includes an increase of $50,000,000 for the fourth year of the Ending the

HIV Epidemic initiative. The Committee commends CDC for including dedicated funding within this initiative for sexually transmitted infection clinics. The Committee notes the important role that self-testing has played in the response to the COVID–19 pandemic and encourages CDC to explore opportunities to facilitate access to HIV self-testing.

Hepatitis.—The Committee includes an increase of $13,500,000 to enhance efforts to eliminate the public health threat of viral hepatitis. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B, and urges CDC to take any associated action as early as possible. In addition, the Committee urges CDC to expand the viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. Furthermore, the Committee encourages CDC to expand outreach and communications efforts and related initiatives to promote hepatitis C screening during pregnancy with the goal of ensuring that every pregnant individual gets tested for hepatitis C during each pregnancy.

Infectious Diseases and the Opioid Epidemic.—The Committee includes an increase of $25,000,000 to expand activities to target the infectious disease consequences of the public health crisis involving injection drug use, including expanding the implementation of and access to high quality syringe services programs nationwide.

School Health.—The Committee includes an increase of $10,000,000 to bolster school capacity for evidence-based sexual health education, and access to sexual health services and safe and supportive environments.

Sexually Transmitted Infections.—The Committee includes an increase of $15,000,000 to address the high rates of sexually transmitted infections (STIs). The Committee directs CDC to utilize a portion of the increase to move the grant year forward by one month to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by one month each year for the next three years, contingent on the availability of funds. In addition, the Committee encourages CDC to maximize the impact of available resources, prevent the largest number of infections, and increase health equity by allocating funding to States and local jurisdictions using data driven methods incorporating burden of disease provided that a portion of these funds be used to ensure that no grantee receives less than the amount received in fiscal year 2022. Furthermore, the Committee encourages CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.

Tuberculosis.—The Committee includes an increase of $5,000,000 to enable CDC, along with State and local entities, to provide TB screening, identification, treatment and prevention services, and to support the TB Trials Consortium. The Committee is concerned that the COVID–19 pandemic caused significant impacts on individuals with TB and on State and local TB programs, including delays in care for people with TB and postponement of identifica-

tion and treatment of individuals with latent TB infection, stalling efforts to eliminate TB in the U.S.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2022	$693,272,000
Budget request, fiscal year 2023	703,272,000
Committee Recommendation	799,272,000
Change from enacted level	+106,000,000
Change from budget request	+96,000,000

The Committee recommendation includes $747,272,000 in discretionary appropriations and $52,000,000 in transfers from the PPH Fund.

Programs funded under Emerging and Zoonotic Infectious Diseases (EZID) support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

Within the total for EZID, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Antibiotic Resistance Initiative	$202,000,000
Vector-borne Diseases	87,103,000
Prion Disease	7,500,000
Chronic Fatigue Syndrome	5,400,000
Emerging Infectious Diseases	214,997,000
Harmful Algal Blooms	3,500,000
Food Safety	80,000,000
National Healthcare Safety Network	31,000,000
Quarantine	65,772,000
Advanced Molecular Detection	50,000,000
Epidemiology and Laboratory Capacity	40,000,000
Healthcare-Associated Infections	12,000,000

Advanced Molecular Detection.—The Committee includes an increase of $15,000,000 and recognizes the value of the Advanced Molecular Detection program through its crosscutting and collaborative work that introduces and helps establish biotechnology-focused innovation to public health programs across CDC and in State and local health departments.

Antibiotic Resistance.—The Committee includes an increase of $20,000,000 to enhance capacity to combat the growing threat of antibiotic resistant bacteria. The Committee recognizes the importance of addressing the problem of antibiotic-resistant bacteria through a One Health approach and by tracking resistance through local, regional, national, and global surveillance. In addition, the Committee urges CDC to develop improved data collection and surveillance of Clostridioides Difficle (C diff.), including working with State and local partners as part of the Nationally Notifiable Diseases Surveillance System. The Committee urges CDC to assist State and local partners in increasing awareness of antibiotic stewardship as it relates to C diff. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on these activities.

Emerging Infectious Diseases.—The Committee includes an increase of $20,000,000 for emerging infectious disease work, including laboratory capacity and wastewater surveillance. The Committee commends CDC for implementing the National Wastewater

Surveillance System (NWSS) with partners at health laboratories and academic institutions to better track COVID–19. The Committee encourages CDC to support staff sharing arrangements among multiple local health departments implementing NWSS and efforts to stand up systems in rural settings that do not have access to centralized wastewater treatment services. The Committee requests information in the fiscal year 2024 Congressional Budget Justification on best practices in developing wastewater surveillance programs in rural settings, and strategies to increase participation in the NWSS among State and local governments, institutions of higher education, and correctional facilities.

Food Safety.—The Committee includes an increase of $12,000,000 to help address the critical unmet needs in the nation's food safety system, in part through programs that enhance State and local public health capacity to support vital national surveillance, improve foodborne outbreak detection and investigations, enhance food safety prevention efforts, and maintain vigilance for emerging threats to our nation's food supply.

Harmful Algal Blooms.—The Committee includes an increase of $1,000,000 to support monitoring and health reporting concerns related to harmful algal blooms (HABs). The Committee urges CDC to continue work on affected waters, with a focus on freshwater and the related dangers to drinking water supplies. CDC has a unique role in better understanding the intersection of public health and environmental impacts of HABs using a One Health approach to: (1) increase outreach efforts to States and local public health officials to use these monitoring and reporting systems; and (2) work with a variety of agencies that currently collaborate on HABs. The scope of future research may expand to include improving laboratory methods for HAB-related toxins in biological specimens and clinical diagnostic methods to identify HAB-related symptoms and illnesses, optimizing emergency response capacities, and identifying and addressing the impacts of harmful algal toxins to humans. There is an important nexus between freshwater and health through drinking water and recreation, and CDC is urged to expand their work regionally to understand HABs impact on our nation's largest fresh bodies of water. In addition, CDC is urged to work with other agencies to integrate disparate sets of data to allow for a broader understanding of the spatial and temporal dynamics of the environmental and health impacts of harmful algal blooms.

Live Animal Imports.—The Committee notes the importance that live cargo inspections maintain standards of animal welfare and occur in the shortest practicable period. In addition, the Committee recognizes CDC's efforts to eliminate canine rabies in the U.S. and encourages CDC to provide a clear framework for those seeking to bring canines into the U.S.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.—The Committee commends CDC for its recent progress in myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) medical education and in its participation in the Interagency Working Group for ME/CFS.

Mycotic Diseases.—The Committee provides an increase of $2,000,000 in Emerging Infectious Diseases for mycotic diseases, including, but not limited to, surveillance and prevention, building

capacity in the State and local health departments, cooperative agreements, education of the public and healthcare providers, and laboratory support. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on how this funding is being utilized.

National Healthcare Safety Network.—The Committee includes an increase of $10,000,000 and recognizes the value of this system for healthcare quality measurement and improvement. The Committee supports the modernization of the system's infrastructure resulting in increased timeliness and accuracy, reduced burden on healthcare facilities, and the ability to collect urgent data.

Prion.—The Committee includes an increase of $1,000,000 to advance efforts on human prion diseases, rapidly progressive and fatal neurodegenerative diseases that occur in both humans and animals, and recognizes the critical work of the National Prion Disease Pathology Surveillance Center.

Quarantine.—The Committee includes an increase of $15,000,000 to enhance programs to protect the U.S. from infectious diseases, including expanded coverage at the most heavily trafficked airports and land border crossings and increased capacity for health screenings.

Vector-Borne Diseases.—The Committee includes an increase of $12,000,000 for enhanced vector-borne disease activities, including Lyme Disease and tickborne diseases. The Committee includes funding to support training and the development of communities of practice in vector-borne disease prevention and control for the regions of the U.S. that account for the largest burden of vector-borne disease. The Committee urges CDC to increase provider and public awareness of Lyme and known tickborne diseases (TBD) in differential diagnoses, to practice shared decision making, to be aware of the existence of two sets of differing Lyme Disease Clinical Guidelines, and to encourage the public to take preventive measures. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on the use of advanced and emerging technologies for the development of improved diagnostics, including a timeline on when improved diagnostics may become commercially available for Lyme disease. In addition, the Committee notes that the pandemic response necessitated the disruption of mosquito control and abatement efforts by many State and local health departments and notes the importance of continuing mosquito prevention efforts. The Committee is aware of the ongoing challenges faced by the U.S. territories in the Caribbean and the Pacific regarding control and management of vector-borne diseases. The Committee urges CDC to support the training and research needs of the U.S. territories and encourages the use of the Mosquito Abatement for Safety and Health Program to provide grants and technical assistance to States and political subdivisions to prevent and control mosquito-borne diseases. In addition, the Committee requests CDC, in consultation with other appropriate agencies, to provide information in the fiscal year 2024 Congressional Budget Justification on the ecological structure and epidemiological factors that must be known and monitored to estimate the mosquito-borne infectious disease outbreak risk.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2022	$1,338,664,000
Budget request, fiscal year 2023	1,612,264,000
Committee Recommendation	1,601,914,000
Change from enacted level	+263,250,000
Change from budget request	−10,350,000

The Committee recommendation includes $1,346,964,000 in discretionary appropriations and $254,950,000 in transfers from the PPH Fund.

Programs supported within Chronic Disease Prevention and Health Promotion provide national leadership and support for State, tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases.

Within the total provided, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Tobacco	$251,500,000
Nutrition, Physical Activity, and Obesity	58,420,000
High Obesity Rate Counties	*16,500,000*
School Health	27,400,000
Glaucoma	4,000,000
Vision and Eye Health	2,500,000
Alzheimer's Disease	35,500,000
Inflammatory Bowel Diseases	1,000,000
Interstitial Cystitis	1,100,000
Excessive Alcohol Use	6,000,000
Chronic Kidney Disease	8,500,000
Chronic Disease Education and Awareness	6,000,000
Prevention Research Centers	29,961,000
Heart Disease and Stroke	147,105,000
Diabetes	156,129,000
National Diabetes Prevention Program	38,300,000
Breast and Cervical Cancer	244,500,000
WISEWOMAN	*37,620,000*
Breast Cancer Awareness for Young Women	8,960,000
Cancer Registries	56,440,000
Colorectal Cancer	45,294,000
Comprehensive Cancer	26,425,000
Johanna's Law	12,500,000
Ovarian Cancer	14,500,000
Prostate Cancer	15,205,000
Skin Cancer	5,000,000
Cancer Survivorship Resource Center	725,000
Oral Health	20,750,000
Safe Motherhood/Infant Health	143,000,000
Arthritis	11,000,000
Epilepsy	13,000,000
National Lupus Registry	10,500,000
Racial and Ethnic Approaches to Community Health	75,950,000
Good Health and Wellness in Indian Country	*26,500,000*
Social Determinants of Health	100,000,000
Million Hearts	10,000,000
National Early Child Care Collaboratives	5,000,000
Hospitals Promoting Breastfeeding	9,750,000

Alzheimer's Disease.—The Committee includes an increase of $5,000,000 to support provisions enacted in the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115–406), including the implementation of the Road Map Series, expanding the number of Centers of Excellence, and building a robust

Alzheimer's and other dementias public health infrastructure across the country.

Breast and Cervical Cancer.—The Committee includes an increase of $10,000,000 to increase the provision of critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women, supporting the Cancer Moonshot goal to increase the percentage of women served by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) who have rarely or never been screened. In addition, the Committee is concerned with the public health impact from triple-negative breast cancer, named as such because it tests negative for estrogen receptors, progesterone receptors, and excess HER2 protein and thus does not respond to treatments developed for these subtypes. The Committee supports efforts to increase awareness of triple negative breast cancer and incorporate diagnoses strategies in existing breast cancer screening, diagnosis and linkage to care health programs. Furthermore, the Committee encourages recipients to implement navigator programs to help patients overcome barriers and have the resources they need. The Committee requests information in the fiscal year 2024 Congressional Budget Justification outlining current activities to support navigation services.

Cancer.—The Committee includes a total increase of $32,250,000 for cancer prevention and control activities in this account. The Committee supports the Administration's inclusion of CDC in the Cancer Moonshot initiative, recognizing the importance of public health efforts in cancer prevention, screening, early detection, and reducing disparities in quality of care. In addition to the programs discussed separately under this account, the Committee includes: an increase of $3,000,000 to expand awareness and prevention efforts for Breast Cancer Awareness for Young Women; an increase of $5,000,000 to enhance the work of the National Program of Cancer Registries; an increase of $2,000,000 for colorectal cancer; an increase of $6,000,000 for the National Comprehensive Cancer Control Program; an increase of $2,000,000 for Johanna's Law that raises awareness of the five main types of gynecological cancer; an increase of $2,000,000 to advance ovarian cancer prevention, early detection, risk assessment, and access to the standard of care; an increase of $1,000,000 for skin cancer; and an increase of $250,000 for the Cancer Survivorship Resource Center.

Chronic Disease Education and Awareness.—The Committee includes an increase of $3,000,000 to expand public health education and awareness activities that help to improve surveillance, diagnosis, and proper treatment for chronic diseases. This competitive grant program expands and advances CDC's work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is a clear disparity in public and professional awareness that are not already specified under CDC in this report. As this program matures, CDC is urged to identify and facilitate opportunities for coordination and best practices among grantees to benefit from shared goals and if appropriate, with smaller partners and rare disease organizations that receive funding through other chronic disease programs.

Chronic Kidney Disease.—The Committee includes an increase of $5,000,000 to accelerate activities to increase awareness, diagnosis, and treatment of chronic kidney disease (CKD) and to fund part-

nerships to support community-based activities that enhance health systems' capacity to identify, risk-stratify, and manage individuals with CKD. The Committee urges CDC to support activities addressing inherited kidney diseases, such as polycystic kidney disease (PKD) and encourages CDC to continue to discuss the availability and feasibility of any potential data sources for surveillance of PKD.

Diabetes.—The Committee includes an increase of $5,000,000 to prevent diabetes and its complications, and to reduce inequities through prevention strategies, translational research, and education. In addition, the Committee includes an increase of $5,000,000 for the Diabetes Prevention Program to expand efforts of this public-private partnership that provides diabetes prevention for people with prediabetes. The Committee supports the dissemination of community-based prevention and control programs and encourages flexibility to organizations serving low-income populations to address barriers these populations face in achieving weight loss outcomes.

Early Child Care Collaboratives.—The Committee includes an increase of $1,000,000 to enable training of early care and education providers in the implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems' early care and education settings, and health initiatives. The Committee also encourages the program to serve a mix of rural, suburban and urban areas, including areas with high childhood obesity rates.

Eating Disorders.—The Committee encourages CDC to assist States in collecting data by including standard questions on unhealthy weight control practices for eating disorders, including binge eating, through the Youth Risk Behavior Surveillance System and the Behavioral Risk Factor Surveillance System.

Epilepsy.—The Committee includes an increase of $2,500,000 for epilepsy. The Committee commends CDC for its ongoing leadership of this successful program and its effective community collaborations, and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with the epilepsies to health and community services.

Excessive Alcohol Use Prevention.—The Committee includes an increase of $1,000,000 to expand alcohol epidemiology capacity through improved data collection on excessive drinking and related harms in more States, and monitoring identifying strategies to reduce youth exposure to alcohol and alcohol marketing.

Farm-to-School.—The Committee includes $2,000,000 within Nutrition, Physical Activity, and Obesity to continue research and education activities related to farm to school programs that result in promoting healthy eating habits for students.

Food Allergies.—The Committee includes $2,000,000 for a school-based effort to address food allergies and reduce potentially fatal anaphylactic reactions.

Glaucoma.—The Committee requests information in the fiscal year 2024 Congressional Budget Justification on efforts to reach African American and Hispanic communities through the glaucoma program.

Heart Disease and Stroke.—The Committee includes a total increase of $15,500,000 to address cardiovascular diseases. The Committee includes an increase of $2,000,000 to support, strengthen, and expand evidence-based initiatives at the State, local, tribal, and territorial level. The Committee recognizes the vital importance of addressing cardiovascular disease among women, particularly women of color, and further recognizes that the resulting costs to the health care system of unrecognized cardiovasular disease in women can be substantially reduced with appropriate public awareness and prevention efforts. The Committee includes an increase of $7,500,000 for the WISEWOMAN program to be expanded to additional States, growing the number of low-income, uninsured and underinsured women who are assessed and connected to resources. The Committee also includes an increase of $6,000,000 for the Million Hearts initiative to increase education and outreach about the importance of healthy behaviors, regular heart screenings, and prevention measures.

High Obesity Rate Counties.—The Committee continues to support the rural extension and outreach service grants for rural counties with an obesity prevalence of over 40 percent. CDC is encouraged to give preference to projects in States where at least 10 percent of counties meet the requirements of the program.

Inflammatory Bowel Diseases.—The Committee commends the ongoing work of CDC to better understand the incidence and prevalence of Crohn's disease and ulcerative colitis, as well as disparities in patterns of care and health outcomes for this patient population through the Incidence, Prevalence, and Treatment Patterns of IBD in the United States (INPUT) study. The Committee is concerned about new information from the INPUT Study indicating that social determinants of health contribute to disparities in diagnosis and patterns of care and encourages CDC to continue supporting the INPUT study to better understand these disparities in children and in adults related to race, socioeconomic status and other factors, and to identify potential interventions to reduce disparities in care and outcomes. The Committee also encourages CDC to develop a strategic framework for the next iteration of the INPUT study and to produce a concept plan for an education and awareness campaign focused on communicating these messages to healthcare providers, patients, and caregivers.

Interstitial Cystitis.—The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on education, outreach, and public awareness activities related to interstitial cystitis.

Lupus.—The Committee includes an increase of $1,000,000 for activities to advance public health knowledge about lupus, which will lead to improved care for those living with the disease.

Multiple Myeloma.—The Committee is concerned about the burden of multiple myeloma on patients and their caregivers. The Committee encourages CDC to increase outreach and education of myeloma among high-risk individuals especially among African Americans, Hispanics, and other communities of color.

Nutrition, Physical Activity and Obesity.—The Committee supports CDC's efforts to promote healthy behaviors at every stage of life by encouraging regular physical activity, good nutrition, and preventing adult and childhood obesity.

Oral Health.—The Committee includes an increase of $1,000,000 to expand support to State and territorial health departments in their efforts to reduce oral disease and improve oral health through effective interventions.

Prevention Research Centers.—The Committee includes an increase of $3,000,000 to expand the national network conducting prevention research and translating research results into policy and public health practice that address local health needs.

Prostate Cancer.—The Committee includes an increase of $1,000,000 to bolster public awareness of prostate cancer risks, screening, and treatment, and improve surveillance of this disease. The Committee encourages CDC to increase outreach and education among high-risk men, especially African-American men. In addition, the Committee encourages CDC to consider an interactive simulation decision aid for men at risk of prostate cancer, and to establish a resource center with educational materials to assist in decision-making for men, their partners, and providers.

Racial and Ethnic Approaches to Community Health (REACH).—The Committee includes a total increase of $10,000,000 to continue scaling this program to all States and territories, and to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. REACH is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee's recommended level includes an increase of $4,000,000 for Good Health and Wellness in Indian Country.

Safe Motherhood and Infant Health.—The Committee includes a total increase of $60,000,000 for this portfolio of programs to improve the health of pregnant and postpartum individuals and their babies, including to reduce disparities in maternal and infant health outcomes. The total funding allows for the expansion of Maternal Mortality Review Committees (MMRCs) and Perinatal Quality Collaboratives (PQCs) to additional States and territories and for increased support to current States and territories, as well as increased support for other programs including Sudden Unexplained Infant Death (SUID). The Committee supports CDC's efforts to provide technical assistance to existing State MMRCs to build stronger data systems, improve data collection to ensure the accuracy and completeness, and create consistency in data collection. The Committee encourages CDC to establish data collection guidelines and to provide technical assistance to State MMRCs regarding the unique concerns of rural and underserved communities. The Committee encourages CDC to work with States to include and report data from birth centers in the Maternity Practices in Infant Nutrition and Care Survey and the Levels of Care Assessment Tool. In addition, the Committee encourages CDC to collect and report PQC data by race and ethnicity to mitigate inequities in overuse of cesarean sections. The Committee also encourages PQCs, whenever feasible, to include all care settings (hospital, birth center, home) and midwives with all nationally recognized credentials (certified nurse-midwives, certified professional midwives, certified midwives) for shared learning and teaching in this quality improvement work. The Committee also encourages CDC to increase awareness through PQCs of newer options and technologies for postpartum hemorrhage management. In addition, the Committee urges CDC to facilitate improved data collection and

analysis, including the expansion of the SUID and Sudden Death in the Young Case Registry, to improve SUID prevention strategies. Furthermore, the Committee supports the CDC's past efforts to promote the engagement of fathers and partners in addressing maternal mortality and severe morbidity. The Committee encourages CDC to continue these efforts and to consider opportunities to build on the PRAMS for Dads pilot projects by expanding such pilot projects into additional States.

School Health.—The Committee includes an increase of $10,000,000 to expand the number of States in the Healthy Schools program.

Social Determinants of Health.—The Committee includes an increase of $92,000,000 to award competitive grants to State, local, territorial, or tribal jurisdictions to support the development of Social Determinants of Health Accelerator Plans, the implementation of those plans, and to improve the health of Medicaid beneficiaries. Such plans should include a description of the health and social outcome objectives of the Social Determinants Accelerator Plan; identify target populations that would benefit from implementation of the plan including Medicaid-eligible individuals; and identify non-governmental, private, or public health organizations and community organizations that would participate in the development of the plan. Grantees may use a portion of grant funding to convene government entities, public and private stakeholders, and to engage qualified research experts in developing Accelerator Plans.

Tobacco.—The Committee includes an increase of $10,000,000 so that CDC, States and territories can continue efforts to more robustly respond to the public health threat caused by youth use of e-cigarettes and other tobacco products, to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality, and to expand the highly successful and cost-effective Tips from Former Smokers media campaign.

In addition, the Committee encourages CDC, in consultation with the Food and Drug Administration (FDA), Director of the Center for Tobacco Products, and any other relevant agency, to develop an additional question on National Youth Tobacco Survey to assess youth consumption of premium cigars. For purposes of this section, the term premium cigar shall be the definition agreed upon by DOJ, FDA and industry in the case of Cigar ssociation of America vs. FDA.

Vision and Eye Health.—The Committee includes an increase of $1,000,000 to initiate efforts to reinstate national-level surveillance of vision impairment and eye disease.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

Appropriation, fiscal year 2022	$177,060,000
Budget request, fiscal year 2023	195,310,000
Committee Recommendation	225,060,000
Change from enacted level	+48,000,000
Change from budget request	+29,750,000

This account supports efforts to conduct research on and address the causes of birth defects and developmental disabilities, as well

as reduce the complications of blood disorders and improve the health of people with disabilities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Birth Defects	$19,000,000
Fetal Death	1,900,000
Fetal Alcohol Syndrome	12,000,000
Folic Acid	3,150,000
Infant Health	8,650,000
Autism	33,100,000
Disability & Health	49,000,000
Tourette Syndrome	2,500,000
Early Hearing Detection and Intervention	10,760,000
Muscular Dystrophy	7,500,000
Attention Deficit Hyperactivity Disorder	1,900,000
Fragile X	2,000,000
Spina Bifida	7,500,000
Congenital Heart	8,250,000
Public Health Approach to Blood Disorders	10,900,000
Hemophilia Activities	3,500,000
Hemophilia Treatment Centers	5,100,000
Thalassemia	2,100,000
Neonatal Abstinence Syndrome	3,250,000
Surveillance for Emerging Threats to Mothers and Babies	33,000,000

Autism.—The Committee includes an increase of $10,000,000 to expand the Autism and Developmental Disabilities Monitoring (ADDM) Network and to re-establish surveillance of cerebral palsy at two ADDM sites.

Blood Disorders.—The Committee includes an increase of $3,500,000 for sickle cell data collection and analysis. The Committee encourages CDC to provide technical assistance to additional States with a higher prevalence of sickle cell disease, so that they can successfully participate in this grant program to better identify affected individuals in their states and better meet their needs.

Congenital Heart Defects.—The Committee includes an increase of $1,000,000 to advance congenital heart disease-related public health research and surveillance initiatives.

Early Hearing Detection and Intervention.—The Committee is aware of the significant racial and ethnic disparities in care facing children with hearing loss, and the effect unaddressed congenital hearing loss has on communication skills, psychosocial development, educational progress, and language development. The Committee encourages CDC to expand their work to improve surveillance of early hearing detection and intervention systems to ensure access to timely identification of congenital and acquired hearing loss and develop materials to enhance connection to follow up services among racial and ethnic minorities, and other medically underserved populations.

Fetal Alcohol Spectrum Disorders.—The Committee includes an increase of $1,000,000 to expand efforts related to fetal alcohol spectrum disorders.

Fetal Death.—The Committee includes an increase of $1,000,000 to expand research, surveillance and data collection activities related to stillbirth and stillbirth risk factors and to develop, make

available, and evaluate evidence-based awareness and educational activities on stillbirth prevention.

Fragile X and Fragile X-Associated Disorders.—The Committee commends CDC's efforts to identify and define the population impacted by fragile X (FX) and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. To help this effort, the Committee urges CDC to support additional strategies to promote earlier identification of children with FX. The Committee also urges CDC to work to ensure underserved populations at risk of FX conditions are being properly diagnosed and are aware of medical services available.

Improving the Health of People with Intellectual Disabilities.—The Committee includes an increase of $10,000,000 for the expanded provision of year-round, grassroots activities in communities to create opportunities for health screenings and access to quality healthcare, and health and wellness programming for people with intellectual disabilities. These efforts enhance the lives of individuals while eliminating stigmas and stereotypes.

Muscular Dystrophy.—The Committee includes an increase of $1,000,000 to enhance Muscular Dystrophy research and disease surveillance initiatives, including the Duchenne Muscular Dystrophy Care Considerations. The Committee looks forward to CDC's report describing how the Muscular Dystrophy Program funding is allocated, including evaluation of the impact of the Care Considerations as well as differences in care and outcomes between Certified Duchenne Care Centers and non-certified centers with the MD-STARnet network. Finally, the Committee encourages CDC to work with stakeholders to extract and evaluate the utility of common data elements in electronic health records to improve care, understand disease outcomes, and model disease progression.

Spina Bifida.—The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on efforts to address the transitional and adult care needs of the growing, aging spina bifida community.

Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET).—The Committee includes an increase of $20,000,000 to increase efforts and expand the reach of SET-NET to detect and respond to emerging threats to mothers and babies.

Tourette Syndrome.—The Committee includes an increase of $500,000 to enhance efforts focused on Tourette Syndrome.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2022	$651,997,000
Budget request, fiscal year 2023	798,537,000
Committee Recommendation	867,497,000
Change from enacted level	+215,500,000
Change from budget request	+68,960,000

This account supports programs that provide leadership and training for the public health workforce, support infrastructure to modernize public health surveillance, promote and facilitate science standards and policies, and improve access to information on disease outbreaks and other threats.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Health Statistics	$190,397,000
Surveillance, Epidemiology, and Informatics	298,100,000
Advancing Laboratory Science	23,000,000
Public Health Data Modernization	250,000,000
Public Health Workforce	106,000,000

Advancing Laboratory Science.—The Committee includes an increase of $10,000,000 to strengthen CDC's laboratory science and safety, as CDC scientists and laboratories must be capable and prepared to meet evolving health threats, and maintain the highest standards of laboratory quality and safety oversight. The Committee is concerned about the suspension of parasitic lab services which clinicians and patients rely upon and urges prompt resumption of all services.

Familial Hypercholesterolemia.—The Committee includes $100,000 to support public health efforts focused on this inherited genetic disorder to improve diagnosis and care delivery and prevent heart disease.

National Center for Health Statistics (NCHS).—The Committee includes an increase of $10,000,000 for NCHS, a component of our nation's public health infrastructure, to monitor the health of our Nation and to make much-needed investments in the next generation of surveys and products.

National Neurological Conditions Surveillance System.—The Committee includes $5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions.

Primary Immunodeficiencies.—The Committee includes $3,500,000, an increase of $500,000, for education, awareness, and genetic sequencing surveillance related to primary immunodeficiencies. This program has proven effective in identifying undiagnosed patients and linking them to centers of care.

Public Health Data Modernization Initiative.—The Committee includes an increase of $150,000,000 for the Data Modernization Initiative (DMI) to build upon current work to create modern, integrated, and real-time public health surveillance with CDC, State, territorial, local and tribal partners. The Committee acknowledges the need for sustained funding for this public health infrastructure to continue to move from siloed and brittle public health data systems to connected, resilient, adaptable, and sustainable systems to achieve real change. Essential to this significant effort are core data standards and support to recruit and retain the data science workforce. This is a massive undertaking by CDC, and it will only be successful with the commitment to improvement by the entire agency, and active engagement with partners. The Committee reiterates that the NCHS is to be fully integrated in the DMI.

Public Health Workforce.—The Committee includes an increase of $45,000,000 to aid in the rebuilding of the public health workforce. The Committee recognizes that a robust and well-trained public health workforce is critical to maintaining a highly effective public health infrastructure.

ENVIRONMENTAL HEALTH

Appropriation, fiscal year 2022	$228,350,000
Budget request, fiscal year 2023	401,850,000
Committee Recommendation	328,850,000
Change from enacted level	+100,500,000
Change from budget request	−73,000,000

The Committee recommendation includes $311,850,000 in discretionary appropriations and $17,000,000 in transfers from the PPH Fund.

Programs supported within Environmental Health conduct surveillance and data collection to detect and address emerging pathogens and environmental toxins that pose significant challenges to public health, as well as determine whether and at what level of exposure these substances are harmful to humans.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Environmental Health Laboratory	$71,750,000
Newborn Screening Quality Assurance Program	*22,000,000*
Newborn Screening /Severe Combined Immunodeficiency Diseases	*1,250,000*
Environmental Health Activities	23,000,000
Safe Water	8,600,000
Amyotrophic Lateral Sclerosis (ALS) Registry	10,000,000
Climate and Health	75,000,000
Trevor's Law	2,000,000
Environmental and Health Outcome Tracking Network	34,000,000
Asthma	33,500,000
Childhood Lead Poisoning	66,000,000
Lead Exposure Registry	5,000,000

Amyotrophic Lateral Sclerosis (ALS) Registry.—The Committee recognizes that the National ALS Registry is a unique scientific resource in the fight to understand and prevent ALS. The Committee urges CDC to continue its investment in research that will lead to interventions to reduce the incidence of ALS and encourages CDC to further examine the potential risks of ALS through State and local environmental reports where there is an increased prevalence of ALS to further understand the disease's etiology.

Asthma.—The Committee includes an increase of $3,000,000 for the National Asthma Control Program to increase the number of States carrying out programmatic activities. In addition, the Committee recognizes that States receiving funding under CDC's National Asthma Control Program utilize the EXHALE strategy to better control asthma and reduce asthma-related hospitalizations, emergency department visits, and healthcare costs. The Committee requests a report within one year of the date of enactment of this Act on the activities that have been undertaken by each State grantee to address the outdoor environment component of their asthma control program.

Childhood Lead Poisoning.—The Committee includes an increase of $25,000,000 to support the expansion of direct CDC assistance and funding to additional State and local public health departments. The Committee recognizes that CDC's expertise and technical assistance can be a valuable asset. Furthermore, the Committee encourages CDC to require that States receiving funding for lead prevention report all blood tests in a standardized format

through the Nationally Notifiable Noninfectious Diseases and Conditions reporting system.

Climate and Health.—The Committee includes an increase of $65,000,000 to expand to more States and territories to identify potential health effects associated with climate change and implement health adaptation plans. Climate-related events affect everyone, but not everyone is affected equally.

Newborn Screening.—The Committee includes an increase of $3,000,000 to further support newborn screening efforts so that affected newborns can receive early and often life-saving treatment through the timely implementation for all Recommended Uniform Screening Panel conditions. The Committee is aware that State laboratories need specialized support to begin screening for additional newborn conditions and recognizes CDC's expertise in working with laboratories to implement accurate newborn screening tests. The Committee supports the Newborn Screening Quality Assurance Program to support State laboratories as they implement screening for new disorders. The increase in funding will enable States to establish testing for new conditions and improve testing of current conditions; build technical capacity in States by providing education, training and technical assistance to address testing challenges and determine appropriate testing methods for rapid screening; and ensure test results for new conditions are accurate by improving test result interpretation and expanding data analytic capacity.

Vessel Sanitation Program.—The Committee includes $4,000,000 to support the critical public health functions of the vessel sanitation program. The Committee requests additional information in the fiscal year 2024 Congressional Budget Justification on the program budget, including user fee and no year funding balances, estimated user fee collections, and the anticipated workload.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2022	$714,879,000
Budget request, fiscal year 2023	1,283,169,000
Committee Recommendation	897,779,000
Change from enacted level	+182,900,000
Change from budget request	−385,390,000

Programs supported within Injury Prevention and Control provide national leadership on violence and injury prevention, conduct research and surveillance, and promote evidence-based strategies to inform real-world solutions to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Domestic Violence and Sexual Violence	$37,700,000
Child Maltreatment	*7,250,000*
Child Sexual Abuse Prevention	*3,000,000*
Community and Youth Violence Prevention	100,000,000
Domestic Violence Community Projects	9,500,000
Rape Prevention	71,750,000
Suicide Prevention	22,000,000
Adverse Childhood Experiences	10,000,000

Budget Activity	FY 2023 Committee
National Violent Death Reporting System	34,500,000
Traumatic Brain Injury	11,250,000
Elderly Falls	4,050,000
Drowning	2,000,000
Injury Prevention Activities	31,950,000
Opioid Overdose Prevention and Surveillance	515,579,000
Injury Control Research Centers	12,500,000
Firearm Injury and Mortality Prevention Research	35,000,000

Adverse Childhood Experiences.—The Committee includes an increase of $3,000,000 to expand efforts including technical assistance to States to analyze data and burden.

Child Sexual Abuse Prevention.—The Committee includes an increase of $1,000,000 and recognizes the severe and often life-long physical, cognitive and emotional impact of child sexual abuse. CDC's child sexual abuse prevention research includes opportunities to improve surveillance systems and data collection, increase the understanding of risk and protective factors, and develop and disseminate effective prevention efforts.

Community and Youth Violence Prevention.—The Committee includes an increase of $84,900,000 for a new evidence-based community violence intervention, which aims to prevent intentional violence, such as mass casualty violence or gang violence. The Committee continues to recognize all forms of violence as a health crisis that is in desperate need of increased data collection and funding to support effective prevention and intervention efforts grounded in public health approaches. There is increasing evidence of the profound negative effects of violence and the exposure to violence on child development, the long-term mental and physical health of affected populations, and the economic development of communities, especially communities of color. The Committee encourages CDC to fund a broad range of interventions, including programs to provide de-escalation and conflict mitigation skills.

Core State Injury Prevention Program (Core SIPP).—The Committee includes an increase of $3,000,000 for Core SIPP to enhance efforts to identify and respond to injury threats with data-driven public health actions.

Domestic Violence and Sexual Violence.—The Committee includes an increase of $2,000,000 for intimate partner violence. The Committee notes the importance of the collection, reporting, and sharing of data on domestic violence and sexual violence across agencies. The Committee looks forward to receiving the National Domestic Violence Prevention Action Plan in 2023, as requested in House Report 117–96.

Domestic Violence Community Projects.—The Committee includes an increase of $4,000,000 to expand the reach of the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program.

Drowning.—The Committee includes an increase of $1,000,000 to support proven drowning prevention programs with national organizations working with underserved and diverse youth, to support State drowning surveillance efforts, and to begin implementation of a national plan on water safety.

Elderly Falls.—The Committee includes an increase of $2,000,000, doubling efforts related to fall prevention.

Firearm Injury and Mortality Prevention Research.—The Committee includes an increase of $22,500,000 for research on firearm injury and mortality through a public health approach that focuses on data to understand its causes and to inform prevention strategies, including emergency room data on nonfatal gunshot injuries. The Committee continues to be concerned by the prevalence of firearm-related violence across the country, especially in our nation's schools, and urges CDC to conduct policy evaluation research to prevent violence in our schools. Furthermore, the Committee recognizes that community gun violence, such as gang violence, constitutes a significant portion of gun homicides in the U.S. There is a disproportionate impact of community gun violence on low-income communities of color, which is not often reflected in the national narrative surrounding gun violence. The Committee encourages CDC to support research on community gun violence, reflecting the diversity of the victims of gun violence. Furthermore, the Committee urges CDC to investigate the impact of access to teen and youth services in a community on rates of community violence.

High School Sports Injuries.—The Committee encourages CDC to consider the feasibility of collecting and reporting data related to injuries in high school sports to improve the safety of student athletes.

Injury Control Research Centers.—The Committee includes an increase of $3,500,000 to increase the number of awards for multidisciplinary research on the causes, outcomes, and prevention of injuries and violence.

National Violent Death Reporting System.—The Committee includes an increase of $10,000,000 to increase efforts so that data can inform prevention efforts and save lives, including collecting data on gender identity and sexual orientation.

Opioid Abuse and Overdose Prevention.—The Committee includes an increase of $25,000,000 to enhance activities, including outreach capacity and to help eliminate racial disparities in overdose deaths and improve access to prevention and treatment services. In addition, the Committee notes that CDC is currently conducting efforts focused on chronic pain as directed in House Report 117–96, and requests an update in the fiscal year 2024 Congressional Budget Justification on the status of these efforts. In addition, the Committee requests an update in the fiscal year 2024 Congressional Budget Justification on the percentage of funding provided to local communities for each entity receiving funds under this heading.

Rape Prevention.—The Committee includes an increase of $15,000,000 to support rape prevention and education programs.

Suicide.—The Committee includes an increase of $2,000,000 to expand surveillance and comprehensive prevention efforts, as suicide is devastating communities across the U.S. In addition, the Committee requests report, in consultation with SAMHSA, within 180 days of the date of enactment of this Act on the impact of online forums promoting suicide on suicide rates, including the popularization of a specific method and disseminating information on its antidote. If the data for creating such a report is insufficient, CDC is directed to provide recommendations for how existing databases can be supplemented or the creation of new ones to capture this information.

Traumatic Brain Injury.—The Committee provides an increase of $4,000,000 to initiate concussion surveillance, particularly among children and youth.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriation, fiscal year 2022	$351,800,000
Budget request, fiscal year 2023	345,300,000
Committee Recommendation	363,300,000
Change from enacted level	+11,500,000
Change from budget request	+18,000,000

The National Institute for Occupational Safety and Health (NIOSH) 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.

Within the total for NIOSH, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
National Occupational Research Agenda	$121,000,000
Agriculture, Forestry, and Fishing	*29,500,000*
Education and Research Centers	33,000,000
Personal Protective Technology	24,000,000
Mining Research	62,500,000
National Mesothelioma Registry and Tissue Bank	1,200,000
Firefighter Cancer Registry	5,500,000
Other Occupational Safety and Health Research	116,100,000

Agriculture, Forestry, and Fishing.—The Committee includes an increase of $2,000,000 to expand efforts to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education and prevention.

Education and Research Centers.—The Committee includes an increase of $2,000,000 to support efforts to reduce work-related injuries and illnesses through prevention research, education, and implementation of programs to improve occupational health and safety and minimize the dangers faced by workers across the country.

Firefighter Cancer Registry.—The Committee includes an increase of $2,500,000, as the registry prepares to recruit and enroll participants.

Occupational Injury and Illness.—The Committee requests a report within 180 days of the date of enactment of this Act on the estimate of the total incidence and economic burden of fatal and nonfatal occupational injury and illness in the U.S. The report shall adjust for known underreporting of occupational injury and illness, estimate the incidence or prevalence of occupational illnesses from public health data through attributable risk proportions or other standard methodologies, and estimate both medical and indirect costs, such as lost earnings, benefits, and home production. This report shall also estimate the proportion of the total economic burden not absorbed by worker's compensation insurance

and shifted onto federal programs such as Medicare, Medicaid, and Social Security Disability Insurance.

Personal Protective Technologies.—The Committee includes an increase of $2,000,000 to enhance efforts regarding personal protective technologies in response to the COVID–19 pandemic and to protect workers every day.

PFAS Exposure.—The Committee urges CDC to include farming and agricultural sectors in its PFAS exposure research on health impacts.

Radiation Exposure in Medical Procedures.—The Committee notes that many patients, doctors and health care workers are exposed to excessive radiation during medical procedures. The Committee requests a report within 90 days of the date of enactment of this Act on appropriate standards of practice recommendations for providers to follow to increase the use of radiation protection technologies such as non-lead/non-vinyl/PVC shielding and reduce avoidable exposures.

Total Worker Health.—The Committee includes an increase of $2,000,000 to expand the Total Worker Health program, which supports and conducts ground-breaking research to advance the overall safety, health, and well-being of U.S. workers.

World Trade Center Health Program.—The Committee recognizes that thousands of eligible members of the World Trade Center Health Program (WTCHP) reside in States outside of New York today. In consideration of migration trends and with a greater need to provide clinical services, in particular, monitoring and treatment of WTCHP certified conditions, and improve access to research within the regions where eligible members live, the Committee encourages CDC to assess where eligible persons are located when planning future Clinical Centers of Excellence competitions.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2022	$55,358,000
Budget request, fiscal year 2023	55,358,000
Committee Recommendation	55,358,000
Change from enacted level	– – –
Change from budget request	– – –

The Energy Employees Occupational Illness Compensation Program provides compensation to employees and survivors of employees of Department of Energy facilities and private contractors who have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work. NIOSH estimates occupational radiation exposure for cancer cases, considers and issues determinations for adding classes of workers to the Special Exposure Cohort, and provides administrative support to the Advisory Board on Radiation and Worker Health.

GLOBAL HEALTH

Appropriation, fiscal year 2022	$646,843,000
Budget request, fiscal year 2023	747,843,000
Committee Recommendation	757,843,000
Change from enacted level	+111,000,000
Change from budget request	+10,000,000

Through its Global Health activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations,

Federal 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.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Global AIDS Program	$128,921,000
Global Tuberculosis	14,722,000
Global Immunization Program	230,000,000
Polio Eradication	*180,000,000*
Other Global/Measles	*50,000,000*
Parasitic Diseases and Malaria	31,000,000
Global Public Health Protection.	353,200,000

Global Health Security.—The Committee supports CDC's work to protect global health security through programs that detect, prevent, and respond to infectious diseases and other health threats, including the development of new tools, especially diagnostics, the application of advanced molecular detection for the identification and tracking of diseases and disease variants at home and abroad, and core technical contributions to developing and validating tools for use by U.S. bilateral and multilateral global health programs and laboratory efforts to monitor and combat drug and insecticide resistance, functions essential to ensuring that global health programs are responsive, efficient, and tailored for maximum impact. The Committee urges CDC to ensure that the importance of research and development to global health security is appropriately reflected in their international engagements.

Global Public Health Protection.—The Committee includes an increase of $100,000,000 to support CDC's mission to protect the health of our nation including by working across the globe. The Committee supports CDC's global efforts to detect epidemic threats earlier, respond more effectively, and prevent avoidable crises.

Parasitic Disease and Malaria.—The Committee provides an increase of $4,000,000 recognizing the important role CDC plays in the fight against malaria and parasitic disease and encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration across the agency and with other agencies.

Polio Eradication.—The Committee includes an increase of $2,000,000 to advance polio eradication efforts.

Population-based Surveillance Platforms.—The Committee provides $10,000,000 to support existing longitudinal population-based infectious disease surveillance platforms that enable comparative analysis between urban and rural populations in the developing world.

Soil Transmitted Helminth and Related Diseases of Poverty.—The Committee includes $1,500,000 to extend the currently funded CDC projects aimed at surveillance, source remediation and clinical care to reduce soil transmitted helminth infection.

Tuberculosis.—The Committee includes an increase of $5,000,000 to advance tuberculosis prevention, diagnosis, and treatment efforts.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2022	$862,200,000
Budget request, fiscal year 2023	842,200,000
Committee Recommendation	882,200,000
Change from enacted level	+20,000,000
Change from budget request	+40,000,000

The Public Health Preparedness and Response (PHPR) account supports programs that build and strengthen national preparedness for public health emergencies, both naturally-occurring and intentional. PHPR supports needs assessments, response planning, training, epidemiology and surveillance, and upgrades for laboratory capacity and communications systems.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Public Health Emergency Preparedness Cooperative Agreement	$735,000,000
Academic Centers for Public Health Preparedness	8,200,000
CDC Preparedness and Response	139,000,000

Public Health Preparedness Cooperative Agreements.—The Committee includes an increase of $20,000,000 to enhance investments in State, local, and territorial health departments to quickly detect, monitor, and respond to health threats. Public health system investments serve as the backbone for disaster and outbreak response in every State and the pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection. The Committee directs that grant recipients incorporate Limited English Proficient (LEP) Individuals into their emergency response. Grant recipients must ensure that they are conducting tailored and robust outreach efforts to LEP communities. In addition, the Committee requests the fiscal year 2024 Congressional Budget Justification include a State distribution table, which should also include how funding is being allocated to local health departments and how States are determining these allocations.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2022	$30,000,000
Budget request, fiscal year 2023	55,000,000
Committee Recommendation	55,000,000
Change from enacted level	+25,000,000
Change from budget request	– – –

This account supports capital projects as well as repairs and improvements to restore, maintain, and improve CDC's assets at facilities in seven States and San Juan, Puerto Rico.

The Committee continues language to allow CDC to retain unobligated funds in the Individual Learning Accounts from departed employees to support the replacement of the underground and surface coal mine safety and health research facility.

Maintenance Backlog.—The Committee includes an increase of $25,000,000 to make significant progress on reducing CDC's backlog of maintenance and repairs.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2022	$493,570,000
Budget request, fiscal year 2023	968,570,000
Committee Recommendation	1,118,570,000
Change from enacted level	+625,000,000
Change from budget request	+150,000,000

This account supports public health leadership and support activities at CDC.

The Committee recommendation includes $958,570,000 in discretionary funds and $160,000,000 in transfers from the PPH Fund.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Preventive Health and Health Services Block Grant	$160,000,000
Public Health Leadership and Support	123,570,000
Infectious Disease Rapid Response Reserve Fund	35,000,000
Public Health Infrastructure and Capacity	750,000,000
Center for Forecasting and Outbreak Analytics	50,000,000

Center for Forecasting and Outbreak Analytics.—The Committee includes funding for the new Center for Forecasting and Outbreak Analytics to facilitate the use of data, modeling, and analytics to improve preparedness and response. The Committee urges CDC to continue to work with schools of public health and other academic institutions to engage the nation's expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field.

Infectious Disease Rapid Response Reserve Fund.—The Committee includes an increase of $15,000,000. As utilized during the initial response to COVID–19, the Reserve Fund will provide an immediate source of funding to quickly respond to an imminent infectious disease crisis. Funds are available until expended.

Local Health Departments.—The Committee notes that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly-funded and recognizes the important role of local health departments in our nation's governmental public health partnership to protect the public's health.

Preventive Health and Health Services Block Grant.—The Committee continues to support the Preventive Health and Health Services Block grant, of which at least $7,000,000 is to support direct services to victims of sexual assault and to prevent rape.

Public Health Infrastructure and Capacity.—The Committee includes an increase of $550,000,000 to provide consistent and reliable funding for State, local, territorial, Federal public health agencies. This disease-agnostic funding can be used to address crosscutting needs, including bolstering the public health workforce, addressing local priorities, ensuring capacity to meet urgent needs during emergencies, and improving data collection and sharing processes. The Committee encourages CDC to provide States with clear guidance on the suballocation of this funding to local health

departments that do not receive funding directly. The Committee further urges CDC to publicly track and report on the suballocation of funding through State health departments to local health departments. The Committee directs that no less than 70 percent of this funding be awarded to health departments.

Public Health Leadership and Support.—The Committee includes an increase of $10,000,000 to support CDC's foundational public health activities and to facilitate partnerships.

NATIONAL INSTITUTES OF HEALTH

Appropriation, fiscal year 2022	$44,959,000,000
Budget request, fiscal year 2023	45,233,218,000
Committee Recommendation	47,459,000,000
Change from enacted level	+2,500,000,000
Change from budget request	+2,225,782,000

The Committee recommendation for the National Institutes of Health (NIH) program level includes $46,038,300,000 in discretionary appropriations and $1,420,700,000 in Public Health Service Act (PHS Act) section 241 evaluation set-aside transfers.

The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH conducts and supports research to understand the basic biology of human health and disease; apply this understanding towards designing new approaches for preventing, diagnosing, and treating disease and disability; and ensure that these approaches are widely available.

The recommendation includes funding for initiatives established in the 21st Century Cures Act (Cures Act), including a total of $216,000,000 for the Cancer Moonshot Initiative; $541,000,000 for the *All of Us* precision medicine initiative (including $419,000,000 from the Cures Act); and $620,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative (including $450,000,000 from the Cures Act).

The Committee includes specific funding allocations for several initiatives and activities detailed in the Institute- and Center-specific sections below.

NATIONAL CANCER INSTITUTE (NCI)

Appropriation, fiscal year 2022	$6,912,522,000
Budget request, fiscal year 2023	6,713,851,000
Committee Recommendation	7,378,579,000
Change from enacted level	+466,057,000
Change from budget request	+664,728,000

The Committee recommendation includes $7,162,579,000 in discretionary appropriations and $216,000,000 made available in the Cures Act.

Mission.—NCI leads, conducts, and supports cancer research across the Nation to advance scientific knowledge and help all people live longer, healthier lives.

Brain Cancer.—The Committee recognizes that certain types of brain cancers are associated with high mortality and morbidity rates. Brain and other nervous system cancers have a five-year survival rate of 33 percent. Certain brain tumors that occur in humans also occur spontaneously and naturally in dogs. These brain

cancers in dogs share many of the same molecular underpinnings of their human counterparts. There is great potential for developing treatments for brain cancers that will benefit dogs and humans and provide an intermediate step to evaluate human treatments in a more meaningful and related species. The Committee encourages NIH to continue to support research that brings together researchers and clinicians from pediatrics, adult oncology, veterinary medicine, and biomedical engineering to leverage the linkage between brain cancers in dogs and humans to evaluate and develop treatments and safe delivery systems to benefit both species.

Cancer Immunotherapy and Correlative Research.—Understanding the complex factors that determine whether a particular cancer immunotherapy will succeed for a given patient is a vital area of research. Central to this research is the analysis of blood, tumor, and other tissues in conjunction with the outcome of clinical trials (known as correlative studies), which can help explain why a treatment worked or not, and why it did or did not produce serious side effects, as well as providing critical insights to help optimize subsequent trials. For example, by evaluating peripheral blood and tumor biopsies obtained from patients prior to and during treatment, researchers can better understand the factors that influence successful anti-tumor immune response and the development of treatment resistance. In general, correlative studies are most useful when conducted in a timely manner as an integrated part of clinical trials. The Committee urges NCI to continue to explore approaches to support and streamline the incorporation of correlative studies in immunotherapy trials and commends NCI for the establishment of the Cancer Immune Monitoring and Analysis Centers (CIMACS) and the Cancer Immunologic Data Commons (CIDC) as part of the Cancer Moonshot. This network carries out comprehensive molecular analysis of clinical trial specimens for biomarkers and pathways associated with response to immunotherapy and conducts correlative studies and profiling of tumors and immune cells for NCI-funded early trials of immunotherapy. The Committee encourages NCI to continue funding for correlative studies through existing funded networks.

Cancer Moonshot.—The Committee directs NIH to transfer $216,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot initiative. These funds were authorized in the Cures Act.

The Committee also encourages NCI to leverage Cancer Moonshot efforts to continue supporting research aimed at addressing health disparities and expanding the scientific understanding of the genetic and molecular drivers of cancer, including for diseases with significant differences in outcomes between White and non-White patients, such as acute myeloid leukemia (AML). According to research using data from NCI's Surveillance, Epidemiology, and End Results (SEER) Program, there is a wide disparity and higher mortality rate among African American patients compared to White patients with AML. The Committee encourages NCI to continue intramural and extramural research efforts to identify the underlying causes of health disparities associated with AML, including hereditary blood cancers.

Cancer Survivorship.—As of January 2019, there were an estimated 16.9 million cancer survivors in the U.S. and the number of cancer survivors is projected to increase to 22.2 million by 2030. The Committee encourages NCI to continue to address the unique needs of cancer survivors with resources to support cancer survivors whether through additional research on essential elements of survivorship care, leveraging Federal resources, or improving coordination among providers. An investment in quality of life after a diagnosis is a critical component of our Nation's fight against the disease.

Cancer Vaccines.—The Committee recognizes that the success of the COVID 19 vaccines—which became available less than a year from the outset of the pandemic and now deliver up to 95 percent protection rates—is because these vaccines were built on messenger RNA technology, or mRNA, an approach that had been initiated for cancer research. The Committee understands that with further research, mRNA cancer vaccines could potentially be among the most cost-effective methods of preventing recurrences and the high costs of cancer care. In addition, the fiscal year 2023 budget request explicitly acknowledged that a potential area of transformative research within NIH is the preparation of mRNA vaccines against common forms of cancer. The Committee encourages NIH to continue to support research efforts that move the field forward for mRNA vaccines in cancer. Areas of particular scientific opportunity include focus on enhancing immune recognition of solid tumors, overcoming suppression in the tumor microenvironment, and personalization of mRNA vaccines. Together, these strategies have high potential for increasing the effectiveness for cancer immunotherapy treatment and prevention.

Childhood Cancer Data Initiative (CCDI).—The Committee includes no less than $50,000,000 for the CCDI, the same as the fiscal year 2022 level. Within this total, the Committee includes no less than $750,000 to continue to support enhancement of the CCDI Molecular Characterization Initiative and other efforts as applicable through continued expansion to focus on ultra-rare tumor types, such as atypical teratoid rhabdoid tumor (ATRT), and other ultra-rare pediatric tumor types with limited therapeutic options. The effort should include comprehensive clinical and molecular data for each patient to the extent possible. The dataset should include clinical, radiographic, histopathologic, and molecular information to the extent possible and be stored in a manner that allows for interrogation of patient level data. The data collected will be used to identify risk factors, aid in prognostication and treatment recommendations, and assist with the development of novel therapeutics for these diseases.

Childhood Cancer STAR Act.—The Committee includes no less than $30,000,000, the same as the fiscal year 2022 enacted level, for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on children, adolescents, and young adults, with an emphasis on selected cancer subtypes (and their recurrences) for which current treatments are least effective, and to continue to conduct and support childhood

and adolescent survivorship research. This amount also includes the $2,000,000 provided for the CDC's ongoing efforts to enhance cancer registry case capture efforts for childhood and adolescent cancers.

Clinical Trials Reporting of Data.—The Committee recognizes that children have often been historically underrepresented in clinical trials. However, children with cancer participate in clinical trials at a high rate, thanks in large part to NCI support for clinical trials through the Children's Oncology Group, the Pediatric Early Phase Clinical Trials Network, the Pediatric Brain Tumor Consortium, and NCI's Pediatric Oncology Branch at the NIH Clinical Center. The Committee encourages NCI to continue to make information available to the public regarding adult trials that allow enrollment of patients under age 18.

Colorectal Cancer.—The Committee recognizes that colorectal cancer is the second leading cause of cancer death for men and women in the U.S. While colorectal cancer incidence rates in individuals over 50 have largely stabilized or declined due to significant advancements in preventive screening, incidence rates for early-onset colorectal cancer (individuals diagnosed at ages 20 to 49) have been consistently increasing. Three out of four early-onset colorectal cancer patients have no family history of the disease and over 60 percent of early-onset colorectal cancer patients are diagnosed at a late stage. There are several racial/ethnic disparities in colorectal cancer screening and outcomes. Black individuals have the highest incidence and mortality and face lower survival than White individuals. American Indians/Alaskan Natives also have elevated rates and deaths compared to the general population and represent the only racial/ethnic group for whom colorectal cancer mortality rates are not declining. Racial and ethnic minorities are also more likely than White individuals to present with late-stage, incurable disease. Notably, the sharpest increase in metastatic, early-onset colorectal cancer is among people 20 to 39 years old, especially Black and Hispanic individuals. Mortality rates across all ages for late-stage colorectal cancer have remained stagnant due to minimal progress in treatments for colorectal cancer patients.

Given these challenges, the Committee urges NCI to prioritize research on colorectal cancer. The Committee directs NCI to submit a plan to the Committee within 180 days of enactment of this Act guided by a multidisciplinary and multi-agency advisory council to include diverse representatives from the colorectal cancer community, including colorectal cancer patients, patient organizations, industry, academic researchers, and community-based providers, to include all relevant health care agencies. Specifically, this plan should identify research priorities, gaps, and opportunities, and include detailed sections focused on the following non-exhaustive list of topics: the lack of progress in the development of effective therapeutics for colorectal cancer, the rising rates of colorectal cancer in people under the age of 50, with a special focus on the rapidly increasing rates of early onset colorectal cancer in the 20 to 39 year old age range; and the persistent health disparities in colorectal cancer prevalence, screening, and outcomes. The plan should describe how NCI plans to play a role in addressing these challenges and what existing and future innovative grant mechanisms can be leveraged to advance progress.

Deadliest Cancers.—The Recalcitrant Cancer Research Act (RCRA) of 2012 focuses on cancers with a five-year survival rate below 50 percent, which account for 44 percent of all U.S. cancer deaths. In House Report 117–96, the Committee directed NCI to develop a scientific framework using the process outlined in the RCRA for gastric and esophageal cancers. The Committee also notes that NCI has taken an important step by receiving approval for a Program in Origins of Gastroesophageal Cancers from the National Cancer Advisory Board and Board of Scientific Advisors. Given the toll all recalcitrant cancers exact on society and the lack of diagnostic and treatment resources currently available to help patients, the Committee encourages NCI to continue to invest in the most promising research opportunities to advance progress against each of the deadliest cancers (gastric, esophageal, and GE junction; liver, including cholangiocarcinoma; lung, including mesothelioma; ovary; pancreas; and brain, including adult and pediatric brain tumors), and to provide an update on research focused on each of these areas in the fiscal year 2024 Congressional Justification.

Endometrial Cancer.—The Committee remains concerned about the significant racial and ethnic disparities in mortality rates for endometrial cancer that adversely impact Black women. The age-adjusted mortality rate for Black women with endometrial cancer is nearly twice the rate of White women, which is partly attributed to cancer stage at diagnosis. The Committee commends NCI's efforts to address these disparities through projects like the Discovery and Evaluation of Testing for Endometrial Cancer in Tampons (DETECT) Study, and encourages NCI to continue supporting research activities that will lead to the development of targeted interventions to improve early diagnosis among Black women with endometrial cancer. The Committee also encourages NCI to research innovative community-based outreach methods to improve access to high-quality care, with the goal of increasing enrollment and participation by Black women in clinical trials. The Committee requests an update on NCI's activities regarding endometrial cancer in the fiscal year 2024 Congressional Justification, including progress made in endometrial cancer early diagnosis, survival rates, and clinical trial enrollment by race and ethnicity.

Environmental Exposures and Cancer in Firefighters.—The Committee is aware that firefighters have increased rates of cancer diagnoses and death relative to the general population. Firefighters are exposed to a complex mix of known and possible cancer-causing chemicals through breathing hazardous substances and absorbing them through their skin. Despite an understanding of the risks associated with firefighter environmental exposures, there has been no large-scale, systematic examination of the mechanisms by which the environmental exposures experienced by these frontline responders can cause cancer. The Committee recognizes the work NIH and CDC/NIOSH have performed to better understand the cancer risks firefighters may experience and encourages these agencies to continue conducting this research, including efforts measuring environmental exposures in firefighters and determining the mechanisms by which these exposures lead to increased cancer incidence, morbidity, and mortality. The Committee also encourages NIH to continue to support research to improve health eq-

uity among firefighters, including through inclusion of participants across race, ethnicity, gender, and workplace environment groups to evaluate potential differences in exposures and risk.

Glioblastoma (GBM).—Glioblastoma is a cancer with less than a five percent five-year relative survival rate, and the average survival time from diagnosis has improved by only six months over the last 30 years. To date, there have only been five drugs and one medical device approved by the FDA for the treatment of GBM. With prior Congressional investment in NCI programs, glioblastomas have been molecularly characterized, resulting in a new and promising understanding of these tumors, including the identification of potential clinical strategies and agents, trial designs, and imaging and pathology technologies.

The Committee commends NCI for its establishment and initial implementation of the GBM Therapeutics Network (GTN). The GTN's cross-cutting teams' capabilities to conduct pre-clinical studies and early-phase clinical trials enables the careful evaluation of potential treatments, including small molecule drugs, immunotherapies, radiation, and devices. The overall goal of the GTN is advancing progress towards future cures and improved quality of life for GBM patients.

Given this initial progress, the Committee urges NCI to continue to enhance and accelerate its implementation of the GTN and continue to fund to the full extent necessary so that this program can rapidly launch clinical trials that speed access to promising qualified treatments to patients consistent with NCI's Glioblastoma Working Group recommendations in 2019.

Gynecologic Cancers.—The Committee continues to be concerned about the growing racial, socioeconomic, and geographic disparities in gynecologic cancers. In contrast to most other common cancers in the U.S., relative survival for women with newly diagnosed advanced cervical or endometrial cancer has not significantly improved since the 1970s. Furthermore, historical data demonstrates that Black and Latina women with gynecologic cancers are not as likely to receive standard therapy and/or die more frequently. The current COVID–19 pandemic has only exacerbated the health care disparities that were already present in minority and underrepresented communities. For example, in early 2021, CDC published findings that cervical cancer screenings among women aged 21–29 in California decreased by as much as 78 percent during the pandemic. This is concerning because cervical cancer incidence and mortality rates are disproportionately higher in Hispanic women and non-Hispanic Black women.

The Committee urges NCI to expand the number of clinical trials, research grants, and contract opportunities for investigators that focus on discoveries that will positively impact access to prevention, early detection, diagnosis, and treatment for gynecologic cancers and address these now well-documented disparities. The Committee requests an update on NCI's research program for gynecologic cancers in the fiscal year 2024 Congressional Justification, including specific grants and strategies where the intent is to overcome these racial disparities in gynecologic cancers outcomes and opportunities to increase participation of minority women in gynecologic cancer clinical trials.

Health Disparities Research.—The Committee commends NCI for supporting research related to cancer health disparities, including studies on the molecular basis for disparities that could lead to improved screening and treatment strategies, as well as best practices for increasing participation of underrepresented populations in NCI-supported clinical trials. The Committee includes an increase of $10,000,000 for NCI to support research related to identifying and reducing health disparities as described in the fiscal year 2023 budget request.

HPV Associated Cancers.—The Committee encourages NCI to expand research related to human papillomavirus (HPV) and HPV-associated cancers.

Improve Native American Cancer Outcomes.—The Committee continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations and encourages NCI to expand research efforts to reduce American Indian cancer disparities and improve outcomes. The Committee notes NCI's successful efforts through the Cancer Moonshot's Accelerating Colorectal Cancer Screening and Follow-Up through Implementation Science (ACCSIS) program, and parallel efforts by NCI Designated Cancer Centers collaborating with American Indian communities, that are improving colorectal cancer screening, follow-up, and referral for care among populations that have low colorectal cancer screening rates. The Committee encourages NCI to continue efforts such as the ACCSIS initiative to develop durable capacity for tribally-engaged cancer disparities research through an integrated program of research, education, outreach, and clinical access.

Liver Cancer.—The Committee notes that liver cancer is the second most common cause of cancer worldwide, with cases in the U.S. increasing over 250 percent since 2000. The incidence of liver cancer is three times higher in men than women, and the burden is higher in African Americans, Hispanics, and Asians. The incidence of liver cancer geographically parallels the prevalence of viral hepatitis, with hepatis B estimated to cause up to 60 percent of the cases of liver cancer. For these reasons, the Committee applauds NCI for its collaboration in the effort to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B. The Committee also is supportive of the NCI intramural Liver Cancer Program, the Hepatobiliary and Hepatocellular Carcinoma (HCC) SPOREs, the new Diversity SPORE, the Translational Liver Cancer Network, the Hepatocellular Carcinoma Epidemiology Consortium, the large Genome-Wide Association Study (GWAS) of liver cancer and the need to expand the GWAS study to include a focus on Hispanic and African Descent populations. The Committee also urges NCI to continue its support of the Translational Liver Cancer Consortium, which supports research focused on early detection, and to support research to explore the usefulness of current and new interventions in reducing HBV associated HCC and whether early treatment with direct action antivirals or other strategies can reduce cancer risk.

Lung Cancer.—The recent decline in cancer mortality fueled by progress in lung cancer is directly attributable to NIH-funded research to inform development of new effective therapeutics and to continue progress in tobacco prevention and cessation. Ongoing un-

derstanding of the molecular underpinnings of lung cancer and identification of additional oncogene driver subsets has led to rapid development of new targeted therapies, which, together with efforts to broaden uptake of comprehensive biomarker testing, has the potential to deliver the promise of precision medicine to more patients than ever before. The Committee encourages NIH and its Office of Disease Prevention to continue to fund important research across each of these areas to broaden the base of lung cancer survivors across different disease types, including small cell lung cancer.

Lung Cancer Disparities.—The Committee is concerned that lung cancer disproportionally impacts communities of color. The Committee commends NCI for its role in supporting research that established low-dose computed tomography as an effective lung cancer screening approach and for the Institute's continued research in this area, which has directly informed updates to the United States Preventive Services Task Force (USPSTF) lung cancer screening guidelines. In 2021, USPSTF expanded the recommended age range for screening to 50 to 80 years (previously 55 to 80 years) and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-years). By expanding who is eligible for screening, the changes to this recommendation are particularly relevant to Black people and to women. Data shows that both groups tend to smoke fewer cigarettes than White men. Data also shows that Black people have a higher risk of lung cancer than White people. These changes will mean that many more Black people and women who smoke will be eligible for this potentially life-saving screening. Unfortunately, lung cancer screening is currently underutilized. Therefore, the Committee encourages NCI to continue to support research focused on approaches to encourage broader uptake of lung cancer screening among the USPSTF recommended populations, including evaluating strategies with a focus on increasing screening uptake among communities with lung cancer death rates higher than the national average, with a goal of reducing lung cancer mortality disparities among people of color and women.

Melanoma.—As UV radiation is established as the primary carcinogen for melanoma, the Committee urges NCI to continue to support research directed at genomic and mechanistic characteristics of mutagenesis; optimization of prevention strategies; and early detection and risk declassification strategies that leverage artificial intelligence, access to large databases, noninvasive technologies, and molecular markers that will support precision medicine.

Although SEER data show a decline in mortality with the advent of new categories of treatment, some patients do not respond to initial treatment, and many of the responders have disease that will recur. The Committee encourages NCI to expand research on mechanisms of primary and secondary drug resistance and validation of predictive biomarkers that allow selection of optimal therapy and prediction of comprehensive longitudinal monitoring. Basic and translational goals should be facilitated through development and use of ever-improving models of human melanoma.

Building on the success of adjuvant therapies, and the promising results of neoadjuvant therapies, the Committee encourages NCI to continue support of research addressing tumor cell dormancy and metastases. The Committee encourages NCI to explore opportunities for multicenter trials that will determine whether shorter

courses of therapy will decrease toxicity while maintaining benefit, refine adjuvant therapies, and continue to develop neoadjuvant therapies.

The Committee also encourages NCI to continue to support research on novel targets, especially for rare subtypes. The Committee requests an update on these requests and the status of NCI-funded melanoma research in the fiscal year 2024 Congressional Justification.

Metastatic Cancer Research.—While the early detection and treatment of early-stage disease for many cancers results in cures, for most tumors, metastatic cancer remains incurable. More than 90 percent of cancer deaths are due to metastatic disease. In addition to genetic alterations in the cancer itself, recent research has revealed that there is a genetic basis for susceptibility to metastatic cancer or resistance to metastasis. More research is required to develop a comprehensive understanding of this complex process involving tumor and host interactions. Clinical trials are an important aspect of that progress, and diverse representation of patients in clinical trials is integral to the development of medications and therapies that effectively treat metastatic disease. Ethnicity, gender, age, and genetics all play a role in the safety and efficacy of a treatment for an individual. The Committee commends NIH and the Department of Defense (DoD) for work already underway to support research needs and opportunities identified in the April 2018 Task Force Report to Congress on Metastatic Cancer. The Committee encourages NIH to maintain collaborative efforts with DoD and the Department of Veterans' Affairs (VA) to provide subject matter expertise, as appropriate, as DoD provides updates and continues to implement recommendations from the report aimed at achieving representation of the demographic of the U.S. population in clinical trials.

NCI Paylines.—Grant applications to NCI have increased by approximately 50 percent since 2013, outpacing available funding, with requests for cancer research ten-fold greater than other Institutes and Centers. With such a high demand for NCI grants, only a fraction of highly meritorious research proposals can be funded. To support more awards and improve success rates, the Committee provides an increase of $200,000,000 for NCI to prioritize competing grants and to sustain commitments to continuing grants.

Pediatric Cancer Research.—NCI has supported research to advance significant achievements in childhood cancer diagnosis, prevention, treatment, and quality of life improvements. Children that are diagnosed with cancer deserve a fighting chance and effective and less toxic therapies. Childhood cancers are rare, and they need specialized treatments, not just lower dose treatments that adults receive. The Committee urges NCI to continue this important work to examine novel systems to better understand rare cancers, and to support and accelerate the development of life-saving therapeutics for pediatric patients who often have no other options.

Prostate Cancer.—The Committee remains concerned that prostate cancer lacks treatments for men with advanced disease as well as adequate diagnostic and imaging methodologies. To ensure Federal resources are leveraged to the greatest extent possible, the Committee encourages NCI to coordinate, when appropriate, its re-

search efforts with other Federal agencies, including DoD, as well as private research foundations and advocacy groups.

Radiopharmaceutical Development.—Recognizing the promise of radiotherapy treatments and other diagnostic uses, NCI has organized a Radiopharmaceutical Development Initiative (RDI), which is a specialized infrastructure for the clinical evaluation of novel theranostic radiopharmaceutical cancer therapies and which complements academic and industry development of these agents with early phase combination studies to test tolerability and early signs of efficacy. While clinical trials for radiopharmaceuticals are presently ongoing, domestic production of such drugs relies on a very small number of reactors, and the future loss of such reactors would not only deal a significant blow to domestic patients due to the short half-life of many of these drugs, but would also limit NCI's ability to continue to support and conduct this important research. The Committee is aware of alternative technologies to produce radionuclides by accelerators, such as the one located at Brookhaven National Laboratory; however, some radionuclides can be produced only in nuclear reactors. Therefore, the Committee requests NIH, in conjunction with the Department of Energy, to provide an update in the fiscal year 2024 Congressional Justification regarding the impact shortages of medical isotopes and radiopharmaceuticals have on the ability to conduct cancer research.

Rare Blood Cancers and Germline Mutations.—The Committee commends NCI for collaborating with NHGRI in running natural history studies of patients with germline mutations and their families, which frequently lead to blood cancers including acute myeloid leukemia (AML). More research on how genetic dispositions, such as RUNX1 familial platelet disorder (RUNX1–FPD), lead to rare blood cancers will ultimately support the discovery of treatments that could prevent malignancy through advances in early detection and early treatment for all blood cancers. Interest in this field has grown significantly in recent years, and the Committee strongly urges NCI to initiate new and expanded funding opportunities related to germline predispositions to rare blood cancers. The Committee is pleased to hear that NCI will soon be launching a precision medicine clinical trial for AML and myelodysplastic syndromes and requests an update in the fiscal year 2024 Congressional Justification.

Rare Cancer Equity.—Nearly half a million Americans are diagnosed with a rare form of cancer every year. Rare cancers could account for hundreds, if not thousands, of distinct forms of cancer. The Committee encourages NCI to continue research to better understand the molecular drivers of all cancers, including through molecular characterization and molecular diagnostics for patients. The Committee also encourages NCI to continue to support research on cancer subtypes, which could benefit rare cancers.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Appropriation, fiscal year 2022	$3,808,494,000
Budget request, fiscal year 2023	3,822,961,000
Committee Recommendation	3,943,702,000
Change from enacted level	+135,208,000
Change from budget request	+120,741,000

Mission.—NHLBI provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood disorders and enhance the health of all individuals so that they can live longer and more fulfilling lives.

Blood Donor Questionnaire Educational Materials.—The Committee is concerned that certain FDA guidance in the educational materials provided in the blood donor questionnaire are inappropriate and misguided. The recommendations for deferral should not hinge on a person's sexual orientation, and rather should focus on risk factors that might expose a potential donor to blood-borne illness. The Committee strongly recommends that NHLBI evaluate the need for additional research studies to inform the FDA on removing or replacing the recommended deferment of blood for men who have had sex with men in the last three months.

Community Engagement Alliance (CEAL) Against COVID–19 Disparities Initiative.—The Committee continues to support the CEAL initiative, which connects researchers with community organizations and leaders to conduct outreach and increase participation of people from underrepresented communities in clinical trials for COVID–19 treatments, vaccines, and ongoing COVID–19 related research needs.

COVID–19-Associated Illnesses.—The Committee recognizes the growing burden of COVID-associated critical illnesses, including sepsis and pneumonia. The Committee encourages NIH to accelerate research into sepsis, pneumonia, and acute lung injury.

Duchenne and Becker Muscular Dystrophy.—Now that life expectancy for Duchenne patients has increased, there is a need for more research related to clinical care and long-term cardiac impacts. Furthermore, there is a paucity of data on Becker patients to understand cardiac implications long term. The Committee urges NHLBI to work with NINDS to explore research collaborations to follow patients throughout the lifespan to fully clinically characterize cardiac muscle function and better establish the relationship between cardiac muscle function and the impact of its progressive deterioration on both lifespan and quality of life.

Developing gene therapies to treat Duchenne muscular dystrophy is a complex and multifaceted process. The Committee encourages NIH to support research aimed at gene therapy safety utilizing viral vectors and support the development of less immunogenetic non-viral delivery systems. The Committee also supports further NIH investment in the development of more sensitive outcome measures and biomarkers for both Duchenne and Becker.

Harmful Algal Blooms.—The Committee strongly encourages NHLBI to support research to address the human health concerns of cyanotoxin exposure from harmful algal blooms and emergent chemicals of concern, and particularly the need for research directed on health issues relating to aerosolized exposure to water contaminated with HABS and ECC toxins. This research could take advantage of unique laboratory facilities at the Nation's national laboratories and prioritize new preventative, diagnostic, and therapeutic strategies to combat the harmful health effects of airborne HAB and ECC toxin exposure, especially in vulnerable, at-risk populations.

Health Disparities Research.—The COVID–19 pandemic has highlighted and exacerbated health disparities in the U.S. The Committee includes an increase of $15,000,000 for leveraging lessons learned by NHLBI to support research related to identifying and reducing health disparities.

Kleine-Levin Syndrome (KLS).—The Committee commends NIH for its December 2021 publication of the Sleep Research Plan. The Committee recommends the inclusion of KLS, a complex neurological disorder characterized by long, recurring episodes of excessive sleep and derealization, as a sleep disorder requiring attention and study in the next publication of the Sleep Research Plan. The cause of KLS is still unknown, and there are no known treatments. Because KLS shares symptoms with other sleep disorders and mental health conditions, the Committee encourages NIH to expand its support for research about KLS, which could provide the KLS community and many others with critical information and answers.

Long-Term Impact of COVID–19.—The Committee notes with concern that an estimated ten percent of individuals who have recovered from COVID–19 are experiencing longer term health consequences, including residual lung damage. More studies are needed to understand if such changes resolve or are permanent. The Committee urges NHLBI to prioritize research into the understanding, treatment, and prevention of post-COVID respiratory conditions, particularly among minority populations disproportionately impacted by COVID–19.

Lung Health Research.—The Committee recognizes that, over the past year, lung failure was the number one cause of death in the U.S. More than one million Americans have died as a direct result from a respiratory pandemic. Even prior to emergence of SARS CoV–2, deaths from chronic obstructive pulmonary disease were already the third leading cause of death in the world, and pneumonia was the leading cause of death worldwide among children under the age of five. The risks to lung health are only increasing as global air quality deteriorates from dust and particle pollution among other factors. All of these exposures drive lung inflammation and ultimately made COVID–19 more devastating as well. Furthermore, the Nation's capability to address acute lung injury or acute respiratory distress syndrome (ARDS) has been demonstrated to be deeply inadequate.

The Committee supports the activities of NHLBI's lung health research program, which supports mechanisms of lung injury and repair as well as clinical intervention trials addressing both acute and chronic lung diseases. These investments will help to identify the biological pathways of lung injury to find ways to help the lung recover from injury.

Mitral Valve Prolapse (MVP) Research.—The Committee encourages NHLBI to advance technological imaging and precision medicine to generate data on individuals with valvular disease, identify individuals who are at high risk of sudden cardiac death as a result of valvular heart disease, develop prediction models for high-risk patients, and enable interventions and treatment plans to keep these patients healthy throughout their lives.

National Chronic Obstructive Pulmonary Disease (COPD) Action Plan.—The Committee notes NHLBI's role in crafting the National

COPD Action Plan and encourages NHLBI to continue this important work by supporting additional research activities and collaborating with other PHS agencies to facilitate implementation of the plan's recommendations.

National Commission on Lymphatic Diseases.—The Committee requests an update on the establishment of a National Commission on Lymphatic Diseases and strongly encourages the Director to engage with relevant Institutes, Centers, and external stakeholders to demonstrate key progress within 90 days of the enactment of this Act.

NIH Sleep Research Plan.—The Committee commends the National Center on Sleep Disorders Research (NCSDR) for the release of the NIH Sleep Research Plan and supports the full implementation of the Plan. The Committee specifically encourages strong consideration of the Plan's proposal for multi-center studies and clinical trials.

Pulmonary Fibrosis (PF).—Many PF patients wait more than a year for diagnosis after symptom onset, and patients with some types of PF have a life expectancy of only 3–5 years. The Committee urges NHLBI to support research into biomarkers that can aid in earlier, safer diagnosis of pulmonary fibrosis, as well as tools that can help predict which patients will experience disease progression. The Committee also encourages NHLBI to support the development of novel outcome measures for clinical trials in pulmonary fibrosis, such as imaging, and to continue to fund research involving early phase clinical assessment of novel drugs and personalized approaches to therapies. The Committee requests an update on PF research in the fiscal year 2024 Congressional Justification.

Pulmonary Hypertension.—The Committee continues to note the relationship between the long-term effects of COVID–19 and pulmonary hypertension. The Committee encourages NHLBI to increase their collaboration with key stakeholders in advancing critical research priorities.

Sickle Cell Disease.—Sickle cell disease (SCD) is the most common inherited blood disorder in the U.S. The Committee commends NIH, including NHLBI, for past research efforts aimed at developing more effective treatments and cures, but believes more can be done. As such, the Committee encourages NIH to renew its focus and continue to prioritize efforts by supporting extramural grants for research projects that will support the development of a treatment approach for SCD, research into potential cures, and provide better outreach and education for health care providers. The Committee encourages NIH to consider programs both domestically and globally to evaluate the effectiveness of screening technologies for infants and children with the sickle cell trait and disease and to develop different innovative technologies and medicines to treat and cure SCD. The Committee also encourages NHLBI to increase its focus on disease modifying therapies that could improve day-to-day care for the vast majority of patients and address issues such as organ damage and pain management. Lastly, the Committee encourages NHLBI to fund the training of more sickle cell disease clinicians and researchers to maintain this essential workforce pipeline and to make advances on the transition from childhood medical care to adult.

Support for The Heart Truth Program.—For over a decade, "The Heart Truth" program has worked to raise awareness about women's risk of heart disease. The program's goals are to increase awareness that heart disease is the leading cause of death among women and to increase the conversations between women and their health care providers. Accordingly, the Committee encourages NHLBI to robustly fund "The Heart Truth" program.

Thalassemia.—Donated blood has a relatively short shelf life and is generally stored for only 42 days. However, stored blood begins to degrade before the end of that 42-day period, with possible stiffening of cell membranes as early as after 21 days. For patients in need of emergency blood transfusions, that degradation may not be significant; however, studies are needed to determine the impact of older red blood cells on patients who require chronic transfusion, such as those with thalassemia, especially in terms of iron loading in the heart and internal organs. The Committee urges NHLBI to establish research initiatives focused on this issue.

Valvular Heart Disease Research.—Many people in the U.S. have heart valve defects or disease but do not have symptoms. For some, the condition remains the same throughout their lives and does not cause significant or life-threatening problems. Unfortunately, over 25,000 people die each year in the U.S. from heart valve disease, primarily due to underdiagnosis and undertreatment of the condition. The Committee strongly supports more research into valvular heart disease. Such research should focus on advances in technological imaging and precision medicine to generate data on individuals with valvular heart disease, identify individuals who are at high risk of sudden cardiac death, and develop prediction models for high-risk patients, enabling interventions and treatment plans to help keep these patients healthy throughout their lives. The Committee thanks NHLBI for hosting a workshop on this issue.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR)

Appropriation, fiscal year 2022	$501,231,000
Budget request, fiscal year 2023	513,191,000
Committee Recommendation	526,051,000
Change from enacted level	+24,820,000
Change from budget request	+12,860,000

Mission.—The mission of NIDCR is to advance fundamental knowledge about dental, oral, and craniofacial (DOC) health and disease and translate these findings into prevention, early detection, and treatment strategies that improve overall health for all individuals and communities across the lifespan.

Pain Management Research.—The Committee commends NIDCR for supporting research related to pain and pain management, including studies to develop safer, non-opioid pain medications and interventions. The Committee includes an increase of $9,000,000 for NIDCR to support additional research in this area as described in the fiscal year 2023 budget request.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

Appropriation, fiscal year 2022	$2,203,926,000
Budget request, fiscal year 2023	2,206,080,000
Committee Recommendation	2,283,489,000
Change from enacted level	+79,563,000
Change from budget request	+77,409,000

Mission.—The NIDDK mission is to conduct and support medical research and research training and disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life.

Chronic Kidney Disease (CKD).—The Committee urges NIDDK to continue support for kidney research. The Committee applauds recent changes to clinical practice in the diagnosis of kidney disease and concurs with recommendations for new markers for estimating kidney function. NIDDK is encouraged to prioritize research into endogenous filtration markers, activities that spur the adoption of new equations for estimating GFR that do not include race as a modifier, and interventions to eliminate racial and ethnic disparities. Finally, the Committee encourages NIDDK to continue investment in research that bridges existing deficits in CKD management and treatments to reduce incidence and progression, increases the number of CKD clinical trials and diversity of participants, improves the delivery of evidenced-base care in underrepresented populations, and improves patients' quality of life. The Committee requests an update on these priorities in the fiscal year 2024 Congressional Justification.

Dietary Supplements.—The Committee supports efforts by NIDDK to monitor drug-induced liver injury. Recently, more than 20 percent of cases are reported to be caused by dietary supplements. These products need to be analyzed for their label claims; it is essential to identify the component that may cause liver injury. It has been reported that more than 70 percent of products analyzed do not meet label claims, and many of them are laced with steroids and pharmaceuticals. The Committee continues to support NIDDK research into dietary supplements.

Inflammatory Bowel Disease.—The CDC estimates that in 2015, three million Americans were living with IBD, and the Global Burden of Disease Study 2017 reported that IBD prevalence in the U.S. increased by nearly 24 percent between 1990 and 2017. Many patients may be undiagnosed until the disease has become severe, and despite the therapeutic options on the market, some patients remain without an effective treatment. The Committee continues to support NIH in funding basic, translational, and clinical studies on the diagnosis and treatment of IBD.

Interstitial Cystitis.—The Committee notes the progress of interstitial cystitis research through the Multidisciplinary Approach to the Study of Chronic Pelvic Pain program and encourages NIDDK and stakeholders to continue collaboration on a scientific workshop to examine mechanisms for scientific opportunity. The Committee requests an update on the progress of the conference in the fiscal year 2024 Congressional Justification.

Pain Management Research.—The Committee commends NIDDK for supporting research related to pain and pain management, including studies to develop interventions to reduce opioid use in people on hemodialysis. The Committee includes an increase of $10,000,000 for NIDDK to support additional research in this area as described in the fiscal year 2023 budget request.

Polycystic Kidney Disease (PKD).—The Committee commends NIDDK for its continued commitment to PKD Research and Translation Centers and the Pediatric Centers of Excellence in Nephrology, which improve our understanding of the causes of autosomal dominant PKD and autosomal recessive PKD. The Committee continues to encourage NIDDK to fund innovative, high-impact PKD research and promote the development of new therapeutic strategies.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Appropriation, fiscal year 2022	$2,611,370,000
Budget request, fiscal year 2023	2,768,043,000
Committee Recommendation	2,833,590,000
Change from enacted level	+222,220,000
Change from budget request	+65,547,000

The Committee recommendation includes $2,608,590,000 in discretionary appropriations and $225,000,000 made available in the Cures Act.

Mission.—The NINDS mission is to seek fundamental knowledge about the brain and nervous system and use that knowledge to reduce the burden of neurological disease.

Amyotrophic Lateral Sclerosis (ALS).—The Committee recognizes the devastating toll that ALS takes on those affected by the disease and their loved ones. ALS causes progressive and cumulative physical disabilities in patients, and leads to death due to respiratory muscle failure. The Committee strongly urges NINDS to expand support for research on ALS, including but not limited to its causes, diagnosis, and treatment. The Committee directs NIH to provide an update on NIH-supported research related to ALS in the fiscal year 2024 Congressional Justification.

Brain Aneurysm Research.—The Committee remains concerned that an estimated one out of every 50 individuals in the U.S. has a brain aneurysm and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, with little or no warning. Ruptured brain aneurysms are fatal in about 50 percent of cases. The Committee continues to be concerned about the lack of research focused on prevention and early detection of brain aneurysms and encourages NIH to expand its support for research in this area.

BRAIN Initiative.—The Committee directs NIH to transfer $225,000,000 from the NIH Innovation Account to NINDS to support the BRAIN Initiative. These funds were authorized in the Cures Act. This collaborative effort is revolutionizing the understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways, making information previously beyond reach accessible.

Cerebral Palsy.—The Committee encourages NIH to continue to prioritize and invest in research on cerebral palsy (CP) including the establishment of a cerebral palsy Notice of Special Interest (NOSI) to significantly strengthen and accelerate progress toward CP research priorities across the lifespan. Cerebral palsy research should focus on basic and translational discoveries, as well as implementation, observational, and clinical studies aimed at early detection and intervention, comparative effectiveness, and functional outcomes. While some progress has been made in the understanding of CP, the most common lifelong physical disability, large gaps remain that must be addressed to improve outcomes and treatment for the cerebral palsy population and their families, impacting quality of life and reducing medical costs. Similarly, to address the racial and socioeconomic health equity challenges experienced by the cerebral palsy population, it is imperative that greater investment is made to address disparities in access to interventions and stakeholder engagement. The Committee encourages NIH to support greater investment in research focused on the areas in need of growth, as outlined in the Strategic Plan on Cerebral Palsy Research directed by the Joint Explanatory Statement accompanying the fiscal year 2022 Appropriations Act, including research on lifespan issues to address the needs of transition-age youth and adults with cerebral palsy, and research to support the development and delivery of new and improved screening tools, treatments and interventions.

The Committee also encourages NIH to consider a neuroplasticity workshop and research opportunities focusing on the motor and health benefits of physical activity specifically for individuals with CP across all gross motor functional classification levels, which is vital to help prevent chronic disease and premature aging.

Dystonia.—The Committee requests an update in the fiscal year 2024 Congressional Justification on the status of the implementation of the recommendations from the NINDS workshop *Defining Emergent Opportunities in Dystonia Research* that was held in 2018.

Lyme Disease.—The Committee recognizes that there have been only a small number of clinical trials involving Lyme disease, which lacks a gold standard test, and that those trials have involved a relatively small number of patients. For other diseases, high quality multi-site trials involving robust number of well-characterized patients have been considered essential to facilitate advancements in the development of more effective treatments and improved outcomes. Because of the clear neurological dysfunction of Lyme disease and the existence of the Network for Excellence in Neuroscience Clinical Trials, the Committee encourages NINDS to evaluate how it may contribute to improvements in tools to manage Lyme disease.

Multiple Sclerosis (MS).—The Committee encourages NINDS to prioritize studies that develop the medical understanding of the progression of MS and advance research on prevention strategies, treatments, and cures for MS.

Opioid, Stimulant, and Pain Management Research.—The Committee includes no less than the fiscal year 2022 enacted level within NINDS for the Helping to End Addiction Long-Term

(HEAL) Initiative, which is a trans-NIH effort to accelerate scientific discovery related to prevention and treatment of opioid use disorder and improving pain management. The Committee also includes an additional $11,500,000 in NINDS to support related research on pain and pain management, as described in the fiscal year 2023 budget request.

Parkinson's Disease (PD).—The Committee commends NINDS for taking critical steps in identifying priority research recommendations to advance research on PD, which impacts between 500,000 and 1,500,000 Americans and is the second most prevalent neurodegenerative disease in the U.S. The Committee recognizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and supports the research recommendations set forth by the NINDS planning strategy to bring us closer to better treatments and a cure for PD. The Committee also encourages NINDS to submit an update on its progress on implementing these recommendations in the fiscal year 2024 Congressional Justification.

Parkinson's Disease and Dementia.—The Committee recognizes that although PD is often thought of only as a movement disorder, most PD patients also develop dementia. Common symptoms include difficulty with problem solving and speed of thinking, memory, and other cognitive skills. Because people with PD usually develop these symptoms several years after their diagnosis, PD represents an under-explored opportunity to study the onset and progression of dementia. Therefore, the Committee strongly urges NIA and NINDS to put a higher priority on PD, both before and after onset of dementia, within their overall dementia research portfolios. The Committee requests an update on these activities in the fiscal year 2024 Congressional Justification.

Prion Research and Brain Health.—The Committee supports the efforts of NINDS to support research across the spectrum of neurodegenerative disease, including through the BRAIN Initiative and the Alzheimer's disease research portfolio. The Committee encourages NINDS to support enhanced research on the processes whereby misfolded proteins (prions) are replicated in the brain. Such proteins are critically implicated in numerous neurodegenerative diseases, many of which are both lethal and incurable. The Committee also encourages NINDS to enhance its focus on the identification of genetic and other biomarkers for disorders that involve misfolded proteins, such as traumatic brain injury, ALS, Huntington's disease, Parkinson's disease, and Alzheimer's disease, and the development of related diagnostic tools and therapies.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appropriation, fiscal year 2022	$6,322,728,000
Budget request, fiscal year 2023	6,268,313,000
Committee Recommendation	6,642,608,000
Change from enacted level	+319,880,000
Change from budget request	+374,295,000

Mission.—The NIAID mission is to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

Antimicrobial Resistance.—The Committee includes $560,000,000 to support antimicrobial resistance research, $20,000,000 above the fiscal year 2022 enacted level. Increased funding would support the training of new investigators; strengthen clinical trial infrastructure to boost preparedness; enhance basic, translational, and clinical research on mechanisms of resistance, therapeutics, vaccines and diagnostics; and support the development of a clinical trials network to reduce barriers to research on difficult-to-treat infections.

Celiac Disease.—The Committee supports research to improve the quality of life for patients with celiac disease, efforts to find the cause of the disease, and efforts to find a cure. The Committee commends NIH for issuing a Notice of Special Interest to spur additional research on the study of celiac disease. Today, the only known treatment for this disease is a gluten-free diet; however, recent public and private sector research confirms that such a "treatment" is insufficient for many who suffer from celiac disease. The Committee urges NIH to support focused research on the study of celiac disease; to better coordinate existing research; and, to focus new research efforts toward causation, diagnosis, management, treatment, and, ultimately, a cure of this disease. The Committee thanks NIH for establishing a Research Condition, Disease Categorization (RCDC) for celiac disease.

Cellular Immunity.—To better understand diseases like COVID–19, the Committee is aware of the enormous value in assessing cellular immunity, in addition to antibodies, which may help us answer questions about the efficacy of vaccines, the need for boosters, and the degree to which they prime the body to protect against future variants, as well as the role of cellular immune response diagnostics. With more comprehensive immune response data, the Committee understands that it may be possible to identify features of immune responses to viruses like SARS–CoV–2 that make some people more susceptible to severe disease, long COVID, and reinfection. The Committee believes enhanced cellular immunity assessment will help to generate deeper insights into the immune response, and may help identify new strategies to improve countermeasures, including cellular immune response diagnostics, for SARS–CoV–2 and other potential pathogens in the future. The Committee encourages NIAID to incorporate cellular immunity assessment into the wide range of intramural and extramural COVID–19 and other disease studies conducted and supported by NIH, including but not limited to vaccine schedule studies and understanding post-acute sequalae of SARS–CoV–2 infection (PASC/long COVID). The Committee requests that NIAID provide an update on these efforts in the fiscal year 2024 Congressional Justification.

Centers for AIDS Research.—As part of the Ending the HIV Epidemic initiative, the Committee includes $71,000,000 for the longstanding HIV research efforts of the Centers for AIDS Research (CFARs) as well as CFAR activities and similar efforts to support the EHE, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. These Centers and related efforts offer evidence-based practices on prevention and treatment to initiative partners and support for evaluating the initiative. The Committee encourages CFAR to assess whether resources are targeting

areas with the highest prevalence and to develop targeted interventions that address high-need communities.

Centers for Research and Emerging Infectious Diseases.—The Committee recognizes the importance of the connection between animal health and its impacts on human health. The NIH Centers for Research on Emerging Infectious Diseases, a global network of researchers dedicated to investigating how and why viruses emerge from animals to cause disease in humans, has been established by NIAID to investigate how and where viruses and other pathogens can emerge from wildlife and spill over to cause disease in people. The Committee commends the work of this program and supports its continuation.

Consortium of Food Allergy Research (CoFAR).—The Committee recognizes the serious issue of food allergies, which affect approximately eight percent of children and ten percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting a total of 17 clinical sites for this critical research, including seven sites as part of the CoFAR. The Committee includes $12,100,000, an increase of $3,000,000, for CoFAR to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with proven expertise in food allergy research.

Health Disparities Research.—The Committee includes an increase of $10,000,000 for NIAID to support research related to identifying and reducing health disparities as described in the fiscal year 2023 budget request.

Hereditary Angioedema (HAE).—The Committee recognizes NIAID for its ongoing stewardship of the HAE research portfolio, including advancements that have taken HAE from a debilitating and fatal condition to a manageable chronic disease. The Committee notes the potential of gene therapy and other cutting-edge research to further improve health outcomes for HAE patients and encourages NIAID to maintain its commitment to the HAE research.

Late-Stage Antifungal Research and Development.—Fungal diseases, like Valley fever, pose a threat to public health, including life-threatening drug resistant infections. The Committee supports research to further the research and development of novel antifungal therapies for multi-drug resistant pathogens to minimize their impact on public health.

Next-Generation Vaccine Platforms.—The Committee notes that many current vaccines protect from disease but do not always prevent the spreading of pathogens. When this occurs, protected people might not experience symptoms but are still infectious. Next-generation viral vectors, designed to target specific tissue like mucosal sites or specific immune cells, offer new abilities to induce the desired immune responses and protect the necessary tissues. This will open novel opportunities to prevent diseases and transmission. The Committee encourages NIAID to maintain a balanced portfolio of vaccine platform approaches to include next-generation viral vectors, particularly in vaccine centers that have experience in developing viral vectors covering multiple virus-based vaccine platforms and that have established collaborations with high containment laboratories (e.g., BSL–3 and BSL–4) for preclinical studies.

Primary Immunodeficiencies (PI) Research.—The Committee applauds NIH for recognizing the need for research on primary immunodeficiencies and other related conditions by issuing a Notice of Special Interest for research on inborn errors of immunity/primary immunodeficiencies. The Committee encourages NIH to fund as many meritorious proposals as possible and to consider building upon the notice by issuing a targeted funding announcement focused on research topics of significance to the PI research and patient communities.

Regional Biocontainment Laboratories (RBLs).—The Committee provides $52,000,000 to be evenly divided among the 12 RBLs to support efforts to prevent, prepare for, and respond to infectious disease outbreaks, including, but not limited to: (1) conducting research on developing new antiviral compounds, vaccines, and point of care tests; (2) conducting research on prophylactic methods to prevent infections; (3) supporting operations costs and purchase of equipment to speed drug discovery and testing; and (4) training new researchers in biosafety level 3 practices. The Committee recognizes the need for RBLs to be able to utilize funding for all four of the aforementioned areas. The Committee urges NIAID to identify appropriate grant mechanisms that will allow RBLs to access funding to support these four critical areas.

Tick-Borne Disease Research.—The Committee is supportive of the NIH Strategic Plan for Tickborne Disease Research published in 2019. The Committee encourages NIAID to increase efforts to understand causes of the increase in tick-borne diseases, to support research on tick-borne tularemia (*Francisella tularensis*), and to determine whether information learned on ways that ticks respond to bacterial infections offer avenues to thwart tick infections in humans.

Universal Influenza Vaccine.—The Committee includes no less than $260,000,000, an increase of $15,000,000 over the fiscal year 2022 level and the same as the fiscal year 2023 budget request, to support basic, translational, and clinical research to develop a universal influenza vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such a vaccine would eliminate the need to update and administer the seasonal flu vaccine each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic. The Committee requests an update on these efforts within 60 days of enactment of this Act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Appropriation, fiscal year 2022	$3,092,373,000
Budget request, fiscal year 2023	3,097,557,000
Committee Recommendation	3,200,157,000
Change from enacted level	+107,784,000
Change from budget request	+102,600,000

The Committee recommendation includes $1,779,457,000 in discretionary appropriations and $1,420,700,000 in PHS Act section 241 evaluation set-aside transfers.

Mission.—NIGMS supports basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention.

Health Disparities Research.—The Committee includes an increase of $10,000,000 for NIGMS to support research and activities related to identifying and reducing health disparities as described in the fiscal year 2023 budget request.

Institutional Development Awards (IDeA).—The Committee provides $423,076,000 for IDeA, $13,119,000 above the fiscal year 2022 enacted level. The program increases our Nation's biomedical research capability by improving research in States that have historically been less successful in obtaining biomedical research funding. IDeA funds only merit-based, peer-reviewed research that meets NIH research objectives in the 23 IDeA States and Puerto Rico. NIH IDeA is comprised of these key initiatives: Centers of Biomedical Research Excellence (COBRE) and IDeA Networks of Biomedical Research Excellence (INBRE). The program aims to strengthen an institution's ability to support biomedical research, enhance the competitiveness of investigators in securing research funding, and enable clinical and translational research that addresses the needs of medically underserved communities.

COBRE is a proven successful method to increase the number of new scientists at institutions in States eligible for IDeA awards. The Committee recognizes the success of the COBRE program and encourages NIH to continue working to increase the number of new scientists at institutions in eligible IDeA States.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

Appropriation, fiscal year 2022	$1,683,009,000
Budget request, fiscal year 2023	1,674,941,000
Committee Recommendation	1,756,630,000
Change from enacted level	+73,621,000
Change from budget request	+81,689,000

Mission.—NICHD's mission is to lead research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all.

Endometriosis Research.—The Committee urges NICHD to continue to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods.

Health Impacts on Children of Technology and Social Media Use.—The Committee remains concerned about the impacts of technology use and media consumption on infant, children, and adolescent development. The Committee appreciates NIH's ongoing engagement on this important topic and encourages NIH to prioritize research into the cognitive, physical, and socioemotional impacts of young people's use of technologies as well as long-term developmental effects on children's social, communication, and creative skills. The Committee also encourages NIH to study the repercussions of increased use of digital media and technologies on suicidal thoughts and ideation among children. The Committee asks NIH to consider different forms of digital media and technologies, including mobile devices, smart phones, tablets, computers, and virtual reality tools, as well as social-media content, video games, and television programming. The Committee includes no less than $15,000,000 for this activity.

Impact of COVID–19 on Children.—The Committee includes no less than $10,000,000, an increase of $2,500,000 above the fiscal year 2022 enacted level, for NICHD to support additional research into multisystem inflammatory syndrome in children (MIS–C) and other ways in which COVID–19 affects children, as described in the fiscal year 2023 budget request.

Impact of COVID–19 on Pregnant and Lactating Women.—The Committee includes an increase of $3,000,000, the same as the fiscal year 2023 budget request, to support research on the effects of COVID–19 on pregnancy, lactation, and postpartum health with a focus on individuals from racial and ethnic minority groups.

IMPROVE Maternal Health Initiative.—The Committee includes no less than $30,000,000 for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The IMPROVE Initiative advances research to reduce preventable causes of maternal deaths and improve health for pregnant and postpartum individuals before, during, and after delivery.

Learning Disabilities Research.—The Committee is increasingly concerned with the decline in achievement for students with disabilities and recognizes the need for continued research and improved interventions, particularly in light of the COVID–19 crisis, which has led to significant loss of in-person instruction for many students. The Committee recognizes the importance of NICHD's funding of Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs, which are a source of Federal funding available to researchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relationships between different variables at work. While learning disabilities do impact an individual's education and academic achievement, these disorders are brain-based, and so clinical research using the latest technology and advances in neuroscience is essential. To continue robust research into language, reading development, learning disabilities, and disorders that adversely affect the development of listening, speaking, reading, writing, and mathematics abilities, the Committee urges NICHD to continue its investment in its Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.

Male Reproductive Health.—The Committee urges NICHD to continue to support research on male mechanisms of infertility. There is a gap in the knowledge of how to diagnose and treat male infertility, often resulting in women undergoing unnecessary treatments due to undiagnosed or untreated male partner infertility. The Committee notes that NICHD has recently recognized the importance of male reproduction in its strategic plan and included andrology as a research priority. The Committee is concerned, however, that none of the NICHD branches focus on male fertility, leaving a gap in representation. The Committee encourages NICHD to consider forming a distinct Male Fertility Health branch to prioritize research in this area, including identifying new proteins and sperm structures necessary for normal sperm function and, consequently, for fertility and healthy embryo development.

Maternal-Fetal Medicine Units Network.—The Committee supports the Maternal-Fetal Medicine Units Network of centers across

the country that conduct clinical studies to improve maternal, fetal, and neonatal health that ultimately improves the clinical practice of obstetrics. Many Institutes at the NIH support at least one grant or project related to pregnancy, which further improves maternal and infant health outcomes and addresses maternal mortality.

Pelvic Floor Disorders.—Pelvic floor disorders, including urinary incontinence, accidental bowel leakage, and pelvic organ prolapse, negatively impact the quality of life of more than 25 million U.S. women each year. There are socioeconomic disparities amongst women suffering from pelvic floor disorders, with differences in symptoms, knowledge, access to care, availability of treatments, and treatment outcomes noted in patients from different backgrounds. The Committee urges NICHD to prioritize research activities into underrepresented patient populations and pelvic floor disorders. Such activities may include the development of educational programs for general practitioners, the evaluation of effectiveness of screening protocols for pelvic floor disorders in the primary care setting, investigating medical literacy amongst minority women as it pertains to pelvic floor disorders, as well as assessing socioeconomic and socio-cultural disease perspectives by designing qualitative studies using focus groups of women with varying socio-economic, cultural, and ethnic backgrounds, evaluating current educational resources, determining gaps in patient knowledge, and designing culture-specific educational materials and resources. The Committee requests an update on this research in the fiscal year 2024 Congressional Justification.

Population Research.—The Committee congratulates NICHD for leading efforts to promote research regarding the effects of COVID–19 on child development and health disparities. The Committee encourages NICHD to sustain these research priorities through its support of the Population Dynamics Research Centers Program and population-representative longitudinal datasets, such as the Fragile Families and Child Wellbeing Study, Baby's First Years, Panel Study of Income Dynamics Child Supplement Survey, and National Longitudinal Survey of Youth. The Committee urges NICHD to engage the population research field to develop informed frameworks for conceptualizing and measuring social determinants of health, including structural racism. The Committee also encourages NICHD to support research exploring the direct and indirect effects of COVID–19 on reproductive health, marriage, and divorce and to expand research and data collection on mortality, especially during adolescence and the transition to adulthood. Within 90 days of enactment of this Act, the Committee requests a report on the Institute's efforts to address these priority areas.

Pregnancy Loss Research.—The Committee supports NIH research into pregnancy loss and encourages NIH to expand and coordinate research activities with respect to pregnancy loss.

Research in Pregnant and Lactating Women.—The Committee is pleased with the progress being made by the Task Force on Research Specific to Pregnant Women and Lactating Women in identifying and developing strategies to address gaps in knowledge and research on safe and effective therapies for pregnant and lactating women. The Committee encourages NIH to continue implementing these recommendations to the extent appropriate and feasible under the legal authorities available to the Secretary.

Sudden Infant Death Syndrome (SIDS).—The Committee urges NICHD to strengthen support for research into the causes and prevention of SIDS.

Trans-NIH Pediatric Research Consortium (N–PeRC).—The Committee is aware of the N–PeRC that was established in 2018 to better coordinate pediatric research activities across multiple Institutes and Centers. The Committee supports the goals and objectives of N–PeRC and requests that NIH update the Committee on its activities and focus of multi-Institute or -Center pediatric research projects implemented as a result of N–PeRC. Additionally, the Committee requests a report in the fiscal year 2024 Congressional Justification on how N–PeRC plans to encourage longitudinal studies of the physical, mental, and behavioral health impacts of COVID–19 on children, including multisystem inflammatory syndrome in children (MIS–C), as well as plans for N–PeRC's focus over the coming three years.

Uterine Fibroids.—The Committee encourages NIH to support the activities outlined in the Stephanie Tubbs Jones Uterine Fibroid Research and Education Act of 2022 (H.R. 2007), as introduced in the House, to support research related to uterine fibroids etiology, prevention, diagnosis, disparities, and treatment.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2022	$863,918,000
Budget request, fiscal year 2023	853,355,000
Committee Recommendation	891,186,000
Change from enacted level	+27,268,000
Change from budget request	+37,831,000

Mission.— The mission of the National Eye Institute is to eliminate vision loss and improve quality of life through vision research.

Blepharospasm.—The Committee continues to encourage NEI to expand research into blepharospasm, a form of dystonia, and requests an update on collaborative efforts amongst stakeholders and other Institutes and Centers in the fiscal year 2024 Congressional Justification.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Appropriation, fiscal year 2022	$842,169,000
Budget request, fiscal year 2023	932,056,000
Committee Recommendation	878,750,000
Change from enacted level	+36,581,000
Change from budget request	−53,306,000

Mission.—NIEHS's mission is to discover how the environment affects people in order to promote healthier lives.

The Committee includes an additional $10,000,000 for NIEHS to support and coordinate research on the rise in and exacerbation of a wide range of health conditions related to the environment, which may include infectious disease, injury and trauma, and chronic conditions such as asthma, mental health, and health disparities. Such research may include evaluation of both preventive and intervention strategies for such conditions.

Harmful Algal Blooms (HABs) Human Health Effects Research.—Harmful algal blooms are occurring with increasing frequency and severity across the country. While we know of the temporary physical discomfort caused by the toxic bacteria, we do not know if exposure presents a long-term threat to human health. The Com-

mittee supports NIEHS research to determine the impact of red tide and other HABs on human health. The Committee commends NIEHS for its collaborations with other agencies, including NSF, NOAA, EPA, and CDC, to advance such research and translate key research findings for clinical and public health benefits.

Indoor Amplified Microbial Growth Research.—The Committee believes that a more robust and focused NIH commitment to research relating to mold and amplified microbial growth in damp and water-damaged buildings would yield significant advancements of knowledge and insight regarding how fungi, mycotoxins, actinobacteria, and endotoxins within indoor environments affect public health. The Committee encourages NIH to expedite planned and ongoing studies already nominated and established through the National Toxicology Program (NTP). The Committee also urges the Director of NIEHS, in coordination with the Division of the National Toxicology Program (DNTP), as well as the NTP, to prioritize new research and explore the causal links to the potential neurotoxic, immunosuppressive, immunoreactive, nephrotoxic, carcinogenic, and inflammatory responses due to inhalation of indoor amplified microbial growth in damp and water-damaged indoor environments. The Committee encourages NIH to improve applied research, communication and education, and coordination with other Federal, State, and local health and environmental agencies regarding mold and microbial growth in damp and water-damaged indoor environments.

Parkinson's Disease.—Research suggests that Parkinson's disease (PD) is caused by a combination of genetic and environmental factors. Agricultural exposure to pesticides, including herbicides, has been associated with an increased risk of developing the disease, yet other exposures common to soldiers, firefighters, first responders, and others, such as burn pits, insecticides, solvents and heavy metals, need to be explored or should be considered. The Committee urges NIEHS to expand its research and collaborate with appropriate partners to understand the effects of these chemicals on PD development and progression. Research should include fundamental approaches to identify other environmental triggers and to understand the expression of PD traits that result from the interplay of genes and environment to advance the development of individualized precision environmental health strategies to prevent and treat PD. The Committee requests an update on these activities in the fiscal year 2024 Congressional Justification.

NATIONAL INSTITUTE ON AGING (NIA)

Appropriation, fiscal year 2022	$4,219,936,000
Budget request, fiscal year 2023	4,011,413,000
Committee Recommendation	4,443,196,000
Change from enacted level	+223,260,000
Change from budget request	+431,783,000

Mission.—NIA's mission is to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life.

Alzheimer's Disease and Related Dementias (ADRD).—The Committee recommends an increase of $200,000,000 for ADRD research. The Committee encourages NIA to continue addressing the research targets outlined in the fiscal year 2023 Professional Judg-

ment Budget. The Committee encourages NIA to take the necessary steps to ensure that NIH-sponsored clinical trials take into account racial and ethnic diversity and the impact of Alzheimer's disease on underserved populations. In addition, with various treatments for Alzheimer's disease in the pipeline, the Committee encourages NIA to support a wide range of trials, including those with a patient-based national registry of regulatory grade, longitudinal evidence for patients receiving any FDA-approved disease modifying therapies for Alzheimer's disease in real-world clinical practice.

Autism Spectrum Disorder (ASD) in Older Adults.—The Committee recognizes recent research which indicates that individuals with ASD are more likely to be diagnosed with neurodegenerative conditions, including dementia, compared to the general population. The Committee supports ongoing research at NIA to understand how ASD affects the aging process and to develop tools for identifying ASD and related mental health needs and evidence-based services, and commends the NIA for convening a workshop in 2022 to discuss possible linkages between ASD and Alzheimer's disease. The Committee requests an update on opportunities for research activities in this area within 180 days of enactment of this Act.

Geroscience.—The Committee commends NIA for its support of geroscience, which seeks to understand the genetic, molecular, and cellular mechanisms that make aging a major risk factor and driver of numerous chronic conditions and diseases, including Alzheimer's disease, cancer, cardiovascular diseases, and many others. A growing body of research suggests it is possible to develop treatments that would address many late-life diseases, as opposed to solely tackling each disease individually, as under the current prevailing model. Significant advances in recent years highlight the need to develop a comprehensive strategy for addressing research gaps and opportunities. Therefore, the Committee urges NIA to convene a meeting of experts across NIH, other relevant Federal agencies, academic researchers, and the private sector to identify gaps and opportunities for this research field. The Committee also recognizes that there is a shortage of investigators who combine clinical, social, and behavioral research skills with a knowledge of aging biology and experience in the care of older adults and the processes of aging at the individual and societal level. The Committee encourages NIA to expand its translational geroscience training programs to support the pipeline of such investigators. The Committee requests an update on these topics in the fiscal year 2024 Congressional Justification.

National Strategy for Recruitment and Participation in Alzheimer's Disease and Related Dementias Clinical Research.—The Committee applauds NIA's efforts to initiate, identify, and develop the National Strategy for Recruitment and Participation in Alzheimer's and Related Dementias Clinical Research. An effective way of determining whether those recommended strategies are being well-implemented and having the desired impact is through data collection and reporting. The Committee urges NIA to provide an assessment of the data and metrics it collects related to the planning, recruitment, and retention of clinical trial participants from underrepresented communities and how those data have been

or will be used in grantmaking decisions. The assessment should also address how NIA plans to provide more timely data to Congress and greater transparency to the public about the planning, engagement, and recruitment efforts of its extramural grantees, including a focus on addressing barriers to inclusive and representative enrollment such as eligibility criteria, language accessibility, and adequate planning for diverse enrollment among grantees. The Committee requests that NIA provide this assessment to the Committee within 180 days of the enactment of this Act.

Parkinson's Disease and Dementia.—The Committee recognizes that although PD is often thought of only as a movement disorder, most PD patients also develop dementia. Common symptoms include difficulty with problem solving, speed of thinking, memory, and other cognitive skills. Because people with PD usually develop these symptoms several years after their diagnosis, PD represents an under-explored opportunity to study the onset and progression of dementia. The Committee strongly urges NIA and NINDS to put a higher priority on PD, both before and after onset of dementia, within their overall dementia research portfolios. The Committee requests an update on these activities in the fiscal year 2024 Congressional Justification.

Population Research.—The Committee recognizes NIA for supporting a robust population aging research portfolio within its Division of Behavioral and Social Research (DBSR) and encouraging enhanced collaborations between DBSR and the Institute's other scientific research divisions. The Committee is pleased to learn these collaborations include, for example, integrating the population sciences into the Institute's geroscience research agenda and initiatives regarding Alzheimer's disease and the long-term social, behavioral, and economic consequences of COVID–19 on older people and their families. Continued support for large-scale, longitudinal, and representative studies, such as Health and Retirement Study and the National Health and Aging Trends Study, the Centers on the Demography and Economics of Aging, research networks, training grants, and early career opportunities are needed to sustain and enhance the field of population aging research. The Committee asks NIA to report on its plans for ensuring long-term investment and support for population aging research activities within 90 days of enactment of this Act.

Thalassemia.—Thalassemia patients and others dealing with chronic diseases are now living well into adulthood, some even into their 60s. While this is a tremendous victory for research, it has opened new questions. For example, even in well-managed cases, individuals with thalassemia are likely to be exposed to levels of iron loading that, while too low to create immediate damage, are significantly in excess of what occurs in the typical population. Such exposure may occur for decades in many patients. The long-term effect of this exposure on patient health and outcomes is unknown. In addition, many thalassemia patients develop low bone mass issues early in life and may be prescribed treatments which are in the general population typically prescribed much later in life; the long-term efficacy and possible consequences of this extended exposure is unknown. In addition, there are female and male reproductive issues, the impact of other non-disease related medicines, the relationship to diseases of aging such as Alzheimer's

disease, Parkinson's disease, arthritis, osteoporosis, and more. The Committee encourages NIA to develop a plan to research comorbidities in thalassemia and other rare disease patient populations as they continue to age. In addition, individuals with thalassemia trait are asymptomatic, aside from perhaps an occasional mild anemia, and do not require clinical care. However, research is lacking in the possible effects of thalassemia trait on an older adults. Research is warranted to determine if thalassemia trait carriers do experience adverse effects related to the trait as they age.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

Appropriation, fiscal year 2022	$655,699,000
Budget request, fiscal year 2023	676,254,000
Committee Recommendation	676,395,000
Change from enacted level	+20,696,000
Change from budget request	+141,000

Mission.—NIAMS's mission is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

Alopecia Areata.—The Committee notes the importance of research into autoimmune skin conditions such as alopecia areata. The Committee requests an update in the fiscal year 2024 Congressional Justification on research initiatives into this condition and opportunities to advance research.

Thalassemia.—Individuals with thalassemia frequently develop low bone mass issues, often several decades earlier than is typical in the general population. Most currently recognized treatment options for low bone mass issues have been developed for populations that develop these issues at an older age than in thalassemia, and which may not have the same characteristics as those with thalassemia. More research in treatments for and prevention of low bone mass for this population, including the proper use of low intensity vibration therapy, may be warranted.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Appropriation, fiscal year 2022	$514,885,000
Budget request, fiscal year 2023	508,704,000
Committee Recommendation	531,136,000
Change from enacted level	+16,251,000
Change from budget request	+22,432,000

Mission.—NIDCD conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. NIDCD also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices which substitute for lost and impaired sensory and communication function.

Hearing Loss.—The Committee is concerned about the rapidly escalating public health crisis of hearing loss, which now impacts one in five people in the U.S. alone. The Committee encourages NIDCD

to convene a workshop involving key stakeholders including industry, academia, and patient advocates, to develop a roadmap for bringing these much-needed therapies to patients. The Committee also urges NIDCD, to the extent practicable, to involve other agencies who serve disproportionately impacted populations, including VA and DoD.

Spasmodic Dysphonia.—The Committee notes the research NIDCD continues to facilitate on spasmodic dysphonia and collaborative efforts with relevant Institutes, Centers, and stakeholders. The Committee continues to encourage sustained collaboration with key stakeholders and agencies.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2022	$180,862,000
Budget request, fiscal year 2023	198,670,000
Committee Recommendation	208,571,000
Change from enacted level	+27,709,000
Change from budget request	+9,901,000

Mission.—The mission of NINR is to lead nursing research to solve pressing health challenges and inform practice and policy—optimizing health and advancing health equity into the future.

Health Disparities Research.—The Committee includes an increase of $22,000,000 for NINR to support research related to identifying and reducing health disparities, the same as the fiscal year 2023 budget request.

NATIONAL INSTITUTE ON ALCOHOL EFFECTS AND ALCOHOL-ASSOCIATED DISORDERS (NIAAA)

Appropriation, fiscal year 2022	$573,651,000
Budget request, fiscal year 2023	566,725,000
Committee Recommendation	591,757,000
Change from enacted level	+18,106,000
Change from budget request	+25,032,000

Mission.—NIAAA's mission is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

Alcohol-Associated Liver Disease.—The Committee is aware that alcohol use disorder and alcohol-associated liver disease are distinct diseases. However, it is rare for patients to have the latter without first having the former. Combining the research in this area in a holistic approach could lead to advancements for both, which are needed urgently given the increased rates of alcohol consumption during the pandemic. The Committee requests an update in the fiscal year 2024 Congressional Justification on the viability of this approach, including NIAAA's capacity to award related grants and the field's capacity to develop scientifically valid research projects.

NATIONAL INSTITUTE ON DRUGS AND ADDICTION (NIDA)

Appropriation, fiscal year 2022	$1,595,474,000
Budget request, fiscal year 2023	1,843,326,000
Committee Recommendation	1,712,832,000
Change from enacted level	+117,358,000
Change from budget request	−130,494,000

Mission.—NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Addiction Intervention.—The Committee is deeply concerned by alarming trends of drug use and addiction in the U.S. The number of alcohol-related deaths doubled in the U.S. from 1999 to 2017. Staggeringly, the number of drug overdose deaths doubled from 2015–2021. Difficulty managing impulsivity, a key function of cognitive self-control, is associated with substance use disorders. The Committee recognizes that Episodic Future Thinking is a promising intervention that can help individuals with substance use disorders consider the positive outcomes of abstaining from use through a mental simulation of positive events that might occur in the future. The Committee encourages NIDA to support transdisciplinary research that incorporates neuroscience, behavioral research, neuroeconomics, brain imaging, engineering, and computer science to deploy Episodic Future Thinking intervention strategies across a range of substance use disorders.

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when as much information as possible about these drugs is needed, including research on their therapeutic potential and on overdose reversal agents, it would be helpful to lower regulatory and other barriers to conducting this research. The Committee appreciates NIDA's completion of a report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances, including the challenges researchers face as a result of limited access to sources of marijuana including dispensary products.

COVID–19 Pandemic and Impact on Substance Use Disorders.—The Committee is acutely aware of the risks that the ongoing COVID–19 pandemic poses to individuals with substance use disorders (SUDs). According to CDC, drug overdose deaths accelerated during the pandemic. Moreover, NIDA-supported research found that individuals with substance use disorders are at increased risk for COVID–19 and its adverse outcomes. The Committee commends NIDA for conducting research on the adverse impact of the pandemic on people with SUDs and encourages NIDA to continue to support research on these issues.

Development of Cocaine Overdose Treatment.—The Committee continues to recognize the "fourth wave" of the overdose public health crisis involves rising overdoses involving stimulants. The Committee is concerned about the increase in overdose deaths involving cocaine and the lack of FDA-approved cocaine overdose reversal medications to address the increase in fatalities. The Committee understands that NIH has previously supported research and development of treatments that can rapidly reverse cocaine toxicity and reduce mortality rates. The Committee encourages NIDA to fund additional research to advance a life-saving treatment for overdoses caused by cocaine and other stimulants.

Electronic Cigarettes.—The Committee understands that electronic cigarettes (e-cigarettes) and other vaporizing equipment are

increasingly popular among adolescents, and encourages NIDA to continue to fund research on the use and consequences of these devices.

Headache Disorders and Migraines.—Migraine is the second leading cause of disability, and 60 million Americans have migraines. There is a critical need for more effective and safer treatments for headache disorders, especially because current treatment using opioids can worsen migraine frequency and severity. Ten percent of Americans with migraines are opioid users and 59 percent receive opioids in U.S. emergency departments. The HEAL Initiative calls for disease burden to be a crucial consideration when prioritizing research programs. The Committee supports efforts to address the need for more effective pain management for those suffering from headache disorders and migraines.

Kratom.—The Committee recognizes that NIH- and NIDA-funded research has contributed to the continued understanding of the health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. The Committee is aware of the potential promising results of kratom for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids and of research investigating the use of kratom's constituent compounds for opioid use disorder. The Committee acknowledges NIDA's support of preclinical research on the toxicology of mitragynine, which will enable future studies of its safety, tolerability, and clinical pharmacokinetics in humans. The Committee also urges NIDA to consider a human clinical trial on its therapeutic effects to treat opioid use disorder, especially in light of the increases in overdose deaths reported during the COVID–19 pandemic.

Marijuana Research.—The Committee supports the development of an objective standard to measure marijuana impairment to ensure highway safety. Essential to that development are high-quality scientific studies using marijuana and products containing marijuana lawfully available to patients or consumers in a State on a retail basis. The Committee notes that a majority of Federal research on marijuana has been limited to a single strain of marijuana that is not fully representative. The Committee emphasizes the need for research that encompasses the diversity, quality, and potency of products commonly available to patients or consumers in a State on a retail basis. The Committee requests an update on efforts to expand researcher access to different marijuana strains in the fiscal year 2024 Congressional Justification.

Medications for Opioid Use Disorder and Neonatal Opioid Withdrawal Syndrome.—The Committee recognizes the increasing incidence of neonatal opioid withdrawal syndrome (NOWS), with nearly 80 newborns diagnosed with NOWS in the U.S. daily. Currently, hospital stays for newborns with NOWS are six times as long and eight times as expensive as hospital stays for newborns without NOWS. The Committee also recognizes that medications for opioid use disorder (MOUD) are the gold standard for treatment for opioid use disorder, including in pregnant people. MOUD in pregnancy reduces the risk of adverse birth outcomes, including preterm birth, but may lead to NOWS. The Committee encourages NIDA to support research on types of MOUD that would not cause NOWS or

would have fewer symptoms of NOWS compared to currently available medications.

Opioid, Stimulant, and Pain Research.—The Committee continues to be concerned about the high mortality rate due to the opioid epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at the overdose crisis. The Committee is also aware of the most recent provisional data from CDC that shows opioid overdose fatalities exceeded 100,000 in 2021, primarily driven by illicitly manufactured fentanyl and fentanyl analogs. More research is needed to find new and better agents to prevent or reverse the effects caused by this class of chemicals and to provide improved access to treatments for those addicted to these drugs. The Committee is also concerned that, according to provisional data released by CDC, over 45,000 overdose deaths involved drugs in the categories that include methamphetamine and cocaine in the 12-month period ending in June 2021, an increase of 25 percent in a single year. The sharp increase has led some to refer to stimulant overdoses as the "fourth wave" of the current overdose crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. To combat this crisis, the Committee includes no less than the fiscal year 2022 enacted level for NIDA's share of the HEAL Initiative, and in response to rising rates of stimulant use and overdose, the Committee has maintained bill language expanding the allowable use of these funds to include research related to stimulant use and addiction. The Committee also includes an additional $67,000,000 in NIDA to support basic research on pain and pain management, as described in the fiscal year 2023 budget request.

Overdose Prevention Centers.—The Committee recognizes that overdose prevention centers, or supervised consumption sites, are part of a larger effort of harm reduction interventions intended to reduce the risk of drug overdose death and reduce the spread of infectious disease. The Committee encourages NIH to discuss in the fiscal year 2024 Congressional Justification significant advances in research on the potential public health impact of overdose prevention centers in the U.S.

Raising Awareness and Engaging the Medical Community in Drug Use and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including health care providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). The Committee encourages NIDA to continue its efforts in this area, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices. The Committee encourages NIDA to increase its support for the education of scientists and practitioners to find improved prevention and treatments for substance use disorders.

Youth and Perinatal Marijuana Use.—The Committee includes $2,000,000 for NIDA to enter into a contract with NASEM to commission a study to determine the scope of the problem of underage youth and perinatal marijuana use and effective ways of reducing it. Topics explored should include but not be limited to the demographics of underage and perinatal marijuana use; its economic and social costs; adolescent and perinatal decision making and risk and protective factors; and the effectiveness of various prevention programs and approaches, including media campaigns, school-based education, pricing, and access. NASEM will develop a strategy for reducing and preventing underage and perinatal consumption of today's marijuana and THC products, specifically focused on the impacts of THC on the developing brain. To help develop an effective strategy, NASEM shall review existing Federal, State, and non-governmental programs, including media-based programs, that have been shown to be effective with other substances that can be harmful to youth, including any done on marijuana, that are designed to change the attitudes and health behaviors of youth (those under the age of 21). In addition, NASEM shall review existing Federal, State, and non-governmental programs including media-based programs, that have been shown to be effective with other substances that can be harmful to babies of pregnant and breast-feeding women, including with any completed on marijuana, that are designed to change the attitudes and health behaviors of pregnant and breast-feeding women. Based on its reviews, NASEM shall produce a strategy designed to prevent and reduce underage consumption of today's marijuana and THC products in addition to a strategy designed to prevent and reduce consumption of today's marijuana and THC products by pregnant and breast-feeding women. This shall include, but not be limited to: an outline and implementation strategy; message points that will be effective in changing the attitudes and health behaviors of youth concerning underage marijuana consumption; and an outline and implementation strategy, and message points that will be effective in changing the attitudes and health behaviors of pregnant and breast-feeding women, target audience identification, goals and objectives of both campaigns, and the estimated costs of development and implementation.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Appropriation, fiscal year 2022	$2,216,976,000
Budget request, fiscal year 2023	2,210,828,000
Committee Recommendation	2,428,775,000
Change from enacted level	+211,799,000
Change from budget request	+217,947,000

The Committee recommendation includes $2,203,775,000 in discretionary appropriations and $225,000,000 made available in the Cures Act.

Mission.—NIMH's mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Autism.—The Committee strongly encourages NIH to support greater investment in research related to autism, particularly in priority areas outlined in the IACC Strategic Plan for ASD. While significant progress has been made in the understanding of autism,

large gaps remain in the ability to improve outcomes and access to services for autistic individuals across their life span. Research has shown that autistic individuals have higher rates of some co-occurring physical and mental health conditions, impacting quality of life and increasing medical utilization and costs. Additionally, there are significant unaddressed racial, ethnic, and socioeconomic health equity challenges experienced by autistic individuals across their life span and by their families. As such, the Committee further encourages NIMH to work collaboratively with NIMHD to support research on the socioeconomic, racial, and ethnic health disparities associated with autism spectrum disorder, and to work collaboratively with other Institutes to support research on understanding the impact of social and environmental factors leading to co-occurring health conditions.

BRAIN Initiative.—The Committee directs NIH to transfer $225,000,000 from the NIH Innovation Account to NIMH to support the BRAIN Initiative. These funds are authorized by the Cures Act. This collaborative effort is revolutionizing our understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond reach accessible.

Impact of COVID on Mental Health.—The Committee includes an increase of $5,000,000 for NIMH to expand research to understand and mitigate the impact of the COVID–19 pandemic on mental health, as described in the fiscal year 2023 budget request.

Mental Health Impact of Alopecia.—The Committee notes recent events that have highlighted the effect on an individual's mental health because of alopecia. The Committee encourages NIMH to work with key stakeholders to advance research and resource development aimed at understanding this connection and opportunities for innovative discovery.

Mental Health Research.—The Committee supports the high-quality basic research on serious mental illnesses being conducted at NIMH. The Committee requests an update on the evaluation of funding allocations at NIMH detailing the percentage of funds spent on both basic and clinical research. The Committee also encourages NIMH to provide ARPA–H with a roadmap of clinical research gaps needed to conduct deeper clinical studies and invest in breakthrough technologies and treatments to continue improving the field of mental health research and improve the lives of those experiencing serious mental illnesses.

Prioritizing Black Youth Suicide Prevention.—The Committee commends NIMH for consistently expanding resources for suicide screening and prevention research over the last four fiscal years and strongly encourages the Institute to provide additional increases for this purpose in fiscal year 2023, with special emphasis on producing models that are interpretable, scalable, and practical for clinical implementation, including utilization of healthcare, education and criminal justice systems that serve populations at risk. Specifically, this includes Black youth, whose suicide death rate is increasing faster than any other racial/ethnic group. In addition, the Committee encourages NIMH to prioritize research efforts related to primary care settings to evaluate suicide prevention inter-

ventions, strategies, and programs, including assessments of the effects of the COVID–19 epidemic. The Committee requests that NIMH provide an update on all of these efforts in the fiscal year 2024 Congressional Justification.

Psychiatric Drug Prescription Research.—The Committee encourages NIH to conduct research to support the creation of best practices for follow-up and outreach following the prescription of psychiatric medication that could increase suicidal thoughts or behaviors in order to better allow for timely intervention in individuals experiencing increased suicidal ideation following such prescriptions.

Suicide Prevention.—The Committee is encouraged that 2020 was the second year in two decades in which the suicide rate decreased. However, suicide was the 12th leading cause of death overall in the U.S. in 2020, and third among youth and young adults ages 10–24. The Committee remains committed to providing the resources necessary to address the current youth mental health crisis. The Committee commends NIMH for consistently expanding resources for suicide screening and prevention research in recent years and strongly encourages the Institute to continue to prioritize suicide prevention research in fiscal year 2023, with special emphasis on producing models that are interpretable, scalable, and practical for implementation. In addition, the Committee encourages NIMH to prioritize research efforts related to school-based suicide prevention models to evaluate suicide prevention interventions, strategies, and programs, including assessments of the effects of the COVID–19 epidemic on young adults and children. The Committee requests that NIMH provide an update on these efforts in the fiscal year 2024 Congressional Justification.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2022	$639,062,000
Budget request, fiscal year 2023	629,154,000
Committee Recommendation	659,233,000
Change from enacted level	+20,171,000
Change from budget request	+30,079,000

Mission.—NHGRI's mission is to accelerate scientific and medical breakthroughs that improve human health by driving cutting-edge research, developing new technologies, and studying the impact of genomics on society.

Germline RUNX1 Mutations.—The Committee commends NHGRI for collaborating with NCI to launch and maintain the NIH RUNX1–FPD Clinical Research Study, the only longitudinal natural history study of patients with germline RUNX1 mutations and their families. This study has broad implications for the fields of hematology and oncology because it offers researchers the opportunity to monitor the genomic evolution of cancer within a precancerous population in real-time. Insights gained from such careful monitoring can result in the development of improved early detection methods and novel treatment interventions. Given the critical importance of such natural history studies, the Committee encourages NHGRI to leverage NIH resources and toolkits to advance participant recruitment and enrollment, timely data dissemination, and to ensure optimal execution and implementation of the NIH RUNX1–FPD Clinical Research Study.

The Committee strongly urges NHGRI to collaborate with other NIH Institutes to identify additional resources that would leverage the expertise across NIH Institutes so that the study can include more patients each year. In addition, the Committee encourages NHGRI to continue to adhere to the NIH Genomic Data Sharing Policy for the benefit of the entire research community and the patients and their families searching for answers.

Pharmacogenomics.—NHGRI supports pharmacogenomic research in a variety of ways, including by working to develop community research resources. For instance, the program funds the Clinical Pharmacogenetics Implementation Consortium, an international consortium of experts that create, curate, and make publicly accessible detailed gene-drug clinical practice guidelines that inform medical management decisions. The Committee encourages NIH to continue support for this research.

Proteomics.—The Committee recognizes the promise of research into the proteome in the study of biological systems. The ability to effectively and efficiently analyze protein patterns and their changes over time has potential to provide valuable insights into a person's real-time state of health including identifying existing disease, understanding the biological drivers of that disease, predicting near-term health events, and guiding effective therapeutic interventions. The Committee encourages NHGRI to utilize existing resources to expand its research into this cutting-edge field.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING (NIBIB)

Appropriation, fiscal year 2022	$424,590,000
Budget request, fiscal year 2023	419,493,000
Committee Recommendation	437,991,000
Change from enacted level	+13,401,000
Change from budget request	+18,498,000

Mission.—The NIBIB mission is to improve health by leading the development and accelerating the application of biomedical technologies.

Medical Imaging and Data Resource Center (MIDRC).—The Committee supports NIBIB's work to develop the MIDRC, a growing repository of over 85,000 images and associated data to help accelerate strategies for COVID–19 diagnosis and therapeutic management. This resource is creating and enabling broader use of machine learning algorithms in medical image analysis for coronavirus patients and may serve as a model for understanding other diseases to improve patient outcomes across medical disciplines, including diagnosis, monitoring, and predictive prognoses. The Committee encourages NIBIB to continue its engagement with external stakeholders to advance this promising project.

Neurotechnology.—The Committee recognizes that recent developments in wearable devices, remote monitoring, implantable medical devices, 3–D neural constructs, and bioprinting have accelerated the rate of discovery of methods to sense and modulate the activity of the nervous system. The rate of discovery now strains the ability of academic laboratories and medical centers to perform the necessary product development and early human clinical trial work, in a timely manner, to demonstrate the efficacy of these neurotechnology interventions. New neurotechnology diagnostics

and therapies could enable injury prevention in both able-bodied and at-risk populations and transform treatment of children and adults living with the chronic effects of neurological disease and injury, in particular, with impairments in mobility, cognition, pain, mood, perception, and systemic health. The Committee encourages NIBIB, in collaboration with NINDS, to prioritize additional funding to accelerate the pace of bench-to-bedside clinical development of environmental, 3–D printable, wearable, and implantable artificial and biological neurotechnology.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Appropriation, fiscal year 2022	$459,056,000
Budget request, fiscal year 2023	659,817,000
Committee Recommendation	505,292,000
Change from enacted level	+46,236,000
Change from budget request	– 154,525,000

Mission.—NIMHD's mission is to lead scientific research to improve minority health and reduce health disparities.

Health Disparities Research.—The Committee includes an increase of $23,000,000 for NIMHD to support additional research related to identifying and reducing health disparities.

Long COVID Research.—The Committee urges NIMHD to support research on racial and ethnic health disparities prevalent in the diagnosis, treatment, recovery, and quality of life of long COVID–19 patients.

Racial and Ethnic Disparities in Alopecia.—The Committee notes the disproportionate effect of alopecia on people of color, specifically women. The Committee encourages NIMHD to collaborate with relevant Institutes and Centers, such as NIAMS, and relevant stakeholders to identify key research areas of concern.

Research Centers at Minority Institutions (RCMIs).—The Committee includes no less than $89,765,000, an increase of $5,000,000 above the fiscal year 2022 enacted level, for RCMIs to ensure critical infrastructure development in historically minority graduate and health professional schools.

Research Grants on Cosmetic Safety, Health Disparities and Communities of Color and Professional Salon Workers.—The Committee is concerned about the prevalence of cosmetics containing dangerous levels of mercury made available through online sales and increased global travel. Evidence suggests that these harmful unregulated cosmetics, such as skin lightening creams and hair chemical relaxers, are disproportionately used by women of color. The Committee encourages NIH to support competitive research grants to fund epidemiological, social, and behavioral sciences research into the negative health impacts of chemicals in cosmetic products and to disseminate the results of these studies, including public health information strategies to reduce potentially unsafe exposure. The Committee urges NIH to support research grants investigating unsafe cosmetic chemical exposures impacting communities of color and as well as grants researching the same impacts on professional nail, hair, barbershop, and beauty salon workers. The Committee thanks NIMHD for their report submitted in September 2021 summarizing the state of science and describing NIMHD's collaboration with FDA.

Research Endowment Program.—The Committee includes no less than $12,000,000 to support the Research Endowment Program, an increase of $8,000,000 above the estimated fiscal year 2022 funding level. The Committee notes the recent passage of the John Lewis NIMHD Research Endowment Revitalization Act to reinvigorate the Research Endowment Program. The Committee has provided funds to implement the revitalized program and urges NIMHD to work swiftly on its implementation. The Committee further notes that the statutory goal of the program is to assist eligible institutions in achieving a research endowment that is comparable to the mean endowment of health professions schools in its health professions discipline. The Committee requests a report no later than 60 days after enactment of this Act on implementation plans and engagement with key stakeholders.

Sleep Health and Health Disparities.—The Committee applauds ongoing and emerging efforts by NIMHD to advance health equity and address health disparities, including cross-Institute initiatives and the initiatives identified by the recent Minority Health and Health Disparities Research Framework. The Committee notes the disproportionate impact of sleep deficiencies among populations that experience health disparities in the U.S., including American Indians/Alaska Natives, Asian Americans, African Americans, Hispanics/Latinos, Native Hawaiians and other Pacific Islanders, sexual and gender minorities, the socioeconomically disadvantaged, and those living in underserved rural areas. The Committee encourages further work in and collaboration with community stakeholders on the issue of sleep health disparities.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Appropriation, fiscal year 2022	$159,365,000
Budget request, fiscal year 2023	183,368,000
Committee Recommendation	164,395,000
Change from enacted level	+5,030,000
Change from budget request	−18,973,000

Mission.—The mission of NCCIH is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2022	$882,265,000
Budget request, fiscal year 2023	873,654,000
Committee Recommendation	901,678,000
Change from enacted level	+19,413,000
Change from budget request	+28,024,000

Mission.—NCATS was established to transform the translational process so that new treatments and cures for disease can be delivered to patients faster.

Clinical and Translational Science Awards (CTSA) Program.—The Committee includes no less than $626,059,000 for the CTSA Program, an increase of $19,413,000 above the fiscal year 2022 enacted level. The Committee reiterates that CTSA funding, including these additional resources, are intended, to the greatest extent possible, to enhance support for CTSA hubs so that they can continue to effectively provide important collaborative national re-

search infrastructure, train the next generation of physician-scientists, and provide important local services and partnerships. The Committee applauds the CTSA program for its contributions to the rapid response to COVID–19, efforts to address health disparities and deliver innovative care in rural areas, and to provide critical support for other national priorities and translational research activities.

Cures Acceleration Network.—The Committee includes up to $60,000,000 for the Cures Acceleration Network, the same as the fiscal year 2022 enacted level.

Collaboration with Business Incubators.—The Committee urges NCATS to redouble its efforts to leverage its mission by exploring opportunities or potential collaborations with business incubators that host small to mid-size science, research, and pharmaceutical companies that use service-based approaches to nurture and guide their member companies to success.

Full Spectrum of Medical Research.—The Committee recognizes the emerging role that the full spectrum of medical research is playing in across NIH Institutes and Centers to ensure that advancements in basic science are translated into innovative therapies and diagnostic tools, and improved care and public health information. The Committee notes the relevance of the CTSA program to a variety on ongoing and emerging NIH research activities, including the importance of training and career development to adequately enhance the translational science workforce.

National COVID Cohort Collaborative (N3C).—The Committee continues to support NCATS N3C's open-science platform to accelerate biomedical research and discovery. N3C is the largest public clinical repository of COVID–19 data in the U.S., enabling collaborative research between more than 3,500 researchers from over 300 institutions to answer research questions such as the cause of long COVID–19 and how COVID–19 affects children. The Committee encourages NCATS to consider expanding the platform to accelerate research and cures for other high-priority diseases such as cancer and other rare diseases.

Rare Disease Research.—The Committee encourages NCATS to increase support for rare disease funding opportunities, including for the Rare Disease Clinical Research Network, the Therapeutics for Rare and Neglected Diseases program, and other grant opportunities to help increase the speed of rare disease therapeutic and diagnostic development. Accelerating rare disease research will allow society to capitalize on the evolution of science in rare diseases, leading to new treatments for the 93–95 percent of rare diseases with no approved treatments and innovative diagnostics to help shorten the average 6.3 year-long diagnostic odyssey and lower the nearly $1 trillion annual economic burden of rare diseases.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2022	$86,880,000
Budget request, fiscal year 2023	95,801,000
Committee Recommendation	99,622,000
Change from enacted level	+12,742,000
Change from budget request	+3,821,000

Mission.—FIC's mission is to support and facilitate global health research conducted by U.S. and international investigators, build-

ing partnerships between health research institutions in the U.S. and abroad, and training the next generation of scientists to address global health needs.

The Fogarty International Center supports cross-cutting research and research training programs that apply to a broad range of health threats, enabling grantees and trainees to anticipate and respond effectively to new global challenges. Fogarty programs also support training for researchers in the development and use of powerful tools such as data science, mobile health, and bioinformatics, which are applied to anticipating and controlling a wide range of global health threats that could impact the U.S. The Committee encourages FIC to continue to expand training and research partnerships with schools and programs of public health and related academic institutions in support of this core mission, including new investments to support health disparities and pandemic research preparedness and response.

In light of the global impact of COVID–19, the Committee recognizes the need to continue steadily increasing the resources of FIC to support its work to strengthen health research systems, train health researchers and improve pandemic preparedness in low- and middle-income countries (LMICs). Over more than five decades, FIC has developed strong partnerships in LMICs to train researchers to respond to and prevent emerging and enduring infectious disease and other health threats. The COVID–19 pandemic underscores the value of FIC's efforts to strengthen research capacity in LMICs, increasing the likelihood that emerging diseases can be quickly addressed wherever they appear—ultimately protecting American health security. The Committee also recognizes that investing in health research capacity in LMICs leads to reciprocal innovation and produces tools that can drive down health care costs and increase impact and effectiveness in low-resource settings everywhere, including in the U.S. The Committee believes FIC's longstanding partnerships and unique capabilities position it to play an expanded role in pandemic preparedness and health research capacity building, including by strengthening international research coordination, building capacity for computational modeling and outbreak analytics, supporting research to reduce health disparities, and improving implementation of health interventions in low-resource settings.

Health Disparities Research.—The Committee includes an increase of $10,000,000 for FIC to support additional research related to identifying and reducing health disparities, as described in the fiscal year 2023 budget request.

Obstetric Fistula Research.—Worldwide, an estimated 500,000 women and girls live with obstetric fistula, with thousands more occurring annually. It occurs disproportionately among impoverished, vulnerable, and marginalized girls and women. Skilled health personnel at birth and emergency obstetric and newborn care can ensure obstetric fistula is prevented. The Committee is concerned that fistula repairs were widely halted due to COVID–19, as they were deemed non-urgent and unsafe during the pandemic. This may result in an increased backlog of fistula cases. The Committee is concerned that not enough funding is provided to support existing academic curricula for the education and training for health care providers on obstetric fistula. The Committee re-

quests a report regarding the annual support level for this training funding over the past five years, including the types of grants supported, in the fiscal year 2024 Congressional Justification.

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2022	$479,439,000
Budget request, fiscal year 2023	471,998,000
Committee Recommendation	494,572,000
Change from enacted level	+15,133,000
Change from budget request	+22,574,000

Mission.—As a leader in computational health and the world's largest medical library, NLM collects, organizes, preserves, and disseminates data and information important to biomedicine and health; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the Network of the National Library of Medicine; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research and research training in biomedical informatics, computational health, computational biology, and data science; supports development, maintenance, and dissemination of health data standards that promote interoperability among clinical and research information systems; and manages and maintains information resources for genomics, molecular biology, clinical trials, medical images, environmental health, public health, and health services research.

OFFICE OF THE DIRECTOR (OD)

Appropriation, fiscal year 2022	$2,629,120,000
Budget request, fiscal year 2023	2,314,665,000
Committee Recommendation	2,549,813,000
Change from enacted level	−79,307,000
Change from budget request	+235,148,000

The Committee recommendation includes $2,537,213,000 in discretionary appropriations and an additional $12,600,000 made available in the Gabriella Miller Kids First Research Act.

Mission.—The OD provides leadership to the NIH research enterprise and coordinates and directs initiatives that crosscut NIH. 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 the operations of NIH.

The items below include issues and programs specific to the Office of the Director as well as those that involve multiple Institutes and Centers.

Adoption of Dogs, Cats, and Rabbits Used in Research.—The Committee encourages NIH to recommend that grantees receiving extramural funds from NIH for research using dogs, cats, or rabbits implement post-research adoption policies for those animals and to maintain records on the aggregate number of animals released for adoption. The post-research adoption policies and animal release numbers should be made publicly available.

Advancing Cell-Based Therapies.—The Committee recognizes that cell-based therapies hold promise for a broad range of conditions, including neurological conditions, musculoskeletal conditions, cancer, radiation damage, cardiovascular disease, diabetes, wound healing, and immunological disease. The Committee encourages NIH to support research, development, and manufacturing of adult cell-based therapies for patients with serious or life-threatening conditions. The Committee encourages NIH to support clinical trials and pre-clinical research exploring the use of adult cell-based therapies for serious or life-threatening conditions; support development, characterization, optimization, and scaling of manufacturing of cell-based therapies; support sharing of best practices and lessons learned; workforce development activities; and collaborative evidence development, including continued NIH collaboration with FDA and HRSA to enhance transparency regarding outcomes from cellular therapies from adult (somatic) cells that are FDA-approved or being administered under FDA Investigational New Drug or Investigational Device Exemption protocols by ensuring that results are submitted to appropriate databases such as the Stem Cell Therapeutics Outcomes Database and ClinicalTrials.gov.

All of Us Research Program.—The Committee provides a total of $541,000,000 for the *All of Us* Research Program Precision Medicine Initiative, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The total includes $419,000,000 authorized in the Cures Act to be transferred from the NIH Innovation Account. *All of Us'* mission is to accelerate health research and medical breakthroughs to enable individualized prevention, treatment, and care for all of us. As of the beginning of June 2022, the *All of Us* Research Program enrolled 497,000 participants, more than 341,000 of whom have completed the initial steps of the program. About 80 percent of these individuals are from populations that have largely been overlooked in past research, including rural communities, people with lower incomes, those who self-identify as belonging to racial or and ethnic minority groups, and others. In March 2022, the program released nearly 100,000 whole genome sequences and data from 165,000 genotyping arrays in its Researcher Workbench for the research community to analyze. This data can be used in concert with the robust information the program's participants have previously donated, including responses to surveys and electronic health records. Nearly half of the genomic information comes from people who identify with a racial or ethnic minority group, making the dataset one of the most diverse in the world. To date, more than 90 percent of participants in genome-wide association studies worldwide have been of European descent. *All of Us'* efforts to recruit and retain participants that have been historically underrepresented in research is imperative to ensure that future discoveries benefit all.

ALS Research, Treatments, and Expanded Access.—The Committee believes it is critically important that NIH continues to grow its investment in ALS research to capitalize on the momentum to find new treatments for ALS and a cure for the disease. The Committee recognizes that each year, only a small portion of research funds are spent on new research projects. The Committee strongly urges NIH to maintain the ALS drug ecosystem with additional grant funding for extramural research through NINDS. In addition,

The Committee urges NIH to continue to increase support and momentum for ALS research that can lead to new treatments and better care as quickly as possible, as well as support expanded access research for ALS investigational drugs. In addition, the Committee urges NIH to handle funding of expanded access grants as authorized in the ACT for ALS (P.L. 117–79) as separate, and not competing with, funding for other research on ALS and includes $75,000,000 for this purpose, an increase of $50,000,000 above the fiscal year 2022 enacted level.

Amyloidosis.—The Committee strongly encourages NIH to expand its research efforts in amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Although amyloidosis is often fatal, Federal and foundation support over the past years has given hope for successful new treatments. More efforts are needed to accelerate research and awareness of the disease and to help patients with amyloidosis related multi-organ dysfunction. The Committee also directs NIH to provide an update in the fiscal year 2024 Congressional Justification on the steps NIH has taken to expand research into the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases.

Artificial Intelligence to Address Chronic Diseases.—The Committee supports NIH's efforts to use artificial intelligence (AI) to gain a deeper understanding of the underlying causes of chronic diseases, including health disparities, and to identify successful early treatments. The Committee provides sufficient resources to support NIH efforts to employ advanced technologies such as AI, machine learning, deep learning, and related approaches to enhance the collection, integration, analyses, and interpretation of data related to the onset, progression, and treatment of chronic diseases.

Autoimmune Diseases.—The Committee recognizes that a recent report by NASEM recommends that NIH establish an office to support the coordination of all autoimmune diseases research across Institutes and Centers. The Committee encourages NIH to implement this recommendation, and additionally urges NIH to develop clear, consistent, and uniform guidance around autoimmunity, including a shared, working definition applicable to autoimmune disease research and how these efforts should be worked into the broader policies. The Committee also encourages NIH to establish long-term systems in determining numbers of autoimmune patients and mortality rates in the U.S. comparable to NCI's SEER database, support the development of population cohorts of the progression and coexisting morbidities, and provide funding and support for a national research agenda that addresses critical gaps. The Committee encourages NIH to work with health partners and relevant patient organizations to ensure a bidirectional relationship is developed between the agency and the autoimmune community that includes a more consistent approach to communicating new or updated guidance pertinent to the community, and that creates a foundation for improving the quality of lives for patients of autoimmune diseases.

Autism Spectrum Disorder (ASD).—Recent reports indicate that an estimated one in 44 children in the U.S. is diagnosed with an ASD. While early intervention affords the best opportunity to sup-

port healthy development, many children with an autism diagnosis lack access to quality care and interventions. The Committee is encouraged by the growing evidence that caregiver-mediated early intervention can lead to improved child developmental outcomes, improved caregiver-reported skills and knowledge, and reduced stress. The Committee encourages NIH to invest in implementation-focused research that targets caregiver-mediated interventions, including caregiver skills training and naturalistic developmental behavioral interventions. The Committee strongly encourages NIH to work collaboratively across Institutes and Centers in this effort to ensure culturally competent approaches. Furthermore, the Committee is supportive of the research recommendations included in the Interagency Autism Coordinating Committee's (IACC) Strategic Plan for ASD. The Committee urges the NIH to provide an update on its investment across the priority areas outlined in the IACC Strategic Plan in the fiscal year 2024 Congressional Justification.

Biomedical Research Facilities.—The Committee includes $60,000,000, the same as the fiscal year 2022 enacted level, for grants to public and/or nonprofit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. The Committee urges NIH to make awards to support a significant number of newly constructed or renovated facilities.

Biomedical Research Workforce Diversity.—The Committee is concerned with the impact of COVID–19 on the diversity of the biomedical research workforce, particularly women and women of color across career stages. The Committee strongly encourages NIH to study the race/ethnicity and sex/gender breakdown of the impact of COVID on participation in the workforce by monitoring the sex/gender and race/ethnicity of principal investigators designated on applications from and awards to institutions for two years. If the data demonstrate that fewer women are designated on applications from institutions for grants, then it is imperative that NIH take steps to address this disparity. The Committee requests a status update in the fiscal year 2024 Congressional Justification as well as a description of the steps being taken to maintain and strengthen the diversity of the biomedical research workforce.

Black Men and Women Pursuing Medicine and Science.—The Committee supports the efforts of the National Academies Roundtable on Black Men and Black Women in Science, Engineering, and Medicine and its efforts to develop specific programs to increase numbers and effectiveness of Black men and women pursuing medicine and science and commends NIH for participating. The Committee directs the Immediate Office of the Director to allocate increased resources from the Common Fund of the diversity program consortium to the National Academies Roundtable on Black Men and Black Women in Science, Engineering, and Medicine to address the increasing underrepresentation of Black men in medical schools and in the biomedical research profession.

Cannabis Research.—The Committee recognizes that although concrete steps have been taken towards ameliorating the regulatory and supply issues hampering cannabis research in the U.S., funding levels have not kept pace with widespread use of cannabis and substantial clinical interest in the field. Cannabis is fully legal in 18 States and the District of Columbia, effectively so in 20 oth-

ers that permit some form of medical marijuana, and consumed by nearly half of American teens and adults at some time in their lives, yet there is surprisingly little information about its effects on body chemistry and cognition. The Committee is concerned that marijuana policies on the Federal level and in the States (medical marijuana, recreational use, etc.) are being changed without the benefit of scientific research to help guide those decisions. While there are FDA-approved prescription medications that contain cannabidiol or THC which are used to treat various conditions such as certain seizure disorders and nausea associated with chemotherapy, research is needed to determine if cannabis or cannabis products could effectively treat chronic pain, certain mental illnesses, opioid use disorder or other substance use disorders, among other conditions. Therefore, the Committee encourages NIH to fund cannabis research to study efficacy of cannabinoid therapies for patients. NIH is encouraged to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health.

Childhood Post-Infectious Neuroimmune Disorders/PANS/PANDAS.—The Committee strongly encourages NIH to advance research and education related to the devastating diseases of Pediatric Acute-Onset Neuropsychiatric Syndromes (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus (PANDAS). Although NIH has undertaken some research in this area, more research is necessary to fully understand causes, diagnosis, and treatment. Training the medical community is essential to early identification and intervention, reducing the risk of chronic illness and associated costs to families, school systems, health care systems, and insurers. The association between neuropsychiatric illness and infections has become even more evident because of SARS–CoV–2 and provides increasing opportunities for breakthroughs in research and treatment. The Committee encourages NIH to prioritize research in this area, and report to the Committee in the fiscal year 2024 Congressional Justification on the progress being made on the understanding of the costs, causes, diagnostic criteria, and treatment of these conditions.

Clinical Trial Diversity.—The Committee recognizes NIH's efforts to increase meaningful participation across the lifespan of ethnic and racial minority populations and underrepresented communities in clinical trials. The Committee encourages NIH to continue improving clinical research diversity, equity, inclusion, and accessibility by engaging in proactive outreach efforts to people including women and racial and ethnic minority groups, underrepresented communities, and health care organizations serving these populations, to improve awareness of clinical research, including trials, and understanding of how people can participate. The Committee requests an update on these activities in the fiscal year 2024 Congressional Justification.

Collection and Reporting of Animal Research Numbers and Agency Funding.—Congress has long expressed interest in reducing the use of animals in NIH-funded research and replacing them with valid, reliable alternatives. In the NIH Revitalization Act of 1993, Congress first requested the agency create a plan for doing so. The Committee also recognizes the scientific community's stated com-

mitment to the three Rs of replacement, reduction, and refinement, which requires accurate counting of animals used in research and accurate reporting of NIH funding dedicated to projects involving animals. It has been NIH's policy since 1985 to collect an average daily inventory of vertebrate animals housed in recipient institutions that receive agency funding. Domestic facilities are required to file such documentation every four years as part of an Animal Welfare Assurance and copies of the documents are available to the public only through FOIA requests. The Committee directs that the report requested in the Joint Explanatory Statement for the Consolidated Appropriations Act, 2022 outlining a plan to improve the accuracy and transparency of collected data, also include how the agency plans to annually collect from each NIH funded research facility the total number of animals bred, housed, and used in the previous year, sorted by species and pain and distress categories. The Committee directs NIH to include a draft form for collecting this information, and details on how the agency will create a publicly accessible online database for dissemination of this new information. NIH currently collects such information with every grant application using the Research & Related Other Project Information form. NIH's plan should ensure that the answers for each funded project are publicly searchable via the Expenditures and Results module of NIH's Research Portfolio Online Reporting Tools website.

Common Data Elements.—The Committee recognizes the increasing importance of common data elements (CDEs) that enable standardized and consistent use of data in research, especially translational and clinical research, and that facilitate efforts to replicate and validate findings, including clinical trials, for a disease area. NIH encourages use of CDEs including use of the NIH's CDE repository. To encourage development and use of CDEs in disease areas where they currently do not exist, the Committee directs the Office of Data Science Strategy to work with Institutes and Centers to support efforts to develop CDEs, including through collaborations with research stakeholders. The Committee also directs NIH to develop a list of diseases and diseases areas that stand to benefit most from development of CDEs, including complex diseases with heterogeneous presentations, such as autoimmune and immune-mediated conditions, to inform further NIH efforts to support development of such elements.

Common Fund.—The Committee recommends $678,151,000 for the Common Fund, and an additional $12,600,000 provided to support the Gabriella Miller Kids First Research Act for the ninth year of the ten-year Pediatric Research Initiative. This is $20,750,000 above the fiscal year 2022 enacted level and $32,212,000 above the fiscal year 2023 budget request.

Communications with the Committee.—The Committee relies on its relationships with agency budget offices to do its work. The Committee expects the NIH Office of Budget to improve the quality and timeliness of the information that it provides to the Committee.

Cybersecurity.—The Committee continues to support expanded cybersecurity efforts at NIH, including enhanced Security Operations Center functions, expanded threat mitigation and incident response capabilities, implementation of important architectural

improvements to the NIH network, and implementation of tools and technologies to identify patterns of activities that may forecast security risks and allow real time monitoring of activity across a variety of sources as well as implementation of mitigation and remediation efforts.

Diabetic Neuropathy.—Diabetic neuropathy is the most common complication of diabetes, affecting at least 50 percent of individuals with diabetes and resulting in numbness, unsteadiness, and chronic pain. Additionally, the annual cost of managing complications from diabetic neuropathy in the U.S. is estimated to be more than $10 billion. Despite its high incidence rate and major impact on quality of life for affected patients, there are limited treatment options available, and available options are not effective for all individuals with diabetic neuropathy. The Committee encourages NIH to fund collaborative research awards for diabetic neuropathy research and treatment. The Committee also encourages NIH to fund additional research on diabetic neuropathy-induced chronic pain through existing programs such as the HEAL Initiative.

Diet and Chronic Diseases.—The Committee is aware of ongoing efforts to better understand the impact of diet on mucosal immunity and the microbiome and the relevance of this topic to multiple immune-related conditions including Crohn's disease, ulcerative colitis, allergies, celiac disease, rheumatoid arthritis, metabolic syndrome, and obesity. The Committee encourages NIH to identify gaps and research needs and to encourage research focused on this topic.

Diversifying Research on Health and Wellbeing to include Asian Americans, Native Hawaiians, and Pacific Islanders.—The Committee notes that in the last decade, less than one percent of the NIH's total budget went to research centered on Asian American, Native Hawaiian, and Pacific Islander (AANHPI) health outcomes. The lack of data available on AANHPIs, or the failure to disaggregate from this group, has resulted in misleading narratives and conclusions made from the lack of available research. The Committee encourages NIH to support research on the health and wellbeing of AA and NHPI communities, including specific AA and NHPI subgroups. In addition to the expansion of research, the Committee encourages NIH to support in-language and culturally competent recruitment, outreach, education, and testing materials to ensure outcomes are representative of diverse AANHPI populations. The Committee directs NIH to provide a report to the Committee within one year of enactment of this Act describing research projects targeted to AA and NHPI communities, as well as participation barriers, including language access.

Diversity in NIH Kidney Disease Research Populations.—The Committee recognizes NIH's commitment to understanding, evaluating, and resolving racial and ethnic disparities in health outcomes and adverse social determinants of health for individuals with chronic kidney disease (CKD) and end stage renal disease. The Committee directs NIH to submit to the Committee an update in the fiscal year 2024 Congressional Justification on NIH research related to kidney disease, including research focusing on health disparities in the prevention, diagnosis, and treatment of kidney disease among racial and ethnic minority populations.

Early-Career Pediatric Researchers.—The Committee remains concerned about the ongoing challenges in developing the next generation of researchers—including physician scientists—focusing their careers in pediatrics. Challenges to the pediatric research workforce include declining numbers of graduating medical students choosing to enter the field of pediatrics, declining numbers of pediatric residents choosing to enter most pediatric subspecialties, lower transition rates from early-career to full awards, increased clinical demands, and limited mentorship opportunities compared to other fields. If unaddressed, a contraction of the pediatric researcher pipeline will result in both limited breakthroughs in child health research and to diminished understanding of adult-onset conditions given the growing body of research that many such conditions have their roots in childhood. To begin addressing this problem, the Committee encourages NIH, through the Trans-NIH Pediatric Research Consortium (N–PeRC), to explore programs for NIH-wide early career development focused on early-career researchers in the field of pediatrics and encourages NIH to include efforts to recruit researchers from diverse backgrounds, including those that are from groups underrepresented in the biomedical research workforce. The Committee requests an update on progress in the fiscal year 2024 Congressional Justification.

Early-Career Researchers.—The Committee notes that the mean age of a first R01 award has continued to increase over the past 25 years. Accordingly, the Committee directs NIH to examine existing efforts to expand early career research, including the Next Generation Researchers Initiative, and provide an update in the fiscal year 2024 Congressional Justification. The Committee requests that NIH consider additional actions, including larger payline differentials for new or early-stage investigator applications, to further prioritize early career research.

Eating Disorders.—The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders that impact nearly 30,000,000 Americans during their lifetimes, and their association with other conditions such as co-morbid mental illnesses, substance use disorder, and metabolic, cardiovascular, neurological, and reproductive disturbances. The Committee encourages NIH to increase resources for eating disorders research and directs NIMH, NIMHD, NICHD, and NIDA to provide the Committee with an update within 180 days of enactment of this Act on research gaps in the genetics, prevention, diagnosis, and treatment of eating disorders.

Ehlers-Danlos Syndrome.—The Committee encourages NIH to support research activities with respect to Ehlers-Danlos Syndrome and related connective tissue disorders.

Environmental Influences on Child Health Outcomes (ECHO).—The Committee includes $180,000,000, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request, for the ECHO Project, which has the potential to greatly increase understanding of critical determinants of health across the lifespan, through its observational cohorts and the IDeA States Pediatric Clinical Trials Network. The Committee encourages continued communication about to the program's progress toward goals, mile-

stones, and projected funding estimates with both external stakeholders and Congress.

Faculty Institutional Recruitment for Sustainable Transformation (FIRST) Program.—The Committee applauds NIH for its continuous efforts to diversify the biomedical workforce and is encouraged by the recent FIRST program that was established to create a more inclusive and diverse biomedical research workforce through cluster hiring and institutional culture shifts. To build on these investments, the Committee directs NIH to provide increased and robust funding to the NIH Common Fund for the continuation of the FIRST program.

Federal Advisory Committees Transparency Initiative.—The Committee continues to focus on improving transparency for Federal advisory committees established pursuant to 42 U.S.C. 282(b)(16). The Committee appreciates that NIH ensures all its Federal advisory committees operate in accordance with the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C., Appendix 2), including the Literature Selection Technical Review Committee (LSTRC). The Committee appreciates the steps NIH has taken to further enhance the transparency of MEDLINE processes through via its centralized MEDLINE website. The Committee encourages NIH to continue its commitment to ensure all its committees, including the LSTRC, operate in a transparent manner in accordance with the provisions of the Federal Advisory Committee Act.

Firearm Injury and Mortality Prevention Research.—The Committee includes $25,000,000 to support research on the prevention of firearm violence, $12,500,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. The Committee also directs NIH to collaborate with the National Institute of Justice to compile, share, and improve firearm violence data. Such data must include the Uniform Crime Report (UCR) and include data from hospitals treating victims of nonfatal gunshot wounds.

Foreign Threats to Research.—Foreign government actors continue to have an interest in engaging in the theft of intellectual property from NIH and its funding recipients, posing risks to the integrity of NIH-supported research, fair competition, and the public's trust in resulting outcomes. The Committee directs NIH to provide biannual briefings on the progress of investigations into these efforts, as well as the institutions, scientists, and research affected. The Committee continues to direct NIH to transfer $5,000,000 to the Inspector General to continue additional investigations into this issue.

Foundations of Evidence-Based Policymaking Act and OPEN Government Data Act.—The Foundations of Evidence-Based Policymaking Act of 2018 (P.L. 115–435) and the OPEN Government Data Act, which was enacted as part of P.L. 115–435 can aid in the discovery and sharing of publicly-funded biomedical research and public health data. The Committee requests a report no later than 120 days after enactment of this Act on the implementation and progress being made across NIH to comply with this legislation by ensuring that all non-sensitive government data be made available in open and machine-readable formats by default.

Fragile X.—The Committee notes the importance of expanding the base of researchers and clinicians who are familiar with and

trained in the fragile X-associated disorders and promoting collaboration between basic scientists and clinicians to enable researchers to better understand phenotypes, document variations in how the disorder presents itself, identify potential biomarkers and outcome measures, and develop new interventions. The Committee also commends NIH for recognizing the ethical, legal, and social issues in premutation screening and testing and encourages NIH to consider at existing pilot studies that are looking at innovative ways to screen newborns, and to coordinate efforts with CDC as they consider at screening solutions for FMR1-related conditions.

Gabriella Miller Kids First Pediatric Research Program.—The Committee recognizes that pediatric cancer and birth defects are a leading cause of death among children and are still poorly understood. Childhood cancer also has lasting negative health effects on children who do survive due to the high levels of toxicity associated with treatment. The Committee acknowledges that the Gabriella Miller Kids First Research Program enables researchers to uncover new insights into the biology of childhood cancer and birth defects. Since its inception, Kids First has initiated the Gabriella Miller Kids First Data Resource Center, which is a comprehensive data resource for research and patient communities meant to advance discoveries. The Committee recognizes the progress that the Program has made towards understanding childhood cancer and birth defects and provides $12,600,000 to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (P.L. 113–94). The funding provided helps lay the foundation for expanded research in future years.

Gene-Environment Interactions in Neurodegenerative Disorders in the Diverse Populations of Black/African Americans and Hispanics/Latinos.—In the context of NIH's robust neurological disease research portfolio, the Committee commends the leadership of NIH in advancing the relevant objectives of the Cures Act and the BRAIN Initiative. The Committee is concerned and recognizes the need to better understand the interactions between genetics and environmental factors, in particular with older and diverse populations of Black/African Americans and Hispanics/Latinos. The Committee encourages NIH to accelerate collaborative research across relevant Institutes and Centers and the research community to better understand structural level and intermediary levels of the social determinants of health, namely those that may potentially identify the interaction between environmental exposures to toxic chemicals and genetics and their impact on neurodegenerative disorders in diverse populations of Black/African Americans and Hispanics/Latinos, to allow for earlier and more accurate diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

Geroscience.—The Committee applauds NIH for recognizing the importance of geroscience to a wide range of chronic conditions and diseases by creating the Cellular Senescence Network (SenNet), an effort to identify and characterize the differences in senescent cells across the body, within the Common Fund. While NIA serves as the lead Institute for geroscience, programs such as SenNet demonstrate how all Institutes and Centers benefit from a greater understanding of this field, given the wide range of chronic conditions and diseases that are influenced by the biology of aging. To date,

however, NIH has not analyzed which topics in geroscience are currently being addressed across the Institutes and Centers or how much funding the Institutes and Centers are using to support this research. The lack of this information limits NIH's ability to address research gaps in a strategic way. Therefore, the Committee encourages NIH to submit a report within 180 days of enactment of this Act that describes current NIH research focused on geroscience and future plans in this area. The Committee would also welcome exploration of a trans-NIH initiative. Such an initiative might include increased funding for basic, translational, and clinical research, research infrastructure, workforce development, the development of platform technologies for geroscience, and collaboration with the FDA, industry, and academia on the discovery and validation of biomarkers.

HEALthy Brain and Child Development (HBCD) Study.—The Committee recognizes and supports the NIH HEALthy Brain and Child Development Study, which will establish a large cohort of pregnant individuals and follow them and their children up to age 10 to characterize the influence of a variety of factors on neurodevelopment and long-term outcomes. The study aims to enroll approximately 7,500 pregnant individuals through 25 research sites across the U.S., including regions of the country significantly affected by the opioid crisis. The study cohort will comprise participants that reflect the U.S. population but will oversample for individuals that have used substances sometime during their pregnancy and a matching cohort with similar characteristics, but no substance exposure during the pregnancy. Multimodal data collection will include neuroimaging, behavioral and cognitive assessments as well as collection of biospecimens and brain activity measurements. Knowledge gained will be critical to help predict and prevent some of the known impacts of pre- and postnatal exposure to drugs and environmental influences, including risk for future illicit substance use, mental disorders, and other behavioral and developmental problems as well as identify factors that contribute to resilience and opportunities for intervention. The Committee recognizes that the HBCD Study is supported in part by the NIH HEAL Initiative, and NIH Institutes, Centers, and Offices, including OBSSR, ORWH, NEI, NIMHD, NIBIB, NIMH, NIEHS, NICHD, NINDS, NIAAA, NIMH, and NIDA, and encourages additional NIH support for this important study.

Hearing Health Screening for Older Adults.—The Committee recognizes the associated comorbidities and costs of untreated hearing loss and, with the growing aging population, the importance of hearing screening for older Americans. The Committee urges NIH to provide an update in the fiscal year 2024 Congressional Justification on hearing screening research for older adults across NIH. The Committee encourages NIDCD and NIA to support studies that address the research needs and gaps identified by the USPSTF in their review of hearing screening recommendations for older Americans.

Hepatitis B (HBV).—The Committee applauds NIH for its work to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B and urges that the update identify what has been learned since the plan was first released and what additional research is needed to find a cure. The Committee is aware of strong interest

in more research to understand and manage HBV reactivation and research to understand and develop biomarkers of disease and therefore recommends these research ideas be evaluated and supported. The Committee is also aware of the view within the scientific community that finding a cure for HBV is a winnable goal and is within reach in the near-term and therefore remains concerned that the slow growth in NIH-funded HBV research could compromise the goal of finding a cure. For these reasons, the Committee applauds efforts to create common resource services and materials for the research community and further urges that targeted calls for research, based on the needs as identified in the updated Plan, be issued and funded in fiscal year 2023 and beyond.

Herpes Simplex Virus, Types 1 and 2.—The Committee recognizes the serious nature of herpes simplex virus, a neuropathic infectious disease which impacts nearly one in two Americans, and the critical need for Federal investment in treatment and prevention. The Committee is concerned with potential health, quality of life, and economic impacts for herpes simplex virus seropositive individuals, as well as the risk for severe, persistent disease in a significant portion of Americans. The Committee directs NIH to prioritize research and development of curative approaches to herpes simplex virus, with a specific focus on research projects with commercial viability and intention of bringing new HSV treatments to market.

The Committee understands that herpes simplex virus is a pathogen with considerations beyond a single NIH Institute or Center and directs NIH to assemble a multi-council working group to ensure a coordinated and focused effort across NIH. Institutes and Centers may include, but are not limited to: NIAID, NIMH, NCI, NIA, NIMHD and NINDS. This working group will assemble a review of NIH efforts in herpes simplex virus treatment and prevention with commercial viability, outline gaps and/or misconceptions in currently available research, and outline future priority areas for new clinical research, with a focus on addressing Americans holistic health and well-being. The multi-council working group will also provide a funding analysis to illustrate NIH priorities, gaps, and opportunities in clinical research of HSV treatment to date.

HIV/AIDS Research.—The Committee includes no less than $3,394,283,000 for HIV/AIDS research, an increase of $200,000,000 above the estimated fiscal year 2022 level. While great advancements have been made in HIV prevention, care, and treatment over the last 30 years, more must be done to improve the lives of the more than one million Americans with HIV, especially with over 36,000 new diagnoses in the U.S. in 2019 alone. The targeted HIV/AIDS research funding at NIH is needed to improve diagnosis, linkage to, and retention in care for persons with HIV; prevent at-risk populations from HIV acquisition and transmission; develop more effective treatments and evidence-based interventions; and ultimately discover a cure for HIV.

HIV and Aging.—The Committee encourages the NIH Office of AIDS Research to fund interdisciplinary research and training programs in HIV and aging to increase understanding of HIV across the lifespan and to expand the diverse HIV workforce that addresses the unique health needs of this population.

Humane Research Alternatives.—Recognizing that humane, cost-effective, and scientifically suitable non-animal methods are available for certain research models but underutilized, the Committee directs NIH to establish incentives to encourage investigators to utilize non-animal methods whenever appropriate for the research question and establish standardized guidelines for peer review evaluation of the justification for research with animals.

Hypermobile Ehlers-Danlos Syndrome.—Hypermobile Ehlers-Danlos Syndrome (hEDS) is an autosomal dominant connective tissue disorder that attacks connective tissues in nearly every organ System. Data from the NIH *All of Us* research program shows hEDS has a disease prevalence of approximately one in 300. This chronic condition initiates during adolescence or earlier and disproportionately affects females (90 percent versus 10 percent male). Patients with hEDS progress from a normal, active lifestyle to one filled with surgeries and, in severe cases, to becoming wheelchair bound. hEDS takes an average of 14 years to diagnose, partially due to the lack of a clear genetic marker and very little clinical and research attention to date. Patients suffering from hEDS are typically young girls, who undergo an average of six surgeries before reaching the age of 25.

The Committee is aware that researchers recently identified the first disease gene for hEDS and have developed the first hEDS animal model. In order to continue strides forward and expedite translational discoveries of cures, treatments and diagnosis, the Committee encourages NIH to increase support for hEDS related research at academic medical centers where hEDS patients are being treated. This investment could help lead to diagnostic markers of disease and provide the basis for long-term sustainable research programs. In addition, the Committee encourages NIH to evaluate the best approach to establishing multi-institution centers that can serve as regional institutes to spur earlier diagnosis and improved treatment, care, education and mechanistic understanding of hEDS.

INCLUDE Down Syndrome Research Initiative.—The Committee includes no less than $90,000,000, an increase of $15,000,000 above the fiscal year 2022 enacted level, within OD for the INCLUDE Initiative. The Committee is pleased that this multi-year, trans-NIH research initiative continues to drive important advances in understanding immune system dysregulation, Alzheimer's disease, and leukemia that is contributing to improvements in the health outcomes and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee continues to encourage NIH to make further investments in health equity-focused research and care including for African Americans with Down syndrome, mosaic Down syndrome, those with the dual diagnosis of Down syndrome and autism or regression, with additional attention to neurodevelopment, metabolism, large cohort studies across the lifespan, and novel clinical trials. The Committee requests that NIH provide an updated plan within 60 days of enactment of this Act that includes a timeline and description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space.

This plan should also incorporate and increase pipeline research initiatives specific to Down syndrome.

Infection-Associated Illnesses.—The Committee recognizes the scientific and clinical opportunities in infection-associated illnesses research and strongly encourages NIH to continue and expand its efforts to understand the underlying causes and risk factors for individuals with long COVID and ME/CFS, with a focus on diagnosis, treatment, and prevention. The Committee encourages NIH to support multidisciplinary efforts related to expanding existing long COVID research efforts to include study participants with ME/CFS and other overlapping infection-associated illnesses.

Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM).—The Committee is aware that the Government Accountability Office recommended that NIEHS (1) facilitate the establishment of a workgroup of ICCVAM member agencies to develop metrics that member agencies could use to assess the progress made toward reducing, refining, or replacing animal use in testing and (2) incorporate those metrics into the committee's biennial progress reports. The Committee urges ICCVAM to provide an update on progress made, including publication of the Biennial Report with information individual agency metrics.

Long COVID.—The Committee is concerned about the prevalence of long COVID in patients who have previously been diagnosed with COVID–19. Many people suffering with symptoms consistent with long COVID have been reduced to part-time work or are unable to work at all. While there are no therapeutics currently on the market for this condition, there are current FDA-approved services being used to treat long-term vascular disease which may also show promise in reducing long COVID symptoms. The Committee urges NIH to conduct clinical trials which seek to improve long COVID-related clinical markers and outcomes, with a specific focus on improvement of symptoms that can lead to full resumption of daily activities and return to work. The Committee also strongly encourages the Secretary to increase access to treatments of vascular disease that could also treat symptoms associated with long COVID. The agency is directed to prioritize access to such treatments in areas with higher prevalence of patients with heart disease.

Lyme and Other Tick-Borne Diseases.—The Committee encourages NIH to hold a public workshop on the molecular mechanisms that *Borrelia burgdorferi* (Bb) employs to evade the human immune system, the human immune responses and consequences of Bb infection, and how these mechanisms and responses may influence the effectiveness of antibiotics.

The Committee recognizes that there have been only a small number of clinical trials involving Lyme disease, which lacks a gold standard test, and that those trials have involved a relatively small number of patients. Because of the clear neurological dysfunction of Lyme disease and the existence of the Network for Excellence in Neuroscience Clinical Trials (NeuroNEXT), the Committee encourages NINDS to evaluate how it may contribute to improvements in tools to manage Lyme disease.

The Committee asks NIH to consider the value of establishing a work group on long-term, not well understood outcomes for different diseases with similar long-term sequelae, particularly

SARS–CoV–2 infection and Lyme disease, taking into account the input of patients not fully recovered from these infections and who offer experiences and insights, such as called for in RECOVER.

Finally, the Committee encourages NIH to intensify research on adverse outcomes related to Lyme disease during pregnancy and to continue to participate with Lyme advocacy organizations on these issues.

Maintenance of Chimpanzees on US Air Force Bases.—When Congress passed the CHIMP Act, it intended for all chimpanzees owned by NIH to be retired to a sanctuary. Despite this, in 2019 NIH announced 44 chimpanzees housed at the Alamogordo Primate Facility (APF) and in 2021 announced that another 51 chimpanzees from the Keeling Center for Comparative Medicine and Research (KCCMR) would not be transferred to Chimp Haven, the national sanctuary. The Committee has previously noted in its fiscal year 2022 report that the chimpanzees must be provided an opportunity to live the remainder of their lives in the national sanctuary. As such, the Committee strongly urges NIH to reevaluate the remaining animals at APF, KCCMR and the Southwest National Primate Research Center (SNPRC) and assess options for their transport to the national sanctuary. The Committee also directs NIH to provide a written report to the Committee each quarter, beginning no later than January 31, 2023 that shall include: (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees remaining, if any, at APF, KCCMR or SNPRC and results of any reevaluations of their health; and (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2022 at APF, KCCMR or SNPRC.

Maternal Health Research.—Research is critically important to optimizing the health of women and their families in the U.S. and identifying the causes behind pregnancy-related deaths and complications. The vast majority of research in pregnancy in the U.S. is supported by NIH. Each Institute and Center supports at least one grant or project related to pregnancy-related research, with NICHD consistently providing the greatest support of perinatal research in the U.S. NICHD's work includes the Maternal-Fetal Medicine Units Network (MFMU), a network of centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health. NICHD is also working to advance safe and effective therapies for pregnant and lactating women as recommended in the report released in 2018 by the Federal Task Force on Research Specific to Pregnant Women and Lactating Women (authorized under P.L. 114–255) and the implementation plan released in 2020. NICHD funding also supports research to address gaps in our understanding of the best way to support pregnant and postpartum women with a substance use disorder. Strengthened, prioritized support for maternal health research at the NIH is crucial to fully understanding the health inequities and disparities in outcomes that the U.S. is facing.

Menopause.—The Committee is concerned about the lack of an RCDC category for menopause, which limits the ability to analyze current and future biomedical research being done on menopause and its short- and long-term effects on the health of women. As menopause is a female-specific condition and an important compo-

nent of understanding women's health across the lifespan, it is critical that NIH report on and be able to track the intramural and extramural research supported by NIH. The Committee requests that NIH create a RCDC category for the menopausal transition and its related health conditions.

Microbicides.—The Committee recognizes that with NIH and USAID leadership, research has shown the potential for antiretroviral (ARV) drugs to prevent HIV infection in women. The Committee encourages NIH to continue coordination with USAID, the State Department, and others to advance ARV-based microbicide development efforts with the goal of enabling regulatory approvals and product access of safe and effective microbicides for women.

Mitochondrial Disease Research.—The Committee urges NIH to increase its support for primary mitochondrial disease research and to prioritize the development of potentially life-saving therapeutics. The Committee strongly encourages NIH to consider funding at least one mitochondrial disease center of excellence to centralize a critical mass of research, clinical care, and provider education. The Committee encourages NIH to consider supporting research on the role of mitochondrial function in long COVID.

Mucopolysaccharidoses and Mucolipidosis (MPS/ML).—The Committee recognizes the severity of MPS/ML diseases and encourages NIH to support additional research in order to improve life expectancy and quality of life for patients.

National Laboratories.—NIH funding supports investments which are collaborative with the ongoing work of the Department of Energy (DOE). The Committee directs NIH to update the Committee on the work to coordinate its efforts with DOE and the National Laboratories, and in more strategic ways to leverage NIH's research needs in the next generation of cancer research, brain mapping, drug development, or other emerging ideas in biomedical research that requires DOE's instrumentation, materials, modeling simulation, and data science. In 2015, the Secretary of Energy established the Energy Advisory Board (SEAB) to evaluate the prospects for increased collaboration between DOE researchers and biomedical scientists supported by other agencies, especially NIH. Increased and more effective coordination could be instrumental to assist in the development of the Nation's health, security, novel biomedical technologies, and in the development of more strategic enabling technologies. The Committee supports NIH's collaboration with DOE and the National Laboratories in an effort to maximize utilization of DOE's capabilities, particularly for NIH's rapidly growing data and computational challenges, and encourages NCI to build off the success of previous initiatives and consider additional pilots to address key computation and imaging bottlenecks in cancer research. The Committee requests an update within 120 days of enactment of this Act on its ongoing collaborations with DOE and opportunities for continued partnership growth.

Native Hawaiian/Pacific Islander Health Research.—The Committee encourages NIH to place a high priority on addressing Native Hawaiian and Pacific Islander (NHPI) health disparities as well as supporting the career pathways and research of NHPI investigators. NIMHD, working with other Institutes and Centers, is encouraged to develop partnerships with academic institutions with

a proven track record of working closely with NHPI communities and NHPI-serving organizations and located in States with significant NHPI populations to support the development of future researchers from these same communities. The Committee directs NIMHD to provide an update in the fiscal year 2023 Congressional Justification on NIH research to advance NHPI health and faculty researcher development.

Neurofibromatosis (NF).—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, deafness, blindness, developmental delays, and autism. The Committee encourages NCI to increase its NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to continue to support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee urges NINDS and NIDCD to continue to support fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF have a higher chance of developing autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to increase their support of clinical research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NEI to expand its investment in NF1-focused research on optic gliomas and vision restoration.

NIH Division of Police.—The Committee notes that the explanatory statement accompanying the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2022 directs the Attorney General to ensure implementation of evidence-based training programs on de-escalation and the use-of-force, as well as on police community relations, and the protection of civil rights, that are broadly applicable and scalable to all Federal law enforcement agencies. The Committee further notes that several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The Committee directs NIH to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The Committee further directs NIH to submit a report to the Committee no later than 180 days after consultation with the Attorney General on their efforts relating to such implementation. In addition, the Committee directs NIH, to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The Committee further directs NIH to submit a report to the Committees on Appropriations, no later than 180 days after enactment of this Act, on their efforts to so participate.

Office of Behavioral and Social Sciences Research (OBSSR).—The Committee includes no less than the fiscal year 2022 enacted level

for OBSSR. The Committee commends OBSSR for effectively coordinating and supporting essential basic, clinical, and translational research in the behavioral, social, and population sciences to advance the NIH mission and recognizes the critical role of OBSSR to integrate these sciences throughout the NIH research enterprise via OBSSR's leadership and coordination. The Committee urges NIH to provide an update on OBSSR's activities and progress in the fiscal year 2024 Congressional Justification.

The Committee notes that multiple Surgeon General and NASEM reports have concluded that most diseases and health problems facing the Nation have significant behavioral components. Meanwhile, behavioral science issues surrounding the current pandemic, including vaccine hesitancy and health misinformation, have made clear that it is important to better understand healthy behavior and how to improve health communications. The Committee notes the OBSSR's mission to enhance NIH's behavioral sciences research enterprise across all Institutes and Centers, but that its direct authorities to meet its mission are limited. The Committee is pleased that an NIH working group was established to review how better to integrate and realize the benefits of overall health from behavioral research at NIH, and encourages NIH to consider appropriate OBSSR funding levels, resources, and organizational structure to support full implementation of the working group recommendations.

Office of Nutrition Research.—The Committee includes $40,000,000 for the Office of Nutrition Research (ONR). With nutrition research occurring across NIH Institutes and Centers, ONR's work is essential for coordinating and advancing nutrition research across NIH and with other Federal agencies. This investment will accelerate discoveries across numerous critical areas and positively impact public health, societal equity, the economy, national security, as well as bolster the Nation's resilience to current and future threats like COVID–19.

Office of Research on Women's Health.—The Committee recommends $64,480,000 for the Office of Research on Women's Health, an increase of $5,000,000 above the fiscal year 2022 enacted level. This office ensures women's health research and research on the biological and sociocultural influence of sex and gender are included within the NIH scientific framework. The Committee recognizes ORWH's critical leadership in promoting women's health research and spearheading research programs like the Specialized Centers of Research Excellence (SCORE). SCORE is a disease-agnostic research program designed to expedite the development and translation of basic and preclinical knowledge to human diseases that affect women, to learn more about the etiology of these diseases, and to foster improved approaches to treatment and/or prevention. The SCORE program also supports pilot research projects to train the next generation of scientists in the study of sex differences.

Building Interdisciplinary Research Careers in Women's Health.—Within the total for ORWH, the Committee includes $5,000,000, an increase of $1,000,000 above the fiscal year 2022 enacted level, for the ORWH's Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program to fund additional BIRCWH fellows at all existing sites with a goal of increasing the

diversity of the scholars, sites, and research areas supported by the program. These funds support additional researchers focused on women's health and sex differences, which are priority research areas, as well as expand the program's work in the reproductive sciences. The Committee recognizes the effectiveness of the BIRCWH program, which is a mentored career-development program designed to connect junior faculty and senior faculty with shared interests.

Office of the Chief Officer for Scientific Workforce Diversity.—The Committee includes $22,400,000 for the Office of the Chief Officer for Scientific Workforce Diversity, $6,210,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

Osteopathic Medical Schools.—The Committee recognizes that increased access to research funding for the osteopathic profession will bolster NIH's capacity to support recovery from the COVID–19 pandemic, address health disparities in rural and medically-underserved populations, and advance research in primary care, prevention, and treatment. The Committee requests an update on the current status of NIH funding to colleges of osteopathic medicine and representation of doctors of osteopathic medicine on NIH National Advisory Councils and standing study sections in the fiscal year 2024 Congressional Justification.

Overactive Bladder Treatment.—The Committee remains concerned about the safety of medications used to treat overactive bladder, which may be increasing risk of ADRD. Overactive bladder affects 38 million Americans, and one in three older adults in this country. Overactive bladder has a significant impact on quality of life and the health care system. The anticholinergic medications typically used first-line to treat overactive bladder have been shown to increase the risk of developing dementia. Dementia continues to grow as a prevalent and serious public health issue. The Committee urges NIA to study anticholinergic medications and alternative treatments to determine the safety and effectiveness of medications for overactive bladder, and their potential risks related to ADRD. The Committee requests an update on the status of research activities focused on this issue in the fiscal year 2024 Congressional Justification.

Polycystic Ovary Syndrome (PCOS).—PCOS affects up to 15 percent of women and is a significant risk factor for multiple cardiometabolic conditions, such as type 2 diabetes, lipid disorders, high blood pressure, obesity, sleep disorders, and others which may significantly increase risk for adverse COVID–19 outcomes. The Committee encourages NIH to increase investments into research on the metabolic, cardiovascular, psychosocial, maternal-fetal, oncologic, pediatric, dermatologic, and reproductive aspects of PCOS. Fifty percent of PCOS patients become diabetic or prediabetic before age 40, and are at higher risk for hypertension, stroke, non-alcoholic fatty liver disease, and non-alcoholic steatohepatitis, independent of, but exacerbated by obesity. There is also evidence of racial and ethnic differences that disproportionately increase the risk for cardiovascular and metabolic disease in PCOS. The Committee urges NIH to continue to support fundamental laboratory science, patient-directed research, clinical trials, and large longitudinal studies focused on the cardiometabolic features and endocrinopathy

of PCOS throughout the lifespan. The Committee also encourages NIH to provide an update on research that has been conducted on PCOS and its impact on cardio-metabolic health to date in the fiscal year 2024 Congressional Justification. Additionally, the Committee requests that PCOS—one of the most common human disorders—be added to the NIH Research, Condition, and Disease Categories reporting.

Prion Disease.—The Committee encourages NIH to recognize prion disease as an ADRD. The disease mechanism and clinical presentation of prion diseases closely resemble AD/ADRDs. Advances in prion disease science have been valuable to the study of other ADRDs and vice versa, and further integration of the fields will benefit scientific pursuits in both fields.

Psychedelic Research.—The Committee encourages NIH to assess opportunities for further private-public partnerships on researching the use of psychedelic drugs to treat posttraumatic stress disorder and major depressive disorders and provide a report within six months of enactment of this Act on the feasibility of providing potential dedicated researching funding for such partnerships.

Psychedelic Treatments.—Despite the recent Department of Veterans Affairs' 2020 National Veteran Suicide Prevention Annual Report that showed there were no significant increases in the veteran suicide rate from 2017 and 2018, the Committee is concerned that over 17 veterans on average continue to commit suicide each day, which is a number that has remained persistent over the past decade. There have been many recent studies and clinical trials demonstrating the positive impact of alternative therapies, including psychedelics, for treatmentresistant PTSD and major depressive disorder, particularly for veteran participants. Further, U.S. academic research institutions are involved in investigating psychedelic treatments, including Johns Hopkins University, Harvard University, Yale University, New York University and Baylor University. In light of growing interest in this area, the Committee encourages NIH and other relevant Federal agencies to undertake, and where appropriate expand, research to evaluate the effectiveness of psychedelic therapies in treating PTSD, major depressive disorder, and other serious mental health conditions.

Repeat Expansion Diseases.—The Committee recognizes the rapidly emerging science on DNA repeat expansions, which causes over 50 distinct diseases. Myotonic dystrophy (DM1 and DM2) is one of these repeat expansion diseases and has served as paradigm for a class of diseases caused by repeat instability and toxic RNA, which includes C9ORF72/amyotrophic lateral sclerosis/frontotemporal dementia, Huntington's disease, and many common forms of dominantly inherited ataxias. Due to recently developed molecular and cell biological tools, a common thread has recently emerged, that repeat expansions may underlie multiple neurodegenerative conditions. The Committee encourages NIH to explore the most effective approaches to support trans-NIH research on repeat expansions and consider new funding mechanisms across multiple Institutes and Centers to support scientific discoveries that will lead to treatments and cures for these genetic disorders and related conditions. The Committee requests an update on these activities in the fiscal year 2024 Congressional Justification.

Sexual Orientation and Gender Identity (SOGI) Research Center.—The Committee includes $2,000,000 to establish the SOGI Research Center, which will build upon the success of the NASEM consensus study and the Sexual and Gender Minority Research Office to disseminate best practices in data collection on sexual orientation, gender identity, and sex characteristics on a government-wide basis.

Spina Bifida Research.—The Committee encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease in order to improve the quality of life of children and adults with spina bifida; to support research to address issues related to the treatment and management of spina bifida and associated secondary conditions, such as hydrocephalus and sudden death in the adult spina bifida population; and to invest in understanding the myriad co-morbid conditions experienced by individuals with spina bifida, including those associated with both paralysis and developmental delay. The Committee requests and update in the fiscal year 2024 Congressional Justification on research findings on spina bifida and issues related to it. The Committee supports the specific efforts of NICHD to understand early human development; set the foundation for healthy pregnancy, and lifelong wellness of women and children; and promote the gynecological, andrological, and reproductive health for people with spina bifida. Additionally, NIH is encouraged to identify sensitive time periods to optimize health interventions; improve health during transition from adolescence to adulthood; and ensure safe and effective therapeutics and devices for adults as well as children.

Spinal Muscular Atrophy.—The Committee commends NIH for its past research into spinal muscular atrophy (SMA) that has led to new therapies to treat SMA and also contributed toward greater knowledge and research capacity into nervous system disorders. While current SMA treatments can slow or stop future degenerative nerve damage, they are not cures, and there remains significant unmet need across all ages and disease stages of SMA. Individuals with SMA, particularly adults, the largest segment of the SMA population, face significant challenges in muscle weakness and fatigue due to degeneration that occurred prior to treatment. Individuals treated prior to clinical symptoms onset may also display unmet needs, such as bulbar impairment and gait abnormalities. The Committee urges NIH to address these unmet needs, which are common across other neurological and neuro-muscular diseases, by supporting new research into the role and function of survival motor neuron (SMN) protein, investigation into non-SMN pathways and targets capable of modifying disease, and research into how to best combine SMN-enhancing and non-SMN approaches for optimal therapeutic outcomes.

Thalassemia.—Nutrition can be an important tool in the management of rare diseases. Currently, there is no evidence-based guidance on nutrition approaches for the management of thalassemia, which occurs most often in African Americans and in people of Mediterranean and Southeast Asian descent. In addition to the possibility that thalassemia itself creates nutritional deficits, there is concern that necessary iron chelation therapy may create additional deficits. Research is needed to provide practitioners with evi-

dence-based advice for patients, both on diets that would help improve and manage their condition, and those that may be harmful. The Committee encourages the Office of Nutrition Research to coordinate across NIH on the impact of nutrition on thalassemia management and current gaps in clinical understanding in this area.

Transformative Research Award for ALS.—The Committee strongly supports the Transformative Research Award program for ALS and directs NIH to continue to fund this critical initiative in fiscal year 2023.

Undiagnosed Diseases.—NIH is helping construct and implement the Undiagnosed Disease Network, a research study to improve the diagnosis of undiagnosed, rare disorders so that no family has to endure the anxiety associated with undiagnosed diseases. The Committee recognizes that while the research is challenging, the great effort spent on this endeavor is beneficial for every American, especially those that are fighting unknown diseases. The Committee encourages robust support for the Undiagnosed Disease Network.

Wastewater Surveillance Research.—The Committee recognizes the potential and importance of wastewater surveillance in public health surveillance, including during the ongoing pandemic to inform COVID–19 surveillance. The Committee encourages NIH to continue efforts on Rapid Acceleration of Diagnostics (RADx) to continue innovation through developing and improving wastewater surveillance capabilities, including for innovations that can apply to non-centralized wastewater treatment services that would serve rural communities. NIH is directed to report back to the Committee within 180 days of enactment of this Act on such efforts.

Women's Health Research Study.—The Committee recognizes persistent gaps remain in the knowledge of women's health. To address these gaps and improve women's health, the Committee includes $2,000,000 to contract with NASEM to conduct a study on the gaps present in women's health research across all NIH Institutes and Centers. Specifically, the study should be designed to explore the proportion of research on conditions that are more common or unique to women, establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluate sex and gender differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women's health research at NIH. The Committee requests that NASEM, not later than 18 months after enactment of this Act, submit to the Committee a report containing the findings of the study and the recommendations to address research gaps in women's health research, including measurable metrics to ensure that this research is accurately tracked to meet the continuing health needs of women.

Wound Care and Pressure Injuries.—The Committee commends NIH for updating RCDC with a wound care category, as it is estimated that pressure ulcers impact over 2.5 million Americans annually. Unfortunately, an estimated 60,000 patient deaths occur each year due to complications directly attributed to this painful condition. NIH is encouraged to support research projects in this area. Further, the Committee urges NIH to work with the U.S. National Pressure Injury Advisory Panel.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2022	$250,000,000
Budget request, fiscal year 2023	300,000,000
Committee Recommendation	300,000,000
Change from enacted level	+50,000,000
Change from budget request	– – –

Mission.—This account provides for the design, construction, improvement, major repair, and demolition of clinical, laboratory, and office buildings and supporting facilities essential to the mission of NIH. The funds in this appropriation support the 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; the National Institute of Allergy and Infectious Diseases in Hamilton, Montana; and other smaller facilities throughout the U.S.

NIH INNOVATION ACCOUNT

Appropriation, fiscal year 2022	$150,000,000
Budget request, fiscal year 2023	419,000,000
Committee Recommendation	419,000,000
Change from enacted level	+269,000,000
Change from budget request	– – –

This account supports NIH programs authorized in the Cures Act.

SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2022	$6,545,602,000
Budget request, fiscal year 2023	10,283,154,000
Committee Recommendation	9,170,380,000
Change from enacted level	+2,624,778,000
Change from budget request	–1,112,774,000

The Committee recommendation for the Substance Use And Mental Health Services Administration (SAMHSA) program level includes $9,024,713,000 in discretionary budget authority, $133,667,000 in Public Health Service (PHS) Act section 241 evaluation set-aside transfers, and $12,000,000 in transfers from the Prevention and Public Health Fund (PPHF).

SAMHSA is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance misuse and mental illness on America's communities.

The Committee continues to include bill language that exempts the Mental Health Block Grant and the Substance Use Prevention and Treatment Block Grant as a source for the PHS Act section 241 evaluation set-aside in fiscal year 2023.

MENTAL HEALTH

Appropriation, fiscal year 2022	$2,081,129,000
Budget request, fiscal year 2023	4,215,726,000
Committee Recommendation	3,807,191,000
Change from enacted level	+1,726,062,000
Change from budget request	–408,535,000

Within the total provided for Mental Health Programs of Regional and National Significance, the Committee includes the following amounts:

Budget Activity	FY 2023 Committee
Capacity:	
Seclusion and Restraint	$1,147,000
Project AWARE	229,000,000
Mental Health Awareness Training	44,963,000
Healthy Transitions	49,451,000
Infant and Early Childhood Mental Health	30,000,000
Children and Family Programs	7,229,000
Consumer and Family Network Grants	4,954,000
Project LAUNCH	25,605,000
Mental Health System Transformation	3,779,000
Primary and Behavioral Health Care Integration	102,877,000
Mental Health Crisis Response Grants	60,000,000
988 Program	746,901,000
Behavioral Health Crisis and 988 Coordinating Office	*10,000,000*
National Strategy for Suicide Prevention	28,200,000
Zero Suicide	*26,200,000*
American Indian and Alaska Native Set-Aside	*3,400,000*
Garrett Lee Smith-Youth Suicide Prevention	
State Grants	33,806,000
Campus Grants	11,488,000
American Indian and Alaska Native Suicide Prevention	3,931,000
Tribal Behavioral Health Grants	25,000,000
Homeless Prevention Programs	35,696,000
Minority AIDS	9,224,000
Criminal and Juvenile Justice Programs	16,269,000
Assisted Outpatient Treatment	21,420,000
Assertive Community Treatment for Individuals with Serious Mental Illness	9,000,000
Interagency Task Force on Trauma-Informed Care	3,000,000
Science and Service:	
Garrett Lee Smith-Suicide Prevention Resource Center	10,000,000
Practice Improvement and Training	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	1,991,000
Minority Fellowship Program	14,059,000
Disaster Response	1,953,000
Homelessness	2,296,000

Assisted Outpatient Treatment.—The Committee includes $21,420,000 to expand access to evidence-based mental health services for individuals with serious mental illness.

Behavioral Health Crisis Services and 988 Program

The Committee recognizes that suicide is a leading cause of death, taking more than 45,000 lives every year. According to the CDC, mental health and suicidal ideation have worsened significantly since the onset of the COVID–19 pandemic; approximately twice as many individuals have reported serious thoughts of suicide and 40 percent of adults reported struggling with mental health or substance use. The Committee includes a total of $746,901,000, an increase of $640,280,000, to support the entirety of the 988 Program, which includes continuing to enhance the National Suicide Prevention Lifeline (NSPL) and crisis response infrastructure for the new 988 number which is launching in July 2022. SAMHSA estimates that the 988 call centers will respond to approximately 7.6 million individuals in fiscal year 2023, compared to approximately 3.3 million estimated in fiscal year 2022. The 988 Program has the potential to make it simpler for people experiencing a mental health crisis to connect with lifesaving crisis intervention services. This funding will support the NSPL infrastructure including national back-up services; expand local call center and crisis capacity across the continuum of care; promote ongoing Federal direction

and leadership through coordination, standards setting, technical assistance and evaluation; and facilitate partner engagement, audience research, content and strategy development to ensure that there is public awareness of the health benefits of the 988 Program, particularly for populations at high risk of suicide. The Committee requests a briefing within 90 days of the date of enactment of this Act on implementation of the 988 Program, including an operating plan outlining how SAMHSA intends to allocate funding across 988 Program activities. The Committee also directs that as SAMHSA continues to enhance the NSPL and crisis response infrastructure, it should expand existing capabilities for response in a manner that, to the extent possible, utilizes existing phone, chat, and text capabilities.

Behavioral Health Crisis and 988 Coordinating Office.—Of the funds provided for the 988 Program, the Committee includes an increase of $5,000,000 for SAMHSA to continue to staff an office within the Center for Mental Health Services to coordinate work relating to behavioral health crisis care across HHS operating divisions, including CMS and HRSA, as well as with external stakeholders. The office will continue to support technical assistance, data analysis, and evaluation functions in order to develop a crisis care system encompassing nationwide standards with the objective of expanding the capacity of and access to local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid post-crisis follow up, provided by the National Suicide Prevention and Mental Health Crisis Response System, Community Mental Health Centers, Certified Community Behavioral Health Clinics and other community mental health and substance use disorder (SUD) providers.

NSPL-Specialized Services for LGBTQI+ Youth.—Of the funds provided for the 988 Program, the Committee includes $30,000,000 for SAMHSA to continue to provide specialized services for LGBTQI+ youth within the NSPL, including training for existing counselors in LGBTQI+ youth cultural competency and the establishment and operation of an Interactive Voice Response (IVR) and other technical solutions to transfer LGBTQI+ youth to a specialty organization. SAMHSA shall make this funding competitively available to an organization with experience working with LGBTQI+ youth and possessing the capacity and infrastructure to handle LGBTQI+ youth callers through an IVR.

Criminal Justice Activities.—The Committee includes an increase of $10,000,000 for Criminal and Juvenile Justice Programs to address some of the unmet need for effective behavioral health services and supports that are accessible before, during, and after incarceration and continue in the community for those with a mental disorder. The Committee recognizes the importance of providing comprehensive services to those who suffer from severe mental health issues. The Committee is aware that lack of coordinated and accessible treatment for individuals with mental health and co-occurring disorders often results in avoidable arrest and incarceration, and that these individuals often recidivate in part due to gaps in addressing their needs. Communities of color are often disproportionately impacted by these service gaps. The Committee encourages SAMHSA to prioritize funding for centers that provide assistance to those with severe mental health needs who are at risk

of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports. The Committee also encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and SUDs.

Garrett Lee Smith Youth Suicide Prevention.—The Committee includes a total increase of $13,000,000 for Garrett Lee Smith Youth Suicide Prevention, to develop and implement youth suicide prevention and early intervention strategies.

Healthy Transitions.—The Committee includes an increase of $20,000,000 for the Healthy Transitions program, which provides grants to States and Tribes to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing a serious mental health condition.

Homelessness Prevention Programs.—The Committee includes an increase of $5,000,000 for Homeless Prevention Programs to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing homelessness while living with severe mental illness or co-occurring mental and substance disorders. The program addresses the need for treatment and support service provision to individuals and families.

Infant and Early Childhood Mental Health.—The Committee recognizes the importance of building mental health services for children under the age of six and includes an increase of $20,000,000 for Infant and Early Childhood Mental Health. The Committee continues to urge SAMHSA to expand grants to entities such as State agencies, tribal communities, and university or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. The Committee is pleased with SAMHSA's use of a portion of funding to provide technical assistance to existing grantees to better integrate infant and early childhood mental health into State systems and encourages that work to continue. The Committee encourages SAMHSA to increase technical assistance allocations as the number of grantees increases.

Interagency Task Force on Trauma-Informed Care.—The Committee includes $3,000,000 for the Interagency Task Force on Trauma-Informed Care, as authorized by section 7132 of the SUPPORT Act (P.L. 115–271). The Task Force recommends best practices to identify, prevent, and mitigate the effects of trauma on infants, children, youth, and their families.

Mental Health Crisis Response Grants.—The Committee notes that funding crisis care services can help divert people experiencing a mental health crisis from the criminal justice system into mental health treatment. However, the availability of mental health crisis care remains inconsistent across the U.S., and first responders are not always trained and equipped to diffuse a mental health crisis, which can lead to tragic outcomes. Many communities are implementing model programs where mental health providers respond to mental health emergencies, sometimes in partnership with law en-

forcement. To make these model programs more widely available, the Committee includes an increase of $50,000,000 to expand the grant program for communities to create, or enhance existing, mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams. These teams may be composed of licensed counselors, clinical social workers, physicians, EMTs, crisis workers, and/or peers available to respond to people in crisis and provide immediate stabilization and referral to community-based mental health services and supports. The Committee encourages grantees to partner or co-respond with law enforcement to ensure community policing meets the needs of everyone in the community. The Committee looks forward to receiving the report on existing steps being taken to strengthen partnerships between mental health providers, behavioral health teams, and first responders requested in House Report 117–96. The Committee requests a report not later than one year following the obligation of awards in fiscal year 2023 for this program, including best practices and recommendations for subsequent grant cycles.

Minority Fellowship Program.—The Committee provides a total of $25,169,000, an increase of $9,000,000, across SAMHSA for the Minority Fellowship Program in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance misuse and mental health disorders across all populations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing SUDs and mental health issues impacting minority and underserved populations.

National Strategy for Suicide Prevention.—The Committee includes an increase of $5,000,000 for the implementation of the National Strategy for Suicide Prevention, including raising suicide awareness, establishing emergency room referral processes, and improving clinical care practice standards. In addition, funding will further support the Zero Suicide model, a comprehensive, multi-setting approach to suicide prevention in health care systems. The Committee also includes an increase of $1,000,000 for the American Indian/Alaska Native (AI/AN) Suicide Prevention Initiative.

Primary and Behavioral Health Care Integration.—The Committee includes an increase of $50,000,000 to improve the coordination and integration of primary care services and publicly funded behavioral health services.

Project AWARE.—The Committee includes a total increase of $108,999,000 for Project AWARE, which is designed to identify children and youth in need of mental health services, to increase access to mental health treatment, and to promote mental health literacy among teachers and school personnel, as set out by the 2013 "Now is the Time" plan. This includes an increase of $102,749,000 for Project AWARE State grants, and an increase of $6,250,000 for Resilience in Communities after Stress and Trauma (ReCAST) grants. In addition, the Committee includes an increase of $20,000,000 for Mental Health Awareness Training. The Committee encourages SAMHSA to sustain and strengthen its grant and other programs that support school-based and campus-based services aimed at preventing and treating mental health challenges experienced by younger Americans.

Tribal Behavioral Grants.—The Committee includes an increase of $4,250,000 to expand efforts to address the high incidence of substance misuse and suicide among AI/AN populations.

Certified Community Behavioral Health Clinics

The Committee includes $400,000,000, an increase of $85,000,000 for the Certified Community Behavioral Health Clinics (CCHBC) program. The Committee is pleased that the CCBHC program is expanding access to mental health and SUD treatment services and significantly reducing hospital emergency room utilization. CCBHCs are required to partner with local agencies, and this often includes partnering with law enforcement to develop safe and effective crisis response. The Committee directs SAMHSA to continue to make funds available nationwide and to prioritize resources to entities within States that are part of section 223(a) of the Protecting Access to Medicare Act of 2014 (P.L. 113–93) demonstration and to entities within States that were awarded planning grants.

Children's Mental Health Services

The Committee includes $225,000,000, an increase of $100,000,000 for Children's Mental Health Services (CMHS), which support grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders, and assists States and local jurisdictions in developing integrated systems of community care.

Community Violence Pilot.—The Committee recognizes the crisis of community violence that is devastating families and claiming the lives of youth—particularly youth in communities of color—all across this country. Of the funds provided for CMHS, the Committee includes $50,000,000 for SAMHSA to establish a pilot program to provide and expand mental health services for families affected by community violence. The severe lack of resources for emotional support and wellbeing is of paramount need in Black and brown communities and this funding would be a crucial support for the pervasive trauma that so many families, especially families of color, face in the aftermath of fatal community violence.

Mental Health Block Grant

The Committee includes $1,357,571,000, an increase of $500,000,000, for the Mental Health Block Grant (MHBG). The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set-aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.

MHBG Crisis Care Set-Aside.—The Committee increases the set-aside in the MHBG for evidence-based crisis care programs to 10 percent to address the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: local, regional or statewide call centers that have capacity to address distressed and

suicidal callers and deploy mobile teams or direct persons to accessible crisis receiving centers or clinics with same day appointments, mobile crisis response teams and crisis receiving units.

MHBG Prevention and Early Intervention Set-Aside.—The Committee understands that early intervention is critical if we are to prevent or mitigate the effects of mental illness and enable individuals to live fulfilling, productive lives. To increase access to early intervention and prevention services, the Committee includes a new 10 percent set-aside within the MHBG total to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children, including young children and toddlers, and adolescents. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, activities targeted to children and youth such as, but not limited to, training school-based personnel to identify children and youth at risk of mental disorders; programs to promote positive social-emotional development in children from birth to age five; mental health consultation for child care programs; collaborating with primary care associations to field depression and anxiety screening tools in front line primary care practices; or partnering with local non-profit entities in low-income and minority communities to implement trauma-informed early intervention and prevention initiatives. Statutory State plan and reporting requirements will apply to early intervention and prevention set-aside programming.

MHBG and Children Ages Zero–Five.—The Committee recognizes that by investing in early mental health prevention, identification, and treatment, the need for treatment later in life when it becomes much more difficult, time intensive, and expensive can be reduced. The Committee is concerned that there has not been a sufficient focus on this population. The Committee urges States to dedicate a portion of their MHBG funding through the new Prevention and Early Intervention Set-Aside for services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; improving the quality of services available to children and families; increasing knowledge of infant and early childhood mental health among professionals who see children most; and strengthening systems and networks for identification and referral to reach more young children in need. The Committee looks forward to receiving the report on the portion of MHBG funding that States are allocating to services and activities for infants and toddlers requested in House Report 117–96.

MHBG and AANHPIs.—The Committee urges States to ensure a portion of MHBG funding is allocated to focus on Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI). This focus should include the training of professionals on effective outreach and engagement with AANHPIs to raise awareness of these culturally inclusive services, including those with lived experiences.

Workplace Mental Health Wellness.—The Committee notes that workforce mental health is an important part of ensuring the overall mental health of our larger communities. To address workforce mental health in the community context, the Committee urges SAMHSA to encourage States to use a portion of their MHBG funds to work with public and nonprofit organizations to implement evidence-based programs designed to educate and aid employ-

ers in providing mental health assistance to their employees to reduce the stigma and encourage the treatment of mental health illness in the workplace.

National Child Traumatic Stress Initiative

The Committee includes $150,000,000, an increase of $68,113,000 for the National Child Traumatic Stress Initiative. The Committee strongly supports the National Child Traumatic Stress Network (NCTSN), which carries out essential work in building, evaluating, disseminating, and delivering evidence-based services and best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure that the NCTSN maintains its focus on collaboration, data collection, and the provision of direct services and that new grants should not be awarded as training only. The agreement also provides no less than $10,000,000 for activities authorized under section 582(d) and (e) of the PHS Act for the National Center for Child Traumatic Stress.

Projects for Assistance in Transition from Homelessness

The Committee includes $79,635,000, an increase of $15,000,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or SUDs and who are experiencing homelessness 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.

HUD/HHS Collaboration Supportive Housing for People with Mental Illness Pilot.—The Committee is concerned that inadequate housing and support opportunities exist for people with serious mental health illness, which often results in people with serious mental illness cycling through hospitals and public institutions like jails, prisons, and homeless shelters. The Committee recognizes that housing support paired with wraparound services is a successful model. In fiscal year 2021, the Committee requested a report from the Department of Housing and Urban Development (HUD) and SAMHSA on the feasibility of such a program and received agency feedback for its creation. The Committee directs SAMHSA to work with HUD to establish a pilot program for PATH grantees to partner with public housing agencies to provide mental health, SUD, and other supportive services for people experiencing homelessness, at imminent risk of becoming homeless, or in HUD-assisted housing. The Committee directs SAMHSA to use no less than $5,000,000 of the funds made available for the PATH program for this pilot.

Protection and Advocacy for Individuals with Mental Illness

The Committee includes $40,000,000, an increase of $2,000,000, for the Protection and Advocacy for Individuals with Mental Illness program, which ensures that the rights of individuals with mental

illness are protected while they are patients in all public and private facilities or while they are living in the community. Funds are allocated to States according to a formula based on population and relative per capita incomes.

Addressing Access to Firearms and Suicide Prevention Programs.—The Committee continues to encourage SAMHSA to focus on suicide prevention policies that limit access to firearms and other lethal means when an individual is in crisis. The Committee urges SAMHSA to develop, adapt, and disseminate training on lethal means safety counseling for health care providers; to collaborate with the Department of Veterans Affairs (VA) and NSPL to promote gun storage maps, accessible by both VA health care providers and Crisis Center counselors, to facilitate temporary out-of-home firearm storage; and to encourage the incorporation of tools such as extreme risk laws into risk mitigation and response plans.

Behavioral Health Intervention Training.—The Committee continues to encourage SAMHSA to develop school-based and evidence-based best practices addressing behavioral health intervention training to support practices that assist children and youth with behavioral health needs. One potential best practice is behavioral intervention teams—a team of qualified mental health professionals who are responsible for identifying, screening, and assessing behaviors of concern and facilitating the implementation of evidence-based interventions. SAMHSA shall also provide technical assistance to institutions of higher education, elementary schools, and secondary schools to assist such institutions and schools in implementing the best practices.

COVID–19 Impact on Communities of Color.—The Committee is concerned by the enduring impact of the COVID–19 pandemic on the mental health of communities of color. The pandemic exacerbated high rates of mental illness in these communities and highlighted the need for culturally and linguistically appropriate services. The Committee requests a report not later than 180 days after the date of enactment of this Act on SAMHSA's outreach, education, and public engagement strategies, designed to meet the cultural and language needs of diverse populations; increase awareness of symptoms of SUD and mental illness common among the aforementioned populations, taking into account differences within subgroups such as gender, gender identity, age, sexual orientation, or disability; disseminate evidence-based, culturally and linguistically appropriate and adapted interventions and treatments; ensure meaningful engagement of people with lived experiences, their families, and community members in the materials development and implementation; broaden the perspective among both individuals in these communities and stakeholders serving these communities, to use a comprehensive public health approach to promoting behavioral health that addresses a holistic view of health by focusing on the intersection between behavioral and physical health; and address the impact of the COVID–19 pandemic on the behavioral health of such populations.

Impact of COVID–19 on the Mental Health of Older Adults.—The Committee recognizes the exacerbated impact of the COVID–19 pandemic on older adults, who, being more susceptible to the virus, have experienced heightened isolation since the onset of the pandemic, which is linked to higher rates of loneliness, depression, sui-

cidal ideation, and other mental health issues. The Committee encourages SAMHSA to work with States to address the impact of increased isolation of seniors. The Committee requests a report within 180 days of the date of enactment of this Act, outlining specific efforts to address seniors' mental health challenges.

Mental Health Centers of Excellence.—The Committee continues to be concerned about the growing need for more effective health care programs and a need to better provide treatment recommendations to meet the needs of those experiencing mental illness. The Committee urges SAMHSA to establish a center of excellence program focused on comprehensive mental health treatments. The Centers will focus on the development, evaluation, and distribution of evidence-based resources regarding comprehensive treatment recommendations for mental health patients that include supportive services, wraparound services, and social determinants of health where applicable. The Centers will also work to disseminate treatment recommendations to the broader network of mental health clinicians. Preference should be given to entities that can demonstrate existing behavioral health medical home model services, CCBHC implementation, work with HUD's Housing for Persons with Disabilities (section 811) program, collaborative care agreements with primary care practices, and/or programs for supported living and supported employment. One grantee should be designated as the National Coordinating Center across the selected centers and provide technical expertise across all recipients. The Centers should collaborate with SAMHSA's Mental Health Technology Transfer Center Network and the Serious Mental Illness advisor in developing the new program.

Perinatal Suicide Prevention.—The Committee continues to urge SAMHSA to develop and implement perinatal suicide prevention programs, including culturally appropriate resources and programs for Black and other at-risk pregnant and postpartum individuals.

Reducing Barriers to Transportation.—The Committee notes that mental health, SUD, and opioid use disorder (OUD) are a pervasive crisis across the country and have been exacerbated by the effects of the COVID–19 pandemic. The Committee is also aware that many seeking treatment lack reliable transportation which becomes a major barrier for individuals seeking out treatment or other mental health services. The Committee encourages SAMHSA to acknowledge funds for State and local governments can be used to provide reliable, equitable, and convenient access to transportation for those seeking treatment. The Committee requests SAMHSA conduct a review within 180 days of the date of enactment of this Act to measure the impact of recovery transportation on individuals' ability to access treatment and provide a summary report.

Rural Mental Health.—The Committee recognizes the unique challenges faced by those who live in rural and frontier areas to access regular mental health and substance use services. These challenges are further complicated when individuals need timely behavioral health crisis services led by behavioral health professionals in these areas. Providers in rural areas also face unique obstacles. They may lack the full staff or resources to implement evidence-based practices or meet requirements for grant funding. Given these challenges, the Committee requests a report not later

than one year after the date of enactment of this Act providing details on strategies to address the unique concerns of those in rural communities. The report should address what resources are needed to improve and sustain access to prevention, treatment, and recovery-oriented services, including crisis response services, and to recruit, train, and sustain sufficient workforce in rural and frontier settings.

Youth Mental Health and Mentoring Initiatives.—The Committee notes that since the pandemic began, rates of psychological distress among young people, including symptoms of anxiety, depression, and other mental health disorders, have increased. Professional mentoring programs provide evidence-based mental health and trauma mitigation services to children and families who experience barriers to accessing mental health supports, while reducing the burdens on existing systems of care. The Committee urges SAMHSA to prioritize funds to these programs to improve access to mental health services for at-risk youth and their families and to ensure applicable grant opportunities include these types of professionals as parties grantees can work with when implementing SAMHSA grants. In addition, the Committee urges SAMHSA to study underlying causes of psychological distress in young people.

SUBSTANCE USE SERVICES

Appropriation, fiscal year 2022	$3,954,596,000
Budget request, fiscal year 2023	5,574,443,000
Committee Recommendation	4,826,048,000
Change from enacted level	+871,452,000
Change from budget request	−748,395,000

Within the total provided for Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Capacity:	
Opioid Treatment Programs and Regulatory Activities	$9,724,000
Screening, Brief Intervention, Referral to Treatment	32,840,000
PHS Evaluation Funds	*2,000,000*
Targeted Capacity Expansion-General	147,916,000
Medication-Assisted Treatment	*136,500,000*
Tribal Set-aside	*16,500,000*
Grants to Prevent Prescription Drug/Opioid Overdose	18,000,000
First Responder Training	61,000,000
Rural Focus	*36,000,000*
Pregnant and Postpartum Women	49,931,000
Recovery Community Services Program	5,151,000
Children and Families	30,197,000
Treatment Systems for Homeless	37,114,000
Minority AIDS	66,881,000
Criminal Justice Activities	99,380,000
Drug Courts	*80,000,000*
Improving Access to Overdose Treatment	1,500,000
Building Communities of Recovery	28,000,000
Peer Support Technical Assistance Center	2,000,000
Comprehensive Opioid Recovery Centers	7,500,000
Emergency Department Alternatives to Opioids	10,000,000
Treatment, Recovery, and Workforce Support	12,000,000
Youth Prevention and Recovery Initiative	4,000,000
Science and Service:	
Addiction Technology Transfer Centers.	9,046,000
Minority Fellowship Program	8,789,000

Building Communities of Recovery.—The Committee includes an increase of $15,000,000 to support the development, enhancement, expansion, and delivery of recovery support services.

Children and Families.—The Committee includes an increase of $592,000 for the Children and Families program, which makes appropriate treatment available to youth and their families or caregivers to reduce the impact of SUD and/or co-occurring mental and substance use disorders on communities in the U.S.

Comprehensive Opioid Recovery Centers.—The Committee includes an increase of $2,500,000 for Comprehensive Opioid Recovery Centers, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271), to help ensure that people with SUD can access proper treatment.

Emergency Department Alternatives to Opioids.—The Committee includes an increase of $4,000,000 for Emergency Department Alternatives to Opioids, as authorized by section 7091 of the SUPPORT Act (P.L. 115–271). This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments.

Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training.—The Committee includes an increase of $4,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths, and an increase of $15,000,000 for First Responder Training for Opioid Overdose Reversal Drugs, which includes an increase of $10,000,000 for a rural set-aside. Of the funds provided for First Responder Training, the Committee directs at least $10,000,000 to Rural Emergency Medical Services Training Grants. The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. The Committee urges SAMHSA to take steps to encourage and support the use of funds for opioid safety education and training, including initiatives that improve access for licensed health care professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services.

Improving Access to Overdose Treatment.—The Committee includes an increase of $500,000 to train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of opioid overdose.

Minority AIDS Initiative.—The Committee includes a total of $119,275,000, an increase of $3,276,000, across SAMHSA to expand access to effective, culturally competent, HIV/AIDS-related mental health services in racial and ethnic minority communities, for people living with an SMI and who are living with or are at high risk for HIV/AIDS.

Peer Support Technical Assistance Center.—The Committee includes an increase of $1,000,000 to provide technical assistance to recovery community organizations and peer support networks.

Pregnant and Postpartum Women program.—The Committee includes an increase of $15,000,000 for the Pregnant and Postpartum Women program and recognizes SAMSHA for its work managing this program, which utilizes a family-centered approach to provide

comprehensive residential SUD treatment services for pregnant and postpartum women, their minor children and other family members.

Recovery Community Services Program.—The Committee includes an increase of $2,717,000 for the Recovery Community Services Program (RCSP) to help recovery communities strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from SUD. These funds will also support the Recovery Community Services Program Statewide Network (RSCP–SN) program to strengthen the relationships between recovery community organizations and their statewide networks of recovery stakeholders as key partners in the delivery of State and local treatment and recovery support services (RSS), as well as allied health systems through collaboration, systems improvement, public health messaging, and training conducted for (or with) key recovery stakeholder organizations. RCSP–SN grantees collaborate with traditional SUD treatment providers and other purchasers of PRSS to strengthen and embed these critical service elements as fixtures on the Recovery Oriented Systems of Care landscape.

Screening, Brief Intervention, and Referral to Treatment.—The Committee includes an increase of $3,000,000 for Screening, Brief Intervention, and Referral to Treatment (SBIRT). The Committee urges SAMHSA to continue working to ensure SBIRT screening is more widely adopted by health providers, and directs this increase be used for implementing grants to pediatric health care providers in accordance with the specifications outlined in section 9016 of P.L. 114–255, Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by the Center for Substance Use Services within the existing SBIRT program. Grantees would train providers in screening children and adolescents for and offering brief interventions to discourage alcohol and other substance use; educating parents; diagnosing and treating alcohol use and other SUDs; and referring patients to other appropriate care, when necessary.

Targeted Capacity Expansion-Medication Assisted Treatment.—The Committee includes an increase of $35,500,000 for Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction; an increase of $4,500,000, for grants to Indian Tribes, tribal organizations, or consortia; and an increase of $224,000 for general Targeted Capacity Expansion activities. The Committee urges SAMHSA to require opioid treatment program applicants submit with their certification application, a description of outreach displaying that the applicant has properly notified the community of the treatment center location. The Committee recommends that outreach shall include community stakeholders including community board(s), tenant associations, residential and outpatient treatment SUD providers, health care providers, community-based organizations who provide opioid prevention services.

Treatment Systems for Homeless.—The Committee includes an increase of $728,000 to support services for people with alcohol or another SUD and who are experiencing homelessness, including youth, veterans, and families.

Treatment, Recovery, and Workforce Support.—The Committee includes an increase of $2,000,000 for Treatment, Recovery, and

Workforce Support, as authorized by section 7183 of the SUPPORT Act (P.L. 115–271). This program will help implement evidence-based programs to support individuals in SUD treatment and recover to live independently and participate in the workforce.

Youth Prevention and Recovery Initiative.—The Committee includes $4,000,000 for the Youth Prevention and Recovery Initiative, as authorized by section 7102 of the SUPPORT Act (P.L. 115–271), to create a competitive grant program for health care providers and other entities to create SUD treatment and prevention programs that include the appropriate use of medications for opioid use disorder (MOUD) for adolescents and young adults. The Committee notes access to treatment for individuals experiencing SUD is critical. The use of MOUD has been shown to be a safe and effective treatment for SUD. However, access to MOUD for adolescents and young adults remains low. In order to provide MOUD to those who need it, adolescent health care providers must have the ability to prescribe these drugs and must also have access to the latest resources and training to be able to dispense MOUD safely and effectively.

State Opioid Response Grants

The Committee includes $1,775,000,000 for State Opioid Response (SOR) grants, an increase of $250,000,000. The Committee further directs SAMHSA to ensure that these resources continue to be managed by State alcohol and drug agencies defined as the agency that manages the Substance Use Prevention and Treatment Block Grant under part B of title X of the PHS Act. This approach will ensure continuity of funding, effective coordination of efforts, and decrease fragmentation within each State system. The Committee supports efforts from SAMHSA through SOR grants to expand access to SUD treatments in rural and underserved communities, including through funding and technical assistance. The Committee encourages SAMHSA to continue to focus on expanding access to evidence-based MOUD in counties that lack providers who are actively dispensing or prescribing MOUD.

SOR Funding Cliff.—The Committee remains concerned that longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award for fiscal year 2020 funds. When the determination of new award amounts is made in fiscal year 2023, the Committee urges the SAMHSA to award funds to avoid funding cliffs between States with similar mortality rates.

Substance Use Prevention and Treatment Block Grant

The Committee includes a program level of $2,408,079,000 for the Substance Use Prevention and Treatment Block Grant (SUBG), an increase of $500,000,000. SUBG provides funding to States to support alcohol and drug use prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country, giving States the flexibility to direct resources to address the most pressing needs of localities across the State. The Committee also recognizes that the 20 percent prevention set-aside within the SUBG is a vital source of funding for primary prevention. The prevention set-aside represents an average of 62 percent of all State alcohol and drug agen-

cy's budget for primary prevention and is essential to ending the substance misuse crisis. In addition, the Committee includes new language to use HIV cases, as opposed to AIDS cases, to calculate the HIV set-aside in the SUBG.

SUBG Recovery Set-Aside.—The Committee establishes a 10 percent set-aside within total SUBG funding for the provision of evidence-informed SUD non-clinical recovery supports and services. The Committee directs SAMHSA to ensure that this set-aside shall support programs that: 1) develop local recovery community support institutions including but not limited to recovery community centers, recovery homes, and recovery schools or programs to mobilize resources within and outside of the recovery community, to increase the prevalence and quality of long-term recovery from SUD; 2) provide peer-based recovery coaching, individual or group supports, to individuals and families led by those with lived experience with SUD, delivered in person or using technology; 3) provide ancillary community-based supports necessary to sustain recovery, including access to transportation, job training, and educational services; 4) provide activities to reduce SUD recovery-related stigma and discrimination at the local level; and 5) provide technical assistance to organizations principally governed by people in recovery from SUD through facilitating financing, business functions and cross-training on evidence informed practices within the recovery community. The Committee directs SAMHSA to prioritize programs for underserved populations, to promote health equity, and to support community-based strategies to increase recovery capital and support individuals to sustain long-term recovery, as identified at the local, regional and/or State level by the recovery community. Funds from the recovery set-aside will help support operating costs for organizations that provide the above services, prioritizing those with leadership, staffing, and governance structures that include representation from those identified as in long-term recovery and impacted family members who reflect the community served.

Block Grant Reporting Requirements.—The Committee acknowledges the important role of the Mental Health and Substance Use Prevention and Treatment Block Grants in supporting States' efforts to provide resources for expanded mental health and SUD treatment and prevention services. The Committee is concerned with the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward. The Committee continues to encourage SAMHSA to implement public reporting on their existing block grants. The Committee looks forward to receiving the report on data collection and reporting barriers requested in House Report 117–96.

Fentanyl Awareness Education.—The Committee notes that the SUBG may be used to develop educational materials related to the dangers of fentanyl, including the lethalness of small quantities.

Contingency Management.—The Committee is aware that contingency management, also known as motivational incentives, is an evidence-based treatment method for individuals with SUD, particularly for substances such as stimulants that currently have no FDA-approved pharmacological intervention. Current interpretation of Federal laws and regulations constrain the ability of individuals and entities to use Federal funding for appropriate contin-

gency management program incentives. The Committee urges SAMHSA, in coordination with the Office of Inspector General, to reevaluate the limitations on the use of cash and cash-equivalent payments offered as part of contingency management in the treatment of SUD to better align them with current research.

Data Collection for SUD Grants to States.—The Committee is aware that in November 2020, the GAO issued a report (GAO–21–96) recommending that school-based drug prevention programs under SUBG and SOR better report how their activities contribute to the National Drug Control Strategy's prevention education goals. A GAO report issued in December 2021 (GAO–22–104520) recommends further analysis and clarification of data collected through the SOR program. The Committee encourages SAMHSA to fully adopt the recommendations in these reports and requests an update in the fiscal year 2024 Congressional Budget Justification on the implementation of these recommendations.

Evidence-Based Practices To Combat the Opioid Crisis.—The Committee directs SAMSHA to encourage States to use grant funds provided to combat the SUD crisis to prioritize evidence-based best practices exemplified by the States, including but not limited to: MAT, Overdose Education and Naloxone Distribution, Warm Handoff Protocols for Overdose Survivors Discharged from Emergency Rooms, and peer recovery support groups. The Committee directs that SAMHSA-funded SUD treatment and recovery activities shall include evidence-based, self-empowering, mutual aid recovery support programs that expressly support MAT.

Evidence-Based Programs for People Experiencing Homelessness.—The Committee recognizes the importance of access to SUD treatment for individuals experiencing homelessness. The Committee encourages SAMHSA to prioritize disseminating evidence-based programs and treatments specifically tailored for those with SUD(s) and who are at a high risk of becoming homeless, and to consider grant applications that include targeting resources to address SUD within the homeless population.

Medications for Opioid Use Disorder.—The Center for Substance Use Services is urged to include as an allowable use of funds (all FDA approved) medications for opioid use disorder (MOUD) and other clinically appropriate services to treat opioid use disorder.

Opioid Use Disorder Relapse.—The Committee recognizes that return to use (or recurrence of symptoms) might occur after OUD treatment. The Committee appreciates SAMHSA's efforts to address this by emphasizing the importance of adherence to evidence-based practices that have been demonstrated to reduce the risk of return to use (or recurrence of symptoms) and encourages SAMHSA to disseminate and emphasize implementation of these practices in all settings where treatment is offered, including rehabilitation and criminal justice settings.

Recovery Housing.—The Committee recognizes the importance of recovery housing, in which individuals abstain from use of non-prescribed substances in a supportive environment. In order to increase the availability of high-quality recovery housing, the Committee encourages SAMHSA to collaborate with other Federal agencies, including HUD, the Department of Labor, the Department of Justice, and the Bureau of Indian Affairs, to coordinate activities across the Federal government and develop recommenda-

tions to improve policies on recovery housing and support services spanning the continuum of care.

SUD Response in Rural America.—The Committee encourages SAMHSA to support initiatives to advance SUD objectives in rural areas, specifically focusing on addressing the needs of individuals with SUD in rural and medically-underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems.

SUBSTANCE USE PREVENTION SERVICES

Appropriation, fiscal year 2022	$218,219,000
Budget request, fiscal year 2023	311,912,000
Committee Recommendation	248,434,000
Change from enacted level	+30,215,000
Change from budget request	−63,478,000

Within the total provided for Programs of Regional and National Significance, the Committee provides the following amounts:

Budget Activity	FY 2023 Committee
Capacity:	
Strategic Prevention Framework	$137,484,000
Strategic Prevention Framework Rx	*15,000,000*
Federal Drug-Free Workplace	4,894,000
Minority AIDS Initiative	43,170,000
Sober Truth on Preventing Underage Drinking	14,500,000
National Adult-Oriented Media Public Service Campaign	*2,000,000*
Community Based Coalition Enhancement Grants	*11,500,000*
Interagency Coordinating Committee to Prevent Underage Drinking	*1,000,000*
Tribal Behavioral Health Grants	25,000,000
At-Home Prescription Drug Disposal Demonstration	5,000,000
Science and Service:	
Center for the Application of Prevention Technologies	11,993,000
Science and Service Program Coordination	4,072,000
Minority Fellowship Program	2,321,000

At-Home Prescription Drug Disposal Demonstration and Evaluation.—The Committee is aware that many unused and unwanted prescription opioids and other powerful medications remain in homes and are subject to diversion. The Committee includes $5,000,000 for an at-home drug deactivation and disposal demonstration and evaluation initiative and urges SAMHSA to make a diverse selection of grantees including urban, rural, and tribal government partners. The initiative will assess the effectiveness of drug disposal technologies that meet the standard in section 3032 of the SUPPORT for Patients and Communities Act (21 U.S.C. 355–1(e)(4)(B)).

Center for the Application of Prevention Technologies.—The Committee includes an increase of $4,500,000 for the Center for the Application of Prevention Technologies. The Committee encourages SAMHSA to ensure eligibility for private, non-profit, and regional organizations, including faith-based organizations for the Center for the Application of Prevention Technologies. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, tribal, and community organizations currently authorized for such grants.

Eliminating Racial Disparities in Overdose Deaths.—The Committee is concerned with the rising rates of overdose deaths in communities of color, specifically among Black people. These racial disparities are made worse by the fact that access to treatment is often dependent on race, income, geography, and insurance status, rather than individual preferences, or medical or psychiatric indicators and needs. The Committee urges SAMHSA to scale programs in communities of color, including increased outreach capacity, to help eliminate racial disparities in overdose deaths and improve access to prevention and treatment services.

PTSD in First Responders.—The Committee looks forward to receiving the report requested in House Report 117–96 that examines post-traumatic stress disorder (PTSD) in individuals working in civilian first responder disciplines of law enforcement, fire services, and emergency medical services.

Sober Truth on Preventing Underage Drinking Act.—The Committee includes an increase of $2,500,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act. Of this amount, the Committee includes an increase of $2,500,000 for the Community Based Enhancement Grant Program to help community coalitions address underage drinking.

Strategic Prevention Framework.—The Committee provides an increase of $10,000,000 for the Strategic Prevention Framework (SPF). Of this amount, the Committee includes an increase of $5,000,000 for SPF for Prescription Drugs (SPF Rx).

Tribal Behavioral Grants.—The Committee includes an increase of $4,250,000 to expand efforts to address the high incidence of substance misuse and suicide among AI/AN populations.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriation, fiscal year 2022	$291,658,000
Budget request, fiscal year 2023	181,073,000
Committee Recommendation	288,707,000
Change from enacted level	−2,951,000
Change from budget request	+107,634,000

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2023 Committee
Health Surveillance	$53,295,000
PHS Evaluation Funds	*30,428,000*
Program Support	85,000,000
Public Awareness and Support	13,260,000
Performance and Quality Information Systems	10,200,000
Drug Abuse Warning Network	15,000,000
Behavioral Health Workforce	1,000,000
PHS Evaluation Funds	*1,000,000*

Community Project Funding.—Within the funds included in this account, $110,952,000 shall be used for the projects, and in the amounts, specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" at the end of this report.

State Opioid Response Network-Technical Assistance.—The Committee directs SAMHSA to continue funding the State Opioid Response Network-Technical Assistance grant that funds the Opioid

Response Network to provide locally based technically assistance teams within the administrative portion of the appropriated amounts for SOR grants. The Committee recognizes the essential work currently being done by the Opioid Response Network in delivering technical assistance to SOR grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2022	$350,400,000
Budget request, fiscal year 2023	415,891,000
Committee Recommendation	385,000,000
Change from enacted level	+34,600,000
Change from budget request	−30,891,000

The Committee includes $385,000,000 for the Agency for Healthcare Research and Quality (AHRQ), $34,600,000 above the fiscal year 2022 enacted level.

AHRQ's mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to make sure that the evidence is understood and used. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating health care disparities, using information technology, and evaluating the effectiveness of clinical services.

Within the total for AHRQ, the House includes the following amounts:

Budget Activity	FY 2023 Committee
Scientific Support for the US Preventive Services Task Force	11,542,000
Digital Health Care Research	16,349,000
Patient Safety Research	99,615,000
Health Services Research, Data, and Dissemination	110,312,000
Medical Expenditure Panel Survey	71,791,000
Program Management	75,391,000

Antimicrobial Resistance.—The Committee continues to provide no less than $10,000,000 for activities related to combating antibiotic-resistant bacteria.

Center for Primary Care Research.—The Committee includes no less than $5,000,000 for the Center for Primary Care Research authorized at 42 USC 299b–4(b).

Improving Maternal Morbidity and Mortality State and Local Data.—The Committee supports efforts described in the fiscal year 2023 budget request to improve the provision of timely and accurate data about maternal health and the health care system to policymakers, health care providers, and the public.

Long COVID.—The Committee supports efforts described in the fiscal year 2023 budget request regarding health systems research on how to organize and deliver patient-centered care for people living with long COVID, including the use of digital and telehealth, providing needed mentoring and support to smaller communities to establish multidisciplinary clinics to care for people with complex cases of long COVID, and enhancing the ability of primary care

practices to use emerging evidence to care for millions of Americans with long COVID.

Diagnostic Safety.—The Committee includes no less than $20,000,000, a $10,000,000 increase above the fiscal year 2022 enacted level and the fiscal year 2023 budget request, to fund AHRQ research, testing, and solutions to avoid diagnostic error and to support Diagnostic Safety Centers of Excellence to disseminate related findings. Funding provided will support eight centers, with each center focusing on specific conditions, populations, or settings of diagnostic safety as noted in the fiscal year 2023 budget request.

Person-Reported Experience of Care Quality Maternal Health Measures.—The Committee is concerned that the U.S. spends significantly more per capita on childbirth than any other high-income nation, with costs estimated to be well over $50 billion annually, and yet despite this expenditure ranks far behind almost all other high-income countries in birth outcomes for both mothers and babies, including high and deeply inequitable rates of preterm birth, low birth weight, and maternal and infant mortality. Quality measures are important drivers of quality improvement in health care, and their significance is growing in the context of increasing alternative payment model mechanisms for accountability. The portfolio of nationally-endorsed maternity care quality measures is small and includes no person-reported measures of the experience of receiving maternal-newborn care. Given widespread reports, especially among of people of color, of experiencing disrespectful maternity care, and of persistent inequitable health outcomes, the need for nationally-endorsed person-reported measures of maternity care to discern, track and improve maternal-newborn care experiences is crucial. The Committee strongly encourages AHRQ to develop maternity adaptations of the generic Consumer Assessment of Healthcare Providers and Systems surveys and other evidence-based assessment tools as necessary for facilities, health plans, and individual/group clinicians to fill these crucial gaps in maternal and newborn health measures. The Committee requests that the measures be designed to capture and reduce inequities and measure care across the continuum of maternity care providers and care settings, as well at the health plan level. Such measures will elevate birthing people's voices in standardized ways that foster accountability and quality improvement.

Statewide Surgical Quality Initiatives.—The Committee is aware that several States have moved aggressively to combine the knowledge, skills, and resources of diverse hospitals across the State with the expertise of foundations, hospital associations, and other outside stakeholders to identify and disseminate best practices in surgical care. The goals of the collaborative are to improve surgical outcomes, improve the value (quality/cost) of surgical care, and decrease disparities in care. The Committee urges AHRQ to prioritize grants to States that have developed such collaborations and intend to expand by adding more hospitals and incorporate telehealth and mobile solutions into higher-value care.

Trafficking Awareness Training for Health Care.—The Committee strongly encourages AHRQ to support activities authorized under the Trafficking Awareness Training for Health Care Act to award, on a competitive basis, grants or contracts to eligible entities to train health care professionals to recognize and respond to

victims of a severe form of trafficking for purposes authorized under the Trafficking Awareness Training for Health Care Act. Medical professionals are in a unique position to identify abuse and help victims of trafficking, and this program will support training to enable them to do so.

United States Preventive Services Task Force (USPSTF).—In fiscal year 2022, the Committee expressed its initial concerns about significant deficiencies in the process and structure of the USPSTF, as illustrated by its recommendations concerning screening mammography and cervical cancer screening. The Committee addressed the need for comprehensive USPSTF reform to ensure that its recommendations further public health for all Americans and address health inequities by outlining several recommendations. Within 120 days of enactment of this Act, the Committee requests an update from USPSTF on its implementation of the recommendations identified to reform its process for developing recommendations.

The Committee also is concerned about the ability of the USPSTF to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by increasing access to and compliance with USPSTF recommended screenings. The Committee encourages USPSTF to utilize the Early Topic Update process described in the USPSTF procedure manual to review a recommendation on an enhanced timeframe upon a showing of new evidence. The Committee also encourages USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the FDA that is a preventive strategy or modality pertaining to but not included in a previous Task Force recommendation. In addition to prioritization, the Committee encourages the Task Force to act on such prioritization in a timely manner. Within 120 days of enactment of this Act, the Committee requests an update from USPSTF on its use of the Early Topic Update process.

CENTERS FOR MEDICARE & MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriation, fiscal year 2022	$368,666,106,000
Budget request, fiscal year 2023	367,357,090,000
Committee Recommendation	367,357,090,000
Change from enacted level	−1,309,016,000
Change from budget request	−−−

Medicaid provides health coverage to eligible populations, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by States, according to Federal requirements. The program is funded jointly by States and the Federal government.

This amount does not include $165,722,018,000, which was provided as advance funding for the first quarter of fiscal year 2023. In addition, the Committee recommends an advance appropriation of $197,580,474,000 for program costs in the first quarter of fiscal year 2024, to remain available until expended.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2023. Federal Medicaid grants reimburse States for a portion of their expenditures in providing health care for individuals whose income

and resources fall below specified levels. Subject to certain minimum requirements, States are provided certain limited authority within the law to set eligibility, coverage, and payment levels.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

Appropriation, fiscal year 2022	$487,862,000,000
Budget request, fiscal year 2023	548,130,000,000
Committee Recommendation	548,130,000,000
Change from enacted level	+60,268,000,000
Change from budget request	– – –

This account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, and Medicare drug benefits and administration, as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related to administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues bill language providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and providing resources for the Medicare Part D drug benefit program in the event that the annual appropriation is insufficient.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2022	$4,024,744,000
Budget request, fiscal year 2023	4,346,985,000
Committee Recommendation	4,346,985,000
Change from enacted level	+322,241,000
Change from budget request	– – –

Note: The fiscal year 2022 appropriation includes funding provided in section 227 of P.L. 117–103.

Program Operations

The Committee includes $2,957,300,000 for Program Operations, an increase of $122,477,000. This appropriation includes funding for Research, Demonstration, and Evaluation, which was previously funded on its own line. This office administers the programs under the Centers for Medicare & Medicaid Services (CMS), funds beneficiary outreach and education, maintains information technology infrastructure needed to support various claims processing systems, and supports other programmatic improvements.

Access to Buprenorphine.—The Committee is concerned by reports of patients not being able to fill buprenorphine prescriptions at pharmacies. The Committee requests a briefing from CMS and OIG within 180 days of the date of enactment of this Act on the results of the current audits examining access to and use of medications for opioid use disorder (MOUD) and CMS's intended response.

Advancements in Breast Reconstruction.—The Committee notes that reconstruction after mastectomy can have a significant, positive impact on the quality of life for breast cancer survivors. For this reason, the Women's Health and Cancer Rights Act (WHCRA) was enacted in 1998 to provide insurance protections to women choosing breast reconstruction after a mastectomy. The number of breast reconstructions performed in the U.S. has steadily increased over the past two decades. Over the same timeframe, significant technological procedure advancements have shifted the focus be-

yond cosmetic-only results to include the restoration of typical breast functions, such as sensation. Sensory restoration as a part of breast reconstruction can ultimately improve the overall physical and emotional health, safety, and quality of life for breast cancer survivors. The Committee directs CMS, in collaboration with other HHS agencies with necessary expertise, to study the landscape of surgical techniques and other procedures for breast reconstruction, and whether gaps exist in the insurance coverage provided by the WHCRA. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on this study.

Adverse Childhood Experiences.—The Committee is aware that childhood trauma and toxic stress have been linked to negative health outcomes through adulthood, including higher rates of diabetes, stroke, depression, lapses in cognitive abilities, and developmental delays, suicide, and substance misuse, among other negative outcomes. Low-income children are particularly vulnerable to the impacts of adverse childhood experiences (ACEs). The Committee directs CMS to comply with the language included in House Report 116–450 which requires the agency to work with the National Child Traumatic Stress Network and the CDC to provide a report, no later than 180 days after the date of enactment of this Act, that evaluates how Medicaid could be further leveraged to screen, diagnose, and provide evidence-based interventions to children ages 0–21 suffering from ACEs.

Biosimilars.—The Committee is concerned about the lack of access to lower cost biosimilars to beneficiaries within the Medicare Part D program. The Committee encourages CMS to examine existing barriers to biosimilar adoption and to explore the development of policies that incentivize and facilitate the adoption of biosimilar to reduce prescription drug costs to patients and Medicare. The Committee urges CMS to provide beneficiary focused education on the availability, safety, and efficacy of biosimilars and the potential for lower out-of-pocket costs. CMS should include this information in Medicare Plan Finder and in Real Time Benefit tools. CMS should also prioritize policies to accelerate the adoption of all biosimilars on Medicare Advantage and Part D formularies.

Cardiac Computed Tomography.—The Committee notes that unstable and low Medicare payment for cardiac computed tomography (CT) services is contributing to significant disparity in access to this vital service among minority populations. The Committee requests a report within 90 days of the date of enactment of this Act on actions being taken by the agency to address this inequity.

Certified Registered Nurse Anesthetists.—The Committee is aware that during the COVID–19 pandemic, Certified Registered Nurse Anesthetists (CRNAs) have been working under a waiver that expanded access to care for CRNA services. With the current workforce shortages in the healthcare industry, the Committee urges HHS to consider options to permanently extend waivers that will help best utilize the current workforce to improve access to care before the end of the COVID–19 public health emergency.

Children's Mental Health.—The Committee is aware of reporting in recent years on trends in behavioral health services for children insured by Medicaid, including increased reliance on psychotropic medications without accompanying behavioral health services, a lack of home- and community-based services options, and children

in Medicaid from racially/ethnically diverse backgrounds being less likely than white children to use behavioral health services. The Committee requests a report within 180 days of the date of enactment of this Act on Medicaid spending for children, youth, and young adolescents on behavioral health, disaggregated by race and ethnicity. This report should include data on the settings in which children and youth receive services, the use of psychotropic medications in this population, a breakdown of mental health services and substance use services, and whether children who received outpatient treatment received care in their state of residence.

Colorectal Cancer Screenings.—The Committee commends CMS for removing cost sharing requirements for patients for the removal of potential precancerous or cancerous polyps during a screening colonoscopy. However, the Committee urges CMS to explore options to fully remove any barrier to access to colonoscopies by also waiving cost-sharing requirements for beneficiaries that select a covered non-invasive colorectal screening test who receive a positive test result and require a colonoscopy. At home colorectal cancer screening tests are an important tool to encourage increased adoption of colorectal cancer screenings and should be treated equal to a screening colonoscopy under CMS's reimbursement policy.

Compounded Medications.—The Committee continues to request a report, within 120 days of the date of enactment of this Act, assessing Medicare's current policy for Part D coverage of medications compounded using bulk drug ingredients.

Consensus on Assessing Mobility.—The Committee encourages CMS and other stakeholders to promote development of consensus around a mobility assessment that is validated and clinically meaningful to providers and patients. In addition, CMS should evaluate feasibility of a mobility quality measure to incentivize providers to actively intervene to prevent mobility loss among hospitalized older adults.

Contraceptive Access under the Affordable Care Act.—The Committee is concerned about access to care for patients seeking preventive services, including contraceptive services. The Committee directs CMS to engage in patient education to ensure patients understand their rights under the Affordable Care Act (ACA) to access (without cost sharing) the contraceptive product that is determined best for the patient, in consultation with their health care provider. In addition, the Committee directs CMS to engage with health care providers to disseminate the latest guidance on contraceptive access for patients, as well as how to help patients seek access to contraceptive services (without cost sharing) through a health insurance plan's exceptions process.

Consumer Assistance Program.—The Committee encourages the Secretary to allocate up to $400,000,000 derived from ACA user fees to restore Consumer Assistance Program grants under section 1002 of the ACA.

Cost-Sharing for Vaccines.—The Committee notes that minimizing cost sharing with Medicare Part D is critical to ensuring that Medicare beneficiaries have access to vaccines that can prevent serious disease. Studies have shown a direct correlation between cost sharing and increased abandonment rates of vaccines. To help reduce these barriers, the Committee encourages CMS to

update the Medicare plan finder to clearly designate to consumers the plans that cover vaccines at no cost.

Dementia Care Management Model.—The Committee urges the Center for Medicare & Medicaid Innovation (CMMI) consider how best to test a Medicare dementia care management model. The Committee encourages CMMI to continue working with stakeholders to find a way to test a value-based dementia care management model that could reach dementia patients across the stages and include coordinated care management and caregivers. The Committee requests an update not later than one year after the date of enactment of this Act on the progress for this model.

Diabetes Self-Management Training Benefit.—The Committee is concerned that barriers to accessing the Medicare diabetes self-management training benefit, particularly among communities of color, have resulted in utilization by only five percent of newly diagnosed Medicare beneficiaries. The Committee looks forward to receiving the report addressing the barriers to accessing the diabetes self-management training benefit, as requested in House Report 117–96.

Disability Clinical Care.—The Committee is aware of a recent National Council on Disability (NCD) report entitled "Enforceable Accessible Medical Equipment Standards—A Necessary Means to Address the Health Care Needs of People with Mobility Disabilities," which identified inaccessible medical equipment among the reasons for the susceptibility of people with disabilities to experience substandard health care, citing numerous studies documenting access barriers involving medical equipment and the health disparities experienced by millions of people with disabilities. NCD raised concerns that people with physical disabilities often postpone or delay care due to the inability to get onto exam tables and other diagnostic equipment and have to search for facilities that have such equipment. Relatedly, NCD has recently advised Congress and the Administration regarding the nexus between the lack of disability clinical care training for health care professionals and the well-documented health disparities experienced by people with disabilities. The Committee encourages CMS to examine including disability clinical care training and the availability of accessible medical and diagnostic equipment in its conditions of participation for Part A and Part B providers.

Disproportionate Share Hospitals.—The Committee again encourages CMS to compile publicly available information on hospitals that receive payments under Medicaid as disproportionate share hospitals. Such information shall include the Medicaid inpatient utilization rate and low-income utilization rate. Within each category, CMS should further identify such hospitals by rural or urban status, number of beds, and status as a major teaching hospital.

Domestic Manufacturing.—The Committee recognizes the importance of ensuring a robust U.S. manufacturing base and domestic supply chain to support Federal health programs. Therefore, the Committee urges CMS to develop and implement a pilot or demonstration program to identify innovative payment and reimbursement policies within Federal health care programs, including Medicare, Medicaid, and CHIP, to support the utilization of U.S. manu-

factured generic and biosimilar medications to ensure increased access and utilization of life-saving and life-changing drugs.

Drug Quality.—The Committee continues to be concerned about the discovery of dangerous levels of carcinogens in frequently prescribed medications, including angiotensin II receptor blockers (ARBs) like losartan and valsartan, ranitidine, and metformin. As two of the country's largest payers for prescription medication, Medicare and Medicaid have a responsibility to help ensure the safety and quality of prescribed therapies. The Committee reiterates its request for a report on the amount that the Medicare and Medicaid programs spent on medication in the previous three fiscal years that was subsequently recalled by manufacturers, as requested in House Report 117–96. The Committee also requests that CMS consider the potential value of increased chemical testing of medication in the U.S. supply chain and quality rating systems for drug manufacturers.

Enhancing Access to Recommended Vaccines.—The Committee is concerned that current regulations implementing the Public Health Service Act's (PHSA) provisions regarding vaccine coverage and cost-sharing have caused uneven access to CDC-recommended vaccines. The Committee encourages HHS, Department of Labor (DOL), and Department of the Treasury (Treasury) to act to ensure that its regulations fully implement section 2713 of the PHSA, which ensures broad-based coverage of all CDC-recommended vaccines without cost-sharing, including occupational and travel vaccines, regardless of whether the vaccine is recommended for routine use or placed on the CDC's Immunization Schedules.

Ensuring Access to Lifesaving COVID–19 Oral Medications from Pharmacists.—The Committee is concerned with CMS's guidance "Permissible Flexibilities Related to Oral Antiviral Drugs for Treatment of COVID–19 that May Receive U.S. Food and Drug Administration Emergency Use Authorization and are Procured by the U.S. Government," which only encourages, but does not require, Part D "sponsors to consider paying a dispensing fee for these drugs that may be higher than a sponsor's usual negotiated dispensing fees given the unique circumstances during the public health emergency." The Committee is concerned about patients' access to these lifesaving medications and encourages CMS to review policy options for Part D sponsors to cover all the necessary services to ensure the safe pharmacy dispensing of COVID–19 oral medications.

GAO Report on Health Care Consolidation.—The Committee recognizes the need for more research on consolidation in health care markets. As such, the Committee directs GAO to study the extent health care consolidation is taking place across Medicare and Medicaid, and how the involvement of private equity in healthcare could be contributing to consolidation. The Committee requests a briefing, including GAO and CMS, within 90 days of the date of enactment of this Act to discuss the scope and requirements of the study, and expects to receive regular updates from GAO about the status of the report and any initial critical findings.

Geographic Practice Cost Index.—The Committee encourages CMS to publish its work on a rationale for current methodology for the Geographic Practice Cost Index so that the various inputs can be better understood. In addition, the Committee requests a briefing from the GAO within 90 days of the date of enactment of this

Act on the results from the recent GAO report on geographic adjustments to Medicare physician payments (GAO–22–103876).

Graduate Medical Education.—The Committee notes that in section 126 of P.L. 116–260, Congress provided an additional 1,000 new graduate medical education (GME) slots eligible for Medicare payment. In section 126, Congress specified four categories of hospitals eligible for additional GME slots: hospitals located in rural areas; hospitals currently training over their caps; hospitals located in States with new medical schools; and hospitals serving Health Professional Shortage Areas; however, when CMS released their final plan for the distribution of the 1,000 new slots, a "super prioritization" based on location of resident training was created that is not found in the statute. The Committee urges CMS to prioritize applications in fiscal year 2023 from any hospitals seeking to establish or expand residency training in certain needed specialties, such as primary care, geriatrics, and general surgery, as had been the priority with previous GME slot distribution programs.

Hospitals in the U.S. Virgin Islands.—The Committee remains concerned that Medicare payments for hospitals in the U.S. Virgin Islands are calculated using out-of-date payment data and formulas under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). The two hospitals in the U.S. Virgin Islands are reimbursed based on 1982 and 1996 costs. As a result, patients are forced to travel outside the territory for necessary services, including total joint replacements and chemotherapy, often at great expense and personal hardship. The Committee encourages CMS to update the TEFRA base period for these hospitals to more accurately reflect current conditions and costs.

IMD Exclusion Pilot Program.—The Committee is aware that although HHS allows waivers to States allowing short-term stays in Institutions for Mental Disease (IMD) for mental health treatment, there are IMDs that provide care to thousands of individuals in acute psychiatric distress located in States without waivers. The Committee continues to urge CMS to pursue a pilot program, as outlined in House Report 117–96.

IMD Exclusion Report.—The Committee continues to request a report, as included in House Report 117–96, examining how repealing Medicaid's IMD exclusion could affect access to and quality of mental health services, including mental health services for non-elderly, Medicaid-eligible adults. The report should include a cost estimate for repealing the exclusion.

Infectious Disease Outbreaks.—The Committee requests a briefing within 90 days of the date of enactment of this Act on policy and administrative options, including a modifier to current evaluation and management (E/M) codes for infectious disease physicians and other types of clinicians, that CMS could take to reimburse clinicians for critical activities associated with managing infectious disease outbreaks that would automatically initiate payment to clinicians under the Physician Fee Schedule for services associated with these unanticipated events.

Language Access.—The Committee recognizes the need to ensure that translated materials are culturally competent and written in a manner that can be adequately understood by limited English proficient populations (LEP). The Committee urges CMS to im-

prove the quality and quantity of such materials, and consult community based organizations to help vet translated consumer-facing materials produced by CMS in at least the top 15 languages spoken by LEP people living in the United States. The Committee also encourages CMS to develop translation glossaries of common terms used within CMS programs in at least the top 15 languages spoken by LEP people.

Limited Wraparound Coverage.—The Committee continues to remain concerned that the previous Administration allowed the limited wraparound coverage pilot program to expire. This failure has caused significant uncertainty for patients who depended on this program for several years. The Committee looks forward to receiving the report outlining a plan to ensure that participants impacted by the expiration of the pilot program will receive benefits equivalent to those of the limited wraparound coverage program as requested in House Report 117–96. This report should include an analysis of the outcomes of the pilot program and an explanation for the decision by HHS, DOL, and Treasury not to extend it. The Committee continues to recommend this pilot program be made permanent and encourages the HHS, DOL, and Treasury to restore the program.

Lowering the Cost of Care.—The agreement continues to encourage CMMI to consider creative pilot projects that lower the cost of care among older Americans and enable individuals who retire overseas to retain and utilize their Medicare primary healthcare benefits. The pilot should consider potential cost savings involving international collaborations where the quality of care is comparable and less expensive. The Committee requests an update on this effort in the fiscal year 2024 Congressional Budget Justification.

Maximizing Deceased Donor Organ Recovery, Acceptance, and Utilization.—The Committee supports full implementation of the CMS final rule for Organ Procurement Organizations (OPOs) Conditions for Coverage (CMS–3380–F), including efforts to decertify underperforming OPOs in advance of 2026 given the lives, Medicare costs, and urgent equity issues at stake. OPO failures are disproportionately borne by patients of color, which means OPO reform is an urgent health equity issue. This fact further emphasizes the need for effective implementation of the Final Rule, and to ensure effective and equitable OPO performance, the Committee encourages CMS to require OPO process data to be publicly available, in line with international best practice.

Medicaid Dental Audits.—The Committee has previously raised concerns that failure to use professional guidelines or established State Medicaid manual parameters in the auditing process can result in inaccurate Medicaid dental audits, negatively impacting dentist participation in the program and impeding patient access to care. While State Medicaid agencies (SMA) have significant responsibility in managing provider audits, the Committee believes that as part of CMS oversight of the Medicaid program, it is appropriate to issue guidance to SMAs concerning best practices in dental audits and offer training in such practices. The Committee again urges CMS to develop such guidance for SMAs and looks forward to receiving the report on steps taken to develop such guidance as requested in House Report 117–96.

Medicaid Parity in Territories.—The Committee supports the Administration's proposal to eliminate the Medicaid allotment caps for U.S. Territories and to align the territories' Federal matching rate to that of the States.

Medicare Advantage and Long-Term Acute Care Hospitals (LTCHs).—The Committee is aware there is concern there are more barriers to LTCHs and Inpatient Rehabilitation Facilities (IRFs) in Medicare Advantage (MA) plans as compared to traditional Medicare. The Committee requests CMS review whether MA plan pre-authorization requirements and their use of proprietary or home-grown algorithms or admission criteria are consistent with current Medicare Part A coverage policy to protect MA enrollees' statutory right to comparable benefits. The review should also determine the validity of Medicare Advantage Plans denials of admissions to LTCH and IRF based on not offering the benefit of a Medicare approved level of care; verify that personnel being utilized by MA plans for pre-authorizations and denials have the necessary specialized rehabilitation education and training when requests from LTCHs and IRFs are being reviewed; review MA plans' process to provide pre-authorization review and appeals for denials within reasonable amount of time of planned discharge, including weekends, to allow for accelerated transfer to LTCHs and IRFs when necessary; review transparency of MA plans on how they determine medical necessity, as well as the specific standards and guidelines that lead to a denial; review transparency of MA Plans with regard to medical necessity, the number of initial pre-authorization denials, the number of initial denials overturned, and the number of second level appeals for pre-authorization for LTCHs and IRFs.

Medicare Advantage Coverage of Substance Use Services.—The Committee is aware that enrollees of Medicare Advantage (MA) plans may face barriers to accessing timely and appropriate care for substance use disorder (SUD) compared to enrollees of other insurers. The Committee urges CMS to review how MA plans can improve access to care for SUD, including by measuring provider availability as part of network adequacy standards, such as by maintaining sufficient networks of providers for SUD and mental health care. The Committee also urges CMS to review how MA plans can improve access to care for SUD, including through reviewing level of care assessment tools that reflect generally accepted standards of care and informing beneficiaries of the plan's responsibility to arrange for medically necessary care outside of the network, but at in-network cost sharing, if the covered service is not provided in network. The Committee requests a report in the fiscal year 2024 Congressional Budget Justification on updates since the October 2020 report required by P.L. 115–271 on SUD treatment services that are provided by MA plans as supplemental benefits.

Medicare Advantage Overpayments.—The Committee is concerned about the accuracy of CMS's payments to Medicare Advantage (MA) plans. The Committee urges CMS to consider making the following adjustments to MA plan payments: use the Demographic Estimate of Coding Intensity (DECI) model to evaluate the relationship of fee-for-service and MA risk scores for the overall system and plan sponsors; develop a Coding Intensity Adjustment (CIA) factors applied to MA payments using the DECI model; cal-

culate the CIA factor to be used in MA Payments; set limits on the use of select factors and data for risk adjustment systems and risk score calculations; and use social determinants of health data in a potential new risk adjustment model. The Committee requests a report within 180 days of the date of enactment of this Act analyzing the impact of these potential adjustments on the accuracy of payments to MA plans.

Medicare Coverage of Behavioral Health Services.—The Committee is concerned there is insufficient Medicare coverage of community-based behavioral health services for individuals in crisis. The Committee requests a report in the fiscal year 2024 Congressional Budget Justification on addressing the scope of Medicare coverage of behavioral health services for outpatient behavioral and mental health services. This report should include information on the total amount of Medicare spending on behavioral and mental health services in calendar years 2019 through 2021 by site of service, the amount spent on each code for services that could be furnished to individuals in behavioral or mental health crisis, and the provider types that billed for these services.

Medicare Coverage of Home-based Extended Care Services.—The Committee encourages CMS to consider options to improve extended care services for Medicare beneficiaries, such as through home-based extended care by home health agencies.

Medicare Coverage of Medicines to Treat Obesity.—The Committee notes that access to obesity treatment, including anti-obesity medication is an important part of the Administration's effort to combat chronic disease, reduce health care costs and improve care. Obesity is associated with over 200 comorbid conditions and is a driver of health care costs and poor health outcomes for patients with heart disease, Alzheimer's, diabetes, cancer, among many others, and is a top modifiable risk factor for serious COVID–19 outcomes. Furthermore, consistent with the President's Executive Order on Advancing Racial Equity, the Committee acknowledges that obesity is a chronic disease that disproportionately impacts communities of color. Therefore, consistent with the Administration's priorities, the Committee believes and that it is a matter of health equity and key to reducing modifiable risk factors for cancer and Alzheimer's disease, to ensure that seniors have access to obesity treatments under Medicare Part D to complement coverage of intensive behavioral therapy and bariatric surgery under Medicare Part B. The Committee encourages CMS to ensure access to treatments for obesity in Part D by clarifying that an agent for "weight loss" does not include an FDA-approved anti-obesity agent as classified by the United States Pharmacopeia Drug Classification system.

Mental Health Parity.—The Committee was pleased to see the 2022 Mental Health Parity and Addiction Equity Act (MHPAEA) Report to Congress from HHS, DOL, and Treasury implementing section 203 of Division BB of P.L. 116–260. The report points out, however, that several health insurance plans and issuers failed to accurately and timely submit comparative analyses on non-quantitative treatment limits (NQTLs). This has resulted in HHS, DOL, and Treasury being unable to issue final determinations of non-compliance, thus limiting enforcement of MHPAEA. The Committee urges the Secretary of HHS, jointly with DOL and Treasury,

to complete its determinations of non-compliance and make public the findings related to NQTLs found to be in violation of MHPAEA. While it is encouraging that plans and issuers chose to remove problematic provisions voluntarily, the report suggests there has been sufficient denial of mental health services through the use of NQTLs.

Navigators.—The Committee strongly supports the Navigators program, which helps consumers understand their health coverage options and sign up for health insurance coverage during enrollment periods. The Committee urges CMS to return to providing robust funding for Navigator activities.

Neonatal Opioid Withdrawal Syndrome.—The Committee recognizes the increasing incidence of neonatal opioid withdrawal syndrome (NOWS) in the United States, including increasing hospital stays and rates of NOWS among Medicaid-covered births. The Committee is concerned there are currently no quality measures for NOWS and prenatal opioid exposure, and requests a report within 180 days of the date of enactment of this Act on recommendations for quality measures to be implemented for improving the quality, safety, value, and consistency of care for newborns with opioid-exposure, including NOWS. In developing these recommendations, CMS should consider how they can be used to advance health equity and promote person-centered care. The Committee encourages CMS to consider these recommendations in the next Child Core Set annual update.

Nuclear Medicine Quality Improvement.—The Committee is aware of evidence demonstrating the occurrence and consequence of extravasations in nuclear medicine procedures. These events can harm patients through compromised imaging that negatively affects care, repeated or additional procedures, increased costs, and unintended irradiation to patient tissue. The Committee supports CMS engagement with outside stakeholders on the issue.

Obesity and Comorbidities.—The Committee notes obesity is a disease, and it leads to serious and costly health issues, including diabetes, heart disease, stroke, certain chronic liver diseases like nonalcoholic steatohepatitis, and some types of cancer. Comprehensive management of obesity requires both lifestyle changes and physician-guided support including access to innovative pharmacological treatments. The Committee requests additional information in the fiscal year 2024 Congressional Budget Justification on how policies in Medicare could be improved to help reduce obesity and its comorbidities for those Americans who require clinical interventions and reduce the racial and ethnic disparities in health care outcomes for beneficiaries suffering from obesity.

Ovarian Cancer Testing.—The Committee recognizes that ovarian cancer is the only gender-specific cancer with greater than 50 percent mortality rate, and accounts for more deaths than any other cancer of the female reproductive system, especially among women of color. African American women have a 62 percent five-year mortality rate compared to 54 percent for Caucasian women. The most commonly used detection method may miss ovarian cancer 37 to 67 percent of the time in African American women. Asian Pacific Islanders have a higher risk of developing ovarian clear cell cancer, Hispanic women are diagnosed with ovarian cancer at an earlier age than non-Hispanic groups, and there are significant re-

gional differences in the incidence and mortality of ovarian cancer among Native American women in the United States. FDA-cleared medical innovations that use multi-marker testing for ovarian cancer can improve early detection in women, and especially women of color, but are not universally reimbursed. The Committee recommends CMS cover and pay for multi-marker testing related to ovarian cancer for Medicare beneficiaries. In addition, the Committee requests a report not later than 180 days after the date of enactment of this Act with the status and timeline for a national coverage determination for multi-marker tests for ovarian cancer.

Patient Access to Home Health Care.—The Committee supports the intent of the network adequacy rules of CMS for Medicare Advantage organizations and for Medicaid managed care organizations under 42 C.F.R. 438 and 457 to maintain a network of qualified providers sufficient to provide adequate access for covered services to meet the health care needs of the patient population served. The Committee requests a report within 180 days of the date of enactment of this Act on regulatory actions related to network adequacy.

Patient Advocate Program.—The Committee is concerned about barriers hospitalized patients face during time of discharge and the subsequent coordination of care at discharge. Patients from historically underserved racial and cultural groups suffer the greatest challenges in terms of care coordination. While some patients are able to contribute to the decision making process regarding healthcare, there are other patients who are unable to fully comprehend the coordination of care at discharge, including: access to nurse case managers, social workers, and/or mental health care providers. The number of patients assigned to a nurse case manager or social worker is high. Therefore, an additional level of patient advocacy and support is critical to the ongoing coordination of safe patient care at discharge from acute care and/or acute rehabilitation facilities. The Committee recommends $10,000,000 for the development of a patient advocacy program to support improved coordination of care and improve patient care outcomes for all patients discharged from acute care or acute rehabilitation settings. The Committee also requests a report within 180 days of the date of enactment of this Act to assess barriers to coordination of care for hospitalized patients, address disparities by race, ethnicity, and culturally responsive care. In addition, the Committee makes these recommendations to improve patient access to care within a hospital and/or acute rehabilitation setting.

Pediatric ESRD Services.—The Committee recognizes that children with end stage renal disease (ESRD) have unique care needs and require services that are not typically required by adult ESRD patients, including specialized nursing care, nutritional support, social workers, and child life specialists. The Committee commends CMS for focusing on pediatric case-mix adjustment in its December 2020 technical expert panel and requesting information on the adequacy of reimbursement for pediatric services in the request for information included in the calendar year 2022 End Stage Renal Disease Prospective Payment System Proposed Rule. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on progress towards establishing adequate bundled payments for pediatric ESRD services.

Peripheral Artery Disease.—The Committee is aware that an estimated 20 million Americans have peripheral artery disease and about 200,000 of them, disproportionately people of color, suffer avoidable amputations every year as a result. The Committee urges CMS to raise public awareness in Medicare beneficiaries and providers of racial disparities in amputations due to peripheral artery disease, diabetes, and related comorbidities through a nationwide awareness and education campaign. Further, the Committee encourages the Secretary to establish an interagency working group in coordination with CMS, the Indian Health Service (IHS), and the Department of Veterans Affairs (VA) and to study the implementation of a comprehensive amputation reduction program within CMS and IHS based on the VA Preventing Amputations in Veterans Everywhere Program. The Committee directs the Secretary to provide recommendations not later than one year after the date of enactment of this Act on how to reduce amputations.

Pharmacists and Patient Care Services.—The Committee is aware that certain Medicare Part B services and care frameworks have provisions to include pharmacists and their patient care services. However, CMS has few mechanisms to identify and evaluate the contributions of pharmacists to patient care and outcomes or to identify barriers within current service requirements that prevent scalable involvement of pharmacists. The Committee encourages CMS to create a mechanism to provide greater visibility into the scope and outcomes of the Medicare services currently provided by pharmacists.

Pharmacist-Provided Incident to Physician Services.—The Committee is pleased with CMS's recognition in the calendar year 2021 physician fee schedule (PFS) final rule (FR 84583) that "pharmacists could be considered QHPs [qualified health care professionals] or clinical staff, depending on their role in a given service," and that "new coding might be useful to specifically identify these particular models of care." However, the Committee remains concerned with current CMS PFS requirements restricting physicians' and nonphysician practitioners' (NPPs) utilizing pharmacists under incident to models to bill at the lowest E/M code (99211), with an estimated time commitment of 7 minutes. The Committee understands this restriction has diminished providers' engagement with pharmacists in team-based care models across the country. CMS should consider how to ensure physicians and NPPs can optimize the use of pharmacists. The Committee encourages CMS identify mechanisms to attribute, report, and sustain pharmacists' patient care contributions to beneficiaries in the Medicare Part B program.

Programs of All-Inclusive Care for the Elderly.—The Committee notes during the COVID–19 pandemic, Programs of All-Inclusive Care for the Elderly (PACE) have been effective in keeping their medically complex, nursing home eligible population safe at home. PACE organizations furnish all Medicare and Medicaid covered services, long term care and supports, meals and other services as needed by participants, principally in participants homes. PACE participants have had one-third the COVID–19 cases and deaths as compared to the rates of nursing home residents. The Committee urges CMS to consider moving forward on PACE-specific pilots in fiscal year 2023, so this community-based model of care may be

evaluated as to whether it increases access and affordability for Medicare or Medicaid beneficiaries.

Psychosocial Rehabilitation Model.—The Committee is concerned about the high prevalence of loneliness and social isolation among Americans with severe mental illness (SMI), especially given the body of research indicating that these factors, along with other social determinants of health, can strongly affect mental and physical health outcomes for this population. The Committee encourages CMS to explore alternative payment models that better reflect the significant health, economic, and overall societal benefits associated with alleviating social isolation among people with SMI. The Committee encourages CMS to consider how CMMI could integrate the value associated with reducing social isolation for people with SMI in current and future value-based models; how the Center for Clinical Standards of Quality could identify patient-reported outcome measures related to social isolation and loneliness that could be included in current and future value-based models; and how the Center for Medicaid and CHIP Services (CMCS) could encourage State Medicaid agencies to contract with payers that offer comprehensive psychosocial rehabilitation services that reduce social isolation and improve quality of life for people with SMI.

Radiation Oncology Model.—Despite the delay in implementation, the Committee is concerned that the radiation oncology (RO) model as currently proposed could potentially reduce access to certain types of radiation therapy and negatively affect patient outcomes. The Committee looks forward to the report on the RO model requested in House Report 116–450. In addition, the Committee encourages CMS to work with stakeholders to develop a RO model that supports patients access to care, patient quality, and the Medicare trust funds.

Rare Diseases.—The Committee recognizes patients with rare and ultra-rare diseases experience significant challenges, and such challenges are likely to impact marginalized communities and communities of color disproportionately. The Committee requests a report within 180 days of the date of enactment of this Act on barriers to accessing treatments, diagnostics, clinicians, especially specialists, in both conditions affecting fewer than 20,000 patients, and in communities of color affected by diseases with fewer than 200,000 patients. The report should include an assessment of any legal, improper payment, and fraud implications of any denials of care for these patients, as well as recommendations for addressing any barriers to accessing treatments for such patients.

Robotic Stereotactic Radiosurgery.—The Committee continues to support robotic stereotactic radiosurgery (SRS) and robotic stereotactic body radiation therapy (SBRT). The Committee urges CMS to maintain sufficient payment for SRS and SBRT to ensure viability in both the freestanding and hospital outpatient setting, including in both traditional fee-for-service Medicare as well as in the context of any alternative payment models developed by CMS.

Rural Pharmacies.—The Committee recognizes the importance of rural pharmacies in dispensing medications, providing care, educating patients, ensuring patient safety, and responding to the COVID–19 pandemic. The Committee is concerned that insufficient reimbursement and payments, increasing costs of operation, and narrowing profit margins threatens the viability of pharmacies in

rural areas. The Committee requests a report within 180 days of the date of enactment of this Act that includes a review and assessment of the reimbursement and payment options for rural pharmacies.

Saline Shortage.—The Committee notes the FDA has recognized a shortage of saline solution since at least 2013, when it was included on the FDA drug shortage list. Saline solution is delivered to patients through intravenous (IV) pumps. The shortage of saline highlights a potential risk for routine health care delivery and critical care during trauma events. The Committee encourages CMS to coordinate with the FDA and complete its coverage and payment reviews of products related to new classes of resuscitation fluids as expeditiously as possible.

Site Neutral Reimbursement.—The Committee remains concerned with the financial impact of the Site Neutral Payment Rule on access to care, health disparities, and hospital finances for Sole Community Hospitals and other hospitals in underserved areas. The Committee encourages CMS to consider restoring payment rates for Sole Community Hospitals with excepted off-campus provider-departments.

Social Determinants of Health.—The Committee is aware that social determinants of health are critical drivers of health outcomes and health care costs and that early childhood development is affected by social factors. The Committee commends CMS for the guidance on social determinants issued to States in January 2021 and encourages CMS to continue to clarify and disseminate strategies that States can implement under current Medicaid and Children's Health Insurance Program (CHIP) authority, or through waivers, to address social determinants of health (SDOH) in the provision of health care, including strategies specifically targeting the pediatric population. This should include guidance on how States can encourage and incentivize managed care organizations to address SDOH through contracts.

Social Determinants of Health Analytics.—The Committee is encouraged that Medicare Advantage (MA) and Medicaid Managed Care Organizations (MCOs) have stated an intent to employ strategies to address SDOH, and the Committee supports work on SDOH given historic inequities that have existed among at-risk populations like communities of color and rural communities. However, in constructing SDOH-based recommendations for beneficiaries, many health plans are regularly using what is described as "consumer data," which includes clinical, social, economic, behavioral, and environmental data that is individually identified, sometimes combining or allowing other entities to combine it with protected medical information governed by Health Insurance Portability and Accountability Act of 1996. The Committee requests a report within 180 days of the date of enactment of this Act on efforts by CMS to ensure the transparency by MA and MCO plans in the use of data of beneficiaries in addressing SDOH, how CMS ensures that MA and MCO plans notify beneficiaries of the use of protected or consumer data, and how ongoing CMS work with MA and MCOs around SDOH and the use of consumer data and protected medical information aligns with and improves health equity as per the goals of Executive Order 13985 and the HHS's Equity Action Plan.

Sole Community Hospitals.—The Committee appreciates that CMS, during the COVID–19 public health emergency (PHE), waived distance requirements to ensure Sole Community Hospitals were able to focus on maintaining access to needed health care services for Medicare beneficiaries. The Committee encourages CMS to consider utilizing its regulatory flexibilities to provide a transition period for hospitals that may have fallen out of compliance with Sole Community Hospital requirements during the PHE.

State All Payer Claims Databases.—The Committee includes sufficient funding to support grants of $1,000,000 to up to 25 eligible States under section 320B of the PHS Act for the first year of activities to establish a State All Payer Claims Database (APCD) or improve an existing State APCD. These grants will support the work the Agency for Healthcare Research and Quality and the Assistant Secretary for Planning and Evaluation are currently conducting on APCD infrastructure.

STI Screening and Treatment Initiative.—The Committee continues to be concerned with the high rates of sexually transmitted infections (STIs) among young adults and pregnant women. As STIs continue to rise, reaching this vulnerable population is critical to curb the spread of these diseases. The Committee urges CMS to collaborate with the CDC's Division of STD Prevention to develop a screening, treatment, and education initiative under the Medicaid program.

Supplemental Liquid Oxygen.—The Committee notes reports of ongoing supplemental oxygen shortage exacerbated by the increase in patients with COVID–19 and long COVID. The Committee is concerned about reports of Medicare beneficiary barriers to liquid oxygen for home and community use. The Committee encourages HHS to evaluate options to ensure the long-term availability of supplemental liquid oxygen.

Supportive Services through Medicaid.—The Committee recognizes the importance of supportive services for individuals with a substance use or mental health disorder. Supportive services, like peer support workers, help people stay in treatment or recovery and avoid recurrence of substance use. The Committee urges CMS to continue working with States to incorporate support services, including peer support services, supportive employment services, and tenancy support services, into State Medicaid plans or waivers of such plans in a way that promotes sustainability of services and aligns with the best available evidence and contributes to supporting the full spectrum of treatment and recovery support services for behavioral health conditions.

Telehealth and Health Care Access.—The Committee requests a report in the fiscal year 2024 Congressional Budget Justification on the impact of telehealth on health care access, utilization, cost, and outcomes, broken down by race, ethnicity, sex, age, disability status, and zip code under the Medicaid program and CHIP.

Transportation for Dialysis.—The Committee continues to strongly urge CMS to delay further implementation of the Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport model until it ensures appropriate alternative transportation to dialysis services and diabetes-related wound care for low-income beneficiaries who have no other means of transportation. The Committee further requests a plan within 90 days of the date of enact-

ment of this Act to provide alternative transportation to the low-income Medicare-Medicaid full and partial dual eligibles who have no alternative transportation to dialysis and diabetes wound care services.

Utilization Management for MOUD.—The Committee recognizes that frontline medical provider experience and research increasingly indicate that individuals who take oral buprenorphine for opioid use disorder (OUD) may benefit from doses higher than 24mg. The population of individuals who may need higher doses of buprenorphine to prevent cravings is expected to increase as fentanyl continues to proliferate the illicit opioid market. The Committee is aware that State Medicaid programs may have in place utilization management practices, including those that require a prior authorization before prescribing oral buprenorphine above 16mg or 24mg daily. The Committee requests that CMS examine State utilization management requirements related to oral buprenorphine, and whether such requirements unnecessarily delay access to treatment.

Utilization of Z Codes for Social Determinants of Health.—The Committee commends CMS for publishing a report on the Utilization of Z codes for SDOH among Medicare FFS beneficiaries. As the report notes, the COVID–19 pandemic has disproportionately affected underserved communities. The Committee is concerned about whether the current Z codes definitions are expansive and specific enough to track the SDOH impacting underserved communities. To help reduce these barriers, the Committee encourages HHS to update the current Z code definitions and establish a national standard to review SDOH to ensure physicians nationwide use the same tools to analyze SDOH. The Committee requests a briefing within 180 days of the date of enactment of this Act on the current utilization of Z codes, how HHS suggests the Z codes definitions could be updated to better track SDOH impacting underserved communities and recommendations on how to increase the utilization of Z codes.

Whole Child Health.—The Committee recognizes that SDOH influence health outcomes, particularly for children. The Committee further recognizes that the COVID–19 pandemic has placed additional social stressors on children and their families and has negatively impacted pediatric mental health. The Committee commends CMS for testing the Integrated Care for Kids Model and for its guidance on social determinants issued to States in January 2021. The Committee urges the CMCS to establish a whole child health demonstration program to address the health and social factors impacting children served by Medicaid and CHIP and to improve health equity. This demonstration program should include pediatric value-based care models and locally driven strategies to align financial incentives and resources across Medicaid and other public and private programs and resources. The Committee requests a report within 180 days of the date of enactment of this Act on the plan to establish the demonstration program, including cost estimates for implementation.

Whole Genome Sequencing Guidance for Medicaid and CHIP Programs.—The Committee understands there is a growing body of evidence that whole genome sequencing (WGS), whole exome sequencing, and gene panel testing can save lives and save money

when used to diagnose infants and children who are suspected of having a rare genetic disease. Under "Project Baby Bear," a pilot program in California's Medicaid program, the use of rapid WGS helped physicians more accurately identify the exact cause of rare genetic diseases. The Committee also understands that other States are pursuing or considering similar initiatives. The Committee encourages CMS to develop guidance for State health officials on best practices for incorporating WGS, whole exome sequencing, and gene panel testing into their Medicaid and CHIP programs as a first-line diagnostic for infants and children who are suspected of having rare genetic diseases in the inpatient setting. This guidance should also include advice for States on how to encourage managed care organizations to cover WGS, whole exome sequencing, and gene panel testing for this population. The Committee requests a report within 180 days of the date of enactment of this Act on steps taken to develop such guidance. In addition, the Committee understands there are undiagnosed diseases that do not require hospital inpatient care. Therefore, the Committee encourages CMS to issue guidance on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit on the usage of WGS, whole exome sequencing, and gene panel testing.

State Survey and Certification

The Committee provides $494,261,000 for State Survey and Certification activities, an increase of $96,927,000. State Survey and Certification supports certifications of Medicare and Medicaid certified health care facilities to ensure that beneficiaries receive care at facilities that meet health, safety, and quality standards required by CMS.

Federal Administration

The Committee provides $895,424,000 for Federal Administration activities related to the Medicare and Medicaid programs, an increase of $122,891,000. Federal Administration funding supports CMS staff, along with operating and administrative expenses for information technology, communication, utilities, rent and space requirements, as well as administrative contracts.

Quality Improvement Organizations.—The Committee does not support the Administration's proposal to shift personnel costs to the Federal Administration account that have previously been funded by a mandatory appropriation.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

Appropriation, fiscal year 2022	$873,000,000
Budget request, fiscal year 2023	899,000,000
Committee Recommendation	899,000,000
Change from enacted level	+26,000,000
Change from budget request	– – –

The Health Care Fraud and Abuse Control Account (HCFAC) funds support activities conducted by CMS, the HHS Office of Inspector General, and the Department of Justice (DOJ). This appropriation includes a base amount of $323,000,000 and an additional $576,000,000 through a discretionary budget cap adjustment provided to meet the terms of H. Res. 1151. This is $26,000,000 above the fiscal year 2022 enacted level.

This funding is in addition to other mandatory funding provided through authorizing legislation. The funding will provide resources to continue efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts related to these programs carried out by the DOJ.

Care Denials.—The Committee strongly encourages CMS to increase investigations of inappropriate care denials by private insurance companies.

Senior Medicare Patrol.—The Committee includes $35,000,000 for the Senior Medicare Patrol program. The Committee continues to include modified bill language to enable the Secretary to fund the Senior Medicare Patrol program, which is administered by the Administration for Community Living, from either discretionary or mandatory funds provided to this account.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriation, fiscal year 2022	$2,795,000,000
Budget request, fiscal year 2023	2,883,000,000
Committee Recommendation	2,883,000,000
Change from enacted level	+88,000,000
Change from budget request	– – –

The Committee also recommends $1,300,000,000 in advance funding, as requested, for the first quarter of fiscal year 2024 to ensure timely payments for Child Support Enforcement programs. These programs support State-administered programs of financial assistance and services for low-income families to promote their economic security and self-sufficiency.

LOW INCOME HOME ENERGY ASSISTANCE

Appropriation, fiscal year 2022	$3,800,304,000
Budget request, fiscal year 2023	3,975,304,000
Committee Recommendation	4,000,000,000
Change from enacted level	+199,696,000
Change from budget request	+24,696,000

The Committee recommends $4,000,000,000 for the Low Income Home Energy Assistance program, which is $199,696,000 above the fiscal year 2022 enacted level and $24,696,000 above the fiscal year 2023 budget request. The Low Income Home Energy Assistance Program (LIHEAP) supports eligible families and households through programs providing assistance with energy costs.

In addition to funding made available in this bill, the Committee notes that the Infrastructure Investment and Jobs Act (P.L. 117–58) provided $500,000,000 in LIHEAP funding over five fiscal years, with $100,000,000 made available each fiscal year through September 30, 2026, to support eligible families with home energy costs.

Hold Harmless.—While the Committee recognizes that progress has been made in recent years to limit annual decreases in State allocations to no more than three percent of what a State received in the previous year, the Committee continues to believe that all States have unmet needs and that all States benefit from the consistency of annual appropriations when the overall account is un-

changed or increased. To correct this volatility and hold States, territories, and Tribes (funded through the States) harmless from annual reductions, the bill includes language directing the Administration for Children and Families (ACF) to distribute, at a minimum, no less than the amount of funding to each State, territory, and Tribe as was appropriated in the Consolidated Appropriations Act, 2022.

Technical Assistance.—The Committee recommends a $1,700,000 increase for HHS to establish a system to automate the formulation process to enable ACF staff to provide estimates more readily when requested by the Committee.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2022	$6,425,214,000
Budget request, fiscal year 2023	6,327,843,000
Committee Recommendation	7,979,346,000
Change from enacted level	+1,554,132,000
Change from budget request	+1,651,503,000

The Office of Refugee Resettlement (ORR) programs are designed to help refugees, asylees, Cuban and Haitian entrants, and trafficking victims become employed and self-sufficient. These programs also provide for care of unaccompanied children in Federal custody and survivors of torture.

Funding for several of the programs within this account is highly dependent on estimates and as such, it is critical that ORR communicate changes to estimated numbers of arrivals and costs as they become available. The Committee directs ORR to provide monthly updates of arrivals each month by category, including refugees, asylees, Cuban and Haitian entrants, Special Immigrant Visas, and unaccompanied children, to include any updates in estimated funding needs as a result of changes in trends in those categories.

Within the total, the Committee includes the following:

Budget Activity	FY 2023 Committee
Transitional and Medical Services	$760,000,000
Victims of Trafficking	35,000,000
Refugee Support Services	450,000,000
Unaccompanied Children	6,714,346,000
Survivors of Torture	20,000,000

Transitional and Medical Services

The Committee includes $760,000,000, which is $196,000,000 above the fiscal year 2022 enacted level. The Transitional and Medical Services (TAMS) program provides grants to States and nonprofit organizations to provide refugees and other eligible populations with up to eight months of cash and medical assistance.

Victims of Trafficking

The Committee includes $35,000,000 for the Victims of Trafficking program, which is $5,245,000 above the fiscal year 2022 enacted level. The recommendation includes $5,500,000 for the National Human Trafficking Hotline.

The Committee appreciates that the Office on Trafficking in Persons (OTIP) has integrated legal services into its comprehensive case management grant programs and encourages ACF to continue to increase access to legal services for both foreign national victims

and U.S. citizen and legal permanent resident victims, consistent with demonstrated need.

Refugee Support Services

The recommendation includes $450,000,000, which is $142,799,000 above the fiscal year 2022 enacted level. The Refugee Support Services (RSS) program provides formula and competitive grants to States and nonprofit organizations to address barriers to employment and help refugees become self-sufficient.

The Committee urges ORR to engage with the Department of Housing and Urban Development and Department of State on ways to align Federal efforts and reduce administrative costs across refugee support programs to maximize the efficient provision of safe housing and other services for eligible populations.

Unaccompanied Children

The Committee includes $6,714,346,000 for the Unaccompanied Children (UC) Program, which is equal to the amount requested in the fiscal year 2023 budget request (including both discretionary and contingency funding). The Committee notes that the request is approximately $1,300,000,000 below the amount that was provided for the program in fiscal year 2022, despite the continued impacts of COVID–19 and the high numbers of children seeking refuge at the Southern border. The Committee provides the funding requested for fiscal year 2023 with the understanding that the reduction of funding (compared to fiscal year 2022) is the result of strategic improvements ORR is making to plan for additional capacity when there are surges in arrivals, and the sustained focus on efforts to discharge children safely and expeditiously to vetted sponsors. The Committee recommends this funding level with the understanding that ORR will continue its commitment to invest in a network of licensed beds to the greatest extent possible, increase oversight and monitoring of all shelters, expand services for children while they are in care and post-release, and importantly, to maintain the closure of emergency intake sites.

The Committee continues to stress the critical importance of increased services to children, and provides not less than $650,000,000, an increase of $92,000,000 over the fiscal year 2022 enacted level, for legal services, post-release services, and child advocates. The Committee directs ORR to report regularly the number of referrals from CBP, and to continue to provide quarterly reports on the number of children receiving services from legal service providers, the number receiving post-release legal and social services, and the number who are appointed child advocates, including the number of children on the waitlist for any of these services, in accordance with the directive in House Report 116–450. The Committee expects ORR to set targets for the number and percentage of children that will be provided such services so that the Committee can ensure that the number of children with access to such services significantly increases over fiscal year 2022.

Age-Outs.—The Committee continues to direct ORR to develop tangible post-18 plans for every 17-year-old unaccompanied child in ORR care at least two weeks in advance of their 18th birthday to ensure that an appropriate non-secure placement, along with any

necessary social support services, has been identified for the child prior to discharge from ORR.

Case Management and Community Support Services.—The Committee expects HHS to coordinate with DHS to provide an analysis of existing case management programs, including the Alternatives to Detention Case Management pilot program being administered by the DHS Office of Civil Rights and Civil Liberties, and to promptly brief the Committee within 180 days of enactment of P.L. 117–103. The Committee remains concerned that case management programs accountable only to U.S. Immigration and Customs Enforcement may negatively impact the ability and willingness of community-based organizations to directly contract for community-based support services, and encourages HHS to evaluate which agencies or offices within HHS may be well-positioned to ensure that individuals and families receiving short term assistance upon entry can receive referrals for longer term community-based case management services through HHS when requested.

Child Advocates.—The recommendation includes $12,000,000 for ORR to expand Child Advocate services and to ensure that child advocates are appointed to particularly vulnerable children, including victims of abuse or trafficking, children 12 years old and younger, children in residential treatment centers, children seeking review of their release or placement, pregnant and parenting children, children with disabilities or complex medical conditions, and children who are expected to remain in ORR custody for prolonged periods of time. The Committee encourages ORR to ensure that child advocates are able to communicate and share information essential to protecting a child's best interests with the child and the child's attorney. The recommendation continues language waiving matching requirements, and provides an increase in funding for the program to more than offset previous matching requirements.

To ensure that child advocates have the visibility and capacity to be appointed to the most pressing cases in ORR custody, the Committee strongly urges ORR to proactively share census data from each facility with child advocates on a consistent basis. Such census should list the names, ages, countries of origins, languages, and lengths of stay of each child in the program, which will help child advocates identify the children in greatest need.

Children with Prolonged Stays.—The Committee continues to direct ORR to submit a report every six months on the number of children who have been in ORR custody longer than a year. Such report should include how long each child has been in ORR custody and a status update on their case, including whether the child has any family or other potential sponsor(s) in the United States and a summary of ORR's efforts to place the child with a sponsor or in a long-term foster care setting. The Committee directs ORR to ensure that a care provider is taking all steps necessary to place every child in a home as expeditiously as possible and that no child is unaccounted for, resulting in prolonged detention.

Communicating With Congress.—The Committee expects HHS to notify the Committee prior to making any administrative or policy changes expected to impact the number of children in ORR custody; shelter operations; the placement of children with sponsors; or any post-release services.

Community-Based Facilities.—The Committee directs ORR to prioritize new grant or contract funding to small-scale, community-based residential care placements. As ORR adds State-licensed capacity to its network, the Committee expects that no less than 50 percent of beds added to the network be in small-scale shelters, transitional foster care, small group homes, or long-term foster care. The Committee further directs ORR to ensure there is an adequate supply of long-term foster care beds in the network to minimize the time it takes for a child to be moved to this least restrictive placement.

In addition, ORR is directed to notify the Committee prior to all new funding opportunity announcements, grant or contract awards, or plans to release or acquire property. Further, the Committee strongly encourages ORR to post funding opportunity announcements more consistently and predictably, and to provide training and technical assistance to potential new providers.

Legal Services.—The Committee supports the continued expansion of independent legal services for unaccompanied children and notes that services provided by independent and qualified legal counsel to unaccompanied children increase the efficiency, effectiveness, and fairness of immigration proceedings, significantly reduce the failure-to-appear rate of children who are released from HHS custody, and help relieve the immigration court backlog. The recommendation includes funding and direction for ORR to ensure in-person "Know Your Rights" and legal screenings for every child in custody, and for the continued expansion of direct representation for released unaccompanied children. The Committee emphasizes the vital importance of legal services for unaccompanied children both during ORR custody and following release and expects post-release direct representation to be made available to children up to funded capacity, without restrictions related to age while in ORR care; release date; estimated time to conclude a case; or other characteristics, provided the representation is initiated while the individual is still a minor.

The Committee expects legal services to be in person absent exigent circumstances, such as for a public health emergency, and expects ORR to ensure that there is sufficient confidential space available for legal services at all facilities, including emergency or influx facilities. When services must be provided remotely, ORR shall make sufficient technology and confidential space available for communication via video whenever possible, or via telephone if necessary.

In addition, the Committee strongly encourages ORR to work with legal service providers to develop a strategy to minimize the risks of any child having to go to immigration court without independent legal counsel. Within the amount for services for children, the recommendation includes up to $8,300,000 for legal service providers to recruit and train additional attorneys for the purposes of building the capacity necessary to provide independent representation to unaccompanied children with pending immigration cases.

Mental Health Services.—The Committee appreciates the steps that ORR has taken to improve mental health services for children in its custody and urges ORR to further expand mental health services and the use of other interventions, and to provide in-person and continuous training to ORR-contracted staff on the special-

ized needs of children in ORR's care. The Committee directs ORR to work with residential care service providers, child welfare experts, and other stakeholders with relevant expertise to ensure compliance with Federal, State and local codes related to the standards of care or the well-being of young children and children with disabilities, and to develop policy guidelines regarding residential care and specialized, trauma-informed practices for the aforementioned groups of children, including regarding appropriateness of residential treatment centers as a form of residential care. The Committee directs ORR to include in its fiscal year 2024 Congressional Budget Justification information on these efforts, including details and metrics on the types of training offered to staff to ensure appropriate care is available for young children, children with disabilities, and children with mental health needs.

Non-Parental Relatives.—The Committee strongly supports efforts to reduce the amount of time a child may be separated from a family member when referred from CBP as unaccompanied even though the child arrived at the border with a non-parental relative. The Committee further supports ORR's efforts to improve efficiency, including by deploying HHS staff to DHS facilities for the purposes of verifying relationships and initiating the sponsor suitability process for adult family members claiming a Category 2a or 2b relationship with the child (or children) with whom they arrived.

Office of the Ombudsperson.—The Committee continues to support efforts to increase and improve independent oversight of the UC program through the establishment of an Office of the Ombudsperson. The Committee expects the briefing required in accordance with the Joint Explanatory Statement that accompanied P.L. 117–103 to include a strategy for establishment of the Office, including estimates of the resources necessary to do so. The Committee includes up to $10,000,000 for establishment of the Office.

Post-Release Services.—The Committee includes an increase in funding for post-release services to enhance and extend case management services to more children to assist them with school enrollment; access to legal services, health care, mental health and community services; and to provide counseling to the child and families in the initial period after release. The Committee urges ORR to engage with current family reunification service providers, post-release service providers, and recently released children and sponsors to discuss needed services, the length of services, and how to improve coordination between shelters, providers and other community services providers, to help evaluate the current program, to identify new risks and opportunities for improvement.

In addition to children already designated under law or policy to receive such services, the Committee encourages ORR to ensure that all pregnant or parenting teens, children whose primary language is neither English nor Spanish, as well as children who faced separation from a parent or legal guardian at the U.S.-Mexico border, are referred for post-release services. ORR should arrange for such services to be provided by non-governmental organizations with experience and expertise in working with these children. The Committee urges ORR to develop and make public on its website the criteria for how children are prioritized for post-release serv-

ices, and the number of children receiving services in each fiscal year.

Protection of Genetic Information.—The Committee continues to prohibit any governmental agency or private entity from accessing, using, or storing any genetic material, data, or information collected in this reunification effort, including for the purpose of criminal or immigration enforcement. Any genetic material, data, or information obtained by a government agency or private entity should be destroyed after testing and the probability of a genetic relationship is calculated. The entities conducting DNA testing shall obtain the consent of any individual over age 18 prior to testing, and shall make every effort to obtain the consent of a guardian prior to testing anyone under age 18. The Committee requests ORR continue to include in its annual Congressional Budget Justification the steps it is taking to protect the privacy and genetic material and data of individuals who are being tested as part of reunification efforts.

Spend Plan.—The bill includes a general provision requiring the Secretary of HHS to continue to submit a comprehensive spend plan to the Committee every 60 days. The plan should continue to include a report on facilities, by facility type, including facility-specific data including number of licensed beds; operating status (open or not yet open); whether a facility is operated by a for-profit or non-profit company; and the availability of such facilities to legal, medical and social service resources.

Tender Age Children.—The Committee directs ORR to include in the fiscal year 2024 Congressional Budget Justification information on efforts to ensure developmentally appropriate care is available for tender age children. The justification should detail how placement options, services, and staff training are tailored for tender age children, as well as an assessment of the circumstances under which very young children are referred to ORR.

Unlicensed Facilities.—The Committee understands the challenges facing HHS in ensuring sufficient State-licensed shelter capacity amid the ongoing COVID–19 pandemic and high numbers of children seeking protection at the Southern border. The Committee recognizes and shares HHS's commitment to ensuring that unaccompanied children are not subject to prolonged detention in U.S. Customs and Border Protection (CBP) facilities—however, the Committee strongly supports the medical, psychological, and child welfare advocacy communities in their compelling arguments against, and well-founded reasons to limit, the use of any unlicensed facilities, especially large-capacity temporary shelters where large numbers of children reside in the same space and where access to services may be limited. The Committee acknowledges that ORR has discontinued the use of emergency intake sites—including by expanding services at some of those sites to meet influx standards—but continues to have concerns about how ORR will ensure that influx facilities maintain standards that are robust and comprehensive. The Committee directs ORR to submit, within 120 days of enactment of this Act, a report detailing plans to ensure independent, third-party monitoring of all unlicensed facilities to verify their compliance with required standards, as well as a plan for licensure for all unlicensed facilities, or a comparable plan for how ORR can independently verify that each such facility has satisfied

requirements equivalent to applicable State licensing standards while such facilities are in use.

In addition, the Committee is aware of actions recently taken by certain States that remove, exempt, or threaten to strip ORR facilities of State licenses and important safety and monitoring mechanisms. The Committee urges HHS to ensure State actions do not undermine the safety and well-being of unaccompanied children, and the Committee expects ORR to take steps to ensure third-party oversight and monitoring of affected ORR facilities, commensurate with State-licensed monitoring and oversight requirements and timelines. As part of the report requested above, the Committee directs ORR to include a section on the actions it is taking to appropriately monitor and oversee operations of any facilities affected by such State actions.

Survivors of Torture

The Committee includes $20,000,000 for the Survivors of Torture program, which is $2,000,000 above the fiscal year 2022 enacted level. The program funds non-profit organizations providing healing and support services to refugees, asylees and asylum seekers, who need help overcoming the effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriation, fiscal year 2022	$6,165,330,000
Budget request, fiscal year 2023	7,562,000,000
Committee Recommendation	7,165,330,000
Change from enacted level	+1,000,000,000
Change from budget request	−396,670,000

The Committee recommends $7,165,330,000 for the Child Care and Development Block Grant (CCDBG) program, which is $1,000,000,000 above the fiscal year 2022 enacted level. The Committee strongly supports the commitment in the budget to allot three percent for Indian Tribes, in addition to the set-aside of $184,960,000 included in this Act. The CCDBG provides funds according to a formula to States, territories, and Tribes to provide financial assistance to help low-income working families and families engaged in training or education activities access child care and to improve the quality of child care for all children.

Child Care Facilities Needs Assessment.—The Committee appreciates that ACF has been conducting a feasibility study to determine how States could conduct needs assessments of their child care and early education facilities and requests a briefing within 30 days of enactment of this Act on the results of that analysis, including an estimate of the resources necessary to fund such Statewide needs assessments.

Early Childhood Educator Workforce Pipeline.—The Committee encourages the Department of Health and Human Services to work with the Department of Education and the Department of Labor to develop and implement a strategy for strengthening the early educator workforce pipeline, including in the child care sector.

Home-Based Providers.—The Committee recognizes the value of home-based providers to the field of child care, and directs ACF to develop and disseminate guidance clarifying authorities under existing law for use of CCDBG funds to support home-based child

care providers, including relative providers, and offer examples of initiatives currently underway in States to do so.

Homelessness Data.—The Committee encourages OCC to provide technical assistance to and conduct monitoring of States to improve the quality and completeness of the data States are required to collect on the homelessness status of children receiving childcare subsidies. The Committee expects OCC to annually publish on its website data gathered regarding homelessness status and related demographic data.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2022	$1,700,000,000
Budget request, fiscal year 2023	1,700,000,000
Committee Recommendation	1,700,000,000
Change from enacted level	– – –
Change from budget request	– – –

The Social Services Block Grant provides grants to States by formula. States have the flexibility to determine what services and activities are supported, provided they are targeted at a broad set of goals, including reducing or eliminating poverty, achieving or maintaining self-sufficiency, and preventing neglect, abuse, or exploitation of children and adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriation, fiscal year 2022	$13,438,343,000
Budget request, fiscal year 2023	15,311,822,000
Committee Recommendation	15,167,344,000
Change from enacted level	+1,729,001,000
Change from budget request	−144,478,000

The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.

The Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Programs for Children, Youth, and Families	
Head Start	$12,396,820,000
Preschool Development Grants	350,000,000
Runaway/Homeless Youth	133,000,000
Abuse of Runaway Youth Prevention	22,000,000
State Child Abuse Prevention	110,000,000
Discretionary Child Abuse Prevention	41,000,000
Community-based Child Abuse Prevention	75,000,000
Child Welfare Services	273,735,000
Child Welfare Training	38,984,000
Adoption Opportunities	50,000,000
Adoption Incentives	75,000,000
Social Services Research and Demonstration	101,679,000
Native American Programs	63,762,000
Community Services	
Community Services Block Grant	800,000,000
Community Economic Development	22,383,000
Rural Community Facilities	12,000,000
Domestic Violence Hotline	27,360,000
Family Violence/Battered Women's Shelters	300,000,000
Chafee Education and Training Vouchers	45,257,000
Disaster Human Services Case Management	2,364,000
Program Direction	227,000,000

Head Start

The Committee recommends $12,396,820,000 for the Head Start program, which is $1,360,000,000 above the fiscal year 2022 enacted level and $193,366,000 above the fiscal year 2023 budget request. Head Start and Early Head Start promote school readiness of children under 5 from low-income families through education, health, social and other services.

Cost-of-Living Adjustment.—The Committee recommends $596,000,000 for a cost-of-living adjustment.

Early Head Start (EHS) Expansion and Early Head Start-Child Care (EHS–CC) Partnerships.—The Committee includes $500,000,000 to expand Head Start and Early Head Start programs for eligible children and families. The Committee understands that the EHS–CC Partnership grant program was designed to enhance the quality of child care to better meet the needs of working families, and supports the program's appreciation for how Head Start can be critically helpful to meeting those needs. However, the Committee is aware of certain communities for which there are significant barriers to establishing the EHS–CCP model and expects grants for EHS expansion or EHS–CC partnerships to be awarded based on the unique needs of each community with due consideration of local feasibility. The Committee requests a briefing within 30 days of enactment of this Act, on how the Office of Head Start (OHS) can promote the EHS–CCP model without awarding funding based on a predetermined spending level, and in a way that does not disadvantage communities where EHS–CCP is infeasible. The Committee urges OHS to ensure that the program is not expanded in a way that excludes children and babies whose parents do not qualify for child care, or pregnant women.

The Committee continues to direct ACF to include in the fiscal year 2024 Congressional Budget Justification and each Congressional Budget Justification thereafter, the actual and estimated number of funded slots for each of the following: Head Start, EHS, and EHS–CC Partnerships.

Migrant and Seasonal Head Start.—The Committee is concerned by reports that an increasing number of farmworker families with young children are finding it difficult to qualify for Migrant and Seasonal Head Start (MSHS) services despite regulatory flexibilities available to the program in the Head Start Act. The Committee is concerned that 2019 enrollment data indicates that MSHS programs may not be utilizing these flexibilities to the maximum extent allowable and urges the Secretary to continue to work with individual MSHS programs to maximize flexibilities related to income eligibility where under-enrollment is an issue. Within 120 days of enactment of this Act, the Committee directs OHS to provide a comprehensive list of the MSHS programs reporting under-enrollment in fiscal years 2021 and 2022 and to include program specific data on the percent of enrollees determined eligible by the allowable flexibilities (as outlined in the Report to Congress on Head Act Eligibility, April 2022), so that the Committee can better understand the eligibility issues facing MSHS programs and can continue to discuss any further actions that may be necessary.

Quality Improvement Funding.—The Committee includes $262,000,000 in quality improvement funding. The Committee strongly believes the flexibility provided by this funding is nec-

essary for Head Start programs to meet the local needs of programs, and expects funding to be prioritized for recruiting and retaining quality staff and improving facilities and classroom environments to support high quality program services, and address the rise of adverse childhood experiences.

Tribal Colleges and Universities-Head Start Partnership Program.—The Committee includes $8,000,000 for the Tribal Colleges and Universities (TCU)-Head Start Partnership Program.

Preschool Development Grants

The Committee recommends $350,000,000 for Preschool Development Grants, which is $60,000,000 above the fiscal year 2022 enacted level. This program provides grants to States to build State and local capacity to provide preschool for 4-year-olds from low-and moderate-income families.

The Committee encourages ACF to continue to support States that choose to use a portion of their renewal grant funding to award sub-grants to programs in a mixed delivery system across the State, particularly for low-income and disadvantaged children prior to entering kindergarten, or to improve the quality of local programs through the enhancement of early childhood systems.

Runaway and Homeless Youth

The Committee recommends $155,000,000 for the Runaway and Homeless Youth (RHY) program, which is $14,717,000 above the fiscal year 2022 enacted level and $4,951,000 above the fiscal year 2023 budget request.

The Committee supports the ability of grantees to provide prevention services regardless of enrollment in residential services, and urges the program to remind grantees that they are not required to enroll a young person in shelter or residential services, nor require the young person to physically travel to the grantee's location, in order for the young person who is deemed at risk of running away or becoming homeless to be eligible to receive prevention and supportive services, including counseling and case management.

The program is encouraged to notify applicants if grant applications were successful at least 30 days before the grant is to begin, or no less than 30 days before an existing grant is set to end.

The Committee strongly urges the program to ensure that service delivery and staff training comprehensively address the individual strengths and needs of youth, as well as be language appropriate, gender appropriate (interventions that are sensitive to the diverse experiences of male, female, and transgender youth and consistent with the gender identity of participating youth), and culturally sensitive and respectful of the complex social identities of youth (e.g., race, ethnicity, nationality, age, religion/spirituality, gender identity/expression, sexual orientation, socioeconomic status, physical or cognitive ability, language, beliefs, values, behavior patterns, or customs). The Committee strongly believes that no runaway youth or homeless youth should be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part under the Runaway and Homeless Youth Act, based on any of the conditions outlined in this paragraph.

State Child Abuse Prevention

The Committee recommends $110,000,000 for Child Abuse Prevention and Treatment Act (CAPTA) State Grants, which is $14,909,000 above the fiscal year 2022 enacted level.

Child Abuse Discretionary Activities

The Committee recommends $41,000,000 for Child Abuse Discretionary Activities, which is $5,000,000 above the fiscal year 2022 enacted level.

Child Abuse Hotline.—The recommendation includes $2,000,000 for ongoing support for a national child abuse hotline to provide resources and intervention in all modalities, including chat, text, and call, to provide comprehensive capabilities to serve both youth and concerned adults facing child abuse and neglect.

The Committee encourages ACF to continue evaluating and sharing text and chat best practices in appropriate communication, identity verification, privacy protection, and resource sharing with other national hotlines.

National Child Abuse and Neglect Data System (NCANDS).—The Committee continues to encourage HHS to explore the feasibility of adding—to the caregiver characteristics and environmental factors fields in NCANDS—a category of animal abuse as an additional factor that could place a child at risk for maltreatment.

Preventing Maltreatment in Youth Residential Facilities.—The Committee is concerned by reports of youth being maltreated by staff employed at residential facilities and urges HHS, in consultation with the Department of Education, to share information with States on promising practices for preventing and addressing maltreatment in residential facilities for youth.

Trauma-Informed Interventions.—The Committee includes $5,000,000 for a demonstration project related to the implementation of a new and innovative approach to serving children in foster care by providing trauma-informed interventional programming, including evidence-based clinical services, foster parent training and curriculum, volunteer support services for foster parents, positive biological and birth family engagement to enhance family reunification, enrichment activities for the children and trauma-informed systems work. Eligible applicants should be nonprofit organizations with a demonstrated experience working with children in foster care who have experienced severe trauma. Applicants shall include Institutional Review Board-approved research supported by content area and epidemiological experts. The project should report regularly to ACF on findings, outcomes, and recommendations regarding sustainable funding and replicable programmatic models.

Community-Based Child Abuse Prevention

The Committee recommends $75,000,000 for Community-Based Child Abuse Prevention, which is $9,340,000 above the fiscal year 2022 enacted level. These formula grants support community-based approaches to child abuse and neglect prevention.

The Committee believes that communities can help build strong families and improve their capacity to nurture the healthy development of their children by providing ready access to online information about the full range of public and private resources available to them. The Committee encourages ACF to continue providing

technical assistance to State lead agencies on how they may use funds provided under this account to help local governments and communities to develop (or maintain) websites that provide current and regularly updated information on family, youth, and community resources, including programs and services provided through nonprofits; community organizations; the Federal Government; and State and local governments.

Child Welfare Research, Training and Demonstration

The Committee recommends $38,984,000 for the Child Welfare Research, Training and Demonstration program, which is $20,000,000 above the fiscal year 2022 enacted level. This program awards competitive grants to entities that prepare personnel for work in the child welfare field and those engaged in research around child welfare issues.

The Committee recognizes the need for reforms in the child welfare system and includes $20,000,000 for a new competitive grant program to address racial inequity in the child welfare field and reorient systems towards a prevention-first model.

Adoption Opportunities

The Committee recommends $50,000,000 for the Adoption Opportunities program, which is $2,000,000 above the fiscal year 2022 enacted level and $3,900,000 above the fiscal year 2023 budget request. This program funds competitive grants and contracts to public and private organizations to remove barriers to adoption and to provide permanent homes for children who would benefit from adoption, particularly children with special needs.

The Committee includes $2,000,000 for the National Adoption Competency Mental Health Training Initiative to provide States, Tribes and territories technical assistance to ensure that training curriculums are available and appropriately used by State child welfare and mental health professionals, and to initiate the development of derivative trainings for courts and continuing medical education for medical professionals to ensure consistency across disciplines. The Committee continues to encourage the program to institutionalize its curriculums as the standard for consistent training in all State child welfare agencies.

Social Services Research and Demonstration

The Committee recommends $101,679,000 for the Social Services Research and Demonstration program.

Community Project Funding.—Within the funds included in this account, $69,167,000 shall be used for the projects, and in the amounts, specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" at the end of this report.

Diaper Distribution Grant Demonstration.—The Committee includes $20,000,000, a $10,000,000 increase above the fiscal year 2022 enacted level, for the diaper distribution grant program first funded in P.L. 117–103, for grants to social service agencies or other non-profit organizations for diaper and diapering supply needs.

Medical-Legal Partnerships.—The Committee recognizes the value that medical-legal partnerships (MLPs) provide to under-

served communities by combining health and legal services at a single site of care. The recommendation includes $2,000,000 for an MLP grant program to assist individuals with health-harming legal needs, including in the areas of housing stability, income supports, family stability, civil rights, immigration, and environmental health. The Committee directs ACF to award grants to multidisciplinary teams that will work together to address medical and social/legal problems that have an impact on overall health and expects the program to award grants with preference to Minority-Serving Institutions and university-affiliated safety-net non-profit hospitals that have long-standing Medical-Legal Partnerships that primarily serve Native and underserved populations.

Support Services at Affordable Housing.—The Committee includes $3,000,000 for a demonstration program to provide funding to owners of affordable housing properties to offer supportive services for their residents, including after-school programs for children and teenagers; education opportunities for youth and adult residents; mental health, alcohol and addiction treatment; self-sufficiency resources; resources on future home ownership; financial literacy training; elderly care; assistance to residents with disabilities; and other community services. The Committee requests a report one year after award of such grants on the findings of this demonstration program.

Native American Programs

The Committee recommends $63,762,000 for Native American Programs, which is $5,000,000 above the fiscal year 2022 enacted level and $1,263,000 above the fiscal year 2023 budget request. These programs assist tribal and village governments and Native American institutions and organizations in their efforts to support and develop stable, diversified local economies. Tribes and non-profit organizations use funds to develop and implement sustainable community-based social and economic programs and services to improve the well-being of Native people.

Within the total, the recommendation includes no less than $18,000,000 for Native American language preservation activities, including no less than $8,000,000 for language immersion programs as authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.

Community Services Programs

Community Services Block Grant.—The Committee recommends $800,000,000 for the Community Services Block Grant (CSBG), which is $45,000,000 above the fiscal year 2022 enacted level and $45,781,000 above the fiscal year 2023 budget request. The CSBG provides funds to alleviate the causes and conditions of poverty in communities.

The Committee is concerned about a lack of supportive services in low-income housing areas, and urges the Office of Community Services (OCS) to coordinate with the Department of Housing and Urban Development (HUD), and State and local housing authorities to expand supportive services at low-income housing communities to leverage Federal funding sources to increase self-sufficiency and improve low-income individuals' living conditions.

Community Economic Development.—The Committee recommends $22,383,000 for Community Economic Development, which is $1,000,000 above the fiscal year 2022 enacted level. Community Economic Development is a grant program which funds Community Development Corporations seeking to address the economic needs of low-income individuals and families through the creation of sustainable business development and employment opportunities.

Rural Community Facilities Development.—The Committee recommends $12,000,000 for the Rural Community Facilities Development program, which is $1,000,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. Rural Community Development is a grant program that works with regional and Tribal organizations to manage safe water systems in rural communities.

Domestic Violence Hotline

The Committee recommends $27,360,000 for the Domestic Violence Hotline, which is $11,860,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. The Hotline provides 24-hour, toll-free and confidential services immediately connecting callers to local service providers.

Within the recommendation, the Committee includes $1,000,000 for a pilot project to explore best practices, intervention, and prevention methods, including establishment of a hotline for those who choose to cause harm, to reduce incidents of domestic violence.

In addition, the Committee recognizes the unique challenges experienced by individuals in religious communities, especially populations underserved because of religion, in accessing appropriate domestic violence services and support, and includes $250,000 for the Domestic Violence Hotline to evaluate and expand its list of resources for contacts from religious communities.

Family Violence Prevention and Battered Women's Shelters

The Committee recommends $300,000,000 for the Family Violence Prevention and Battered Women's Shelters programs, which is $100,000,000 above the fiscal year 2022 enacted level. The Family Violence Prevention and Services Act (FVPSA) programs provide funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims (and their dependents).

Addressing Domestic Violence in Religious Communities.—The Committee recognizes the unique challenges experienced by individuals in religious communities, especially populations underserved because of religion, in accessing appropriate domestic violence services and supports. The Committee supports the work that FVPSA Resource Centers are doing to improve outreach to faith-based communities. The Committee encourages the Resource Centers to continue to provide training and technical assistance to faith-based communities, especially populations underserved because of religion and requests a report within 180 days of enactment of this Act on the ways Resource Centers provide training and technical assistance to religious communities.

Culturally Specific Services for Domestic Violence and Sexual Assault.—The Committee recognizes that current public health and social pandemics have disproportionally impacted communities of color, leaving women and girls of color more vulnerable to incidents of domestic violence and sexual assault, and recommends no less than $20,000,000 for culturally specific organizations to develop or enhance appropriate services that are specific to their community.

Native Hawaiian Resource Center on Domestic Violence.—Within the recommendation, the Committee includes $2,000,000 for the Native Hawaiian Resource Center on Domestic Violence to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims in Native Hawaiian communities.

Sexual Assault Technical Assistance Initiative.—The Committee provides $5,000,000 for the program to support the Federal administrative costs to monitor grants for survivors of sexual assault and grants to support culturally specific populations, and to provide grants for technical assistance providers with extensive knowledge of and demonstrated expertise in the problem and solutions to sexual assault, as well as experience in the anti-sexual assault field.

Chaffee Education and Training Vouchers

The Committee recommends $45,257,000 for the Chafee Education and Training Voucher (CETV) program, which is $2,000,000 above the fiscal year 2022 enacted level. The CETV provides vouchers to youth who are, or were formerly, in foster care for expenses related to post-secondary education assistance and vocational training.

Program Direction

The Committee recommends $227,000,000 for Program Direction, which is $14,500,000 above the fiscal year 2022 enacted level.

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2022	$427,515,000
Budget request, fiscal year 2023	451,000,000
Committee Recommendation	427,515,000
Change from enacted level	– – –
Change from budget request	–23,485,000

The Committee recommends $345,000,000 in mandatory funds and $82,515,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services. States receive funds based on their share of children in all States receiving food stamp benefits.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2022	$6,963,000,000
Budget request, fiscal year 2023	7,606,000,000
Committee Recommendation	7,606,000,000
Change from enacted level	+643,000,000
Change from budget request	– – –

The Committee also recommends an advance appropriation of $3,200,000,000 for the first quarter of fiscal year 2024 to ensure timely completion of first quarter grant awards.

Mental Health Services for Foster Youth.—The Committee appreciates that the Children's Bureau complies with the statutory requirement to conduct periodic Child and Family Services Reviews (CFSR) to ensure that State child welfare systems' practices are in compliance with State plan requirements in title IV–B and IV–E of the Social Security Act in order to direct corrective action if outcomes do not meet Federal benchmarks. The Committee urges the Department to use the CFSR case file reviews and stakeholder interviews to verify that States are ensuring that foster children receive mental health screenings, follow-up mental health assessments, and are referred for mental health services, as required by title IV–B, and looks forward to receiving data on the number of children in out-of-home care who received a diagnosis of a behavioral or mental health condition when the AFCARS 2020 data is available for analysis.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriation, fiscal year 2022	$2,264,927,000
Budget request, fiscal year 2023	2,930,491,000
Committee Recommendation	2,860,008,000
Change from enacted level	+595,081,000
Change from budget request	−70,483,000

Created in 2012, the Administration for Community Living (ACL) brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

Home and Community-Based Supportive Services

The Committee recommends $450,000,000 for Home and Community-Based Supportive Services, which is $51,426,000 above the fiscal year 2022 enacted level. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

Preventive Health Services

The Committee recommends $27,500,000 for Preventive Health Services, which is $2,652,000 above the fiscal year 2022 enacted level and $1,161,000 above the fiscal year 2023 budget request. This program funds activities that help seniors remain healthy and avoid chronic diseases. Funding supports a variety of healthy aging programs aimed to reduce disease and prevent injuries, including

evidence-based programs to address the risk of falls, chronic diseases, mental health, and medication management.

Protection of Vulnerable Older Americans

The Committee recommends $41,944,000 for activities to protect vulnerable older Americans, which is $17,286,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. These programs provide grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs. Within the recommendation, the Committee provides a $17,000,000 increase to the Long-Term Care Ombudsman program.

Family Caregiver Support Services

The Committee recommends $230,000,000 for the National Caregiver Support program, which is $36,064,000 above the fiscal year 2022 enacted level. This program offers a range of support services to family caregivers, including assistance in accessing services such as respite care, counseling, support groups, and caregiver training.

GAO Study on Caregiving Youth.—The Committee is concerned with reports that there may be 3 to 5 million youths serving as a primary or secondary caretaker for a family member and believes there is insufficient data on this population. The Committee directs GAO to complete a study examining what is known about the number and characteristics of caregiving youth; to what extent the substance abuse crisis and COVID–19 pandemic has increased this population; what challenges caregiving youth face; what additional resources are needed to address these challenges; what Federal programs could be expanded to serve this population; and how HHS coordinates with other programs to support caregiving youth.

Native American Caregiver Support Services

The Committee recommends $13,806,000 for the Native American Caregiver Support program, which is $2,500,000 above the fiscal year 2022 enacted level. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Congregate and Home-Delivered Nutrition Services

The Committee recommends a total of $1,260,069,000 for senior nutrition. The recommendation includes: $700,000,000 for Congregate Nutrition Services; $400,000,000 for Home-Delivered Meal Services; and $160,069,000 for the Nutrition Services Incentives program. These programs help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Native American Nutrition and Supportive Services

The Committee recommends $41,264,000 for Native American Nutrition and Supportive Services, which is $5,000,000 above the fiscal year 2022 enacted level. This program provides grants to

Tribes to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders.

Aging Network Support Activities

The Committee recommends $36,961,000 for Aging Network Support Activities, which is $18,500,000 above the fiscal year 2022 enacted level and $14,015,000 above the fiscal year 2023 budget request. This program supports activities that expand public understanding of aging and the aging process.

Care Corps.—The recommendation includes $5,500,000 for the Care Corps program. The Committee recognizes the success of local programs that are increasing seniors' access to non-emergency medical services by offering transportation with trained volunteers to serve as aides and advocates for those with accessibility challenges, and includes a $1,500,000 increase for ACL to award grants to programs capable of building a network of screened and trained volunteer chaperones to accompany older adults and adults with disabilities in need to and from non-emergency medical appointments and outpatient procedures.

Direct Care Workforce Demonstration.—The Committee provides $3,000,000 for a Direct Care Workforce Demonstration project, to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers.

Holocaust Survivor's Assistance and Person-Centered, Trauma-Informed Care (PCTI).—The Committee provides $10,000,000 for the Holocaust Survivor's Assistance program, which provides supportive services for aging Holocaust survivors and their families, and to other older adult populations that have been exposed to and impacted by traumatic events, including aging military veterans, first responders, victims of childhood and domestic violence, and survivors of man-made or natural disasters.

Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities.—While numerous Federal agencies and programs support older Americans and aim to reduce falls and provide safe and accessible living environments, interagency coordination is critical to ensure these programs are effective and cohesive. The Committee provides $1,000,000 for the coordination of healthy aging programs across HHS, the Department of Housing and Urban Development, the Department of Transportation, and other agencies as appropriate, with a focus on falls prevention programs and safe living environments, and with a goal of informing the 2025 White House Conference on Aging.

Research, Demonstration, and Evaluation Center for the Aging Network.—The Committee includes $10,000,000 to create a Research, Demonstration, and Evaluation Center for the Aging Network, as authorized in the 2020 OAA Reauthorization. Funding should be used to hire staff, and invest in research, demonstration, and evaluation of falls prevention programs. The Committee expects the Center to research best practices on falls prevention and distribute the most promising practices in the field of falls prevention to the aging network. Within funding provided, the Committee expects the Center to offer demonstration and evaluation programs through competitive grants to be innovative and respond to evolv-

ing evidence about what works to prevent and reduce risk of falls, and equip the Network with funding to implement those models.

Alzheimer's Disease Program

The Committee recommends $30,060,000 for the Alzheimer's disease program, which is $560,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. This program provides competitive matching grants to a limited number of States to encourage program innovation and coordination of public and private services for people with Alzheimer's disease and their families.

The recommendation includes $2,000,000 for the National Alzheimer's Call Center.

Respite Care

The Committee recommends $14,220,000 for Respite Care, which is $6,110,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. The program focuses on easing the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Falls Prevention

The Committee recommends $10,000,000 for the Falls Prevention program, which is $5,000,000 above the fiscal year 2022 enacted level and $5,000,000 above the fiscal year 2023 budget request. Falls prevention grants support the promotion and dissemination of prevention tools delivered in community settings.

Chronic Disease Self-Management Program

The Committee recommends $8,000,000 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management program, which is equal to the fiscal year 2022 enacted level and the fiscal year 2023 budget request. This program supports grants to States for low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Rights Support Activities

The Committee recommends $100,000,000 for Elder Rights Support Activities, which is $81,126,000 above the fiscal year 2022 enacted level and $22,600,000 above the fiscal year 2023 budget request. This program supports efforts that provide information, training, and technical assistance to legal and aging services organizations working to prevent and detect elder abuse and neglect.

The recommendation includes $80,000,000 to continue the nationwide Adult Protective Services formula grant program authorized in 2012 by the Elder Justice Act.

Aging and Disability Resource Centers

The Committee recommends $9,119,000 for Aging and Disability Resource Centers (ADRCs), which is $1,000,000 above the fiscal year 2022 enacted level. These centers provide information, counseling, and access for individuals to learn about the services and

support options available to seniors and the disabled so they may retain their independence.

State Health Insurance Assistance Program

The Committee recommends $58,115,000 for the State Health Insurance Assistance Program, which is $5,000,000 above the fiscal year 2022 enacted level and $2,873,000 above the fiscal year 2023 budget request. The State Health Insurance Assistance Program provides Medicare beneficiaries with information, counseling, and enrollment assistance.

Paralysis Resource Center

The Committee recommends $10,185,000 for the Paralysis Resource Center (PRC), and directs not less than $9,400,000 to the National PRC. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

Limb Loss Resource Center

The Committee recommends $4,200,000 for the Limb Loss Resource Center, which is $200,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals, and information and referral services.

Traumatic Brain Injury

The Committee recommends $13,118,000 for the Traumatic Brain Injury program, which is $1,297,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered service system at the State and community level for individuals who sustain a traumatic brain injury.

Developmental Disabilities State Councils

The Committee recommends $85,000,000 for State Councils on Developmental Disabilities, which is $5,000,000 above the fiscal year 2022 enacted level. The Developmental Disabilities State Councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities. The Committee recommends not less than $700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

In addition, the Committee encourages ACL to consult with the appropriate Developmental Disabilities Act stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Committee prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

Developmental Disabilities Protection and Advocacy

The Committee recommends $50,000,000 for Developmental Disabilities Protection and Advocacy, which is $7,216,000 above the fiscal year 2022 enacted level. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

The Committee notes that the Supreme Court decision in *Olmstead* v. *L.C. (1999)* held that the Americans with Disabilities Act (ADA) does not require removing individuals from institutional settings when they are unable to handle or benefit from a community-based setting and that the ADA does not require the imposition of community-based treatment on patients who do not desire it. The Committee notes that actions to close intermediate care facilities for individuals with intellectual disabilities may impact some individuals who do not meet the criteria for transfer to a community-based setting. The Committee urges HHS to ensure that programs properly account for the needs and desires of patients, their families, and caregivers and the importance of affording patients the proper setting for their care.

Voting Access for Individuals With Disabilities

The Committee recommends $12,414,000 for the Voting Access for Individuals with Disabilities program, which is $3,951,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommends $13,750,000 for Developmental Disabilities Projects of National Significance, which is $1,500,000 above the fiscal year 2022 enacted level. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration of those living with a disability into the community.

University Centers for Excellence in Developmental Disabilities

The Committee recommends $42,119,000 for University Centers for Excellence in Developmental Disabilities, which is equal to the fiscal year 2022 enacted level. The University Centers for Excellence in Developmental Disabilities Education, Research, and Service are a nationwide network of independent but interlinked centers, representing a national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

Independent Living

The Committee recommends $140,000,000 for the Independent Living program, of which $27,195,000 is for the Independent Living State Grants program and $112,805,000 is for the Centers for Independent Living program. This funding level is $21,817,000 above the fiscal year 2022 enacted level. Independent Living programs

maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends $117,470,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), which is $1,000,000 above the fiscal year 2022 enacted level. NIDILRR generates knowledge and promotes its effective use to enhance the abilities of people with disabilities to perform activities of their choice in the community and to expand society's capacity to provide full opportunities for its citizens with disabilities.

The Committee notes the potential of emerging technologies, like distributed ledger technologies or blockchain, to expand voting access for individuals with disabilities. The Committee encourages NIDILRR to consider a feasibility analysis into the use of emerging technologies to assist with voting access for individuals with disabilities, that includes but is not limited to, the particular voting challenges faced by individuals with disabilities, and how emerging technologies could be utilized.

Assistive Technology

The Committee recommends $44,000,000 for Assistive Technology, which is $5,500,000 above the fiscal year 2022 enacted level and equal to the fiscal year 2023 budget request. Assistive Technology (AT) supports programs providing grants to States for addressing assistive technology needs of individuals with disabilities. The goal is to increase awareness of and access to assistive technology devices and services that may help with education, employment, daily activities, and inclusion of people with disabilities in their communities.

The Committee continues to provide $2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices.

Program Administration

The Committee recommends $52,063,000 for Program Administration, which is $10,000,000 above the fiscal year 2022 enacted level. This funding supports Federal administrative costs associated with administering ACL's programs.

Community Project Funding

Within the funds included in this account, $30,446,000 shall be used for the projects, and in the amounts, specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" at the end of this report.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2022	$571,122,000
Budget request, fiscal year 2023	665,067,000
Committee Recommendation	639,622,000
Change from enacted level	+68,500,000
Change from budget request	−25,445,000

Of the funds provided, $75,728,000 shall be derived from evaluation set-aside transfers available under section 241 of the Public Health Service (PHS) Act, which is $10,900,000 above the fiscal year 2022 enacted level.

This appropriation supports activities that are associated with the Secretary's roles as policy officer and general manager of the Department of Health and Human Services (HHS). 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. In addition, this funding supports the Office of the Surgeon General and several other health promotion and disease prevention activities that are centrally administered.

Advertising Contracts for Small Business Owners.—The Committee understands that, as the largest advertiser in the United States, the Federal government should work to ensure fair access to its advertising contracts, including outdoor advertising, for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs each department and agency to include the following information in its fiscal year 2024 Congressional Budget Justification: expenditures for fiscal year 2022 and expected expenditures for fiscal year 2024 for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small businesses concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Bereaved Children.—The Committee is concerned with the impact of the COVID–19 pandemic on bereaved children. The consequences of losing a caregiver include higher risk of experiencing substance abuse and mental health problems, including anxiety, depression, and post-traumatic stress disorder, as well as higher risk of reduced employment and housing instability. Bereaved children also experience lower rates of academic attainment and higher dropout rates. The COVID–19 pandemic created the additional stressor on bereaved children by reducing or limiting their access to critical social support systems commonly provided through consistent school or community. The Committee acknowledges the President's efforts to identify these children and families and make resources available to them and encourages HHS to coordinate with Congress and relevant agencies to establish a taskforce to ensure the social and emotional development of bereaved children.

Blood Donation Education.—The Committee includes $1,000,000 for outreach and education to individuals who become newly eligible to donate blood due to evidence-based updates to FDA's deferral guidelines. The Committee directs HHS to conduct such community outreach in consultation with community stakeholders.

Brain Aneurysms.—The Committee recognizes that although one in 50 Americans has a brain aneurysm, there are typically no warning signs or symptoms unless the aneurysm ruptures. Up to 50 percent of patients will not survive such a hemorrhage. Even when an aneurysm has ruptured, the symptoms are not widely known among health care professionals. The Committee reiterates the language included in House Report 115–862 directing the Secretary, in consultation with appropriate stakeholders—including health care providers, brain aneurysm patient advocacy founda-

tions, brain aneurysm survivors, and caregivers—to facilitate the development of best practices on brain aneurysm detection and rupture for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers. The Committee encourages the Secretary to consider incorporating topics including, but not limited to, the symptoms of brain aneurysms, evidence-based risk factors for brain aneurysms, appropriate utilization of medical testing and diagnostic equipment, and screening recommendations. The Secretary shall continue to consult with appropriate stakeholders to develop a strategy for disseminating information about the best practices and begin implementing this strategy within one year after the date of enactment of this Act. The Secretary shall review research on brain aneurysm detection and diagnosis and update the best practices every three years, as appropriate. In addition, the Committee requests an update in the fiscal year 2024 Congressional Budget Justification outlining the Department's expenditures over the last five fiscal years on research and other activities related to brain aneurysms.

Breastfeeding Services and Supplies.—The Committee acknowledges that HRSA updated its Women's Preventive Services Initiative (WPSI) Breastfeeding Services and Supplies recommendation which serves as the basis for insurer decisions around coverage of related services and supplies especially for Medicaid beneficiaries in expansion States. Concerns have been raised that the WPSI recommendation's lack of consideration for quality in its coverage recommendations will lead insurers to cover only the most inexpensive supplies without regard to the needs of individual infants and mothers. HHS is directed to provide, within 120 days of the date of enactment of this Act, the information first requested by the Committee in House Report 115–862 detailing how health insurers have implemented comprehensive lactation services, the standards insurers use to set reimbursement rates for breastfeeding supplies and services, and the current best practices used to provide coverage to help women breastfeed. HHS also is directed to respond to the request in House Report 115–244 to examine the impact of clinically recommended breastfeeding rates on associated Medicaid expenditures, urgent care costs, and direct and indirect medical costs, including workplace productivity and employee retention.

Cardiovascular Disease Patients.—The Committee notes the growing prevalence of cardiovascular disease (CVD) and the economic burden this deadly disease has on the health care system. The Committee further notes that lipid-panel (cholesterol) screenings, diagnosis and appropriate treatment and management of CVD is vital to prevent major cardiac events and hospitalizations. Various disease prevention and progression therapies are widely available, including statins and modern biologic treatments that have demonstrated efficacy against certain types of CVD. However, such therapies often face barriers including prohibitive utilization management practices by health plans, which limit adoption. The Committee requests a report within 180 days of the date of enactment of this Act on challenges facing healthcare providers and patients with a specific focus on healthcare costs incurred related to postponed, delayed, or suboptimal treatments associated with CVD.

Children's Interagency Coordinating Council.—The Committee notes that the COVID–19 pandemic has contributed to a further decline in the economic standing, education, and physical and mental health status of low-income children, particularly among children in Hispanic, African American, Asian American, Native Hawaiian, Pacific Islander, and American Indian/Alaska Native families. Data shows that the COVID–19 pandemic is causing more children to experience poverty and resulting in additional hardships including educational gaps and negative mental health impacts. The Committee supports collaboration amongst HHS, the Department of Energy, the Department of Justice, the Department of Agriculture (USDA), United States Agency for International Development, and other Federal agencies to address these pressing problems. To foster greater coordination, collaboration, and transparency on child policy across agency lines, the Committee again directs the Secretary to establish a Children's Interagency Coordinating Council. Among other tasks, the Council shall enter into an agreement with the National Academy of Sciences to provide an annual report to Congress analyzing and monitoring how existing and emerging Federal policies have affected child poverty using the U.S. Census Bureau Supplemental Poverty Measure. In addition, the Council will examine and periodically report on a broad array of comprehensive and cross-cutting issues affecting child well-being.

Combating Opioid Overdoses.—The Committee commends NIDA for funding studies on kratom based on promising results that unadulterated kratom may provide help for some Americans struggling with addictions, given its analgesic and less addictive properties as compared to opioids.

Contraceptive Deserts.—The Committee notes that an estimated 19 million women in need of publicly funded contraception live in contraceptive deserts, counties in which there is no reasonable access to the full range of contraceptive options. A recent study found that contraceptive deserts vary across States, with between 17 and 53 percent of the State population living in a desert. Furthermore, it found that low-income people and people of color are more likely to live in contraceptive deserts. The Committee requests the Secretary undertake a study of contraceptive deserts and examine the extent to which Federal policy changes and resources can improve access to the full range of contraceptive options. The Committee requests this report within 180 days of the date of enactment of this Act, along with the Department's policy recommendations.

Contraceptive Access Under the Affordable Care Act.—The Committee is concerned about access to care for patients seeking preventive services, including contraceptive services. The Committee directs the Secretary, in collaboration with the Departments of Labor (DOL) and Treasury, to engage in patient education to ensure patients understand their rights under the Affordable Care Act to access (without cost sharing) the contraceptive product that is determined best for the patient, in consultation with their health care provider. In addition, the Committee directs the Secretary to engage with health care providers to disseminate the latest guidance on contraceptive access for patients, as well as how to help patients seek access to contraceptive services (without cost sharing) through a health insurance plan's exceptions process. The Com-

mittee urges the Secretary to take action against health insurance plans that are not meeting their obligations to patients under the law.

Cosmetic Safety.—The Committee encourages the Secretary of HHS to establish and maintain an interagency council for the purpose of sharing data, promoting collaboration on cosmetic safety, and generating solutions to address negative impacts on the health of women and girls of color, professional nail, hair, beauty, and salon workers, and other vulnerable populations caused by exposure to unsafe chemicals in cosmetic products. The interagency should include, but not be limited to, representatives from the Office of the Secretary FDA, NIH, CDC, the Assistant Secretary of Labor for Occupational Safety and Health (or the Administrator's designee), the Administrator of the Environmental Protection Agency (or the Administrator's designee), the Administrator of the Small Business Administration (or the Administrator's designee), and the Secretary of Labor (or the Secretary's designee).

Chronic Fatigue Syndrome Advisory Committee.—The Committee looks forward to reviewing the HHS plan regarding myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) which was requested in House Report 116–62 and was required within 180 days of the date of enactment of that Act. In the interim, the Committee encourages HHS to foster interagency and stakeholder collaboration in addressing the related crisis in post-acute COVID–19 syndrome (PACS) and ME/CFS by forming an Infection-Associated Chronic Illnesses Advisory Committee that includes, but is not limited to relevant agency representatives, patient representatives from long COVID, ME/CFS, and other infection-associated chronic illnesses communities, medical care providers, and disease experts.

Decentralized Trials.—The Committee notes the COVID–19 pandemic has shown the possibility of conducting remote and decentralized clinical trials. In parallel, decentralized trials can foster greater participation, including by promoting increased diversity in clinical trial participants. The Committee directs the Secretary, in collaboration with NIH, FDA, ONC, CMS, and HRSA to evaluate policy options across the department to ensure health care providers and patients have tools to identify and participate in decentralized and remote clinical trials. This assessment should include steps to foster greater data sharing, including related to electronic health records, genomics, and imaging. The Committee requests a report not later than two years after the date of enactment of this Act, with findings from the assessment and proposals to accelerate decentralized clinical trials and foster trial diversity.

Embryo Adoption Awareness Campaign.—The Committee includes $1,000,000 for the Embryo Adoption Awareness Campaign to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Food as Medicine.—The Committee directs the Secretary, in consultation with other Federal agencies, to develop and implement a Federal strategy to reduce nutrition-related chronic diseases and

food insecurity and improve health and racial equity in the U.S., including diet-related research and programmatic efforts that increase Americans' access to food as medicine, and healthy, nutritious, organic, and affordable foods, especially in at-risk communities. The Committee includes $2,000,000 in the Office of the Secretary to establish a Food As Medicine pilot program, an integrative model for healthcare, that addresses food insecurity, social isolation, and chronic disease to advance health and racial equity. The model shall include the following as defined by the Secretary: a produce prescription of pesticide-free regenerative or regenerative organic produce; clinical nutrition training for healthcare providers; and nutritional and behavioral support for patients to integrate food interventions into daily habits. The Secretary may enter into competitively awarded contracts or cooperative agreements with, or provide grants to, public or private organizations or agencies within varying States. Additionally, the Committee requests a report within two years of the date of enactment of this Act on the implementation of the Federal strategy and an examination of the status of each pilot project; the results of the evaluation completed during the previous fiscal year; and to the maximum extent practicable the impact of the pilot project on appropriate health, nutrition, and associated behavioral outcomes among patients participating in the pilot project baseline information relevant to the stated goals and desired outcomes of the pilot project; and equivalent information about similar or identical measures among control or comparison groups that did not participate in the pilot project.

Genetic Counseling Inequity.—The Committee recognizes that genetic counseling and testing provide individuals the opportunity to learn if they have an inherited genetic mutation, enabling them—and their families—to better understand their risk of developing breast (and other) cancers, help tailor future screening plans, and guide decision making about ways to reduce the risk of breast cancer. However, access and utilization of genetic counseling and testing are not the same for all communities; Black people in the U.S. do not participate in genetic testing at the same rate as Americans of European ancestry. The Committee encourages the Secretary to examine opportunities to increase utilization of genetic counseling and testing associated with breast cancer for Black women and requests an update in the fiscal year 2024 Congressional Budget Justification addressing barriers to increasing access to and utilization of genetic counseling and testing for all populations, including how to increase health equity in this area.

Global Health Research.—The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on how the Office of Global Affairs (OGA), CDC, FDA, BARDA, and NIH—including the Fogarty International Center—jointly coordinate global health research activities with specific measurable metrics used to track progress and collaboration toward agreed upon health goals.

Health Attachés.—The Committee includes $3,000,000 to expand OGA's Health Diplomacy program to fund health attaché offices in Africa, Asia, and Europe.

Health Benefits of Proper Nutrition.—The Committee continues to recognize the value of proper nutrition and understands that many chronic medical conditions can be managed cost effectively by improved nutrition. The Committee again encourages the Secretary

to establish an interagency collaboration with the Department of Education and the USDA to enhance nutritional education in K–12 schools and urges the Secretary to be proactive in promoting disease prevention by providing a plan to expand nutritional education and to increase access to nutritional foods for students. The Committee also requests a strategic plan, led by HHS in partnership with the USDA, on how culturally appropriate, food-based solutions can improve health outcomes and save money.

Health Care Providers, Including Pregnancy Help Centers, Safety.—The Committee includes $5,000,000 for the Secretary to award grants to health care providers, including Pregnancy Help Centers, to pay for security services or otherwise to enhance the security of their facilities, personnel, and patients to ensure safe access. A health care provider, including a pregnancy help center, receiving a grant may use the grant to pay the costs of necessary security services or enhancements to physical access and cyber security, including video surveillance camera systems, data privacy enhancements, and structural improvements.

Home Health Aides.—The Committee recognizes that home health aides (HHAs) are the foundation of professional home-based caregiving, and that the growing population of disabled, chronically ill, and elderly Americans receiving home-based care requires a skilled and highly trained HHA workforce prepared to manage complex care needs. The Committee encourages HHS to explore how HHAs are meeting clinical competencies necessary to provide high-quality home-based care.

KidneyX.—The Committee continues to include a total of $5,000,000 for KidneyX to support a public private partnership to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases. An estimated 850 million people worldwide are living with kidney disease. KidneyX exit disclaimer icon seeks to improve their lives by accelerating the development of drugs, devices, biologics, and other therapies across the spectrum of kidney care.

Local News Media.—The Committee encourages the Department to utilize local broadcasters and local newspapers, including those in small communities, in their public affairs Federal advertising campaigns. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on the Department's public affairs advertising campaigns by percentage of Federal funding spent on social media, national media, local news media, and outdoor advertising during fiscal years 2021 and 2022. In addition, the Committee encourages the Department's Office of the Assistant Secretary for Public Affairs, in consultation with other relevant offices, to consider a pilot project focusing on Federal advertising effectiveness in rural communities—with populations under 40,000 individuals or fewer than 20,000 households—utilizing local news media, including broadcast, radio, and non-daily newspapers, whose involvement in advertising campaigns and message delivery can assist in reaching under-served rural areas.

LymeX Innovation Accelerator.—The Committee commends the Office of the Secretary and its Chief Technology Officer for the Lyme Innovation Initiative, launched November 2018, and the LymeX Innovation Accelerator announced in October 2020. LymeX is a $25,000,000 public-private partnership between HHS and the Steven & Alexandra Cohen Foundation to accelerate innovation in

prevention, diagnostics, and treatments for Lyme and other tick-borne diseases.

Medication Abortion.—The Committee urges the Department of Health and Human Services to use every tool at its disposal to ensure that medication abortion care is accessible, affordable, covered, and convenient for patients including through access to telehealth.

Mental Health Parity.—The Committee continues to be concerned that after 12 years since enactment of the Mental Health Parity and Addiction Equity Act (MHPAEA), there is still a lack of oversight and compliance among insurance companies and health plans not adequately covering mental and behavioral health services and providers. In December 2019, the GAO reported that this lack of compliance extends beyond plans investigated by the DOL and includes plans over which HHS has oversight authority. The Committee urges the HHS Secretary, jointly with the Secretary of Labor and the Secretary of the Treasury, to comply with language included in House Report 117–96 to establish a process through which employer-sponsored health plans and health insurance issuers subject to MHPAEA may submit a public report regarding nonquantitative treatment limitations while ensuring that any personal or confidential consumer information is protected. The Committee looks forward to receiving the report requested in House Report 117–96 on any auditing and enforcement of all plans and issuers within the jurisdiction of the respective Department.

National Center on Antiracism and Health Equity.—The Committee continues to strongly support the Secretary's efforts to advance health equity and reduce disparities for communities of color. The Committee looks forward to reviewing the Secretary's plan to establish a National Center on Antiracism and Health Equity within the Department to lead efforts to identify and understand the policies and practices that have a disparate impact on the health and well-being of communities of color as requested in House Report 117–96. The Committee includes $10,000,000 for the Office of the Secretary to establish a grant program to support public and nonprofit entities, including community-based organizations, to build and strengthen coalitions focused on addressing structural racism in public health and activities that counter the disparate impact on the health and well-being of communities of color. The Committee requests a report not later than 180 days after the date of enactment of this Act on the progress of this pilot program.

Newborn Screening.—The Committee includes $1,000,000 for HHS to commission a study with the National Academy of Medicine to examine the current status of Newborn Screening systems, processes, and research and make recommendations for future improvements that would include: the recommended uniform screening panel review and recommendation process; the barriers and support to add new Recommended Uniform Screening Panel conditions to State screening panels; assessments of State capacity to strengthen current screening processes and implement screening for new conditions; recommendations for optimizing federally and privately funded newborn screening research; new and emerging technologies that would permit screening for new categories of disorders and how technology impacts States; technological and other infrastructure needs to improve diagnosis, follow-up and public

health surveillance; communication and educational needs for stakeholders; data collection on disease prevalence and improved long term outcomes; and the impacts of newborn screening efforts on newborn morbidity and mortality.

Pharmacists and COVID–19 Authorities.—The Committee appreciates HHS's recognition under the Public Readiness and Emergency Preparedness (PREP) Act declaration authorities for pharmacists to order, treat, immunize, and provide other patient care services, including the ordering and administration of time-sensitive COVID–19 therapeutics. The Committee requests a report within 180 days of the date of enactment of this Act on the impact of these authorities on public health and proposed actions and recommendations on whether to make these authorities permanent.

Population Health Task Force.—The Committee notes that the world's most advanced and innovative hospitals, clinics, pharmacies, research institutions, healthcare professional schools, managed care organization, and medical therapies are addressing social determinants of health by implementing population health management strategies and value-based care approaches to improve health outcomes, lower cost of care and optimize experience of care. The Committee includes $1,000,000 for the Secretary to establish and maintain a report on best practices of population health management through the creation of a population health task force. The task force should be comprised of representatives from, but not limited to, the Office of the Secretary, CMS, CDC, population health providers, experts on health equity, health technology, and value-based care. The Committee requests a report within a year of the date of enactment of this Act from the task force on population health, including the task force's initial recommendations.

Prohibition on Contractors with Nondisclosure Agreements.—The Committee recognizes that harassment, including sexual harassment and assault, continue to be pervasive in the workplace, and that the use of predispute nondisclosure and nondisparagement clauses as conditions of employment can perpetuate illegal conduct by silencing survivors and shielding perpetrators. The Committee directs the Department to include proposals in its fiscal year 2024 Congressional Budget Justification to eliminate the use of grants and contracts to employers that use this practice.

Rare Kidney Diseases in Health Equity Initiatives.—The Committee recognizes the work across HHS to implement practices and policies to eliminate healthcare disparities in America, particularly for communities of color. Rare kidney diseases are underreported and understudied, especially among Black Americans. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on disparities in kidney care and the inclusion of rare kidney diseases in policies and programs aimed at eliminating health disparities in communities of color.

Regional Councils and Councils of Governments.—The Committee encourages the Department to list regional councils and councils of governments as eligible entities in competitions for Federal funding whenever local governments or non-profit agencies are eligible entities. Furthermore, the Committee encourages the Department to seek opportunities for regional councils and councils of governments to serve as lead applicants and grantees to encourage and expand greater regional collaboration.

Sickle Cell Interagency Working Group.—The Committee notes approximately 100,000 Americans are living with sickle cell disease, an inherited blood disorder that causes pain, infection, and stroke. This disease disproportionately affects Black Americans. The National Academies of Sciences, Engineering, and Medicine (NASEM) report "Addressing Sickle Cell Disease: A Strategic Plan and Blueprint for Action" provides important recommendations for improving the health and quality of life for sickle cell disease patients, including a hub and spoke "Centers of Excellence" care model. The Committee urges HHS to encourage the Sickle Cell Interagency Working Group to utilize the NASEM report to develop a plan for treatment centers address the unmet care needs for patients with sickle cell disease, sickle cell trait and other heritable hemoglobinopathies. The Committee requests a report within 180 days of the date of enactment of this Act on the working group's progress.

Social Determinants of Health.—The Committee directs the Social Determinants Council created by House Report 116–450 to continue to provide technical assistance to jurisdictions in this program. The Committee requests a report within 90 days of the date of enactment of this Act on the status of the selection of all Council members.

Stillbirth Task Force.—The Committee provides an additional $1,000,000 for the Secretary to bolster the work for the Stillbirth Task Force. The task force should continue to include the CDC, NIH, outside specialty organizations, and maternal and fetal medicine specialists. The task force should work through the Office of the Secretary to identify current knowledge on stillbirth and prevention, areas of improvement for data collection, current resources for families impacted by stillbirth, and next steps to gather data and lower the rate of stillbirth in the United States. The Committee directs the Secretary to provide a report within 120 days of the date of enactment of this Act on the progress of the task force.

Strategy to Reduce Nutrition Related Chronic Diseases.—The Committee encourages the Secretary, in consultation with other Federal agencies, to work through the Office of Disease Prevention and Health Promotion to develop and implement a Federal strategy to reduce nutrition-related chronic diseases in the U.S., including diet-related research and programmatic efforts that increase Americans' access to food as medicine, and healthy, nutritious, organic, and affordable foods, especially in at-risk communities. The Committee requests a report within one year of the enactment of this Act on the implementation of the Federal strategy and its effectiveness in reducing nutrition related chronic diseases in the U.S. In developing the strategy, HHS shall reference the recommendation of the Government Accountability Office in its September 2021 report entitled "Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts."

Supporting Community Violence Intervention Programs.—The Committee notes HHS and its agencies, including CDC and SAMHSA, have a critical role to play in supporting community violence intervention, including by providing grant funding to eligible programs and technical assistance to grant recipients, and through evaluating the implementation of community violence intervention programs. The Committee urges the Department to evaluate its ex-

isting grant programs to determine which programs can be used to support community-based violence intervention activities and ensure that relevant funding opportunity announcements clearly articulate that they can fund community violence interventions. The Committee also urges the Department to conduct outreach to raise awareness about the funding available for community violence intervention programs, provide technical assistance to grant recipients and conduct research into program efficacy and implementation.

Technology's Role in Healthcare Workforce.—The Committee recognizes the important role that HHS continues to provide to support and protect the public health workforce during the COVID–19 pandemic. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on the challenges associated with hiring, recruiting, and retaining the Federal, State, local, tribal and territorial public health workforce. This update should include a specific analysis of how technology, especially hands-free technology, could help to protect clinicians' physical safety and ease the burden of patient care, thereby increasing retention of the public health workforce.

Telehealth Data.—The Committee recognizes that demand for telemedicine increased in 2020 in response to the COVID–19 pandemic. In addition, the Committee notes disparities in telehealth exist between and within racial and ethnic groups, rural and urban locations, and geographic regions as detailed in a December 2021 report by the Assistant Secretary for Planning and Evaluation. The Committee urges the Secretary, working with CMS and HRSA, to categorize telehealth usage data, including for audio-only services, by Health Professional Shortage Areas. The Committee further urges the Secretary to work across agencies to ensure that improvements to broadband availability are prioritized in those areas with lowest telehealth usage, highest audio-only usage, and a known health professional shortage. The Committee requests an update within 120 days of the date of enactment of this Act on this categorization and broadband availability.

U.S.-Mexico Border Health Commission.—The Committee recognizes the important role the U.S.-Mexico Border Health Commission plays in promoting solutions to health issues unique to the Southern border. The Committee includes $2,500,000 for the Commission, an increase of $500,000.

U.S.-Mexico Border Health Commission Vaccine Deployment Strategy.—The Committee notes the U.S. must work with Mexico to implement a binational COVID–19 strategy to ensure a full economic recovery both in border communities and nationally. The Committee encourages the U.S. section of the U.S.-Mexico Border Health Commission to engage with their Mexican counterparts to develop a COVID–19 vaccine deployment strategy for communities on both sides of the border. The Committee requests a report within 180 days of the date of enactment of this Act on these efforts.

White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI).—The Committee includes funding to support the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders, led by the Secretary of HHS, to advance health equity and economic justice for AANHPI communities that continue to face racism, nativism, and xenophobia.

Minority HIV/AIDS Fund

The Committee includes $60,000,000 for the Minority HIV/AIDS Fund (MHAF), which is $3,100,000 above the fiscal year 2022 enacted level, and encourages the Secretary to prioritize MHAF grants to HIV-based agencies that are minority led with preference given to organizations led by women, men, and transgender persons who identify as African American/Black, Latino, American Indian/Alaskan Native, Asian American, and/or Native Hawaiian/Pacific Islander.

Tribal Set-Aside.—The Committee notes that according to the CDC, HIV-positive status among Native Americans is increasing and nearly one-in-five HIV-positive Native Americans is unaware of their status. In addition, only three-in-five receive care and less than half are virally suppressed. To increase access to HIV/AIDS testing, prevention, and treatment, the Committee includes $5,000,000 as a tribal set-aside within the MHAF.

Office of the Assistant Secretary for Health

Commissioned Corps of the United States Public Health Service.—The Committee is aware that as of October 1, 2021, the Commissioned Corps of the U.S. Public Health Service (USPHS Commissioned Corps) is issuing a "Certificate of Release or Discharge from Active Duty" (DD Form 214) to USPHS Commissioned Corps officers who are released from active duty. The Committee requests a report within 90 days of the date of enactment of this Act on the feasibility of issuing a DD Form 214 to each USPHS Commissioned Corps Officer who retired or separated from USPHS Commissioned Corps service prior to October 1, 2021 and received a different statement of service.

Hepatitis B Adult Vaccination.—The Committee encourages the Office of the Assistant Secretary for Health (OASH) to host an interagency summit to discuss dissemination and implementation of the Advisory Committee Immunization Practices (ACIP) recommendation that all adults between 19 and 59 be vaccinated for hepatitis B. The Committee is also aware that CDC is actively considering a complimentary universal hepatitis B vaccine screening policy and encourages OASH to support this process, as appropriate.

Office of Climate Change and Health Equity.—The Committee includes $3,000,000 in funding for the Office of Climate Change and Health Equity (OCCHE) within OASH. HHS established OCCHE to enhance overall population health by serving at the intersection of social determinants of health and climate resiliency.

Teen Pregnancy Prevention.—The Committee strongly supports the Teen Pregnancy Prevention (TPP) Program and provides $130,000,000, an increase of $29,000,000 above the enacted level. The TPP Program has been widely cited as a high-quality evidence-based program, including by the bipartisan Commission on Evidence-Based Policymaking.

Teen Pregnancy Prevention Program Evidence Review.—The Committee includes $900,000 for the TPP Evidence Review, for a total of $7,700,000 in PHS Act section 241 evaluation set-aside transfers. The Evidence Review is an independent, systematic, rigorous review of evaluation studies that inform grantmaking and

provide a clearinghouse of evidence-based programs for other Federal, State, and community initiatives.

Office of Minority Health

The Committee includes $80,835,000 for the Office of Minority Health (OMH), which is $16,000,000 above the fiscal year 2022 enacted level. The OMH works with U.S. Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, Tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Center for Indigenous Innovation and Health Equity.—The Committee continues to recognize the importance of advancing Indigenous solutions to achieve health equity. The Committee includes $4,000,000, an increase of $2,000,000 to support the work of the Center for Indigenous Innovation and Health Equity. The Committee continues to urge HHS to consider partnering with universities with a focus on Indigenous health research and policy among Native Americans and Alaska Natives, as well as universities with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders.

Community Health Worker Workgroup.—The Committee provides an additional $1,000,000 for the Community Health Worker Workgroup within OMH specifically to focus on increasing cultural competency in educational campaigns on public health vaccines and prevention, including but not limited to influenza and COVID–19.

Healthcare Delivery and Faith-Based Organizations.—The Committee notes the emerging partnerships with faith-based organizations to deliver healthcare in underserved communities, including recent successful efforts to address the COVID–19 pandemic. The Committee understands that community partners and faith-based organizations can take on an expanded role and support efforts to address health disparities and promote health equity. HHS and OMH are encouraged to continue to pursue new and expanded opportunities.

Language Access Services.—The Committee includes $3,000,000 to research, develop, and test methods of informing limited English proficient (LEP) individuals about their right to and the availability of language access services, including considerations related to literacy levels of LEP populations, the needs of older adults and speakers of indigenous languages, readability, and the usage of symbols, taglines, translated materials and other methodologies. OMH shall consult external experts and organizations with knowledge on or connections to LEP communities and partner with nonprofit community-based organizations to test solutions and solicit feedback from LEP populations. The goal of this research would preferably be to develop a universal symbol that, accompanied by a phone number or similar information, could be prominently placed on consumer-facing documents, websites and notices, about the availability of language access services. In addition, the Committee notes that the HHS language access plan has not been updated since 2013. The Committee requests a report not later than 180 days after the date of enactment of this Act, on HHS's plan to

update its language access plan, including a timeline for publication on lep.gov.

Minority Leaders Development Program.—The Committee provides a $1,000,000 increase for the Minority Leaders Development Program which aims to enhance skills and competencies necessary for Federal leadership service among participants through a curriculum focused on health care policy, leadership skill-building, and cultural competence. The initiative will fill a gap in Federal fellowship opportunities for individuals interested in working at HHS to advance health equity and address the social determinants of health through health policies, programs, and practices.

National Lupus Training, Outreach, and Clinical Trial Education Program.—The Committee continues to support the National Lupus Training, Outreach, and Clinical Trial Education Program at $2,000,000. The Committee commends efforts by OMH to increase outreach, education, and awareness of opportunities to participate in lupus clinical trials among minority populations nationally.

Shortage of Healthcare Providers.—The Committee is concerned about the growing shortage of providers including both primary and specialty healthcare providers that threatens the foundation of the health care system and health equity. A coordinated national strategy is needed to diversify the health care workforce and address shortages in rural and urban communities. The findings of The Roundtable on Black Men and Black Women in Science, Engineering, and Medicine outline racism and bias as significant reasons for this disparity in science, engineering, and medicine, with detrimental implications on individuals, health care organizations, and the nation as a whole. The Committee directs the Secretary to include a multi-year plan in the fiscal year 2024 Congressional Budget Justification to address the national primary care and specialty provider shortages to improve access to care. The plan shall include strategies to improve health outcomes by diversifying the field of primary care through the establishment of a pathway program for community college students to pursue premedical training and enter medical school.

In addition, the Committee looks forward to receiving the report from the Advisory Committee on Minority Health advising HHS on the best efforts to create pipeline programs that start with pre-med students in underserved areas and end in more graduate medical education training programs in those underserved areas requested in House Report 117–96. The Committee recognizes the need to build and strengthen the pipeline for physicians who practice in medically underserved areas. The COVID–19 pandemic has exposed how fragile the frontline provider workforce is because of the physician shortage crisis, and it is most pronounced in medically underserved areas.

Office on Women's Health

The Committee includes $48,140,000 for the Office on Women's Health (OWH), which is $10,000,000 above the fiscal year 2022 enacted level.

Breastfeeding Analysis.—The Committee includes $1,250,000 for the Office on Women's Health to enter into an agreement with the National Academy of Sciences (NAS) to provide an evidence-based,

non-partisan analysis of the macroeconomic, health, and social costs of U.S. breastfeeding rates and national breastfeeding goals. This analysis should include a differential analysis of the current policies, programs, and investments aimed at increasing breastfeeding initiation, improving 3- and 6-month exclusive breastfeeding rates, reducing racial, geographic, and income-related breastfeeding disparities, and reducing U.S. reliance on formula. NAS should propose recommendations for achieving the Healthy People 2020 and 2030 breastfeeding goals by 2030. The Committee requests a briefing on this analysis within 90 days of the date of enactment of this Act.

Combatting Violence Against Women.—The Committee includes $10,000,000 to combat violence against women through the State partnership initiative and directs the OWH to work in conjunction with the Family Violence Prevention and Services Program office. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve health care providers ability to help victims of violence and improve prevention programs.

Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes.—The Committee includes $2,000,000 for the OWH to convene an Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes (Coordinating Committee) to oversee and coordinate the HHS Action Plan to Improve Maternal Health in America. The Coordinating Committee shall meet biannually and shall include, but not be limited to, the Administrators of HRSA, CDC, CMS, ACF, ACL, SAMHSA, the Indian Health Service, and the Secretaries of the VA and DOD. The Coordinating Committee shall produce an annual progress report that reports on activities and outcomes of the HHS programs directed toward improving maternity outcomes.

Pregnant Women and Lactating Women Advisory Committee.—The Committee includes $200,000 for the creation of an Advisory Committee to monitor and report on the implementation of the recommendations from the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC). PRGLAC's 2020 Implementation Plan called for the creation of an Advisory Committee to monitor and report on implementing recommendations, updating regulations, and guidance, as applicable, regarding the inclusion of pregnant women and lactating women in clinical trials. Additionally, the Committee directs the Secretary to submit a report to Congress within 180 days of the date of enactment of this Act outlining the Department's progress on implementing each of PRGLAC's 15 recommendations from the Implementation Plan it submitted to the Secretary in August 2020.

MEDICARE HEARINGS AND APPEALS

Appropriation, fiscal year 2022	$196,000,000
Budget request, fiscal year 2023	196,000,000
Committee Recommendation	196,000,000
Change from enacted level	– – –
Change from budget request	– – –

This appropriation supports activities carried out by two Office of the Secretary Staff Divisions. The Office of Medicare Hearings and Appeals supports Medicare appeals at the administrative law

judge level, the third level of Medicare claims appeals. The Departmental Appeals Board represents the fourth level of the Medicare appeals process and provides impartial, independent hearings and appellate reviews.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriation, fiscal year 2022	$64,238,000
Budget request, fiscal year 2023	103,614,000
Committee Recommendation	86,614,000
Change from enacted level	+22,376,000
Change from budget request	−17,000,000

The Office of the National Coordinator (ONC) is the principal Federal entity charged with coordinating efforts to implement and use health information technology and exchange electronically health information.

Electronic Health Information Security.—The Committee notes that as patients electronically access and share their electronic health information (EHI) in new ways, it is important that both patients and their healthcare providers have confidence in the privacy and security of that information regardless of which entities hold that data, including those that may not be subject to the HIPAA Rules. To better understand and protect against potential security vulnerabilities and cyberattacks to those entities not subject to the HIPAA Rules, the Committee urges the Secretary to examine and brief the Federal Trade Commission on the vulnerabilities to patients' EHI associated with increased use of application programming interfaces (APIs) by consumer-oriented app companies and consumer data aggregation services, the extent to which potential vulnerabilities may result because of a lack of consistent security safeguards for entities operating outside the bounds of Federal health information privacy and security rules, and potential Federal policy options to better protect the security of patients' health information.

Information Blocking Guidance.—The Committee recognizes that the ONC's rule to implement the interoperability and information blocking provisions of the 21st Century Cures Act took significant steps forward to give patients greater access to and improve the electronic flow of electronic health information across care settings. Given the significant penalties and other consequences for information blocking, the Committee urges ONC to provide regulated entities and other affected stakeholders with clear, practical guidance regarding foundational concepts in the rule. Guidance should clearly outline how regulated entities can evaluate their particular circumstances and scenarios against the rule's provisions, including how to identify and apply relevant exceptions to the information blocking definition.

Interoperability of Maternity Care Records.—The Committee recognizes that Personal Health Records for pregnant people are needed to improve patient health and safety as they move from one level of care to another during pregnancy, and that efforts must continue to improve the interoperability of electronic health records in order to optimize the care of pregnant persons. The Committee requests that within one year of enactment of this Act, HHS create and publish guidelines that address Perinatal Care and that lever-

age the skills of all providers, including physicians and midwives, and all sites of care, including hospitals and freestanding birth centers. The guidelines should also outline best practices for creating and maintaining accessible, longitudinal peri- and post-natal health records for patients.

Patient Matching.—The Committee is concerned there is no consistent and accurate way to link patients to their health information as they seek care across the continuum, and believes health information must be accurate, timely, and robust to inform clinical care decisions for every patient. The recommendation includes $5,000,00 for ONC to work with industry to develop matching standards that prioritize interoperability, patient safety, and patient privacy.

Standards for Interoperability.—The recommendation includes not less than $5,000,000 to support Fast Healthcare Interoperability Resource standards-related activities needed to successfully achieve interoperability and information sharing for better health and health care.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2022	$82,400,000
Budget request, fiscal year 2023	106,329,000
Committee Recommendation	94,400,000
Change from enacted level	+12,000,000
Change from budget request	−11,929,000

The Committee recommends $94,400,000 for the Office of Inspector General (OIG), which is $12,000,000 above the fiscal year 2022 enacted level.

In addition, within the Health Care Fraud and Abuse Control (HCFAC) program discretionary appropriations for fiscal year 2023, the Committee provides the OIG with $109,612,000. Mandatory appropriations for this office also are contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2022	$39,798,000
Budget request, fiscal year 2023	60,250,000
Committee Recommendation	49,798,000
Change from enacted level	+10,000,000
Change from budget request	−10,452,000

The Office for Civil Rights (OCR) 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.

National Council on Disability.—The Committee strongly encourages the HHS Office of Civil Rights (OCR) to clarify that all HHS suicide prevention grants and services must comply with existing disability rights laws, including the ADA, and Sections 504 and 508 of the Rehabilitation Act, including the provisions requiring accessible communications, so that all videos, documents, and other products ensure access to persons with disabilities. In addition, the Committee encourages OCR to recommend that hospitals create a disability ombudsperson position who is authorized to facilitate communication between healthcare providers and patients with

disabilities or their proxies and advocate on the patient's behalf, when required, to ensure that all clinical and LTSS options and choices are made available.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriation, fiscal year 2022	$673,278,000
Budget request, fiscal year 2023	710,327,000
Committee Recommendation	710,327,000
Change from enacted level	+37,049,000
Change from budget request	– – –

The Committee provides for retirement pay and medical benefits of Public Health Service Commissioned Officers, for payments under the Retired Serviceman's Family Protection Plan, and for medical care of dependents and retired personnel.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriation, fiscal year 2022	$3,199,678,000
Budget request, fiscal year 2023	3,814,610,000
Committee Recommendation	3,699,356,000
Change from enacted level	+499,678,000
Change from budget request	– 115,254,000

This account supports the activities of the Assistant Secretary for Preparedness and Response (ASPR) and other components within the Office of the Secretary to prevent, prepare for, and respond to the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also includes funding for the Department's cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response (ASPR)

The Committee provides $3,144,558,000 for activities administered by ASPR. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs.

Chemical, Biological, Radiological, and Nuclear (CBRN) Threats.—The Committee urges ASPR to prioritize the development and stockpiling of critical CBRN vaccines, treatments, and personal protective equipment. The Committee encourages ASPR to engage more frequently with private sector partners in the Broad Agency Announcement process to speed the development of new medical countermeasures (MCMs) and the stockpiling of existing MCMs against CBRN threats.

Cold Chain Technologies.—The Committee recognizes the limitations that are presented by cold chain requirements for vaccine distribution and storage, and supports efforts to address these challenges in the coming years. The Committee directs ASPR to explore opportunities for new technologies such as dry power approaches or thin-film freeze drying that allow for vaccines to be physiochemically stable for an extended period without causing degradation or reduction in immunogenicity. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on such efforts.

Commercialization of COVID Vaccines and Therapeutics.—The Committee directs ASPR to provide a briefing within 60 days of enactment of this Act on the Department's planning for the transition

of COVID–19 medical countermeasures procurements to the commercial market, including estimated timelines for vaccines, therapeutics, and other products with FDA approval or an emergency use authorization.

Far-Forward Patient Care.—The Committee recognizes that conducting traditional medical care closer to the point of injury can have many positive effects. ASPR is encouraged to consider establishing a Federally Funded Research and Development Center in partnership with an academic medical center to improve far-forward care, transportation and coordination, and advanced technology that can provide additional solutions to future patient care.

Freeze-Dried Hemostatic Products.—The Committee urges the further development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications. Further, the Committee encourages the consideration of additional efforts to expand the manufacturing base for these products.

Medical Distribution Supply Chain.—The Committee encourages ASPR to engage government partners and pharmaceutical and medical distribution experts to proactively prepare for the next public health emergency through tabletop exercises and planning.

Performance Improvement.—The Committee encourages ASPR to explore the Department of Veterans Affairs, Health Administration Office of Emergency Preparedness Performance Improvement Management System to determine if such a system could benefit the ASPR ecosystem of programs.

Public Health Emergency Medical Countermeasures Enterprise.—The Committee is aware that the National Academies of Sciences, Engineering, and Medicine released a report in November 2021, *Ensuring an Effective Public Health Emergency Medical Countermeasures Enterprise*, that provides recommendations for a re-envisioned Public Health Emergency Medical Countermeasures Enterprise (PHEMCE). Four priority areas of improvement emerged including collaborating more effectively with external public and private partners. The Committee encourages efforts by the PHEMCE to create an advisory committee incorporating private sector and non-federal partners and stakeholders to enhance transparency and communication, identify and close gaps, and build collaborative solutions.

Reporting.—The Committee directs ASPR to provide monthly briefings regarding activities funded by this Act and other available appropriations. The agency shall provide notification 24 hours in advance of any obligation greater than $25,000,000 from any appropriation. Such notification shall include the source of funding, including section number where applicable or program name, and a description of the obligation. In addition, ASPR shall submit a monthly obligation report in electronic format. Such report shall include information for each obligation greater than $25,000,000, and each obligation shall include the source of the appropriation and the program under which the obligation occurred. Such report is due not later than 30 days after the end of the month and shall be cumulative for the fiscal year with the most recent obligations listed at the top. Furthermore, the Secretary shall report to the Committees on the current inventory of COVID–19 vaccines and therapeutics, as well as the deployment of these vaccines and therapeutics during the previous month, reported by State and

other jurisdiction not later than 30 days after the enactment of this Act, and monthly thereafter until the inventory is expended.

Operations

The Committee includes $34,376,000, an increase of $3,438,000, for activities within the Assistant Secretary's Immediate Office; the Office of the Chief Operating Officer; the Office of Acquisitions Management, Contracts, and Grants; and the Office of Financial Planning and Analysis.

Working Capital Fund.—The Committee provides funding for the establishment of a working capital fund to increase fiscal transparency and accountability of the use of funds. The Committee supports ASPR's efforts to document cost allocation methodologies and processes, and to clearly define the approval process, including requirements for administrative adjustments, and to update cost allocation practices to include current and dynamic methodologies. While there was no finding of the misuse of BARDA funds from the external audit requested by HHS, the Committee urges ASPR to promptly implement such formal processes to reduce occurrences of "Administrative Discretion." The Committee requests a briefing within 90 days of the date of enactment of this Act on the status of the working capital fund, including plans for the estimated reduction in future year operations budget requests due to its implementation.

HHS Coordination Operations and Response Element (H–CORE)

The Committee includes $132,801,000 to establish annual funding to ensure the synchronization of the medical countermeasure efforts for the COVID–19 response and other threats, as they arise.

Preparedness and Emergency Operations

The Committee includes $28,300,000, an increase of $3,646,000, for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which supports a full spectrum of emergency management responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

National Disaster Medical System

The Committee includes $93,904,000, an increase of $18,500,000, for the National Disaster Medical System (NDMS). NDMS deploys trained medical teams to communities impacted by public health and medical emergencies due to natural and man-made incidents.

Mission Zero.—The Committee includes $10,000,000, an increase of $8,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

Pediatric Disaster Care.—The Committee includes $8,000,000, an increase of $2,000,000, for the pediatric disaster care program.

Hospital Preparedness Program

The Committee includes $327,055,000, an increase of $31,500,000, for the Hospital Preparedness Program (HPP). HPP supports a variety of programs to strengthen the preparedness and response of the health care sector.

Hospital Preparedness Program Cooperative Agreements.—The Committee includes $261,500,000, an increase of $30,000,000, for critical support to State, local and regional partners to advance health care system preparedness and response.

National Special Pathogen System.—The Committee includes $8,000,000, an increase of $1,500,000, for the National Emerging Special Pathogens Training and Education Center (NETEC), and $21,000,000 for Regional Ebola and Other Special Pathogen Treatment Centers (RESPTCs).

Regional Disaster Health Response System.—The Committee includes $7,000,000 for these cooperative agreements.

Biomedical Advanced Research and Development Authority (BARDA)

The Committee includes $845,005,000, an increase of $100,000,000, for BARDA. BARDA supports the advanced development of vaccines, drugs, and therapeutics for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases. BARDA continues to have an essential role in the response to COVID–19.

Active Pharmaceutical Ingredients and Manufacturing of Essential Drugs.—The Committee continues to be concerned with the risk of increased reliance on foreign-based sources of active pharmaceutical ingredients (APIs), their chemical components, and offshore drug production. The Committee recognizes the importance of domestic drug manufacturing and onshore production of medicine and medical countermeasures, and the successful work of BARDA in addressing these public health vulnerabilities, including APIs, such as those included in Heparin, and to collaborate within ASPR to support domestic manufacturing surge capacity. The Committee requests an updated report within 180 days of the date of enactment of this Act, including efforts to ensure robust domestic drug manufacturing and stockpiling and mitigation of supply chain vulnerabilities to enable continuous manufacturing capabilities of APIs from procurement to finished drug formulations.

Advanced Pharmaceutical Manufacturing Technologies.—The Committee encourages BARDA to support the research, development and facilitation of novel pharmaceutical manufacturing technologies that provide flexible systems for the production of medical countermeasures at a lower cost than traditional manufacturing processes, including technologies that utilize agricultural cell line development. The Committee urges BARDA to partner with domestic manufacturers to bolster U.S. supply chains to enhance our domestic capacity to respond to a variety of new threats more effectively in the future.

Antifungal Research.—The Committee provides an increase to support the research and development of novel antifungal therapies, particularly for multi-drug resistant fungal pathogens, to bolster national health security and minimize their impact on public health. Antifungal development faces similar challenges to antibacterial development and BARDA's Advanced Research and Development program support will be critical to generate additional antifungal products, including for endemic fungal diseases, like Valley Fever. In addition, the Committee urges the Secretary to up-

date the scope of support for the CARB–X program to include pathogens listed in the 2019 CDC Antibiotic Resistant Threats report, which includes products that target fungal pathogens. The Committee requests a report within the 180 days of the date of enactment of this Act on actions taken.

Antimicrobial Resistance.—The Committee provides an increase for efforts to combat antimicrobial resistance, recognizing the importance and challenges of this threat. BARDA's Advanced Research and Development program support will be critical to support new products. The Committee requests within 180 days of the date of enactment of this Act a professional judgement budget estimate to support a comprehensive, long-term program for the development and procurement of novel antibiotics.

At-Home Diagnostics.—The Committee encourages BARDA to advance at-home infectious disease diagnostic technologies, including those that are designed to diagnose more than one viral agent, and to work collaboratively across HHS to advance such tests and technological solutions that can facilitate at-home test result reporting to relevant public health authorities and providers. The Committee directs BARDA to provide a briefing within 180 days of the date of enactment of this Act on this topic.

Development of Immunomodulators as Therapeutics.—The Committee encourages BARDA to consider the immunomodulators category of therapeutics to treat Acute Respiratory Distress Syndrome.

Long-COVID.—The Committee is concerned about the prevalence of "long-COVID" in patients who have previously been diagnosed with COVID–19. While there are no therapeutics currently on the market for this condition, there are current FDA-approved services being used to treat long-term vascular disease which may also show promise in reducing long-COVID symptoms. The Committee encourages BARDA to consider investments to address this issue, with a specific focus on therapies with demonstrated evidence of improvement of symptoms.

Nanovaccines.—The Committee encourages BARDA to support nanovaccine research to improve upon existing COVID–19 vaccines, as room temperature stable nanovaccines can be rapidly designed, tested, and deployed.

Next Generation Blood Products.—The Committee urges BARDA to continue investments in blood technologies, including the completion of the ongoing clinical trials for nucleic acid targeted pathogen reduction technology to improve red blood cell transfusion safety.

Next Generation Vaccines.—The Committee encourages BARDA to support a variety of vaccine platforms and the development of novel technologies to improve vaccine immunogenicity, durability, and tolerability, as well as thermostability, storage, and transport.

Portfolio Updates.—The Committee encourages BARDA to provide and regularly update portfolio webpages to mimic the information posted on COVID–19 investments.

Strengthening Domestic Medical Manufacturing and Production.—The Committee is concerned about the nation's limited infrastructure to produce essential products such as medical devices, medical equipment, pharmaceuticals, and personal protective equipment. Weaknesses in the supply chain and the dependence of

the U.S. healthcare system on other countries continues to impact the availability of products and in some cases, limits care. The Committee recognizes the importance of domestic manufacturing and raw materials and urges HHS to undertake efforts to ensure a long-term sustainable domestic supply chain for medical products.

Zika Vaccine.—The Committee is concerned about the risk of Zika mutations and new variants. The Committee encourages BARDA to continue to include Zika vaccine efforts in its portfolio.

Policy and Planning

The Committee includes $17,877,000, an increase of $3,000,000, for Policy and Planning. The Office of Policy and Planning leads the Department's emergency preparedness and response strategic direction and policy coordination.

Project BioShield Special Reserve Fund

The Committee includes $800,000,000, an increase of $20,000,000, for Project BioShield. These funds support the acquisition of promising medical countermeasures developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee includes $855,000,000, an increase of $10,000,000, for the Strategic National Stockpile (SNS).

CDC Engagement.—The Committee directs ASPR to support the significant role of the Centers for Disease Control and Prevention in the SNS by providing scientific expertise in decision-making related to procurement of countermeasures, and maintaining strong relationships with State and local public health departments to facilitate efficient deployment of countermeasures in public health emergencies.

Domestic Diagnostic Manufacturing.—The Committee remains concerned the COVID–19 pandemic demonstrated the need for warm-base manufacturing for U.S. diagnostic companies. Therefore, the Committee encourages ASPR to pursue public-private partnerships with U.S. diagnostic manufacturers to invest in warm-base manufacturing of over-the-counter tests for the SNS and public health surveillance.

Influenza Antivirals.—The Committee remains concerned about the stockpile of influenza antivirals. The Committee supports the initiative to diversify and replenish its stockpile of emergency influenza antivirals to ensure that the U.S. has multiple treatment options.

Re-Envisioning the Strategic National Stockpile.—The Committee recognizes that efforts are underway to review and propose a path forward for the SNS, as directed by P.L. 117–103, and awaits the release of these plans.

Strategic National Stockpile Supplies.—Not later than 30 days after the date of enactment of this Act, and monthly thereafter until the public health emergency related to COVID–19 is no longer in effect, the Secretary shall report to the Committee on the current inventory of ventilators and personal protective equipment in the SNS, including the numbers of face shields, gloves, goggles and glasses, gowns, head covers, masks, and respirators, as well as

deployment of ventilators and personal protective equipment during the previous month, reported by State and other jurisdiction. Further, the Committee directs the Assistant Secretary to ensure that the working group under section 319F(a) of the Public Health Service Act and the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) established under section 2811–1 of such Act includes expenditures necessary to maintain the minimum level of relevant supplies in the SNS, including in case of a significant pandemic, in the yearly submission of the PHEMCE multi-year budget.

Medical Reserve Corps

The Committee includes $6,240,000 for the Medical Reserve Corps program, which is a network of local volunteers made up of doctors, dentists, nurses, pharmacists, and other community members who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

Preparedness and Response Innovation

The Committee provides $4,000,000, an increase of $1,920,000, for a bilateral cooperative program with the Government of Israel for the development of health technologies.

Cybersecurity

The Committee provides $131,915,000, an increase of $60,500,000, for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department's cybersecurity posture.

In addition, the Committee provides $21,900,000 for HHS Protect and directs this effort to be transferred to CDC, as proposed. The Committee directs CDC to lead HHS Protect and to immediately reassess its scope and capabilities, considering data quantity and quality as the COVID–19 pandemic evolves, and to make appropriate modifications. The Committee directs HHS Protect to be integrated into other programs and initiatives, as appropriate but not be prioritized above other efforts. The Committee requests a briefing not later than 60 days after the date of enactment of this Act on the path forward for HHS Protect, including current and future year budget estimates.

Office of National Security

The Committee provides $8,983,000, an increase of $473,000, for the Office of National Security to maintain the security of the Department's personnel, systems, and critical infrastructure.

Office of the Assistant Secretary for Health

The Committee provides $10,000,000 for preparedness and readiness activities.

Pandemic Influenza Preparedness

The Committee includes $382,000,000, an increase of $82,000,000, for the pandemic influenza preparedness program. This funding supports efforts to modernize influenza research and development of vaccines and the next-generation influenza medical countermeasures, preparedness testing and evaluation, and stock-

piling, as well as critical domestic vaccine manufacturing infrastructure.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriation, fiscal year 2022	$1,000,000,000
Budget request, fiscal year 2023	5,000,000,000
Committee Recommendation	2,750,000,000
Change from enacted level	+1,750,000,000
Change from budget request	−2,250,000,000

The Committee includes $2,750,000,000 for the Advanced Research Projects Agency for Health (ARPA–H), $1,750,000,000 above the fiscal year 2022 enacted level and $2,250,000,000 below the fiscal year 2023 budget request.

The Committee strongly supports the mission of ARPA–H to drive transformational innovation in health research. The Committee believes that given its focus on supporting high-risk, high-reward projects and distinct approach to selecting and managing research projects, establishing ARPA–H as a separate entity within HHS will maximize the likelihood of the agency's success. The Committee strongly encourages HHS to collaborate with DARPA to develop the foundational policies, procedures, and staff training for ARPA–H employees.

ALS Research and Treatments.—The Committee urges ARPA–H to consider funding ALS research that prioritizes time to beneficial impacts on people living with ALS and their families.

Mental Health Research.—The Committee urges ARPA–H to consider mental health research, including diagnosis and treatment of SMI to address widespread behavioral health issues to spur industry developments and new academic partnerships.

Nanovaccine Research.—The Committee recognizes the need to invest in nanovaccine research at U.S. universities to improve upon existing COVID–19 vaccines such as room temperature stable nanovaccines that can be rapidly designed, tested, and deployed. The Committee directs NIH to consider funding a consortium of academic researchers working on nanovaccines.

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 salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Sec. 203. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committees on Appropriations receive a report detailing the planned use of such funds.

Sec. 204. The Committee continues a provision regarding the PHS evaluation set-aside.

(TRANSFER OF FUNDS)

Sec. 205. The Committee continues a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees

on Appropriations at the program, project, and activity level in advance of any such transfer.

Sec. 206. The Committee continues the 60-day flexibility for National Health Service Corps contract terminations.

Sec. 207. 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. 208. The Committee continues a provision stating that no provider of services under Title X shall be exempt from any law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 209. The Committee continues a provision related to the Medicare Advantage program.

Sec. 210. The Committee continues a provision prohibiting funds from being used to advocate or promote gun control.

Sec. 211. The Committee continues a provision to allow funding for HHS 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. 212. The Committee continues a provision authorizing certain international health activities.

(TRANSFER OF FUNDS)

Sec. 213. 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. 214. The Committee continues a provision that makes NIH funds for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 215. The Committee continues a provision granting authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 216. The Committee continues a provision clarifying that funds appropriated to NIH Institutes and Centers may be used for minor repairs or improvements to their buildings, up to $5,000,000 per project with a total limit for NIH of $100,000,000.

(TRANSFER OF FUNDS)

Sec. 217. The Committee continues a provision transferring one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration.

Sec. 218. The Committee continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Sec. 219. The Committee continues specific report requirements for CMS's Health Insurance Exchange activities in the fiscal year 2024 budget request.

Sec. 220. The Committee continues a provision prohibiting the CMS Program Management account from being used to support risk corridor payments.

(TRANSFER OF FUNDS)

Sec. 221. The Committee continues language directing the spending of the Prevention and Public Health fund.

PREVENTION AND PUBLIC HEALTH FUND

The Committee continues a provision that directs the transfer of the Prevention and Public Health Fund. In fiscal year 2023, the level appropriated for the fund is $943,000,000 after accounting for sequestration. The Committee includes bill language in section 221 of this Act that requires that funds be transferred within 45 days of enactment of this Act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY 2023 Committee
ACL	Alzheimer's Disease Program	$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
ACL	Falls Prevention	5,000,000
CDC	Breastfeeding Grants (Hospitals Promoting Breastfeeding)	9,750,000
CDC	Diabetes	52,275,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease and Stroke Prevention Program	57,075,000
CDC	Million Hearts Program	10,000,000
CDC	Preventive Health and Health Services Block Grant	160,000,000
CDC	Tobacco	120,850,000
CDC	Section 317 Immunization Grants	419,350,000
CDC	Lead Poisoning Prevention	17,000,000
CDC	Early Care Collaboratives	5,000,000
SAMHSA	Garrett Lee Smith—Youth Suicide Prevention	12,000,000

Sec. 222. The Committee modifies a provision related to breast cancer screening.

Sec. 223. The Committee continues a provision related to indirect cost negotiated rates.

(TRANSFER OF FUNDS)

Sec. 224. The Committee continues a provision permitting transfer of funds within NIH, if such funds are related to opioid, stimulant, and pain management research.

Sec. 225. The Committee continues certain Congressional notification requirements.

Sec. 226. The Committee continues a provision related to a report on staffing.

Sec. 227. The Committee continues a provision allowing HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Sec. 228. The Committee modifies a provision related to donations for unaccompanied children.

Sec. 229. The Committee modifies a provision related to the use of funds to house unaccompanied children in facilities that are not State-licensed for the care of unaccompanied children.

Sec. 230. The Committee continues a provision related to the notification requirements regarding the use of facilities that are not State-licensed for the care of unaccompanied children.

Sec. 231. The Committee modifies a provision related to Members of Congress and oversight of facilities responsible for the care of unaccompanied children.

Sec. 232. The Committee continues a provision requiring monthly reporting on unaccompanied children who were separated from their parents or legal guardians and transferred to the care of the Office of Refugee Resettlement.

Sec. 233. The Committee includes a new provision prohibiting the use of funds for sharing any information pertaining to unaccompanied children for use or reference in removal proceedings or immigration enforcement.

Sec. 234. The Committee includes a new provision ensuring that efforts are taken to place unaccompanied children who are siblings together.

Sec. 235. The Committee includes a new provision requiring the Secretary to submit a detailed spend plan outlining anticipated uses of funds in the Refugee and Entrant Assistance account.

Sec. 236. The Committee includes a new provision authorizing the use of funds in the Refugee and Entrant Assistance account for services to children, parents, and legal guardians who were separated at the United States-Mexico border in connection with the Zero-Tolerance Policy.

Sec. 237. The Committee continues a provision related to primary and secondary school costs for eligible dependents of HHS personnel stationed in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and the possessions of the United States.

(RESCISSION)

Sec. 238. The Committee modifies a provision related to the Nonrecurring Expenses Fund.

Sec. 239. The Committee continues a provision related to flexibility for grantees of the Ryan White HIV/AIDS program.

Sec. 240. The Committee includes a new provision prohibiting funds for foster care programs from being awarded to an organization that excludes an individual based on non-merit factors such as age, disability, sex, race, color, national origin, religion, gender identity, or sexual orientation.

Sec. 241. The Committee includes a new provision related to premium pay authority.

Sec. 242. The Committee includes a new provision to amend the PHS Act and related statutes to revise references to the National Institute on Drug Abuse.

Sec. 243. The Committee includes a new provision to amend the PHS Act and related statutes to revise references to the National Institute on Alcohol Abuse and Alcoholism.

Sec. 244. The Committee includes a new provision to amend the PHS Act and related statutes to revise references to the Substance Abuse and Mental Health Services Administration.

Sec. 245. The Committee includes a new provision related to notification requirements in the Social Security Act.

Sec. 246. The Committee continues a provision related to multi-year grant funding for research projects that were delayed due to COVID–19.

Sec. 247. The Committee includes a new provision related to CDC fellowship and training participants.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2022	$18,229,790,000
Budget request, fiscal year 2023	21,280,551,000
Committee Recommendation	21,260,551,000
Change from enacted level	+3,030,761,000
Change from budget request	−20,000,000

This account provides foundational funding to help ensure all children receive a fair, equitable and high-quality education.

Of the total amount available, $10,306,490,000 is appropriated for fiscal year 2023 for obligation on or after July 1, 2024 and $10,841,177,000 is appropriated for fiscal year 2023 for obligation on or after October 1, 2024.

Grants to Local Educational Agencies

For fiscal year 2023, the Committee recommends $20,536,802,000 for Title I grants to Local Educational Agencies (LEAs or school districts), an increase of $3,000,000,000 over the fiscal year 2022 enacted level. Title I is the cornerstone of Federal K–12 education programs and critical to the nation's collective efforts to ensure that every child has the opportunity to obtain a high-quality education. The program serves an estimated 25 million students in nearly 90 percent of school districts and nearly 60 percent of all public schools. Providing additional resources so that children can succeed in school and in life is one of the Committee's highest priorities in the bill.

Of the amounts provided for Title I programs, $6,459,401,000 is available for Basic Grants to LEAs, which is the same as the fiscal year 2022 enacted level. Basic grants are awarded to school districts with at least 10 low-income children who make up more than two percent of the school-age population.

Within the amount for Title I Basic Grants, up to $5,000,000 is made available to the Secretary of Education (Secretary) on October 1, 2022, to obtain annually-updated LEA-level poverty data from the Bureau of the Census.

The Committee recommends $1,362,301,000 for Title I Concentration Grants, which is the same as the fiscal year 2022 enacted level. Concentration Grants target funds to school districts in which the number of low-income children exceeds 6,500 or 15 percent of the total school-age population.

The Committee recommends $6,357,550,000 for Title I Targeted Grants, which is $1,500,000,000 above the fiscal year 2022 enacted level. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

The Committee recommends $6,357,550,000 for Title I Education Finance Incentive Grants (EFIGs) which is $1,500,000,000 above

the fiscal year 2022 enacted level. EFIGs provide payments to States and school districts that incorporate equity and effort factors to improve the equity of State funding systems.

Fiscal Equity.—The Committee is concerned that school districts serving majority students of color and students from low-income backgrounds are more likely to be funded inadequately. Data shows school districts with the highest percentage enrollments of students of color receive nearly $1,800 per student less in State and local funding than school districts serving the fewest students of color, while districts serving the most students in poverty receive $1,000 less than districts serving the fewest students in poverty.

Against the backdrop of these unacceptable inequities, Title I provides vital additional resources to support low-income students in school. Since fiscal year 2002, the Committee has directed increases to Title I through the Targeted and EFIG formulas. Under the Targeted and within-State EFIG formulas, a school district receives higher grants per child counted in the Title I formula the higher its poverty rate or number. A 2019 study of the Title I formulas by the National Center for Education Statistics illustrates their progressive structure—under Targeted, districts in the highest poverty quarter received $118 more per formula-eligible child than the lowest poverty quarter. Under EFIG, districts in the highest poverty quarter received $143 more per formula-eligible child than the lowest poverty quarter.

The Committee regards the Targeted and EFIG formulas as essential tools for promoting funding equity nationwide; however, the Committee recognizes that State and local funding represents more than 90 percent of public K–12 funding nationwide. Accordingly, the Committee believes States can do far more to improve school district funding equity through improvements to school finance formulas. While some will argue that Federal legislative attention should exclusively focus on improvements to Title I formulas, the Committee believes such efforts represent work avoidance. Instead, the Committee believes States have an opportunity to combat urgent funding inequities through more progressive funding allocations to districts. For instance, if State-level funding to school districts were distributed via methods similar to the Federal Targeted and within-State EFIG formulas, the impact would be transformative for students attending the nation's highest-need schools.

To begin this work, the Committee recommendation includes a new provision, which allows the Secretary to use up to $50,000,000 to award competitive grants to States for voluntary activities designed to identify and close funding gaps between high-poverty and low-poverty school districts. The Committee is supportive of efforts to provide financial assistance to States that request aid to identify disparities in State or local funding for high-need LEAs; engage with local communities in developing plans, goals and timelines for reducing identified disparities; and report on interim goals, progress and corrective actions.

The Committee also acknowledges that the Elementary and Secondary Education Act (ESEA) contains several provisions intended to reduce resource inequities between high-poverty and low-poverty school districts, particularly regarding school improvement activities. The Committee encourages the Department to continue its efforts to assist States in evaluating resource allocation in districts

that serve a significant number of schools identified for improvement and districts in identifying resource inequities for schools identified for improvement as part of a comprehensive school support and improvement plan.

Transportation and School Improvement.—The Committee recognized a longstanding barrier to the implementation of strategies to increase student diversity as a means of school improvement in the Department of Education Appropriations Act, 2019 when it removed two decades-old prohibitions on the use of Federal funds for transportation costs to carry out school desegregation efforts. Subsequently, in the Department of Education Appropriations Act, 2021, the Committee removed the last of these long-standing prohibitions in the Federal code in the General Education Provisions Act. With the recent removal of these prohibitions, the Committee remains concerned many States and districts may be unaware of their ability to use ESEA funding to support voluntary school integration efforts. In response, the Committee included a directive in House Report 117–96 requiring the Department to provide technical assistance to school districts regarding the use of school improvement funds under Title I, Part A for transportation to support voluntary school integration efforts. The Committee looks forward to receiving an update on the Department's progress in carrying out this work by September 30, 2022.

Reservation for Homeless Students.—The Committee continues to urge that the Department support LEAs' development of plans under section 1112(b)(6) of the ESEA that describe the amount of funds for homeless students reserved under section 1113(c)(3)(A) of the ESEA, how such amount was determined, and the amount of the prior year's reservation that was spent on homeless students. The Committee further urges that the Department support State educational agencies' (SEAs) development of plans under section 1111(g)(1)(F) of the ESEA that describe how the SEA will monitor the amount and use of funds reserved for homeless students under section 1113(c)(3)(A) and provide technical assistance to assist LEAs in effectively using such funds to support homeless students.

Diverse Texts in School Libraries.—The Committee believes that all students should be able to access texts that reflect their interests and diverse cultures. Unfortunately, too many Black, Latino, Asian-American, and Native students are unable to access such books and printed materials in their classrooms and school libraries. To address this challenge, the Committee supports classroom and school libraries that seek to include content that reflects the history and diversity of their student populations.

School Names.—The Committee supports efforts by school districts that are home to populations of Latino, Black, Asian-American, and Native students to ensure public schools reflect the diversity of their districts, which may extend to the naming of schools to highlight the achievements of members from Latino, Black, Asian-American, and Native communities.

History and Cultural Contributions of Racial and Ethnic Minorities.—The Committee recognizes the increasing diversity of student populations attending K–12 public schools in the United States, and the value in developing curricula that fully capture the history and cultural contributions of racial and ethnic minorities in the U.S. The Committee supports efforts by the Department to provide

technical assistance to K–12 public schools and educators interested in developing such courses and curricula for their students. The Committee also supports efforts by the Department to provide technical assistance around professional development for K–12 educators to develop, implement, and teach these emerging curricula using research-based, culturally responsive teaching methods and best practices. The Committee recognizes that well-taught and well-designed courses highlighting the history and cultural contributions of diverse populations provide academic benefits to all students and contribute to students' sense of self and belonging in school.

Increasing Equity in Advanced Coursework.—Research shows that Black, Latino, and Native American students, students with disabilities, and students from low-income families are underrepresented in advanced programs and courses (gifted and talented, advanced placement, international baccalaureate, honors courses, dual enrollment). A major barrier for these students is the over-reliance on subjective criteria not proven to predict course success. The Committee is encouraged by recent State and district actions to lessen these disparities, including the implementation of open enrollment, automatic enrollment for students who have demonstrated readiness, and/or universal screening for gifted and talented programs. The Committee notes that funds under ESEA may be used to implement open enrollment, automatic enrollment, and/or universal screening practices; as well as use these funds to increase course access and success, provide coaching and training for educators, purchase materials, and/or cover exam fees for underrepresented students. To ensure these resources advance student outcomes for historically underserved students, the Committee continues to encourage the Department to resume collecting data on passing rates for all Advanced Placement subject areas.

Military Student Identifier.—The Committee notes that the ESEA recognizes military-connected students as a distinct subgroup of students. More than 80 percent of military-connected children attend public schools. Students with parents/guardians who serve full-time in the military move and change schools frequently. In addition, they may experience trauma resulting from separations from a parent/guardian due to their parents' service to the U.S. Military. The Military Student Identifier provides educators, school leaders, and policymakers with critical information to personalize attention and direct resources to better support military dependent children. Current law directs the Military Student Identifier toward the children of active duty families, leaving out the nearly one-half million children of the reserve component, both National Guard and Reserves. The Committee supports efforts to address the unique needs of children whose parents/guardians serve in the National Guard and reserve components.

Comprehensive Literacy Development Grants

The Committee recommends $192,000,000 for Comprehensive Literacy Development Grants, which is the same as the fiscal year 2022 enacted level. Funds are awarded to States to subgrant to school districts and/or early education programs to improve literacy instruction for disadvantaged students.

Innovative Approaches to Literacy

The Committee recommends $31,000,000 for Innovative Approaches to Literacy (IAL), which is $2,000,000 above the fiscal year 2022 enacted level. IAL funds support competitive grants to school libraries and national not-for-profit organizations to provide books and literacy activities to children and families in high-need communities.

Underserved Urban School Districts.—The Committee directs the Department in any new fiscal year 2023 competition to continue prioritizing underserved communities in urban school districts in which students from low-income families make up at least 50 percent of enrollment.

State Agency Programs: Migrant

The Committee recommends $375,626,000 for the State Agency Program for Migrant Education, which is the same as the fiscal year 2022 enacted level. This program supports special educational and related services for children of migrant agricultural workers and fishermen, including: (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services across States for migrant children whose education is interrupted by frequent moves.

State Agency Programs: Neglected and Delinquent

For the State Agency Program for Neglected and Delinquent Children, the Committee recommends $48,239,000, the same as the fiscal year 2022 enacted level. This formula grant program supports educational services for children and youth under age 21 in State-run institutions, attending community day programs, and in correctional facilities. A portion of these funds is provided for projects that support the successful re-entry of youth from the criminal justice system into postsecondary and vocational programs.

Support for At-risk Youth.—The Committee is concerned with findings from the Department's report to Congress on Neglected and Delinquent Programs, which found that State-level data on re-entry activities required under ESEA is insufficient to provide an accurate sense of the success of such efforts nationally. Given the disproportionate impact of the COVID–19 pandemic on the youth justice system, the Committee believes it is essential that the Department monitor and ensure compliance with re-entry activities required under ESEA. In the fiscal year 2024 Congressional Budget Justification, the Committee requests information regarding how the Department will support each State in meeting the data reporting and re-entry requirements for youth included in ESEA.

Children and Youth in Foster Care

The Committee includes $18,761,000 for a new program, Improving Outcomes for Children and Youth in Foster Care.

The Committee notes the importance of mentoring in helping children and youth in foster care thrive and strongly encourages the Department to prioritize partnership grants that match students in foster care with mentors and tutors.

Special Programs for Migrant Students

The Committee recommends $58,123,000 for the Special Programs for Migrant Students, which is $10,000,000 above the fiscal year 2022 enacted level. These programs make grants to colleges, universities, and nonprofit organizations to support educational programs designed for students who are engaged in migrant and other seasonal farm work. The High School Equivalency Program (HEP) recruits migrant students age 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. 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

Appropriation, fiscal year 2022	$1,557,112,000
Budget request, fiscal year 2023	1,541,112,000
Committee Recommendation	1,614,112,000
Change from enacted level	+57,000,000
Change from budget request	+73,000,000

This account supports payments to school districts affected by Federal activities, such as those that educate children whose families are connected with the military or who live on Indian land.

Basic Support Payments

The Committee recommends $1,464,242,000 for Basic Support Payments to LEAs, which is $55,000,000 above the fiscal year 2022 enacted level. 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 $48,316,000 for Payments for Children with Disabilities, which is the same as the fiscal year 2022 enacted level. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities Maintenance

The Committee recommends $4,835,000 for Facilities Maintenance, which is the same as the fiscal year 2022 enacted level. These capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee recommends $17,406,000 for the Construction program, which is the same as the fiscal year 2022 enacted level. Funding is allocated by formula to eligible LEAs for school construction activities under section 7007(b) of ESEA.

Payments for Federal Property

The Committee recommends $79,313,000 for Payments for Federal Property, which is $2,000,000 above the fiscal year 2022 enacted level. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

Data for Eligible Communities.—The reporting method used to calculate the amount of Impact Aid a school receives is critical to ensuring accurate data for eligible communities. Correct student counts ensure adequate resources are provided for students. The Committee repeats its request that the Department assess the merits of such flexibilities in future years, along with other potential process modifications, in the fiscal year 2024 Congressional Budget Justification. In addition, the Committee requests recommendations for helping LEAs plan for discrepancies between estimated and actual award levels.

SCHOOL IMPROVEMENT PROGRAMS

Appropriation, fiscal year 2022	$5,595,835,000
Budget request, fiscal year 2023	5,525,982,000
Committee Recommendation	5,905,642,000
Change from enacted level	+309,807,000
Change from budget request	+379,660,000

The Committee recommendation includes $5,905,642,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends $2,270,080,000 for Supporting Effective Instruction State Grants (Title II–A), which is $100,000,000 above the fiscal year 2022 enacted level. Title II–A grants provide States and school districts with a flexible source of funding to strengthen the skills and knowledge of teachers, principals, and administrators to enable them to improve student achievement.

Educator Diversity.—Research shows that all students, and in particular students of color, benefit from a racially diverse workforce. Research shows that students benefit both academically and through the positive relationships they build with educators. However, barriers such as unfavorable working conditions or antagonistic work cultures mean that teachers of color leave the profession at higher rates than their peers. The Committee recognizes that the need for a more diverse educator workforce is always pressing, but is especially urgent right now, as nearly half of U.S. schools are facing COVID-related staff shortages. The Committee is encouraged by efforts to address factors undergirding teacher shortages and lack of teacher diversity in States and districts, including using evidence-based models such as Grow Your Own programs. The Committee's increase to Title II–A for fiscal year 2023 is intended to address concerns about staffing shortages, increase educator diversity, and implement evidence-based programs. The Committee encourages the Department to ensure funds support States and districts with the greatest need and programs that specifically aim to increase the diversity of the teaching workforce.

Materials from Teacher Professional Development.—Given the importance of funds under Title II–A in helping teachers advance their own professional development and meet the needs of their

students, the Committee encourages the Department to issue guidance clarifying allowable uses of funds. Teachers often take professional development training that, in turn, requires access to additional funding for instructional materials to be able to utilize their training in the classroom. The Committee continues to support efforts by the Secretary to offer guidance on how an LEA may use Title II–A funds on instructional materials that are directly connected to teacher professional development training. In addition, the Committee continues to note the benefits of posting guidance online and communicating about guidance with outside stakeholders, particularly district superintendents.

Supplemental Education Grants

The Committee recommends $24,464,000 for Supplemental Education Grants to the Federated States of Micronesia and the Republic of the Marshall Islands, which is $4,807,000 more than the fiscal year 2022 enacted level. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) authorizes these entities to receive funding for general education assistance.

Nita M. Lowey 21st Century Community Learning Centers

The Committee recommends $1,409,673,000 for Nita M. Lowey 21st Century Community Learning Centers, $120,000,000 more than the fiscal year 2022 enacted level and $100,000,000 above the fiscal year 2022 budget request. Funds are awarded by formula to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities.

The Committee notes that only one in three 21st Century Community Learning Centers grant applications is awarded, reflecting substantial unmet demand for these opportunities. The $120,000,000 increase over fiscal year 2022 will help communities providing afterschool programs serve 144,000 more students than in fiscal year 2022.

State Assessments

The Committee recommends $390,000,000 for State Assessments, which is the same as the fiscal year 2022 enacted level. Funds are available to develop and implement academic standards and assessments. The program includes a set-aside for audits to identify and eliminate low-quality or duplicative assessments.

Education for Homeless Children and Youth

The Committee recommends $122,000,000 for the Education for Homeless Children and Youth program, which is $8,000,000 more than the fiscal year 2022 enacted level. Grants are allocated to States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee recommends $6,575,000 for Training and Advisory Services authorized by Title IV–A of the Civil Rights Act, which is the same as the fiscal year 2022 enacted level. Title IV–A authorizes technical assistance and training services for school districts to address problems associated with desegregation on the

basis of race, sex, or national origin. The Department awards three-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.

Education for Native Hawaiians

The Committee recommends $40,897,000 for the Education for Native Hawaiian program, which is $2,000,000 more than the fiscal year 2022 enacted level. Funds are used to provide competitive awards for supplemental education services to the Native Hawaiian population.

Construction.—The Committee's $2,000,000 increase to this program will specifically focus on construction needs for schools that serve Native Hawaiian students. The Committee is supportive of resources to public elementary and secondary schools that serve Native Hawaiian students, including activities for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school, as authorized under part B of Title VI. The Committee encourages the Department to prioritize funding to organizations with construction needs that have experience providing supplemental education services to Native Hawaiian children and youth.

Applicant Support.—For the fiscal year 2023 Education for Native Hawaiians competition, the Committee encourages the Department to offer technical assistance to quality applicants who have not received awards in previous competitions in order to promote grantee diversity among schools and programs that have experience providing education services to Native Hawaiian children and youth.

Alaska Native Education Equity

The Committee recommends $37,953,000 for the Alaska Native Education Equity program, which is the same as the fiscal year 2022 level. Funds are used to provide competitive awards for supplemental education services to the Alaska Native population.

Rural Education

The Committee recommends $195,000,000 for Rural Education programs, which is the same as the fiscal year 2022 enacted level. There are two dedicated programs to assist rural school districts with improving teaching and learning in their schools: the Small, Rural Schools Achievement program, which provides funds to rural districts that serve a small number of students; and the Rural and Low-Income Schools program, which provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district. Funds appropriated for Rural Education shall be divided equally between these two programs.

Comprehensive Centers

The Committee recommends $54,000,000 for Comprehensive Centers, which is the same as the fiscal year 2022 enacted level. The Comprehensive Centers program includes support for regional centers that provide training, technical assistance, and professional development to build State capacity to provide high-quality education to all students.

Student Support and Academic Enrichment State Grants

The Committee recommends $1,355,000,000 for Student Support and Academic Enrichment (SSAE) State Grants, which is $75,000,000 above the fiscal year 2022 enacted level. SSAE grants provide SEAs and LEAs with flexible resources that provide students with access to a well-rounded education, including rigorous coursework, and improve school conditions and the use of technology.

Arts and Entertainment Pipeline Programs.—The Committee continues to encourage the Department to work with States and school districts that serve diverse youth to explore using SSAE funding to support and create youth pipeline programs in the arts and entertainment industries. The Committee is aware of programs that focus on closing student opportunity gaps by bringing filmmakers into Title I schools to partner with teachers to expand access to the arts, implement social and emotional learning strategies, and support rigorous academic curricula. A 2019 evaluation by the Stanford Center for Assessment, Learning, and Equity found that such programs create a positive environment and learning community, promote active and social learning, provide in-depth instruction of vocabulary practices, and cultivate social and emotional learning competencies.

Accelerated Learning Programs.—The Committee continues to support efforts by States and LEAs to increase diversity in accelerated student learning programs, such as advanced placement courses, gifted and talented classes and honors programs. The Committee supports the use of ESEA funding to create State or local equity offices. Equity offices could evaluate current data on the students enrolled in accelerated student learning programs and use such data to inform recommendations to LEAs on how to improve the diversity of those programs. The Committee recognizes that Black, Latino, and Native students, students living in poverty, and English learners are historically underrepresented in accelerated learning programs. Research shows that developing targeted recruitment and outreach plans, as well as universal screening for talented and gifted programs help address inequitable access that lock students out of opportunities that engage them more meaningfully in school and expand their postsecondary success.

Menstrual Health.—The Committee is concerned about the disruptions to educational opportunities that children living in period poverty experience. Industry reports found that one in five school age children have missed school due to lack of access to safe and affordable menstrual products. In the fiscal year 2024 Congressional Budget Justification, Committee directs the Department to provide an update on the Department's implementation of the directive provided under this heading in House Report 117–96. In addition, the Committee requests information around the feasibility

of supporting free menstrual product programs through the Nita M. Lowey 21st Century Community Learning Centers program.

School Diversity.—The Committee strongly encourages the Department to use the two percent set-aside for technical assistance and capacity building under SSAE to award capacity-building grants to LEAs and SEAs to reduce racial and socioeconomic segregation across and within school districts.

Eye-care Services—The Committee is supportive of efforts by SEAs and LEAs to provide on-campus eye-care services free of charge to students in public elementary or secondary schools.

Youth Mental Health and Social and Emotional Learning.—In the face of a youth mental health crisis, the Committee believes it is critical to invest in key social and emotional learning programs that build essential life skills as an effective component of promoting student mental wellness and preventing the development of substance use, child sexual abuse, bullying, and youth suicide. Investments in evidence-based social and emotional learning programs return $11 for every dollar invested and the Committee encourages the Department to work with the Department of Health and Human Services on youth mental health to prioritize access to primary prevention programs and ensure such programs across the government are coordinated and leveraged for the maximum impact.

Mentoring to Address Chronic Absence.—The Committee is concerned about the high rates of student chronic absenteeism across the country since the onset of the COVID–19 pandemic and encourages the Department to inform SEAs on how Title IV–A and other Federal funding sources can be used to support early warning data systems that identify populations of students who are chronically absent and successful interventions to address chronic absence and school engagement, such as mentoring.

Technical Assistance on Inclusive Practices.—The Committee notes that SSAE provides flexible funding to support activities that promote a safe and healthy learning environment. With respect to these authorized activities, the Committee believes there is no more urgent charge than to support students through inclusive practices that are evidence-based and address the needs of the whole child. Further, the Committee is concerned by efforts that would promote SSAE for unintended purposes, including purposes that generate disproportionate negative impacts on specific student subgroups. Accordingly, the Committee directs the Department to describe the technical assistance it provides on inclusive, evidence-based practices that address the needs of the whole child in the fiscal year 2024 Congressional Budget Justification.

Trafficking Prevention Activities.—The Committee supports the Department's current technical assistance support to SEAs and LEAs in implementing human trafficking prevention activities and encourages the Department to offer additional support for these efforts.

INDIAN EDUCATION

Appropriation, fiscal year 2022	$189,246,000
Budget request, fiscal year 2023	186,239,000
Committee Recommendation	195,246,000
Change from enacted level	+6,000,000
Change from budget request	+9,007,000

This account supports programs authorized by part A of title VI of the ESEA.

Grants to Local Educational Agencies

The Committee recommends $110,381,000 for Grants to Local Educational Agencies, which is $500,000 above the fiscal year 2022 enacted level. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Education. The purpose of this program is to improve elementary and secondary school programs that serve American Indian students, including preschool children. Grantees must develop a comprehensive plan and ensure 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 American 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 $72,000,000 for Special Programs for Indian Children, which is $2,000,000 more than the fiscal year 2022 enacted level. These programs make competitive awards to improve the quality of education for American Indian students. The program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

The Committee's investment for Special Programs for Indian Children is intended to help address the shortage of Native American educators nationwide.

National Activities

The Committee recommends $12,865,000 for National Activities, which is $3,500,000 above the fiscal year 2022 enacted level. Within this account, funding is provided for grants to Tribes for education administrative planning, development, and coordination, grants to support Native language immersion schools and programs. Funds under this authority also support research, evaluation and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs.

Native American Language Immersion and the State-Tribal Education Partnership Program.—The Committee provides a $3,000,000 increase to the Native American Language Immersion and the State-Tribal Education Partnership (STEP) programs above the fiscal year 2022 enacted levels for these programs. The Committee looks forward to a new fiscal year 2023 STEP competition and directs a portion of this increase to support new STEP awards.

Native American Language Resource Centers.—Within this account, the Committee provides no less than $1,500,000 to support American Indian, Alaska Native and Native Hawaiian language activities for the Native American Language Resource Center program established in the explanatory statement accompanying the Department of Education Appropriations Act, 2022.

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2022	$1,300,730,000
Budget request, fiscal year 2023	1,572,000,000
Committee Recommendation	1,484,608,000
Change from enacted level	+183,878,000
Change from budget request	−87,392,000

The Committee recommends $1,484,608,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee recommends $384,000,000 for the Education Innovation and Research (EIR) program, which is $150,000,000 above the fiscal year 2022 enacted level. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations.

Social and Emotional Learning Grants.—On April 6, 2022, the Subcommittee on Labor-HHS Education-Related Agencies held a hearing entitled "Social and Emotional Learning (SEL) and Whole Child Approaches in K–12 Education," during which the Subcommittee heard from a panel of national experts on the robust evidence of effectiveness for whole child interventions, including SEL. The Subcommittee discussed how high-quality SEL programs that support students' social, emotional, and cognitive development result in lasting positive academic and life outcomes. In addition, the Subcommittee explored how dedicated Federal resources for these approaches are vital to expanding their reach nationwide.

To address these critical needs, within the total for EIR, the agreement includes $132,000,000, $50,000,000 above the fiscal year 2022 enacted level, to provide high-quality, evidence-based SEL grants. To fulfill the SEL set-aside, the Committee urges prioritization of SEL for both the early- and mid-phase evidence tiers.

The Committee requests a briefing within 90 days of enactment of this Act on plans for carrying out the SEL competition. In addition, the Department shall provide notice and a briefing to the Committees at least seven days before grantees are announced.

SEL Interventions for Educational Staff.—The Committee notes that the EIR SEL competition can also support evidence-based interventions for educational staff, including but not limited to teachers, school counselors, school psychologists, and school social workers. In light of the significant challenges educators have faced during the COVID–19 pandemic, the Committee recognizes that educational staff may experience fatigue or stress related to their work in supporting students and their families, as well as burnout due to a combination of factors related to their work. While teacher retention and teacher shortage challenges remain multifaceted, the Committee recognizes the value of mental health resources and

SEL interventions in order to support the emotional and mental health and wellbeing of educational staff.

STEAM and Computer Science Grants.—In addition, within the total for EIR, the Committee recommendation includes $87,000,000 for STEAM education, including computer science, $5,000,000 above the fiscal year 2022 enacted level. Within the STEAM and computer science set-aside, awards should expand opportunities for underrepresented students such as minorities, girls, and youth from families living at or below the poverty line to help reduce the enrollment and achievement gap.

Teacher Education Programs in Computer Science.—The Committee notes that the EIR STEAM and computer science competition can also support grants to institutions of higher education for teacher education programs in computer science. Such grants can prepare aspiring teachers with the training, experience, and resources needed to become successful computer science educators; hire and retain faculty to carry out robust computer science education research; train doctoral students in the computer science field; educate graduate and undergraduate students preparing to become teachers in computer science; develop resources for computer science teachers or teachers in-training, informed by credible computer science education research or best practices from the computer science education field; and provide scholarships to students, particularly for students from traditionally underrepresented groups in computer science and based on financial need.

Technology Access and Engagement.—The Committee notes that the EIR STEAM and computer science competition can also support grants that facilitate the implementation or expansion of technology-focused experiences that strengthen STEAM education. The Committee recognizes providing learning experiences to students that incorporate innovative technologies, such as digital learning platforms, improves STEM learning outcomes and equips students with vital skills high-demand fields like computer science and engineering. The Committee encourages the Department to provide priority to Historically Black Colleges and Universities (HBCUs) and Minority-Serving Institutions (MSIs) and applicants seeking to implement or scale technology-enabled learning experiences in K–12 schools, including via the creation or acquisition of technological resources.

Publicizing Research Findings.—The Committee continues to be supportive of efforts by the Department to publicize research findings from the EIR program as described in House Report 117–96.

Diverse Geographic Areas.—The Committee encourages the Department to take steps necessary to ensure the statutory set-aside for rural areas is met and that EIR funds are awarded to diverse geographic areas.

Teacher and School Leader Incentive Grants

The Committee recommends $88,500,000 for the Teacher and School Leader Incentive Grants program, which is $84,500,000 less than the fiscal year 2022 enacted level. This program provides grants to States, school districts, and partnerships to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools.

American History and Civics Academies

The Committee recommends $3,000,000 for American History and Civics Academies, which is the same as the fiscal year 2022 enacted.

American History and Civics National Activities

The Committee recommends $12,500,000 for American History and Civics National Activities, which is $7,750,000 more than the fiscal year 2022 enacted level.

Civics Secures Democracy.—The Committee acknowledges the need for broad investment in civics education. In addition, the Committee recognizes that students who receive quality civics education are more likely to vote and to discuss politics at home, complete college and develop skills that lead to employment, and give back to their communities through volunteering and working on community issues. The Committee believes that Civics education in the United States is crucial to preserving democracy and the future safety of our nation.

Therefore, the Committee directs the Department to run a new competition in fiscal year 2023 for grants supporting evidence-based practices proven to contribute to the effectiveness of educational programs in civics, including innovative and engaging classroom instruction in civics, government, and history; community service linked to classroom learning; learning through participation in models and simulations of democratic processes; meaningful participation in school governance; and instruction in media literacy through the study of common informal fallacies in logic. The Department is directed to prioritize grants that support traditionally underserved communities, including students from low-income urban and rural school districts, English learners, and students with disabilities. Eligible entities shall include LEAs, SEAs, and consortia of LEAs.

Improving Civics Education Engagement.—The Committee recognizes that additional efforts are needed to ensure that our elementary, secondary, and postsecondary schools and institutions are coherently supporting civic education and experiences, rather than reinforcing siloed approaches. Accordingly, the Committee encourages partnerships that connect elementary and secondary civic education efforts with similar efforts at institutions of higher education. The Committee encourages such efforts to prioritize LEA partnerships with HBCUs and MSIs.

Supporting Effective Educator Development

The Committee recommends $90,000,000 for the Supporting Effective Educator Development (SEED) grant program, which is $5,000,000 more than the fiscal year 2022 level. SEED provides competitive grants to support alternative certification and other professional development and enrichment activities for teachers, principals, and other school leaders. Funds are included to fully support continuation costs for grants made in prior years.

SEL and Whole Child Education.—The Committee continues to support the SEL competitive preference priority within the SEED competition. The priority supports professional development that helps educators incorporate SEL practices into teaching and supports pathways into teaching that provide a strong foundation in

child development and learning, including skills for implementing SEL strategies in the classroom. The Committee directs the Department to include the competitive preference priority in any new SEED competition in fiscal year 2023.

If the Department issues a new notice inviting application for fiscal year 2023, the Committee requests a briefing within 90 days of enactment of this Act on plans for carrying out the SEL competitive preference priority in SEED. In addition, the Department shall provide notice and a briefing to the Committees at least seven days before grantees for a new competition are announced.

Computer Science and Native Students.—The Committee continues to encourage the Department, through the SEED program, to support projects that increase the number of teachers with computer science certifications with a priority to increase the number of such teachers in rural public schools and public schools serving high percentages of Native students.

Charter Schools Grants

The Committee recommends $400,000,000 for Charter School Program (CSP) Grants, which is $40,000,000 below the fiscal year 2022 enacted level and the fiscal year 2022 budget request.

CSP awards grants to SEAs or, if a State's SEA chooses not to participate, to charter school developers to support the development and initial implementation of public charter schools. State Facilities Incentive Grants and Credit Enhancement for Charter School Facilities awards help charter schools obtain adequate school facilities. These programs work in tandem to support the development and operation of charter schools.

For-profit Entities.—The Department has long recognized the particular risks posed by for-profit education management organizations (EMOs). In response to a 2016 audit, the Department conceded to the Inspector General, "ED is well aware of the challenges and risks posed by CMOs and, in particular, EMOs, that enter into contracts to manage the day-to-day operations of charter schools that receive Federal funds. We recognize that the proliferation of charter schools with these relationships has introduced potential risks with respect to conflicts of interest, related-party transactions, and fiscal accountability, particularly in regard to the use of federal funds." Since that initial acknowledgement by the Department regarding for-profit EMOs, the Committee has been made aware of concerning instances of criminal fraud, conflicts of interest, and inadequate transparency.

In addition, the Committee is deeply concerned that for-profit charter schools, including those run by for-profit EMOs, deliver concerning outcomes for students. A 2017 report from Stanford University's Center for Research on Education Outcomes compared student performance at non-profit charters, for-profit charters, and traditional public schools and found that for-profit charters perform worse in reading, and significantly worse in math, than non-profit charters. In addition, the report found that for-profit charters perform worse in math than traditional public schools.

That is why the Committee is strongly supportive of the Department's proposal to prohibit Federal CSP funding from supporting for-profit EMOs through its notice published in the Federal Register on March 14, 2022 (87 Fed. Reg. 14197). The Committee in-

cludes bill language codifying the prohibition to establish this precedent for fiscal year 2023 and for future years. Moving forward, the Committee urges the Secretary to work with Congress on efforts to fully phase out the concerning for-profit EMO sector. Such efforts could include reasonable transition periods that allow schools run by for-profit EMOs to shift to independent or nonprofit management. In the interim, the Committee is committed to continuing its oversight of the for-profit EMO sector and ensuring fewer taxpayer dollars enrich for-profit EMO shareholders.

Defunct CSP Grantees.—The Committee is deeply concerned by the Department's analysis that fifteen percent of the charter schools receiving CSP funding since 2001 have never opened or closed before their three-year grant period is complete, representing an unacceptable waste of at least $174,000,000 in taxpayer funds. Accordingly, the Committee is strongly supportive of the Department's fiscal year 2022 CSP notice (87 Fed. Reg. 14197) that requires applicants to demonstrate local demand for new schools. The Committee rejects the premise that grant failure and school closure is the cost of doing business in CSP and welcomes reforms that will improve its performance.

GAO Mandate from House Report 116–450.—The Committee continues to be supportive of GAO's work on the mandate included in House Report 116–450 regarding the Department's oversight over CSP and whether the program is being implemented effectively among grantees and subgrantees. The Committee is particularly interested in the issue of CSP-funded schools that eventually closed or received funds but never opened; the relationships between charter schools supported by CSP grants and charter management organizations; and enrollment patterns at these schools, especially for students with disabilities. In addition, the Committee is interested in recommendations on potential legislative changes to the program that would reduce the potential for mismanagement and ineffective operations.

Oversight from the Office of Inspector General.—The Committee continues to support efforts by the Department's Office of Inspector General (OIG) to examine grantee administration of Replication and Expansion Grants, including charter management organization grantees. The Committee also supports the OIG's efforts to evaluate whether the Department adequately monitored grantees' performance and uses of funds for CSP competitions.

Students with Disabilities and English Learners.—The Committee encourages the Department to continue including in their evaluation of State CSP grants the extent to which State entities are utilizing the seven percent of funding received under the program to ensure that charter schools receiving CSP grants are equipped to appropriately serve students with disabilities and, by extension, prepared to become high-quality charter schools. In addition, the Committee urges the Department to ensure subgrantees are equipped to meet the needs of English learners. The Committee directs the Department to provide an update on these efforts in the fiscal year 2024 Congressional Budget Justification.

Charter School Effects on School Segregation.—The Committee is concerned by findings from a 2019 Urban Institute report which concluded that growth in charter school enrollment increases the segregation of Black, Latino, and white students. To address this

concern, the Committee urges the Department to give priority to applicants that plan to use CSP funds to operate or manage charter schools intentionally designed to be racially and socioeconomically diverse.

The Committee is strongly supportive of proposed requirements in the Department's fiscal year 2022 CSP notice (87 Fed. Reg. 14197) that grantees show that they will not exacerbate school segregation. Accordingly, the Committee urges the Department to examine the merits of diversity reporting that compares demographic data of grantees to that of local districts. The Committee directs the Department to share its assessment of CSP diversity reporting, along with any prospective plans for implementation, in the fiscal year 2024 Congressional Budget Justification.

Magnet Schools Assistance

The Committee recommends $149,000,000 for the Magnet Schools Assistance program (MSAP), which is $25,000,000 more than the fiscal year 2022 enacted level. This program makes competitive grants to support the establishment and operation of magnet schools that are a part of a court-ordered or Federally-approved voluntary desegregation plan.

Inter-district Magnet Schools.—A 2019 report by Urban Institute finds that two-thirds of total school segregation in metropolitan areas is due to segregation between, rather than within, school districts. Consortia of LEAs and regional education services agencies are eligible to receive MSAP grants to establish magnet schools that address inter-district school segregation; however, the Committee is concerned that these critical projects are infrequently funded. To address the urgent issue of inter-district segregation, the Committee continues to direct the Department to include a priority for applicants seeking to establish new inter-district magnet schools for any new competition in fiscal year 2023.

Whole School Magnet Programs.—A recent Learning Policy Institute report finds that whole school magnet programs are more effective at fostering diversity than in-school magnet programs, which can create separate tracks and programs for different student populations. The Committee urges the Department to prioritize applicants seeking to establish and operate whole school magnet programs.

Ready to Learn Programming

The Committee recommends $32,500,000 for Ready to Learn Programming, which is $2,000,000 more than the fiscal year 2022 enacted level. This program supports the development and distribution of educational video programming for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee recommends $38,500,000 for Arts in Education, which is $2,000,000 more than the fiscal year 2022 level. This program provides competitive grants to support professional development and the development of instructional materials and programming that integrate the arts into the curricula.

Javits Gifted and Talented Education

The Committee recommends $16,500,000 for the Javits Gifted and Talented Education Program, which is $2,000,000 more than the fiscal year 2022 enacted level. Funds are awarded through grants and contracts to States, schools districts, and other organizations to support a coordinated program of research, demonstration projects, innovative strategies, and other activities to help schools identify gifted and talented students and address their unique educational needs.

Underrepresented Populations.—The Committee encourages the Department to use funds to increase the number of grants that assist schools in the identification of, and provision of services to, gifted and talented students who may not be identified and served through traditional assessment methods, such as children with disabilities, English learners, children of color, and economically disadvantaged students.

Statewide Family Engagement Centers

The Committee recommends $16,000,000 for the Statewide Family Engagement Centers program, which is $1,000,000 more than the fiscal year 2022 enacted level. Funds are awarded through grants to organizations to provide technical assistance and training to State and local educational agencies in the implementation and enhancement of systemic and effective family engagement policies, programs, and activities that lead to improvements in student development and academic achievement.

Fostering Diverse Schools

The Committee includes $100,000,000 for a new competitive grant program, Fostering Diverse Schools. The program establishes competitive grants to local educational agencies and State educational agencies to reduce racial and socioeconomic segregation across and within school districts. A 2019 report by Urban Institute finds that two-thirds of total school segregation in metropolitan areas is due to segregation between, rather than within, school districts. In response to this concerning dynamic, the Committee directs the Department to prioritize resources to address segregation across districts. The Committee notes the promise of strategies and models such as inter-district magnet schools, voluntary two-way transfer programs between segregated districts, district regionalization, and regional education service agency governance structures.

The State of School District Secessions.—The Committee is concerned by research indicating that more than 128 school districts have attempted to break off, or "secede", from their school districts since the year 2000, and the likelihood of this trend increasing school segregation throughout the United States. The Committee continues to encourages the Department, in consultation with the Department of Justice, to issue a report describing the scope of the issue of school district "secession" and its impact on school segregation. Such a report could note which districts are party to Federal desegregation orders and explain whether these secessions are in violation of those orders. The report could also note what oversight exists on the part of State agencies regarding school district secession in the States where they have occurred.

Community Project Funding

Within the funds included in this account, $154,108,000 shall be used for the projects, and in the amounts, specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" at the end of this report.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2022	$361,000,000
Budget request, fiscal year 2023	1,693,000,000
Committee Recommendation	1,708,000,000
Change from enacted level	+1,347,000,000
Change from budget request	+15,000,000

The Committee recommends a total of $1,708,000,000 for activities to promote safe schools, healthy students, and citizenship education, which is $1,347,000,000 more than the fiscal year 2022 enacted level.

Promise Neighborhoods

The Committee recommends $96,000,000 for Promise Neighborhoods, which is $11,000,000 above the fiscal year 2022 enacted level. Promise Neighborhoods supports grants to nonprofit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational outcomes for children and youth, from birth through college.

Planning Grants.—The Committee is supportive of planning grants within Promise intended to strengthen communities' abilities to scale city and regional reinvestment strategies and allow for direct services. These planning grants can support the alignment of resources and efforts across multiple sectors and focus on measurable shared goals.

School Safety National Activities

The Committee recommends $1,134,000,000 for School Safety National Activities, which is $933,000,000 more than the fiscal year 2022 enacted level. The Committee's recommendation provides up to $5,000,000 for the Project School Emergency Response to Violence (Project SERV) program.

School-based Mental Health Professionals.—The Committee applies the $1,000,000,000 fiscal year 2023 budget request for school-based mental health professionals to provide $500,000,000 for the Mental Health Services Professional Demonstration Grants program established in the Department of Education Appropriations Act, 2019 and $500,000,000 for the School-Based Mental Health Services Grants program established in the Department of Education Appropriations Act, 2020.

The Committee does not expand the scope of these grants to include school nurses; however, the Committee helps address these urgent needs through increased support for School-based Health Centers administered by the Health Resources & Services Administration.

The Committee notes that the School-Based Mental Health Services Grants program was created to award grants to SEAs, LEAs, or consortia of LEAs to increase the number of qualified, well-trained mental health professionals in schools. To achieve this crit-

ical goal, the Committee urges the Department to focus any new fiscal year 2023 competition on directly increasing the number of these vital mental health professionals, including school counselors, social workers, psychologists, or other mental health professionals qualified to provide school-based mental health services. In recognition of the role LEAs play in mental-health personnel decision making, the Committee directs the Department to guarantee no less than 75 percent of grants support LEA recipients. The Committee notes that the explanatory statement accompanying the Department of Education Appropriations Act, 2020 seeks to promote the sustainability of these services, by requiring that awards include a 25 percent match from grantees and by requiring that the awards do not supplant existing mental health funding.

The Committee notes that other mandatory appropriations provided in fiscal year 2022 for School-Based Mental Health Services Grants are intended to supplement resources provided by the Committee through the Department of Education Appropriations Act, 2022 under a single competition that makes awards to school districts prior to December 31, 2022. The Committee looks forward to a briefing in the coming months on these transformative investments, which will assist school districts in their efforts to increase the number of qualified mental health professionals supporting students.

The Committee requests a briefing within 90 days of enactment of this Act on plans for carrying out any new fiscal year 2023 Mental Health Services Professional Demonstration Grants and the School-Based Mental Health Services Grants competitions. In addition, the Department shall provide notice and a briefing to the Committees at least seven days before grantees for any new competitions are announced.

Active Shooter Drills.—The Committee is concerned about the possible mental, emotional, and behavioral health effects on students and staff resulting from lockdown drills and active shooter drills conducted in elementary and secondary schools. In response, the Committee provides $1,000,000 for the Department to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (National Academies) under which the National Academies will conduct a study to assess the science on the potential mental, emotional, and behavioral health effects of firearm violence prevention activities on students and staff in elementary and secondary school settings. The study and subsequent report should include an analysis of the effects of active shooter simulations, full-scale lockdowns, secured-perimeter lockouts, and other school security measures (e.g. metal detectors, visibility of police/policing on campus) and their mental, emotional and behavioral consequences. The assessment should review the potential effects on children and youth of different ages and on students with disabilities. The National Academies report should identify practices and procedures that can minimize any adverse mental, emotional, and behavioral health effects on children, youth, and staff in elementary and secondary schools resulting from the drills and make recommendations where appropriate.

School Climate and Safety Pilot.—Within School Safety National Activities, the Committee recommends $5,000,000 to establish a pilot program that would provide competitive grants to States to

develop comprehensive school climate and safety plans that include effective, culturally competent, and evidence-based initiatives to strengthen, promote, and enhance school climates, affirm identities, and ensure school safety. Grant applications should be designed and submitted in consultation with a State multidisciplinary team of education and mental health professionals and should maintain the rights and dignity of all students. In addition, the plans must include diversity in placement, hiring, and retention of specialized instructional support personnel, including restorative practice practitioners, counselors, school social workers, school psychologists, and other supportive school staff. Once awarded, States should provide competitive grants to LEAs to implement the plan developed by the State and preference LEAs that utilize alternatives to exclusionary discipline, culturally sustaining education programs, community-based programs, and alternatives to law enforcement involvement.

Digital Citizenship Education.—Technology has become an integral part of classroom learning, and students of all ages have access to digital media and devices at school. This dynamic highlights a significant need for students to partake in educational opportunities within the school setting focused on digital citizenship education, such as screen time balance, privacy and security, digital footprint, online relationships and communication, cyberbullying, civic engagement and news and media literacy, among other topics. The Committee continues to recognize the increased need to provide students with the tools and skills necessary to participate safely and responsibly in the digital world. To ensure the digital safety and well-being of K–12 students, the Committee continues to strongly urge the Department to raise awareness of digital citizenship education and identify opportunities to improve and expand digital citizenship education in K–12 schools.

Mental Health Services.—The Committee recognizes that even prior to COVID–19, significant need existed among students for mental health services, while schools faced critical shortages of open positions and qualified practitioners, which includes school counselors, school psychologists, and school social workers. As schools reopen and efforts are underway to meet the academic needs of students, capacity to address their mental and emotional well-being is imperative. Adequate access to school-employed mental health professionals improves delivery and integration of schoolwide programming to foster positive school climate, prevent violence, and balance physical and psychological safety. Without a highly qualified workforce of school-employed mental health professionals, schools lack the capacity to provide comprehensive social and emotional learning and mental, behavioral, and academic interventions and supports. The Committee's robust investments in initiatives to increase the amount of school-based mental health professionals and related programs that recruit, train, and retain well-trained, high-qualified school-based mental health professionals are a high priority in this bill. The Committee believes this bill's investments will lay the foundation for a future where all students nationwide can benefit from a mental health professional working in their school.

School Infrastructure.—The Committee strongly supports the Department's plans to fund a National Clearinghouse on School Infra-

structure and Sustainability and to establish an Office of School Infrastructure and Sustainability, as described in the fiscal year 2023 Congressional Budget Justification, and provides sufficient funding under this account, and under Program Administration, for those purposes.

Trauma-informed Practices.—The Committee encourages the Department to prioritize trauma-informed practices in grant activities.

Secure Firearm Storage.—The Committee is concerned by studies showing that between 73 and 80 percent of school shooters under the age of 18 obtained their firearm(s) from their home or the home of a close relative or friend. In addition, the Committee is aware that researchers estimate roughly 4,600,000 children in the United States live in a home with an unsecured and loaded firearm. Accordingly, the Committee encourages the Department to offer support to Federal agencies that are leading efforts to promote secure household firearm storage.

Full-Service Community Schools

The Committee recommends $468,000,000 for Full-Service Community Schools, which is $393,000,000 more than the fiscal year 2022 level. This program makes competitive grants to support school-based comprehensive services for students, families, and communities.

Integrated Student Supports

The Committee recommends $10,000,000 for a new competitive grant program that would help school districts design and implement integrated student supports focused on addressing a range of student and family needs.

Mentorship.—The Committee recognizes the importance of the coordination of mentorship programs with student participants' schools in order to support the goals of whole child learning and social and emotional learning. The Committee encourages the funding of activities that advance student success in the classroom in a manner that is informed by the coordination, insight, and partnership of mentorship programs.

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2022	$831,400,000
Budget request, fiscal year 2023	1,075,000,000
Committee Recommendation	1,000,000,000
Change from enacted level	+168,600,000
Change from budget request	−75,000,000

This program provides formula grants to States to serve Limited English Proficient (LEP) students. Grants are based on each State's share of the National LEP students and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve LEP students as well as evaluation activities. The bill continues language to calculate all State awards based on a three-year average of data from the American Community Survey.

The Committee recommends $1,000,000,000 for English Language Acquisition (ELA) in fiscal year 2022, which is $168,600,000 above the fiscal year 2022 enacted level. Federal data shows that

significant achievement gaps exist between English learners (ELs) and their peers. Since fiscal year 2020, the Committee has increased support for EL students by $94,000,000; however, at a time when many States and school districts have experienced rapid growth in their EL populations, the Committee remains concerned that services and supports for EL students are not adequately funded. Providing increased resources to improve educational quality for EL students is a top priority for the Committee in fiscal year 2023.

Translation and Interpretation Services.—The Committee continues to recognize that parents of ELs often need translation and interpretation services to stay abreast of school activities, help with homework, and support their children's college and career readiness goals. Many schools lack dedicated funding for translation and interpretation services, despite a growing EL population. In response to these concerns, the Committee encourages the Office of English Language Acquisition (OELA) to support LEAs and SEAs in providing robust translation and interpretation services for parents and guardians of ELs.

Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Data Disaggregation.—The Committee is concerned that aggregated AANHPI racial and ethnic subgroup data continues to obscure the experiences of AANHPI students. The Committee encourages OELA to prioritize funding for AANHPI data disaggregation within ELA national activities to support additional racial and ethnic subgroup data collection and reporting.

Resources for EL Students.—The Committee recognizes that EL students have been the fastest growing student population in U.S. schools and that many schools and do not receive sufficient funding to meet the needs of these students. To promote EL student success, the Committee encourages the Department to prioritize technical assistance to SEAs and LEAs on how Title I and Title III funding in ESEA can improve academic achievement. In the fiscal year 2024 Congressional Budget Justification, the Committee requests information on how the Department assists SEAs and LEAs to ensure Title I and Title III funds support complementary activities for maximizing impact on EL student outcomes.

SPECIAL EDUCATION

Appropriation, fiscal year 2022	$14,519,119,000
Budget request, fiscal year 2023	18,130,170,000
Committee Recommendation	17,760,679,000
Change from enacted level	+3,241,560,000
Change from budget request	−369,491,000

Of the total amount available, $8,036,736,000 is available for obligation on July1, 2023, and $9,283,383,000 is available for obligation on October 1, 2023. These grants help States and localities pay for a free, appropriate education for students with disabilities aged 3 through 21.

Grants to States

This program provides formula grants to assist States in meeting the costs of providing special education and related services to children with disabilities. States generally transfer most of the funds to LEAs; however, they can reserve some funds for program moni-

toring, technical assistance, and other related activities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities.

The Committee recommends $16,259,193,000 for Part B Grants to States, which is $2,915,489,000 above the fiscal year 2022 enacted level.

Preschool Grants

The Committee recommends $439,620,000 for Preschool Grants, which is $30,071,000 above the fiscal year 2022 enacted level. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities ages 3 through 5.

Grants for Infants and Families

The Committee recommends $621,306,000 for Grants for Infants and Families, which is $125,000,000 above the fiscal year 2022 enacted level. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities from birth through age 2.

The Committee continues bill language to promote the continuity of services for eligible infants and their families. In addition, the Committee recommendation includes new bill language to increase access for infants and families who have been traditionally underrepresented in the program, eliminate out-of-pocket costs for participating families, and conduct certain activities with individuals expecting to become parents of infants or toddlers with disabilities.

IDEA National Activities

The Committee recommends $440,560,000 for IDEA National Activities, which is $171,000,000 above the fiscal year 2022 enacted level. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

Educational Technology, Media, and Materials.—The Committee recommends $32,433,000 for Educational Technology, Media, and Materials, which is $2,000,000 above the fiscal year 2022 enacted level. 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.

Within these amounts, the Committee provides no less than $11,000,000 for Educational Materials in Accessible Formats for Children and Students with Visual Impairments and Print Disabilities grants. The Department is encouraged to continue to expand this program's reach to K–12 students in underserved areas, further support eligible students enrolled in postsecondary schools, and expand or enhance models for postsecondary schools to produce and disseminate accessible educational materials and textbooks that align with the key recommendations from the Advisory Commission on Accessible Instructional Materials in Postsecondary Education for Students with Disabilities.

Parent Information Centers.—The Committee recommends $40,152,000 for Parent Information Centers, which is $10,000,000 above the 2022 enacted level. This program makes awards to parent organizations to support Parent Training and Information Cen-

ters, 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.

Personnel Preparation.—The Committee recommends $250,000,000 for Personnel Preparation, which is $155,000,000 above the fiscal year 2022 enacted level. 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 necessary skills and knowledge to serve children with special needs. Awards focus on addressing the need for leadership and personnel to serve low-incidence populations. Funds are included to fully support continuation costs for grants made in prior years. The Committee notes the critical role the Personnel Preparation program plays in helping to address the nation's shortage of teachers for students with disabilities.

On May 25, 2022, the Subcommittee on Labor-HHS Education-Related Agencies held a hearing entitled "Tackling Teacher Shortages," during which the Subcommittee heard from a panel of national experts on the scope and severity of nationwide teacher shortages. The Subcommittee discussed root causes of teacher shortages and explored acute challenges with the retention and recruitment of educators of color and special educators. In addition, the Subcommittee identified strategies to help rebuild educator pipelines and address shortages and highlight needed investments in programs funded in this bill that support educator pipelines and address challenges related to recruitment and retention.

The Committee is strongly supportive of the proposed increase in the fiscal year 2023 Congressional Budget Justification within Personnel Preparation for doctoral-level personnel preparation in special education. The Committee agrees that this investment would expand the teacher preparation pipeline and ensure that more well-prepared special education teachers enter the classroom per year than ever before.

State Personnel Development.—The Committee recommends $38,630,000 for State Personnel Development, which is the same as the fiscal year 2022 enacted level. This program supports grants to States to assist with improving personnel preparation and professional development related to early intervention and educational and transition services that improve outcomes for students with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Technical Assistance and Dissemination.—The Committee recommends $44,345,000 for Technical Assistance and Dissemination, which is the same as the fiscal year 2022 enacted level. Funding supports technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities.

Special Olympics Education Programs.—The Committee recommends $35,000,000 for Special Olympics Education Programs,

which is $4,000,000 above the fiscal year 2022 enacted level, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

Prohibition on Use of Federal Funds for Electric Shock Devices.—The Committee is deeply concerned that Federal funds support services for children at private schools that use electric shock devices and equipment for student discipline and conditioning. The Committee includes new bill language to prohibit Federal funds from supporting institutions that carry out this horrific practice.

Parent Supports.—The Committee encourages the Department to support SEAs and LEAs to counsel parents of children with 504 plans, prior to them turning 18, on options for support once the child leaves the K–12 education system, including but not limited to the guardianship process.

Students with Speech-Language Disorders.—The Committee encourages the Department to offer technical assistance to support students with speech-language disorders within school settings. The Committee notes the importance of providing guidance and sharing best practices to ensure the delivery of effective services for all children and youth with disabilities and speech-language disorders.

REHABILITATION SERVICES

Appropriation, fiscal year 2022	$3,862,645,000
Budget request, fiscal year 2023	4,125,906,000
Committee Recommendation	4,104,906,000
Change from enacted level	+242,261,000
Change from budget request	−21,000,000

The programs in this account are authorized by the Rehabilitation Act of 1973, the Helen Keller National Center Act, and the Randolph-Sheppard Act.

Vocational Rehabilitation State Grants

The Committee recommends $3,949,707,000 in mandatory funding for Vocational Rehabilitation (VR) State Grants, which is $230,586,000 above the fiscal year 2022 enacted level.

This program supports vocational rehabilitation services through formula grants to 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. The Committee's recommendation provides the cost-of-living adjustment for Vocational Rehabilitation Grants to States, as authorized.

Client Assistance State Grants

The Committee recommends $13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2022 enacted level. Client Assistance State Grants support services for eligible individuals and applicants of the VR State Grants program, and

other programs, projects, and services funded under the Rehabilitation Act. These 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

The Committee recommends $29,388,000 for the Training program, which is the same as the fiscal year 2022 enacted level. 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. Funds are included to fully support continuation costs for grants made in prior years.

Demonstration and Training Programs

The Committee recommends $15,796,000 for Demonstration and Training Programs, which is $10,000,000 above the fiscal year 2022 enacted level. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services. The Committee recommendation includes no less than the fiscal year 2022 enacted level for parent information and training programs.

National Consortium of Interpreter Education Centers (NCIEC) and Regional Interpreter Education Centers (RIEC).—The Committee commends the work by the Rehabilitation Services Administration to create resources for deaf, hard of hearing, and deaf-blind individuals and commends their support of special needs and sensory disabled persons. In addition, the Committee recognizes the positive impact the NCIEC and RIEC have had on the deaf, hard of hearing, and deaf-blind community through a variety of educational resources, interpreter development programs, and specialized services.

Protection and Advocacy of Individual Rights

The Committee recommends $21,150,000 for Protection and Advocacy of Individual Rights, which is $2,000,000 more than the fiscal year 2022 enacted level. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of persons with disabilities.

Supported Employment State Grants

The Committee recommends $22,548,000 for Supported Employment State Grants, which is the same as the fiscal year 2022 enacted level. 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 the most significant disabilities are given special supervision and assistance to enable them to work in integrated settings.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends $33,317,000 for Independent Living Services for Older Individuals Who Are Blind, which is the same as the fiscal year 2022 enacted level. Funds are distributed to States according to a formula based on the population of individuals who are 55 or older and provide support for services to 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.

Helen Keller National Center

The Committee recommends $20,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is $2,000,000 more than the fiscal year 2022 enacted level. These funds are used for the operation of a national center that provides intensive services for deaf-blind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

Appropriation, fiscal year 2022	$275,292,000
Budget request, fiscal year 2023	265,292,000
Committee Recommendation	291,292,000
Change from enacted level	+16,000,000
Change from budget request	+26,000,000

The Committee recommends $291,292,000 for Special Institutions for Persons with Disabilities, which is $16,000,000 above the fiscal year 2022 enacted level.

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2022	$40,431,000
Budget request, fiscal year 2023	37,431,000
Committee Recommendation	43,431,000
Change from enacted level	+3,000,000
Change from budget request	+6,000,000

This funding subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The American Printing House for the Blind (Printing House), which is chartered by the Commonwealth of Kentucky, manufactures and maintains an inventory of educational materials in accessible formats that are 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.

Innovative Braille and Tactile Display Products.—Within amounts for the Printing House, the Committee provides $1,500,000 to support field testing of an innovative braille and tactile display product developed by the Printing House and its partners.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriation, fiscal year 2022	$88,500,000
Budget request, fiscal year 2023	84,500,000
Committee Recommendation	91,500,000
Change from enacted level	+3,000,000
Change from budget request	+7,000,000

Congress established the National Technical Institute for the Deaf (Institute) in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training related to 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

Appropriation, fiscal year 2022	$146,361,000
Budget request, fiscal year 2023	143,361,000
Committee Recommendation	156,361,000
Change from enacted level	+10,000,000
Change from budget request	+13,000,000

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 research on deafness, and provides public service programs for deaf persons.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriation, fiscal year 2022	$2,091,436,000
Budget request, fiscal year 2023	2,308,981,000
Committee Recommendation	2,214,981,000
Change from enacted level	+123,545,000
Change from budget request	−94,000,000

This account includes vocational education programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006, as recently reauthorized by the Strengthening Career and Technical Education for the 21st Century Act, and the Adult Education and Family Literacy Act (AEFLA).

Career and Technical Education: State Grants

The Committee recommends $1,424,848,000 for Career and Technical Education (CTE) State Grants, which is $45,000,000 above the fiscal year 2022 enacted level. Of these funds, $633,848,000 will become available on July 1, 2023, and $791,000,000 will become available for obligation on October 1, 2023.

State Grants support a variety of career and technical education programs developed in accordance with the State plan. This program focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in prevocational courses to adults who need retraining to adapt to changing technological and labor markets. Funding for State Grants will continue support for state-of-the art career and technical training to students in secondary schools and community and technical colleges.

CTE Teacher Shortages.—The Committee is concerned about the growing shortage of qualified public school teachers at all levels of education and the lack of Federal data on CTE teacher shortages. Specifically, the Department's Teacher Shortage Area database does not account for schools which have ceased to offer a CTE course due to a staffing shortage. Further, the Department does not currently collect data on the characteristics of the CTE teacher workforce including demographic information, salary, years of industry experience, and highest level of educational attainment. In the fiscal year 2024 Congressional Budget Justification, the Committee requests for the Department to identify Federal data that can help Congress and stakeholders better understand CTE teacher shortages. If such data are unavailable, the Committee requests the Department suggest methods for obtaining necessary data prospectively.

National Programs

The Committee recommends $57,421,000 for National Programs, which is $50,000,000 more than the fiscal year 2022 enacted level.

Career-Connected High Schools.—Within amounts for CTE National Programs, the Committee includes $50,000,000 and new bill language supporting the Department's proposal for Career-Connected High Schools. The Committee encourages the Department to prioritize applications that establish plans with State agencies to improve policy and program alignment between K–12, higher education, and workforce systems, including through statewide credit transfer agreements and alignment of high school graduation requirements with college entrance requirements. In addition, the Committee encourages the Department to establish a competitive preference priority for LEAs serving students historically underrepresented in higher education and to require applicants to set goals for Career-Connected High School enrollment to be representative of the LEAs' overall population. Finally, the Committee encourages the Department to require Career-Connected High School applicants to offer articulated course pathways that terminate in at least a two-year credential and to require Career-Connected High School applicants to offer at least 12 credits of dual enrollment, including both academic and CTE coursework.

Cybersecurity Skills.—The Committee recognizes the cybersecurity threats facing our nation's critical infrastructure sectors and the need for workers in these industries, including those who operate cyber physical systems, to be equipped with skills to keep systems secure. The Committee acknowledges that many of these operators are educated through CTE programs that do not incorporate cybersecurity skills. Therefore, the Committee encourages the Secretary to support CTE programs that integrate cybersecurity into curricula used by students preparing for careers in critical infrastructure sectors.

Youth Entrepreneurship and Financial Literacy.—The Committee recognizes the importance of preparing our students for the 21st century workforce through CTE programs, including entrepreneurship and financial literacy. The Committee is supportive of efforts to provide technical assistance and make resources available to help LEAs and IHEs prepare students for successful employment and attain high-skilled jobs through the implementation of entre-

preneurship and financial literacy programs during and after school.

Adult Basic and Literacy Education State Grants

The Committee recommends $714,000,000 for Adult Basic and Literacy Education State Grants, which is $23,545,000 more than the fiscal year 2022 enacted level. State formula grants, authorized under the AEFLA, support programs to enable adults to acquire basic literacy skills, to enable those who so desire to complete secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Adult Education National Leadership Activities

The Committee recommends $18,712,000 for National Leadership Activities, which is $5,000,000 more than the fiscal year 2022 enacted level. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

Improved Coordination between Career and Technical Education and Adult Education.—To ensure that individuals can succeed in today's economy, the Committee encourages the Department to identify and pursue opportunities to better align the postsecondary CTE system with the adult education system. Adult education can be an effective on-ramp to postsecondary CTE and a valuable partner in designing and implementing integrated education and training (IET) models that blend basic skills instruction and occupational training to expand equitable access to skills training, high-quality credentials and family-supporting careers.

STUDENT FINANCIAL ASSISTANCE

Appropriation, fiscal year 2022	$24,580,352,000
Budget request, fiscal year 2023	26,345,352,000
Committee Recommendation	24,639,234,000
Change from enacted level	+58,882,000
Change from budget request	−1,706,118,000

Pell Grants

The Committee recommends $22,475,352,000 in discretionary funding for the Pell Grant program, which is the same as the fiscal year 2022 enacted level. These funds will support Pell grants to students for the 2023–2024 academic year.

Combined with mandatory funding streams, the Committee recommendation supports a maximum Pell Grant in academic year 2023–2024 of $7,395, a $500 increase over fiscal year 2022.

Pell Grants help to ensure access to educational and economic opportunities for low- and middle-income students by providing need-based financial assistance. Grants are determined according to a statutory formula, which considers income, assets, household size, and the number of family members in college, among other factors. Pell Grants are the foundation of Federal postsecondary student aid programs. The Committee recognizes that Pell Grants help to ensure access to education and economic opportunities for low-and-middle-income students by providing need-based financial assistance. The recommendation includes new language extending eligibility for DACA-eligible students for all Title IV Student As-

sistance programs in the Higher Education Act (HEA), including Pell Grants.

Federal Supplemental Educational Opportunity Grants

The Committee recommends $920,000,000 for the Federal Supplemental Educational Opportunity Grants (SEOG) program, which is $25,000,000 more than the fiscal year 2022 enacted level.

SEOG provides funds to postsecondary institutions for need-based grants of up to $4,000 to undergraduate students, with priority given to students who are Pell-eligible. Approximately 67 percent of dependent recipients have annual family incomes under $30,000 and 70 percent of independent SEOG recipients have annual family incomes under $20,000. Institutions must contribute a 25 percent match toward their SEOG allocation. The recommendation includes new language extending eligibility for DACA-eligible students for all Title IV Student Assistance programs in the Higher Education Act (HEA), including SEOG.

Federal Work-Study

The Committee recommends $1,243,882,000 for the Federal Work-Study program, which is $33,882,000 more than the fiscal year 2022 enacted level.

Federal Work-Study funds are provided through institutions to students who work part-time. The funds assist with paying for the cost of education. Approximately 3,200 colleges and universities receive funding, according to a statutory formula, and may allocate it for job location and development centers. Work-study jobs must pay at least the Federal minimum wage and institutions must provide 25percent of student earnings.

The Committee recommendation continues funding for the Work Colleges program, which supports institutions that require all resident students to participate in a work-learning program. The recommendation includes new language extending eligibility for DACA-eligible students for all Title IV Student Assistance programs in the Higher Education Act (HEA), including Work Study.

Social Work Students.—The Committee notes that social work students at the undergraduate and graduate levels are required to complete hundreds of hours of field experience; however, the Committee is concerned that many times these experiences are unpaid. In the fiscal year 2024 Congressional Budget Justification, the Committee directs the Department to share information around the feasibility of using its Experimental Sites authority for a pilot to use Federal Work Study and other financial aid funding to support social work students involved in internships and field experiences.

For-profit College Accountability.—The 85/15 Rule was first implemented in 1992 as a bipartisan amendment to the Higher Education Act (HEA). It is based on the rationale that if an institution provides a quality education, individuals without access to Federal funding sources should be willing to pay for it. The rule prevented for-profit postsecondary institutions from deriving more than 85 percent of revenues from Title IV of the HEA. It was based on a longstanding principle first enacted in 1952 to protect veterans from for-profit college abuses dating back to the original GI Bill (the Servicemen's Readjustment Act) in 1944, and was in response to widespread reports that many for-profit colleges were using ag-

gressive, sometimes fraudulent recruiting tactics in order to profit off of students with access to Federal student aid funding. In 1992, the rule was amended to allow for-profits to derive an extra five percent of their revenue from Title IV and became known as the 90/10 Rule. Since that time, thousands of students have been defrauded by schools that have since gone out of business. Students who graduate from these schools can obtain degrees that often offer little value. A 2016 National Bureau of Economic Research study using data from the Department and the Internal Revenue Service found that the earnings of students who attend for-profit colleges or universities are lower than if they had never enrolled at all. And while the for-profit college sector enrolls only nine percent of all students, 33 percent of all borrower who defaulted on student loans attend for-profit colleges.

Given these deeply disappointing outcomes, the Committee believes that reverting back to the 85/15 ratio is a critical step in holding for-profit colleges accountable and protecting students from predatory practices and taxpayer dollars from being wasted. Therefore, the Committee includes new bill language requiring that for-profit institutions of higher education receive not more than 85 percent of their revenue from Federal sources.

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriation, fiscal year 2022	$25,000,000
Budget request, fiscal year 2022	– – –
Committee Recommendation	– – –
Change from enacted level	– 25,000,000
Change from budget request	– – –

Since fiscal year 2018, the Committee has provided $825,000,0000 for the Federal Direct Student Loan Program Account program (also known as Temporary Extended Public Service Loan Forgiveness or TEPSLF). Congress created the Public Service Loan Forgiveness (PSLF) program in 2007 to provide loan relief to borrowers pursuing careers in public service. After making 120 qualifying payments, the equivalent of 10 years, borrowers first became eligible for forgiveness under the program in 2017. TEPSLF was established to address the administrative challenges associated with the PSLF program. This account provides funding for loan forgiveness for borrowers who were led to believe they qualified for PSLF by their loan servicers but were denied forgiveness. However, many of the constraints and program features of TEPSLF have made the program similarly difficult to access. As of May 2022, the Department estimates that unused, previously appropriated TEPSLF resources provided in this account could forgive approximately $821,000,000 in loan volume for affected borrowers.

The Committee is strongly supportive of the Department's Limited PSLF Waiver, established in October 2021, which has offered a more streamlined pathway to loan forgiveness for borrowers who dedicated a decade of their lives to public service. To date, the waiver has provided over $7,300,000,000 in relief to over 127,000 student borrowers. To build on the success of the Department's administrative action, the Committee includes new bill language applying the streamlined terms and features of the Department's PSLF waiver to unused TEPSLF resources. The Committee hopes an enhanced TEPSLF, with similar terms to the Department's

PSLF waiver, will allow for a seamless transition for affected borrowers after the PSLF waiver expires.

The Committee requested an update in the fiscal year 2023 Congressional Budget Justification identifying areas where the Department can further improve the administration of the PSLF and TEPSLF programs and directs the Department to provide a clear, comprehensive update on this topic in the fiscal year 2024 Congressional Budget Justification.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2022	$2,033,943,000
Budget request, fiscal year 2023	2,654,034,000
Committee Recommendation	2,579,034,000
Change from enacted level	+545,091,000
Change from budget request	−75,000,000

Programs administered under the Student Aid Administration (SAA) include Pell Grants, campus-based programs, Teacher Education Assistance for College and Higher Education (TEACH) grants, and Federal student loan programs.

Salaries and Expenses.—Within the total provided for SAA, the Committee recommends $1,187,788,000 for salaries and expenses, which is $128,845,000 more than the fiscal year 2022 enacted level.

Loan Servicing Activities.—Within the total provided for SAA, the Committee recommends $1,391,246,000 for Loan Servicing Activities, which is $416,246,000 more than the fiscal year 2022 enacted level.

Quarterly Briefings.—The Department is directed to provide quarterly briefings to the Committee on general progress related to solicitations for Federal student loan servicing contracts.

Spend Plans.—Not later than 60 days after enactment, the Committee directs the Department to provide a detailed spend plan of anticipated uses of funds made available in this account for fiscal year 2023 and provide quarterly updates on this plan (including contracts awarded, change orders, bonuses paid to staff, reorganization costs, and any other activity carried out using amounts provided under this heading for fiscal year 2023).

State and Nonprofit Subcontracting.—The Committee encourages the Department to evaluate opportunities for qualified State and nonprofit organizations to contribute in the new servicing environment.

Transparency in College Costs.—The Committee looks forward to the briefing it requested in House Report 117–96 on the Department's efforts to work with institutions of higher education to improve college cost transparency.

Online Program Management (OPM) Companies.—The Committee is deeply concerned by the proliferation of for-profit OPMs in higher education. Specifically, the Committee is troubled by how tuition-sharing agreements between universities and for-profit OPM companies can create perverse incentives that drive up costs, waste taxpayer dollars, and rip off students. In addition, the Committee is concerned by the role OPMs play in saddling graduate students with unsustainable student debt by taking advantage of the Grad Plus program, which lets students borrow as much as colleges charge. Though the practice has proven to be a valuable revenue stream for OPMs and universities, the Committee is not per-

suaded that these relationships are in the best interests of students.

A November 2021 *Wall Street Journal* investigation revealed how for-profit OPM 2U and the University of Southern California (USC) recruited thousands of students to an expensive online graduate program which left student borrowers with median debt of $112,000 and median earnings of $52,000 two years later. 2U, which received 60 percent of the program's total revenue, helped USC use demographic profiles to target low-income and minority students to maximize profits. The Committee believes this behavior is straight from the playbook of the predatory for-profit colleges. Further, the Committee believes a status quo that allows for the continuation and proliferation of wasteful, abusive relationships between OPMs and universities is untenable. The Committee is disappointed by the inappropriately loose regulatory environment and sparse enforcement that has allowed OPMs to gain their foothold across the higher education landscape.

The Committee is aware of GAO's recent report (GAO–22–104463) and agrees with recommendations for the Department to improve its audit and review process regarding OPM arrangements, including via revisions to the Compliance Supplement; however, given the severity of OPM-driven waste and abuse, the Committee supports stronger, more urgent measures. Specifically, the Committee supports the complete rescission of March 2011 sub-regulatory guidance that established a loophole to the statutory incentive compensation ban. Under the HEA, individuals and entities cannot provide commissions, bonuses, or incentive payments based on securing enrollments or the awarding of Federal student aid. However, the misguided 2011 guidance establishes a loophole if recruiting is part of a "bundle of services" provided by an "unaffiliated third party" contractor, such as an OPM. The Committee strongly urges the Department to immediately rescind the 2011 bundled services guidance and to establish a process to wind down institutions' inappropriate reliance on wasteful, abusive OPM tactics.

In the interim, the Committee strongly urges the Department to immediately enforce commonsense aspects of the otherwise flawed guidance. Specifically, the Committee urges the Department to ensure any contractors are independent entities, unaffiliated with the institution, and uninvolved in decision making. The Committee believes several common practices by OPMs clearly overstep the existing guidance, including, the establishment of steering committees or other governing bodies that give the OPM an official and regular role in decision making; higher shares of revenue paid to the OPM as enrollment increases; and OPM control over marketing and recruiting, in the name of school. The Committee urges the Department to employ meaningful consequences and penalties to deter predatory behavior.

Finally, the Committee urges the Department to develop adequate guidance to institutions that indicates when marketing could be considered a covered activity under the ban on incentive compensation payments. In addition, the Committee urges the Department to revise audit and program review guides to meet oversight goals of the incentive compensation ban.

Moving forward, the Committee is committed to vigorous oversight of relationships between universities and for-profit OPMs and urges the Department to crack down on OPM waste and abuse to protect students and the overall integrity of taxpayer-funded Federal student aid programs.

Graduate Student Debt.—According to the fiscal year 2023 budget request, excluding consolidations, graduate student loans are expected to make up over 47 percent of new Federal student loan originations in fiscal year 2023. This proportion is significantly up from the 34 percent of new loan originations graduate student debt represented in fiscal year 2014. While OPMs play a concerning role in this trend, the Committee is also concerned about the broader landscape of graduate student debt. In response, the Committee urges the Department to analyze the disproportionate share of new student loan originations represented by graduate student programs and to determine whether graduate student programs leave students with reasonable debt levels. In addition, the Committee strongly urges the Department to take actions to ensure that graduate program outcomes are commensurate with the debt levels of their students.

Borrower Defense Recoupment and OPMs.—The Committee is strongly supportive of the Department's most recent proposal for an automatic, formalized process for recouping funds from institutions that commit wrongdoings against student borrowers. Under the proposal, schools that commit wrongdoings are fully liable for any amounts discharged through the Borrower Defense process except under certain reasonable circumstances. The Committee notes that institutions in partnerships with predatory for-profit OPMs will incur liabilities for discharges resulting from predatory behavior. To build on these strong protections, the Committee urges the Department to clarify that OPMs function as third party servicers. Further, the Committee urges the Department to develop methods for determining when Borrower Defense liabilities should be shared jointly between the institution and OPM. Under such circumstances, the Committee urges the Department to recoup funds from both entities.

The Committee notes that investors and shareholders have contributed to the growth of the OPM industry under an expectation of loose regulation or non-existent oversight. Accordingly, the Committee's recommendations regarding OPMs are intended to indicate that such assumptions are outdated, and that unscrupulous behavior will yield straightforward, substantial financial consequences.

Appropriate Conditions for High-risk Schools.—The Committee recognizes that use of Federal student aid by institutions of higher education is contingent on their eligibility to be certified to do so under the Title IV of the HEA. To ensure that institutions are responsible stewards of Federal student aid, the Committee encourages the Department to place appropriate conditions on high-risk schools and to clarify procedures for when a high-risk institution may be eligible for a provisional program participation agreement.

Spousal Consolidation Loans.—The Committee is aware that hundreds of borrowers remain in the spousal consolidation loan program which stopped originating new loans in 2006. The Committee is concerned that these loans cannot be separated and leave both borrowers liable for the entire debt, even after a divorce. The

Committee believes it is deeply unwise for a Federal program to link the financial fates of two borrowers when their personal relationships may have deteriorated or perhaps become abusive. In response, the Committee urges the Department to assist struggling spousal consolidation loan borrowers and directs the Department to describe such efforts in the fiscal year 2024 Congressional Budget Justification.

Postsecondary Research and Analysis.—The Committee is supportive of the Office of the Chief Economist's mission to conduct rigorous research in postsecondary education and notes that the Department maintains robust data sets that provide vital information on student outcomes, including those for student borrowers. The Committee supports the Department's continuous efforts to provide user-friendly, accessible postsecondary data through enhanced fields on the College Scorecard; however, the Committee believes the Department has fallen short in its efforts to interpret these data for policymakers and stakeholders. Accordingly, the Committee encourages the Office of the Chief Economist to produce regular working papers that present meaningful original research on the Department's postsecondary data, including outcomes for student borrowers. Specifically, the Committee is interested in analysis around the rapid growth of graduate student borrowing and whether this expansion in borrowing is beneficial to student borrowers and the overall economy.

HIGHER EDUCATION

Appropriation, fiscal year 2022	$2,994,111,000
Budget request, fiscal year 2023	3,792,802,000
Committee Recommendation	3,959,485,000
Change from enacted level	+965,374,000
Change from budget request	−166,683,000

Strengthening Institutions

The Committee recommends $175,070,000 for the Part A, Strengthening Institutions program, which is $65,000,000 more than the fiscal year 2022 enacted level. Funding supports competitive grants for general operating subsidies to institutions with below average educational and general expenditures per student and significant percentages of low-income students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Developing Hispanic-Serving Institutions

The Committee recommends $246,732,000 for the Developing Hispanic-Serving Institutions (HSI) program, which is $63,878,000 more than the fiscal year 2022 enacted level.

The Developing HSIs program provides operating subsidies to schools that serve at least 25 percent Hispanic students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Departmental Support for HSIs.—The Committee is interested in learning more about actions the Department has taken to support and improve HSIs, in addition to future actions the Department plans to take. Accordingly, the Committee directs the Department

to include information on such efforts in the fiscal year 2024 Congressional Budget Justification.

HSI Facilities.—The Committee is appreciative to GAO for their initial engagement and work on a requested report regarding HSI facilities and looks forward to reviewing its findings upon completion.

Promoting Postbaccalaureate Opportunities for Hispanic Americans

The Committee recommends $28,845,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, which is $9,184,000 more than the fiscal year 2022 enacted level. This program provides expanded postbaccalaureate educational opportunities for the academic attainment of Hispanic and low-income students. In addition, it expands academic offerings and enhances program quality at IHEs educating the majority of Hispanic college students.

Strengthening Historically Black Colleges and Universities

The Committee recommends $402,619,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is $39,796,000 more than the fiscal year 2022 enacted level. This program provides operating subsidies to accredited HBCUs that were established prior to 1964, with the principal mission of educating Black Americans. Funds 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 Black students are underrepresented.

Maximum Higher Education Emergency Relief Funding (HEERF) Flexibility.—The Committee urges the Department to use the broadest possible interpretation of allowable uses of funds when evaluating applications for grants awarded under the HEERF program as allocated in the Coronavirus Aid, Relief, and Economic Security Act (HEERF I), Coronavirus Response and Relief Supplemental Appropriations Act (HEERF II) and American Rescue Plan Act (HEERF III). These flexibilities are critical as institutions of higher education, such as HBCUs and MSIs, navigate ongoing and emerging challenges. HEERF fund flexibilities for HBCUs and MSIs could be used by these institutions to make critical investments in campus infrastructure, deferred maintenance projects, technological updates, and more robust building construction.

Strengthening Historically Black Graduate Institutions

The Committee recommends $102,313,000 for the Strengthening Historically Black Graduate Institutions (HBGIs) program, which is $9,184,000 more than the fiscal year 2022 enacted level. The program provides five-year grants to postsecondary institutions that are specified in section 326(e)(1) of the HEA. Institutions may use funds to build endowments, provide scholarships and fellowships, and to assist students with the enrollment and completion of postbaccalaureate and professional degrees.

Strengthening Predominantly Black Institutions

The Committee recommends $23,218,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is $5,100,000 more than the fiscal year 2022 enacted level and the

same as the fiscal year 2022 budget request. This program provides grants to PBIs to increase their capacity to serve the academic needs of students.

The bill continues bill language allowing certain PBIs to be eligible for additional grants.

Strengthening Asian American and Native American Pacific-Islander-Serving Institutions

The Committee recommends $20,120,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions (AANAPISIs) program, which is $9,184,000 more than the fiscal year 2022 enacted level. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least 10 percent Asian American or Native American Pacific Islander.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee recommends $25,044,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is $3,673,000 more than the fiscal year 2022 enacted level. Through the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, the Department provides grants to assist institutions of higher education in serving Alaska Native and Native Hawaiian students.

Strengthening Native American Serving Non-Tribal Institutions

The Committee recommends $12,120,000 for the Native American Serving Non-Tribal Institutions program, which is $4,286,000 more than the fiscal year 2022 enacted level. This program makes grants to IHEs at which enrollment is at least 10 percent Native American students and that are not Tribally Controlled Colleges or Universities.

Strengthening Tribally Controlled Colleges and Universities

The Committee recommends $53,080,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is $9,184,000 more than the fiscal year 2022 enacted level. This program makes grants to TCCUs to increase their capacity to serve the academic needs of students.

Strengthening HBCU Masters Program

The Committee recommends $20,956,000 for the Strengthening HBCU Masters Programs, which is $6,122,000 more than the fiscal year 2022 enacted level. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the Master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

Domestic Programs.—The Committee recommends $76,853,000 for the Domestic Programs of the International Education and Foreign Languages Studies program, which is $5,000,000 more than

the fiscal year 2022 enacted level. Authorized by Title VI of the HEA, these 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.

Overseas Programs.—The Committee recommends $11,811,000 for the Overseas Programs, which is $2,000,000 more than the fiscal year 2022 enacted level. Funding for these programs support group projects, faculty research, special bilateral research, and doctoral dissertation research conducted abroad.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommends $15,180,000 for the Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) program, which is $1,380,000 more than the fiscal year 2022 enacted level. TPSID supports grants to create model transition programs into postsecondary education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends $18,370,000 for the Minority Science and Engineering Improvement Program, which is $3,831,000 more than the fiscal year 2022 enacted level. This 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.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends $10,953,000 for this program, which is the same as the fiscal year 2022 enacted level. The Tribally Controlled Postsecondary Career and Technical Institutions program awards competitive grants to Tribally controlled postsecondary career and technical institutions to provide career and technical education to Native American students.

Federal TRIO Programs

The Committee recommends $1,297,761,000 for TRIO programs, which is $160,761,000 more than the fiscal year 2022 enacted level. The TRIO programs provide a variety of outreach and support services to encourage low-income, first-generation college students and individuals with disabilities to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to IHEs and other nonprofit organizations. At least two thirds of the eligible participants in TRIO must be low-income, first-generation college students. The recommendation includes new language extending eligibility for DACA-eligible students for all Title IV Student Assistance programs in the HEA, including TRIO.

The Committee directs the Department to allocate increases to each TRIO program. In addition, the Committee directs the Depart-

ment to fund down the slate of unfunded high-quality applications from the Student Support Services competition held in fiscal year 2020; the Talent Search and Educational Opportunity Centers competitions in fiscal year 2021; and the Upward Bound, Upward Bound Math-Science, Veterans Upward Bound, and McNair Postbaccalaureate Achievement competitions in fiscal year 2022. Further, the Committee directs that such grantees are eligible for prior experience points for demonstrated performance outcomes in subsequent competitions.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends $408,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which is $30,000,000 more than the fiscal year 2022 enacted level. GEAR UP provides grants to States and partnerships of low-income middle and high schools, IHEs, and community organizations to target entire grades of students and give them the skills, encouragement, and scholarships to pursue successfully postsecondary education.

The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems. The recommendation includes new language extending eligibility for DACA-eligible students for all Title IV Student Assistance programs in the HEA, including GEAR UP.

Furthermore, the Committee directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. In making new awards, the Committee directs the Department to ensure that not less than 33 percent of the new award dollars are allocated to State awards, and that not less than 33 percent of the new award dollars are allocated to Partnerships awards, as described in section 404B of the HEA. In such notice for State grants, the Committee directs the Department to uphold the long-standing guidance that States may only administer one active State GEAR UP grant at a time. The Secretary is directed to provide written guidance in the Federal Register notifying applicants that only States without an active State GEAR UP grant, or States that have an active State GEAR UP grant that is scheduled to end prior to October 1, 2023, will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship (as described in section 404E(b)(2) of the HEA) shall be denied on the basis of 34 CFR 694.14(c)(3).

Graduate Assistance in Areas of National Need

The Committee recommends $24,047,000 for the Graduate Assistance in Areas of National Need (GAANN) program, which is $500,000 more than the fiscal year 2022 enacted level. GAANN provides fellowships through grants to degree granting postsecondary institutions, for students of high financial need studying in areas of national need. The Department consults with appropriate

agencies and organizations to designate the fields of study "in areas of national need." GAANN offers innovative graduate education programs, with associated fellowship opportunities, at the intersection of humanities, arts, STEM, and health associated fields in order to prepare our national graduate students for increasingly interdisciplinary global challenges. Recent examples include engineering, nursing, and physics.

Teacher Quality Partnership Grants

The Committee recommends $132,092,000 for the Teacher Quality Partnerships (TQP) program, which is $73,000,000 more than the fiscal year 2022 enacted level. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

State Teaching Fellowship Programs.—The Committee recognizes the importance of State teaching fellowship programs and encourages the Department to continue to work with eligible State teaching fellowship programs that wish to apply for the TQP program.

Teacher Preparation to Support EL Students.—The Committee recognizes the needs of the nation's growing EL student population, including a robust teacher workforce equipped with the skills to teach them. The Committee is concerned by the shortage of EL teachers in the majority of States, as well the academic achievement gap between ELs and their native English-speaking peers. Therefore, the Committee encourages the Secretary to support the development and strengthening of high-quality teacher preparation programs that enable graduates to meet licensure or certification requirements to teach ELs.

Teacher Residency Programs.—The Committee notes that high-quality teacher residency programs prepare diverse cohorts of teachers to serve high-need schools, improve teacher efficacy in the classroom, and are a high-retention teacher preparation pathway. In fact, 49 percent of residents are teachers of color, while only 20 percent of all teachers nationally are teachers of color. Further, a review of teacher residency programs shows that residents tend to have higher retention rates over time than nonresident teachers. As such, the Committee encourages the Department to prioritize grants under TQP for applicants that apply to fund high-quality teacher residency programs as authorized under Section 202(e) of the HEA. The Department is further encouraged to include a priority for teacher residency program applicants that include explicit admissions goals and priorities, as permitted under Section 202(e)(2)(A)(vi)(II), for the consideration of teacher residency applicants from underrepresented populations in the teaching profession.

Child Care Access Means Parents in School

The Committee recommends $95,000,000 for the Child Care Access Means Parents in School program, which is $30,000,000 more than the fiscal year 2022 enacted level. This program makes competitive grants to colleges and universities to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

The Committee continues bill language that lifts the statutory cap on grant awards to institutions of higher education, to more accurately reflect the costs of providing high-quality, convenient child care options for students. Consistent with this bill language, the Committee urges the Department to establish a maximum grant cap based on a reasonable estimation of the costs of providing child care rather than a fixed percentage of Pell Grant funding received by an institution. Additionally, the Committee urges the Department to prioritize applications from programs that connect parenting students with public benefits, case management, or sources of additional financial support, and to provide an application period of no less than 60 days.

Fund for the Improvement of Postsecondary Education

The Committee recommendation includes $520,000,000 for the Fund for the Improvement of Postsecondary Education, which is $452,000,000 more than the fiscal year 2022 enacted level.

Budget Activity	FY 2023 Committee
Basic Needs Grants	$15,000,000
Centers of Excellence for Veteran Student Success Program	15,000,000
Distributed Digital Learning Infrastructure Pilot	10,000,000
Emergency Aid Grants	5,000,000
Increasing MSI PhDs Pilot	5,000,000
Matched Savings Program Grants	10,000,000
Menstrual Products Programs	5,000,000
Modeling and Simulation Programs	10,000,000
Open Textbook Pilot	10,000,000
Postsecondary Student Success Grants	200,000,000
Research and Development Infrastructure Grants	225,000,000
Transitioning Gang-Involved Youth to Higher Education	10,000,000

Basic Needs Grants.—The Committee recognizes that many college and graduate students are unable to achieve academic success because they cannot afford to meet their basic needs, such as housing, food, transportation, and access to physical and mental health services. The Committee includes $15,000,000 for competitive grants to institutions of higher education, as defined by section 101 of the HEA, or consortia or systems of such institutions, to advance systemic solutions to student basic needs insecurity. Such grants shall include one or more of the following activities: establishing processes to automatically identify and conduct outreach students who may be eligible for public benefit programs in accordance with recent Federal guidance; conducting surveys and assessments of student basic needs security, including surveys of student needs conducted upon enrollment; or providing referrals and case management to students to enroll in local, State, and Federal public benefit programs. Activities may also include coordinating and collaborating with government and community-based organizations and providing direct services such as temporary housing, secure sleeping arrangements, free or subsidized food, access to on-campus childcare. At least 25 percent of grants must go to community colleges and at least 25 percent must go to four-year HBCUs, HSIs, and other MSIs. Grant priority will go to institutions serving a significant number of students with low incomes using multiple indicators of student financial need.

Centers of Excellence for Veteran Student Success Program.—The Committee includes $15,000,000 to support existing and new grantees for the Centers of Excellence for Veterans Student Success Program, as authorized by section 873 of the HEA.

Over one million veterans attend college every year and often need assistance receiving their benefits or transitioning to student life. Veteran Student Centers provide a one-stop-shop for academic support, networking opportunities, peer mentorship, financial assistance, counseling, and career services.

The Department should ensure that this program continues to support comprehensive services including veteran benefits assistance, tutoring, counseling, and housing. The Committee directs the Department to brief the Committees on Appropriations no later than 90 days after enactment of this Act on its plan to continue to carry out this program, as well as a plan for evaluation and accountability, and to notify the Committees no later than 15 days in advance of making any new grant award or changes to the programs.

Distributed Digital Learning Infrastructure Pilot.—The Committee includes $10,000,000 to establish pilot programs for an institution of higher education with established remote learning infrastructure to work with MSIs in the grantee's region to provide support and technical assistance to expand MSI digital learning infrastructure.

Emergency Aid Grants.—The Committee is aware of the large number of postsecondary students dropping out of school or failing to graduate due to not having the financial resources to cover emergency situations such as paying for a car repair, paying a late utility bill, or covering unforeseen or increased living costs. The COVID–19 pandemic raised the awareness of the public of these often small, but insurmountable financial challenges delaying or halting a student's education. The Committee includes $5,000,000 in competitive grants to institutions of higher education to provide direct financial support to their students to cover these emergency costs. To apply, institutions are required to submit a plan to the Secretary that defines how the institution would establish criteria to determine a student's eligibility for a direct emergency financial aid grant that would enable a student to enroll, stay enrolled or complete their program of study. Institutions that receive such grants must provide direct payments to such students and conduct outreach and awareness activities as to the existence of this program at the institution.

Increasing MSI PhDs Pilot.—The Committee includes $5,000,000 to create the Increasing MSI PhDs Pilot program. This funding should support awards to a consortium of MSIs, including HSIs, that award PhDs to underrepresented student populations. Funding should be used to develop and test new models of cross-institutional intellectual, research, and resource-sharing communities, create mentorship programs for PhD students, support graduate research experiences, and other uses associated with the pursuit of PhDs by underrepresented postsecondary students.

Matched Savings Grants.—The Committee includes $10,000,000 for to establish matched savings programs for Pell-eligible postsecondary students. Grants will be awarded as partnerships between States and non-profits to establish and expand matched savings

programs for eligible students that provide postsecondary cost assistance and financial literacy training. The grantees will establish savings accounts for each participating student, support financial literacy education, and support matching funds for amounts deposited by students and their families.

A December 2020 report on matched savings programs by the Urban Institute found that safe, affordable matched savings account programs that offer strong match rates and provide financial education can help low-income families save and increase their financial well-being. The Committee is encouraged by the evidence base behind this innovative approach to improving the affordability of postsecondary education.

Menstrual Products Programs.—Congress recognizes that the lack of access to menstrual products impedes the academic success of many college and graduate students as well as impacts their physical and mental well-being. Congress includes $5,000,000 for competitive grants to at least ten institutions of higher education, as defined by section 101 of the HEA, to support institutional programs that provide free menstrual products to students, as well as report on best practices. In order to qualify, grantees must agree to use funds to carry out or expand activities that fund programs that support direct provision of menstrual products in appropriate campus locations including, but not limited to, campus restroom facilities, wellness centers, on campus residential buildings; conduct outreach to students to encourage participation in menstrual equity programs and services; help eligible students apply for and enroll in local, State, and Federal public assistance programs; or coordinate and collaborate with government and/or community-based organizations. At least 50 percent of grants must go to community colleges. Grant priority will go to institutions with 25 percent or higher Pell enrollment, HBCUs, HSIs, AANAPISIs, and other MSIs.

Modeling and Simulation Programs.—The Committee includes $10,000,000 for Modeling and Simulation Programs as authorized under section 891 of the HEA. Modeling and simulation technology has numerous applications for Federal and State governments and their partners in the defense, education, gaming, shipbuilding, and workforce training sectors, allowing them to generate data to help make decisions or predictions about their systems.

Open Textbook Pilot.—The Committee includes $10,000,000 to continue the Open Textbook Pilot and fund a new grant competition in fiscal year 2023. The Department shall issue a notice inviting applications consistent with notice and comment procedures and allow for a 60-day application period. This funding should support a significant number of grant awards to IHEs as defined by 20 U.S.C. 1001, a group of IHEs, or State higher education agencies that lead the activities of (and serve as fiscal agent for) a consortium. Funding should be used to create new open textbooks and expand the use of open textbooks in courses that are part of a degree granting program, and particularly those with high enrollments. Allowable uses of funds should include professional development for faculty and staff, including relating to the search for and review of open textbooks; the creation or adaptation of open textbooks; development or improvement of tools and informational resources that support the use of open textbooks, including accessible

instructional materials for students with disabilities; and research evaluating the efficacy of the use of open textbooks for achieving savings for students and the impact on instruction and student learning outcomes. The Secretary shall require that any open textbooks created with these funds shall be released to the public under a non-exclusive, royalty-free, perpetual, and irrevocable license to exercise any of the rights under copyright conditioned only on the requirement that attribution be given as directed by the copyright owner. Further, any tools, technologies, or other resources that are created, developed, or improved wholly or in part with these funds for use with any open textbook must be similarly licensed. Any eligible entity receiving a grant through the Open Textbooks Pilot, upon completion of the supported project, shall report to the Secretary regarding the effectiveness of the project in expanding the use of open textbooks and in achieving savings for students; the impact of the project on expanding the use of open textbooks at IHEs outside of the institution receiving the grant; open textbooks created or adapted under the grant, including instructions on where the public can access each open textbook; the impact of the project on instruction and student learning outcomes; and all project costs, including the value of any volunteer labor and institutional capital used for the project. The Secretary shall make such reports publicly available.

Postsecondary Student Success Grants (PSSG).—The Committee provides $200,000,000 for grants to support evidence-based activities to improve postsecondary retention and completion rates, including critical persistence benchmarks. Eligible applicants may include institutions of higher education, a consortium of institutions of higher education, statewide systems of higher education, a nonprofit organization, or any of the preceding entities in partnership with a non-profit or business.

The Committee directs the Secretary to execute this program as a tiered-evidence competition through the same structure as the EIR program authorized under ESEA. Under PSSG, the Secretary may award early-phase, mid-phase, or expansion grants that differ in terms of the level of prior evidence of effectiveness required for consideration for funding, the expectations regarding the kind of evidence and information funded projects should produce, the level of scale funded projects should reach, and, consequently, the amount of funding available to support each type of project. Early-phase grants will be supported by promising evidence, mid-phase grants will be supported by moderate evidence, and expansion grants will be supported by strong evidence as defined in the Department's fiscal year 2022 EIR notices. Under PSGG, all grantees must carry out rigorous, independent evaluations of the effectiveness of their projects. In carrying out PSGG, the Committee strongly encourages the Department to leverage the expertise of staff within the Office of Elementary and Secondary Education and the Institute of Education Sciences who have made EIR a highly successful program.

The Committee is strongly encouraged by the evidence base behind comprehensive approaches to student success programs such as the What Works Clearinghouse-recognized CUNY ASAP program, which has been found to nearly double participant graduation rates. In addition, the Committee recognizes that other rigor-

ously evaluated, effective comprehensive support programs such as One Million Degrees and Bottom Line have not yet been included in the Clearinghouse. In advance of the fiscal year 2023 competition, the Committee encourages the Department to review additional studies and strive to increase the number of postsecondary interventions included in the Clearinghouse.

The Committee believes that the evidence of effectiveness for high-quality comprehensive support programs is transformative and that it is vital to expand their reach to more postsecondary students. Accordingly, for the fiscal year 2023 PSSG competition, the Committee directs the Department to provide no less than $100,000,000 for grants at the mid-phase or expansion levels. By ensuring at least half of resources fund proven strategies, PSGG will strike a balance between testing innovative interventions and funding what works to help students succeed.

The Committee directs the Department to brief the Committees on Appropriations no later than 90 days after enactment of this Act on its plan to continue to carry out this program, as well as a plan for evaluation and accountability, and to notify the Committees no later than 15 days in advance of making any new grant award or changes to the programs.

Research and Development Infrastructure Grants.—The Committee provides $225,000,000 for planning and implementation grants designed to promote transformational investments in research infrastructure, including physical infrastructure and human capital development. Eligible entities include four-year HBCUs, TCUs, or other MSIs, either alone or as the lead entity in consortia including other academic partners such as community colleges, industry, and philanthropic partners.

Transitioning Gang-Involved Youth to Higher Education.—The Committee directs the Department to work in conjunction with the Department of Labor to allocate no less than $10,000,000 to provide a funding opportunity for organizations that work directly with gang-involved youth to help such youth pursue higher education opportunities.

National Center for College Students with Disabilities.—The Committee encourages the National Center for College Students with Disabilities to continue providing technical assistance and best practice information about disability as students transition to institutions of higher education, collect information and research on disability services on college campuses, and report to the Department about the status of college students with disabilities in the United States.

Reasonable Modifications at Institutions of Higher Education.—The Committee is interested in information pertaining to reasonable modifications and the provision of auxiliary aids and services, including those to access educational media, required by the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 for college students with disabilities at institutions of higher education. The Committee directs the Department to include information on how it monitors institutional support for college students with disabilities, and information on technical assistance it provides to colleges regarding students with disabilities, in the fiscal year 2024 Congressional Budget Justification.

Workforce Development Funding for University Consortia Focused on High-skill Fields.—The Committee is supportive of funding to consortia of institutions of higher education for innovative approaches to improve rates of baccalaureate exposure to artificial intelligence, data science, cyber security, additive manufacturing, clean energy and other high-skill, high-wage, and in-demand industry sectors and occupations within a State region. Specifically, the Committee is supportive of funding that supports the development of career pathways in these sectors that support and subsidize wages for students in work-based learning settings.

Reserve Officers' Training Corps (ROTC) Programs.—The Committee applauds all universities and colleges that host ROTC programs as they assist in the creation of each of the Services' officer corps. However, the Committee is concerned that some hosting ROTC activities may face challenges in maintaining the infrastructure needs to meet the ROTC mission goals. To ensure that ROTC candidates have the structures they need to become successful officers in their respective Services, the Committee encourages the Department to facilitate Service Secretaries' efforts to analyze the functionality and utilization of all ROTC facilities on university and college campuses.

Foreign Gift Disclosures.—The Committee notes that, under section 117 of the HEA, colleges and universities receiving Federal funds must disclose certain gifts from or contracts with foreign entities and that the Department makes such information publicly available on its website. The Committee supports efforts by the Department to work with institutions to improve the reporting process in order to increase transparency, protect our national security, and preserve academic integrity.

Community Project Funding

Within the funds included in this account, $209,301,000 shall be used for the projects, and in the amounts, specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" at the end of this report.

Augustus F. Hawkins Centers of Excellence

The Committee recommends $30,000,000 for the Hawkins Centers of Excellence program, which is $22,000,000 more than the fiscal year 2022 enacted level. This program provides five-year competitive grants to eligible institutions (HBCUs, HSIs, TCUs, and other MSIs) to establish centers of excellence. These centers will help strengthen and improve teacher preparation programs, increase the availability of educators from diverse backgrounds, and aid in the retention of teachers and principals of color.

Comprehensive Educator Preparation.—The Committee notes that greater diversity in the teaching profession can have positive impacts on students' educational experiences and outcomes, especially for students of color. For example, one reanalysis of test score data from the Tennessee STAR class size study found that Black elementary students with Black teachers had reading and math test scores 3 to 6 percentile points higher than students without Black teachers and that gains in test scores accumulated with each year that Black students were in a class with a Black teacher. The Committee also notes that our current educator workforce does not

reflect the increasing diversity of our nation or its students. The Committee also recognizes that HBCUs, TCUs, and other MSIs play a disproportionate and important role in preparing teachers of color, for example, preparing nearly 40 percent of Black teachers with bachelor's degrees in the United States. The Committee recognizes the importance of comprehensive educator preparation on student learning and educator retention, and therefore encourages the Department to create an absolute grant priority for eligible institutions that propose to establish or scale up comprehensive educator preparation programs as outlined in sections 202 (d),(e), and (f), of the HEA. The Committee also encourages the Secretary to prioritize grants to eligible institutions that will provide scholarships or grants to students based on financial need, for use in students accessing comprehensive educator preparation pathways that offer extensive preservice clinical training and mentoring by exemplary teachers.

Preservice Clinical Training and Mentoring.—The Committee recognizes the importance of high-quality teacher preparation on student learning and teacher retention, and therefore encourages the Secretary to prioritize grants to eligible institutions that propose to establish or scale up high-quality teacher preparation pathways that offer extensive preservice clinical training and mentoring by exemplary teachers in grade and subject areas deemed high need by their State. The Committee also recognizes the value of a racially diverse teacher workforce and directs the Secretary to prioritize grants to eligible institutions that commit to increasing the number and proportion of students of color they serve by providing scholarships or grants, based on financial need, as well as academic supports to help teacher candidates successfully complete the preparation program and State licensure requirements, and to publicly report on these efforts and outcomes. The Committee also encourages the Department to include the establishment of formal partnerships between eligible institutions of higher education and local school districts as an allowable use of grant funding as well as programming that includes tutoring and support to prepare for licensure exams and funding to compensate mentors during the preservice clinical experience.

Shortages of Black Male Teachers.—The Committee is concerned that Black men make up just two percent of teachers nationwide. The Committee's support for Hawkins is intended to address such shortages. In addition, the Committee encourages the Department to leverage the expertise and institutional capacity of HBCUs in mitigating this problem.

HOWARD UNIVERSITY

Appropriation, fiscal year 2022	$344,018,000
Budget request, fiscal year 2023	311,018,000
Committee Recommendation	394,018,000
Change from enacted level	+50,000,000
Change from budget request	+83,000,000

Howard University is a leading research university located in the District of Columbia and provides undergraduate liberal arts, graduate and professional instruction to students.

The Committee recommends $394,018,000 for Howard University Hospital, an increase of $50,000,000 above the fiscal year 2022 en-

acted level. Within the total, the agreement includes $150,000,000 to support construction of a new hospital. These amounts are in addition to the $107,000,000 provided for hospital construction in fiscal year 2021 and fiscal year 2022. The hospital serves as a major acute and ambulatory care center for the District of Columbia, and functions as a teaching facility. To continue this vital function, the Committee notes the need to modernize the hospital's facilities.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2022	$435,000
Budget request, fiscal year 2023	298,000
Committee Recommendation	298,000
Change from enacted level	−137,000
Change from budget request	−−−

Previously, these programs helped to ensure that postsecondary institutions were able to make necessary capital improvements to maintain and increase their ability to provide a high-quality education. Since 1994, no new loans have been made, and the Department's role has been to manage the outstanding loans.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriation, fiscal year 2022	$20,484,000
Budget request, fiscal year 2023	20,678,000
Committee Recommendation	20,678,000
Change from enacted level	+194,000
Change from budget request	−−−

The Committee recommends $20,678,000 for the HBCU Capital Financing program, which is $194,000 more than the fiscal year 2022 enacted level. This program is authorized under part D of Title III of the HEA and makes capital available for repair and renovation of facilities at HBCUs. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Within the total provided for this program, the Committee recommendation includes $528,000 for the administrative expenses to carry out the program and $20,150,000 for loan subsidy costs. In addition, the Committee raises the limit to the amount of bonds that may be insured under the HBCU Capital Financing program to $752,000,000, an increase of $477,916,725 over the fiscal year 2022 enacted level.

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2022	$737,021,000
Budget request, fiscal year 2023	662,516,000
Committee Recommendation	844,075,000
Change from enacted level	+107,054,000
Change from budget request	+181,559,000

The Committee recommends $844,075,000 for the Institute of Education Sciences (IES), $107,054,000 more than the fiscal year 2022 enacted level.

Research, Development, and Dissemination

The Committee recommends $289,877,000 for Research, Development, and Dissemination, which is $85,000,000 more that the fiscal year 2022 enacted level. This account supports research, develop-

ment, 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.

National Center for Advanced Development in Education.—Within amounts for Research, Development, and Dissemination, the Committee provides $75,000,000 for a new National Center for Advanced Development in Education (NCADE). Modeled on the Defense Advanced Research Projects Agency, the Department of Defense's renowned research and development center, NCADE will invest in high-reward, scalable solutions to address longstanding deficits and inequities in the education system. NCADE will be housed at IES and have a management structure that prioritizes solutions aligned with the science of learning and development that have the potential to dramatically improve student achievement and address gaps between advantaged and disadvantaged students. Specifically, NCADE programs will invest in breakthrough technologies; new pedagogical approaches; innovative learning models; and more efficient, reliable, and valid forms of measurement of student learning, experiences, and opportunities. Amounts for NCADE provided under Research, Development, and Dissemination will specifically support the Center's high-reward project funding. Personnel costs to support the Center's nimble program management structure will be supported through funding provided under IES Program Administration.

Building State and Local Research and Development Capacity.—The Committee encourages IES to build State and local research and development capacity by creating a matching competitive grant program for American Rescue Plan Elementary and Secondary School Emergency Relief funds. These funds would allow States or districts to develop or implement diverse approaches specifically tailored to their contexts, including building research-practice partnerships, recruiting research and data talent into their agencies, and investing in their own research and development priorities to develop or implement more evidence-based solutions.

Statistics

The Committee recommends $111,500,000 for the activities of the National Center for Education Statistics (NCES), which is the same as the the fiscal year 2022 enacted level. Statistics activities are authorized under Title I of the Education Sciences Reform Act of 2002. NCES collects, analyzes, and reports statistics on all levels of education in the U.S. Activities are carried out directly and through grants and contracts and include projections of enrollments, teacher supply and demand, and educational expenditures. NCES also provides technical assistance to State and local educational agencies and postsecondary institutions.

Governing Boards of Institutions of Higher Education.—The Committee is interested in the disclosure of the gender, racial, and ethnic composition of governing boards of institutions of higher education in an ongoing effort to increase transparency and promote inclusive and equitable educational institutions. The Committee encourages the Department to ensure governing body composition, including the gender, racial, and ethnic composition of members, is included as a data component in surveys administered

by the Integrated Postsecondary Education Data System (IPEDS) or other Federal postsecondary institution data collection effort. The Committee directs the Department to assess the feasibility of including such data in the fiscal year 2024 Congressional Budget Justification.

Non-Academic Considerations in Postsecondary Data.—The Committee is aware of a 2019 report from NCES detailing recommendations to include non-academic considerations to improve and expand the IPEDS Admissions survey component (ADM) for prospective students, their families, and researchers interested in the college admissions process. The Committee is also aware of the lack of data available demonstrating how legacy status, or relationship to alumni of the institutions, factors in first-time, first-year degree-seeking admissions decisions. The Committee encourages the NCES to include non-academic items, including alumni relationship, as factors for admissions in the next IPEDS ADM.

Regional Educational Laboratories

The Committee recommends $63,733,000 for Regional Educational Laboratories (RELs), which is $5,000,000 more than the fiscal year 2022 enacted level. This program supports a network of 10 laboratories that promote the use and development of knowledge and evidence to increase student learning and further school improvement efforts.

The Committee notes the critical role RELs play in helping to translate education research to policymakers and practitioners, which assists SEAs and LEAs in implementing the ESEA and providing a high-quality education for more children.

Research in Special Education

The Committee recommends $64,255,000 for Research in Special Education, which is $4,000,000 more than the fiscal year 2022 enacted level. 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 Committee recommends $13,318,000 for Special Education Studies and Evaluations, which is the same as the fiscal year 2022 enacted level. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the IDEA 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.

Statewide Data Systems

The Committee recommends $35,500,000 for Statewide Data Systems, which is $2,000,000 more than the fiscal year 2022 enacted level. Competitive grants under this authority are made to SEAs to help them manage, analyze, disaggregate and use student data consistent with the ESEA.

Growing Statewide Longitudinal Data Systems (SLDS).—The Committee supports the growth of the SLDS program to so that

every State and locale has a robust data infrastructure capable of supporting effective education and talent development practices. The Committee believes these investments provide for the data backbone of education transparency, monitoring, and evidence building.

Assessment

The Committee recommends $192,799,000 for Assessment, which is $5,054,000 more than the fiscal year 2022 enacted level. This amount includes $7,779,000 for the National Assessment Governing Board (NAGB), which is $54,000 more than the fiscal year 2022 enacted level.

The National Assessment of Educational Progress (NAEP) is the only nationally representative and continuing survey of educational ability and achievement of students in the U.S. 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, history, citizenship, literature, art, and music. The NAEP is operated by contractors through competitive awards made by the NCES. The NAGB formulates the policy guidelines for the program.

Civics and U.S. History Assessment.—Assessment.—The Committee's recommendation will support the current assessment schedule for the National Assessment of Educational Progress, including administration in 2022 of the Civics and U.S. History assessment in 8th grade at the national level; necessary research and development needed to maintain assessment quality, integrity and continuity, and achieve efficiencies; and maintain plans for the administration of a State-level Civics assessment in future years. The Committee directs NAGB and IES to consult with the Committee as it considers strategies in achieving cost efficiencies in and upgrades of its assessment program. Further, the Committee directs the Department to describe implemented and planned strategies for cost efficiencies and necessary research and development projects in the fiscal year 2024 Congressional Budget Justification.

Program Administration

The Committee recommends $73,093,000 for Program Administration, which is $6,000,000 more than the fiscal year 2022 enacted level.

Operating Plan.—The agreement directs the Director to submit an operating plan within 90 days of enactment of this Act to the Committees detailing how IES plans to allocate funding available to the Institute for research, evaluation, statistics, administration and other activities.

School Pulse Panel.—The Committee is supportive of IES' School Pulse Panel, which tracks the effects of COVID on schools through a national sample of elementary, middle, and high schools. This program has provided invaluable information as one of the nation's few sources of reliable data focused on school reopening efforts, as reported by school district staff and principals in U.S. public schools.

Unique Needs of Military-Connected Youth in Mentorship Programs.—The Committee recognizes the unique circumstances of

highly mobile students, including youth growing up in military-connected families. The Committee supports IES' uplifting of mentorship programming tailored to military families' needs.

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2022	$ 594,407,000
Budget request, fiscal year 2023	785,752,000
Committee Recommendation	690,252,000
Change from enacted level	+ 95,845,000
Change from budget request	− 95,500,000

Program Administration

The Committee recommends $462,500,000 for Program Administration, which is $67,593,000 more than the fiscal year 2022 enacted. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation, 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.

Advertising Contracts.—The Committee understands that, as the largest advertiser in the U.S., the Federal Government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs the Department to include the following information in its fiscal year 2024 Congressional Budget Justification: Expenditures for fiscal years 2022, 2023, and expected expenditures for fiscal year 2024 respectively, for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small business concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Investments in Impoverished Areas.—The Committee is deeply appreciative to the Department for its thorough work on a report on educational investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts as described in House Report 117–81. The Committee directs the Department to update the report to include persistent poverty percentages for competitions in fiscal year 2022 once those data are available.

Lead Testing and Remediation.—The Committee strongly agrees with recommendations from a 2018 GAO report, Lead Testing of School Drinking Water Would Benefit from Improved Federal Guidance, that the Assistant Secretary for Elementary and Secondary Education should collaborate with the Environmental Protection Agency (EPA) to disseminate guidance related to lead testing and remediation in schools. The Committee is aware that EPA has made available updated guidance and web-based toolkits for lead testing and remediation in schools. The Committee is also aware that EPA is soliciting applications from education officials to provide grant funds to assist States and local education agencies with testing and remediation efforts. The Committee appreciates the technical assistance provided by the Department to school districts in response to language included in House Report 116–62. The Committee directs the Department to continue coordinating

with EPA in disseminating this new guidance and resources, assisting school systems seeking to remediate lead contamination in working with EPA, and sharing best practices among States and local school systems. The Committee directs the Department to report on ongoing efforts on these issues in the fiscal year 2024 Congressional Budget Justification.

FTE and Attrition Report.—The Committee directs the Department to provide the Committees on Appropriations a report, not later than 30 days after the conclusion of each quarter, detailing the number of full-time equivalent employees and attrition by principal office and appropriations account.

Protecting Scientific Research on Marihuana.—Through scientific research, institutions of higher education advance our understanding and knowledge of various aspects of our world. Moreover, when in the public interest, such institutions should be able to conduct such research without fear of reprisal or loss of Federal funding. This includes research on cannabis, a Schedule I controlled substance under the Controlled Substances Act. As more States and localities move to legalize cannabis, many institutions of higher education are expanding the knowledge-base on this controlled substance. As a result, the Committee notes that such research is in the public interest, and the recommendation includes new bill language prohibiting the Department from penalizing institutions of higher education that conduct scientific research on marihuana.

Evidence-based Grants and Policy.—The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on implementation of the Foundations for Evidence-based Policymaking Act (P.L. 115–435) and implementation plans for the coming year. The Committee encourages the Secretary to develop guidance to ensure relevant participants and grantees are involved in the Department-wide process of prioritizing evidence needs, including participating in Department led evaluations. Consistent with program statutes, the Committee encourages the Secretary to ensure that evidence of effectiveness is a consideration in grant opportunities.

Film Programs at Institutions of Higher Education.—The Committee recognizes the importance of ensuring diversity in student populations enrolled in film programs at institutions of higher education that receive any Federal funds and grants administrated by the Department of Education. The Committee encourages institutions of higher education to continue building on best practices in recruitment and retention to ensure student enrollment is reflective of the American population's diverse demographics.

Customer Service.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2024 Congressional Budget Justification.

Performance Measures.—The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as

performance outcome measures, output measures, efficiency measures, and customer service measures. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2024 Congressional Budget Justification.

Regional Councils and Councils of Governments.—The Committee encourages the Department to list regional councils and councils of governments as eligible entities in competitions for Federal funding whenever local governments or non-profit agencies are eligible entities. Furthermore, the Committee encourages the Department to seek opportunities for regional councils and councils of governments to serve as lead applicants and grantees to encourage and expand greater regional collaboration.

Predispute Nondisclosure and Nondisparagement Clauses.—The Committee recognizes that harassment, including sexual harassment and assault, continue to be pervasive in the workplace, and that the use of predispute nondisclosure and nondisparagement clauses as conditions of employment can perpetuate illegal conduct by silencing survivors and shielding perpetrators. The Committee directs the Department to include proposals in its fiscal year 2024 Congressional Budget Justification to eliminate the use of grants and contracts to employers that use this practice.

Geographical Distribution of Grants and Poverty.—The Committee acknowledges the value of ensuring K–12 grant competitions support entities across geographically diverse areas, including urban, suburban, and rural areas; however, the Committee is concerned that, without careful consideration and planning, efforts to prioritize specific geographical areas may have unintended negative consequences. The Department's 2021 Condition on Education finds that 41 percent of students attending public schools in cities attend high-poverty schools, compared with 20 percent of students who attend schools in towns, 17 percent of students who attend suburban schools, and 15 percent of students who attend rural schools. Given the significant differences in the share of students attending high-poverty schools across areas, the Committee urges the Department to consider the socioeconomic and racial equity implications of prioritizing specific geographic areas over cities in competitive grants.

Out of School Time Organizations Supporting Mental Health for Youth.—The Committee notes that thousands of out of school time organizations are working with State governments, districts, schools, and youth to supplement the critical work of school-based mental health organizations without significant support from Federal funding streams. In order to better understand the Federal resources available, the Committee encourages the Department, in partnership with other relevant Federal agencies, to provide information on the ways community-based organizations, specifically out of school time organizations, can utilize existing Federal funding streams to provide mental health and student support services that supplement school-based mental health services.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2022	$135,500,000
Budget request, fiscal year 2023	161,300,000
Committee Recommendation	151,300,000
Change from enacted level	+15,800,000
Change from budget request	– 10,000,000

The Office for Civil Rights (OCR) is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to SEAs, LEAs, and IHEs, including proprietary schools. They also extend to State rehabilitation agencies, libraries, museums, and other institutions receiving Federal funds.

The Committee recommendation includes $151,300,000, which is $15,800,000 more than the fiscal year 2022 enacted level.

The School to Prison Pipeline.—The Committee directs GAO to study the role and oversight of policing in schools, including the impact of school policing on Black and Latino students. The study should also explore the extent to which school resource officers and evidence-based interventions, such as restorative justice practices, can enhance school safety, student well-being, and—to the extent practical—student outcomes. GAO should begin this work no later than September 2022 and issue a final report on a date thereafter as agreed between GAO and the Committee.

The State of Desegregation Orders.—The Committee is concerned by research from the UCLA Civil Rights Project indicating that schools and school districts are becoming increasingly racially and socioeconomically segregated across the country. At the same time, there is no clear or accurate reporting or transparency on the number of Federal desegregation orders, the status of these orders, or the impact they have had on segregation in districts. The Committee, therefore, continues to urge OCR to make a report publicly available on the Department's website, detailing a comprehensive list of all existing Federal desegregation orders in the United States, their principle requirements, and the status of the affected districts' compliance with these orders.

Racial and Economic Segregation in Schools.—The Committee looks forward to receiving the report the Department was directed to complete in House Report 117–96.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2022	$64,000,000
Budget request, fiscal year 2023	76,452,000
Committee Recommendation	76,452,000
Change from enacted level	+12,452,000
Change from budget request	– – –

OIG 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.

The Committee recommendation continues bill language allowing the OIG to better respond to unexpected oversight needs by modifying the availability of funds.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision related to the implementation of programs of voluntary prayer and meditation in public schools.

(TRANSFER OF FUNDS)

Sec. 302. The Committee continues a provision regarding transfer authority.

Sec. 303. The Committee continues a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2023 through September 30, 2024.

Sec. 304. The Committee continues a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 305. The Committee continues a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 306. The Committee continues a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Sec. 307. The Committee continues a provision allowing administrative funds to cover outstanding Perkins loans servicing costs.

(RESCISSION)

Sec. 308. The Committee modifies a provision rescinding fiscal year 2023 mandatory funding to offset the mandatory costs of increasing the discretionary Pell award and expanding Title IV eligibility.

Sec. 309. The Committee continues a provision regarding outreach to borrowers and the Public Service Loan Forgiveness program.

Sec. 310. The Committee modifies a provision regarding Public Service Loan Forgiveness.

Sec. 311. The Committee continues a provision allowing up to 0.5 percent of funds appropriated in this Act for programs authorized under the HEA, except for the Pell Grant program, to be used for evaluation of any HEA program.

Sec. 312. The Committee continues a provision providing an additional amount for the projects, and in the amounts, as specified in the table titled "Labor, HHS, Education Incorporation of Community Project Funding Items" in the report accompanying this title.

Sec. 313. The Committee includes a new provision regarding charter schools that contract with a for-profit entity to operate, oversee or manage the activities of the school.

Sec. 314. The Committee includes a new provision regarding research on marihuana.

Sec. 315. The Committee includes a new provision related to the use of electric shock devices and equipment.

Sec. 316. The Committee includes a new provision related to the 85–15 rule.

Sec. 317. The Committee includes a new provision regarding Title IV eligibility under HEA.

Sec. 318. The Committee includes a new provision regarding section 344 of the HEA.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$11,000,000
Budget request, fiscal year 2023	13,124,000
Committee Recommendation	13,124,000
Change from enacted level	+2,124,000
Change from budget request	– – –

The Committee believes oversight is necessary to ensure the program is operating in accordance with statutory requirements that blind or other severely disabled individuals provide at least 75 percent of hours of direct labor required for the production or provision of the products or services to Federal government agencies. To ensure the Committee for Purchase from People Who Are Blind or Severely Disabled (AbilityOne Commission) maintains its oversight capacity, the Committee continues bill language requiring the AbilityOne Commission to establish written agreements with central nonprofit agencies. The written agreements ensure the AbilityOne Commission can conduct appropriate audit, oversight, and reporting functions in accordance with standard Federal procurement policies.

Committee for Purchase From People Who Are Blind or Severely Disabled—Requested Reports.—The Committee requests the reports as described in the explanatory statement accompanying P.L. 117–103.

Office of Inspector General.—The Committee recommends not less than $3,124,000 for the Office of Inspector General.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

Appropriation, fiscal year 2022	$865,409,000
Budget request, fiscal year 2023	982,126,000
Committee Recommendation	947,829,000
Change from enacted level	+82,420,000
Change from budget request	–34,297,000

The Committee recommends $947,829,000 for operating expenses for the Corporation for National and Community Service (CNCS), an increase of $82,420,000 over the fiscal year 2022 enacted level and $34,297,000 below the fiscal year 2023 budget request.

Service Learning.—Within the total for Operating Expenses, the Committee directs $20,000,000 for CNCS to support service-learning activities, such as the Summer of Service and Semester of Service, within existing programs. The Committee further recommends that CNCS prioritize grants directed to public schools and institutions of higher education in economically disadvantaged communities.

Civic Bridgebuilding.—The Committee supports CNCS' goal of uniting Americans through national service and recognizes that national service is a proven model of civic bridgebuilding. To advance these shared goals, the Committee directs $15,000,000 to CNCS for bridgebuilding activities, such as those modeled in the bipartisan Building Civic Bridges Act (H.R. 6843), within existing programs.

These initiatives may include administering a grant program to support civic bridgebuilding programs and establish standardized criteria to track the effectiveness of funded projects and activities; providing training in civic bridgebuilding skills and techniques to AmeriCorps members and host sites; the establishment of a committee to advise on civic bridgebuilding initiatives at CNCS; the creation of a public research base focused on civic engagement, civic bridgebuilding, and civic renewal; and providing resources that can be publicly disseminated to support local civic bridgebuilding efforts, among other activities.

Volunteers in Service to America

The Committee recommends $106,264,000 for Volunteers in Service to America (VISTA), an increase of $5,979,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit, and organize volunteers, and establish and expand programs in housing, employment, health, and economic development.

National Senior Volunteer Corps

The Committee recommends $245,145,000 for the National Senior Volunteer Corps programs, an increase of $14,377,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. Senior Corps is a collection of programs that connect individuals older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations.

The Committee intends for all funding to be used to support programs and volunteers.

The funding breakout by program is as follows:

National Senior Volunteer Corps:	FY 2023 Committee
Foster Grandparents Program	$131,335,000
Senior Companion Program	58,705,000
Retired Senior Volunteer Program	55,105,000

AmeriCorps State and National Grants

The Committee recommends $522,797,000 for AmeriCorps State and National Grants, an increase of $56,048,000 over the fiscal year 2022 enacted level. This program provides funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment.

The increase supports enhanced opportunities for more individuals to serve as AmeriCorps State and National members by increasing disability accommodation and eligibility for Segal Education awards for individuals with DACA status. AmeriCorps State and National members support children to achieve academic success, respond to natural disasters, build and renovate homes for families in under-resourced communities, give back to veterans and their families, preserve and restore the environment, and address other needs identified by communities.

Digital Equity.—The Committee recognizes that digital equity needs persist in underserved or marginalized communities at a time when more Americans than ever before depend on, or could significantly benefit from, access to digital services. The Committee recognizes the role that national service organization volunteers through CNCS could play in helping to meet the IT needs of these communities across the country while also supporting IT skills and career development among participating volunteers. The Committee encourages CNCS to support existing programs that would focus on digital equity and digital literacy projects for underserved communities.

Randomized Control Trials.—The Committee encourages AmeriCorps to continue its use of randomized control trials to build causal evidence for effective interventions.

Innovation, Assistance, and Other Activities

The Committee recommends $10,100,000 for Innovation, Assistance, and Other Activities, an increase of $212,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

National Days of Service.—The Committee continues to support the September 11 National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service—two important national events. The Committee encourages CNCS to prioritize eligible organizations with expertise in representing families of victims of the September 11, 2001 terrorist attacks and other impacted constituencies when planning for the September 11 National Day of Service and Remembrance.

Evaluation

The Committee recommends $6,250,000 for evaluation, an increase of $2,130,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. These funds support research on program effectiveness.

National Civilian Community Corps

The Committee recommends $37,735,000 for National Civilian Community Corps, an increase of $3,230,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. This program supports residential, team-based service opportunities for individuals aged 18–24.

State Commission Administrative Grants

The Committee recommends $19,538,000 for State Commission Support Grants, an increase of $444,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. Funds are used for formula grants to support State oversight of service programs.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriation, fiscal year 2022	$190,550,000
Budget request, fiscal year 2023	235,000,000
Committee Recommendation	235,000,000
Change from enacted level	+44,450,000
Change from budget request	– – –

The National Service Trust makes payments for Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of the Corporation for National and Community Service.

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$88,082,000
Budget request, fiscal year 2023	114,686,000
Committee Recommendation	109,686,000
Change from enacted level	+21,604,000
Change from budget request	−5,000,000

Evidence-based Grant Making.—The Committee is supportive of efforts by the Corporation to consider evidence of effectiveness in grant competitions. The Committee encourages CNCS to develop guidance to ensure relevant participants and grantees are involved in the Corporation-wide process of prioritizing evidence needs, including participating in CNCS led evaluations. Consistent with program statutes, the Committee encourages CNCS to ensure that evidence of effectiveness is a consideration in grant opportunities.

Civilian Climate Corps (CCC).—Within the total, the Committee includes $15,000,000 to hire new staff, develop new capacity, and enhance core business functions to successfully stand up the Civilian Climate Corps program in partnership with other Federal agencies. These investments in staff and administrative capacity will support grantees' work related to climate resilience, environmental stewardship, and climate mitigation, as well as AmeriCorps' collaboration with other agencies implementing the CCC.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2022	$6,595,000
Budget request, fiscal year 2023	8,121,000
Committee Recommendation	8,121,000
Change from enacted level	+1,526,000
Change from budget request	–––

The Committee recommends $8,121,000 for the Office of the Inspector General (OIG), an increase of $1,526,000 over the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee continues a provision requiring CNCS to make any significant changes to program requirements or policy through rulemaking.

Sec. 402. The Committee continues a provision related to National Service Trust minimum share requirements.

Sec. 403. The Committee continues a provision related to donations.

Sec. 404. The Committee continues a provision related to veterans.

Sec. 405. The Committee continues a provision related to criminal history background checks.

Sec. 406. The Committee continues a provision related to 1,200 hour service positions.

Sec. 407. The Committee continues a provision related to VISTA members and Segal Education Awards.

Sec. 408. The Committee includes a new provision related to allowing individuals with Deferred Action of Childhood Arrivals (DACA) status who successfully serve a term in AmeriCorps State and National, NCCC, or VISTA, to be eligible for a Segal AmeriCorps Education Award.

Sec. 409. The Committee includes a new provision related to allowing AmeriCorps NCCC to keep teams in place over the 12-month statutory restriction for work on disaster response or recovery, enabling overlap in NCCC service and coverage over the summer months.

Sec. 410. The Committee includes a new provision related to allowing AmeriCorps NCCC members ages 18–26 to participate for a period of 3 to 6 months, as opposed to the usual term of 11 to 12 months.

CORPORATION FOR PUBLIC BROADCASTING

Appropriation, fiscal year 2024	$525,000,000
Budget request, fiscal year 2025	565,000,000
Committee Recommendation	565,000,000
Change from enacted level	+40,000,000
Change from budget request	– – –

The Committee recommends $565,000,000 as an advance appropriation for fiscal year 2025, an increase of $40,000,000 over the fiscal year 2024 advance and the same as the fiscal year 2023 budget request. In addition, the Committee recommendation includes $60,000,000 in fiscal year 2023 for continued support of CPB in replacing and upgrading the public broadcasting interconnection system and further investing in system-wide infrastructure and services.

National Multicultural Alliance.— According to the Public Broadcasting Act, one of the greatest priorities of public broadcasting is to address the "needs of unserved and underserved audiences, particularly children and minorities." Programming that reflects the histories and perspectives of diverse racial and ethnic communities is a core value and responsibility of public broadcasting. Therefore, the Committee supports continued investment in the National Multicultural Alliance to help accomplish this goal. The Corporation is directed to provide a briefing to the Committee within 90 days of enactment of this Act on this investment.

Continued Access to Public Broadcasting.—The Committee recognizes the importance of continued access to public broadcasting in local communities. The Committee directs Federally funded public radio stations to engage in public-private partnerships with State and local entities, including nonprofits, in this effort. The Committee looks forward to information in the fiscal year 2024 Congressional Budget Justification on how public private partnerships may be used to ensure continued access to public broadcasting in underserved areas.

Diversity in CPB Funded Programming.—The Committee recognizes the importance of diversity and inclusion in federally funded public media in television and radio programming. The Committee

requests CPB include in its fiscal years 2024/2026 Congressional Budget Justification information on its diversity and inclusion efforts, including programming supported by funding from the Corporation, as well as professional development opportunities and services provided by CPB for individuals from underrepresented communities.

Diverse Content and Content Creators.—In recognizing the importance of public media and the inclusion of diverse and independent voices, Congress encourages CPB to continue to support the Independent Television Service (ITVS) and the National Multicultural Alliance (NMCA) and encourages CPB to expand its support through other established and emerging intermediaries that fund and support diverse filmmakers and production of diverse content. The Committee further encourages CPB to continue fulfilling its Congressional mandate to enrich the public media landscape with diverse content on broadcast and digital platforms by funding more content creators and producers from underrepresented backgrounds. As the federal funding provided for CPB also supports the work of ITVS, the Committee urges CPB to ensure that the increases in funding for future fiscal years are also used to provide additional financial support for ITVS, the National Multicultural Alliance, and content creators and producers from underrepresented backgrounds.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$50,058,000
Budget request, fiscal year 2023	53,705,000
Committee Recommendation	53,705,000
Change from enacted level	+3,647,000
Change from budget request	– – –

The Federal Mediation and Conciliation Service promotes labor-management cooperation through mediation and conflict resolution services to industry, government agencies, and communities.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$17,539,000
Budget request, fiscal year 2023	18,012,000
Committee Recommendation	18,012,000
Change from enacted level	+473,000
Change from budget request	– – –

The Federal Mine Safety and Health Review Commission is an independent adjudicative agency that provides administrative trial and appellate review of legal disputes arising under the Federal Mine Safety and Health Act of 1977.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriation, fiscal year 2022	$268,000,000
Budget request, fiscal year 2023	276,800,000
Committee Recommendation	280,000,000
Change from enacted level	+12,000,000
Change from budget request	+3,200,000

Within the total for the Institute of Museum and Library Services (IMLS), the Committee recommends the following amounts:

Budget Activity	FY 2023 Committee
Library Services Technology Act:	
Grants to States	$170,000,000
Native American Library Services	5,763,000
National Leadership: Libraries	15,787,000
Laura Bush 21st Century Librarian	10,000,000
Museum Services Act:	
Museums for America	29,180,000
Native American/Hawaiian Museum Service	3,272,000
National Leadership: Museums	9,848,000
African American History and Culture Act:	
Museum Grants for African American History and Culture	6,000,000
National Museum of the American Latino Act	
Museum Grants for American Latino History and Culture	6,000,000
Museum and Library Services Act General Provisions:	
Research, Analysis and Data Collection	5,650,000
Program Administration	18,500,000

Library Services and Technology

The Grants to State Library Agencies program provides funds to State Library Administrative Agencies using a population-based formula.

Online Education Programs.—Bringing quality, online career high school education to adults is essential for entering the skilled workforce and/or matriculating into the community college system. Local libraries play a vital, central role in providing adult online high school education to patrons in their local communities. The Committee encourages IMLS to prioritize state grants to local libraries to further develop ways for libraries to adopt and utilize adult online career high school education programs.

Program Administration

The Committee recommends $18,500,000 for Program Administration, which is the same as the fiscal year 2022 enacted level. These funds provide administrative and management support for all programs administered by IMLS. The Committee also includes $5,650,000 for IMLS' activities in policy, research, and data collection, including functions formerly conducted by the National Commission on Libraries and Information Science.

Holocaust Education and Survivor Stories.—The Committee is aware that the number of Holocaust survivors in the U.S. is diminishing due to the advanced age of the survivors. The Committee continues to commend the work that museums, libraries, and archives are doing to preserve their memories and to educate the public of the Holocaust. The Committee encourages IMLS to sup-

port the work organizations are doing across the country to preserve and present the living memories of Holocaust survivors in an interactive format, which can help educate future generations about the atrocities of the Holocaust.

Information Literacy Taskforce.—The Committee encourages IMLS to support the Information Literacy Taskforce funded in fiscal year 2023 and to continue to follow the guidelines and priorities described in the explanatory statement accompanying P.L. 117–103.

Public Library Assessment.—The Committee notes growing concern regarding the physical condition of public libraries. The Committee supports efforts to assess the availability and condition of public library facilities, the availability and condition of public library facilities located in economically disadvantaged or underserved communities, the accessibility of public library facilities for individuals with disabilities, the condition of public library facilities affected by natural disasters and extreme weather, and potential costs associated with bringing public library facilities to a state of good repair.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$13,292,000
Budget request, fiscal year 2023	13,440,000
Committee Recommendation	13,824,000
Change from enacted level	+532,000
Change from budget request	+384,000

The Medicare Payment Advisory Commission (MedPAC) is an independent agency tasked with advising the Congress on issues affecting the Medicare program. In addition to advising on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program, MedPAC is also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

Report on Spending.—The Committee requests a report no later than the March 15th following the enactment of this Act comparing per enrollee spending on behalf of Medicare beneficiaries enrolled in the Medicare Advantage (MA) program and beneficiaries enrolled in traditional fee-for-service (FFS) Medicare. In conducting such analysis, MedPAC shall evaluate at least the previous five plan years for which data is available. The analysis shall rely on data, as determined necessary, from the Centers for Medicare and Medicaid Services (CMS) Office of the Actuary, MA bids, the Medicare Trustees, and any other sources to assess spending on the MA and FFS Medicare programs. MedPAC shall conduct this analysis using the method used by CMS in calculating spending on FFS for use in the calculation of MA benchmarks, as well as spending on FFS beneficiaries only enrolled in both Part A and Part B. MedPAC shall also provide a detailed description of their methodology for any spending comparison between FFS and MA, including, but not be limited to, a description of data sources used, inclusions or exclusions of populations or services, and any adjustments made to prices, utilization, or payments.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$9,043,000
Budget request, fiscal year 2023	9,727,000
Committee Recommendation	9,405,000
Change from enacted level	+362,000
Change from budget request	−322,000

The Medicaid and CHIP Payment and Access Commission (MACPAC) is an independent agency tasked with advising the Congress on issues affecting Medicaid and the State Children's Health Insurance Program (CHIP). MACPAC conducts policy and data analysis on Medicaid and CHIP to support policymakers and support program accountability.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$3,500,000
Budget request, fiscal year 2022	3,850,000
Committee Recommendation	3,850,000
Change from enacted level	+350,000
Change from budget request	– – –

The National Council Disability (NCD) is an independent Federal agency charged with advising the President, Congress, and other Federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chair, and a full-time professional staff.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$274,224,000
Budget request, fiscal year 2023	319,424,000
Committee Recommendation	319,424,000
Change from enacted level	+45,200,000
Change from budget request	– – –

The National Labor Relations Board (NLRB) is an independent agency responsible for enforcing U.S. labor law related to collective bargaining and unfair labor practices, including the National Labor Relations Act (NLRA) of 1935.

The Committee includes $319,424,000 for the NLRB, which is $45,200,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. Within this amount, at least $1,000,000 is provided, along with new bill language, for the Board to develop and implement an electronic voting system.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$14,729,000
Budget request, fiscal year 2023	15,113,000
Committee Recommendation	15,113,000
Change from enacted level	+384,000
Change from budget request	– – –

The National Mediation Board (NMB) is an independent agency that coordinates labor-management relations within the U.S. railroads and airlines industries.

The Committee includes $15,113,000 for the NMB, which is $384,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request. The Committee urges NMB to use this increase to supplement, not supplant, existing resources devoted to Section 3 arbitrator salaries and expenses and to address the backlog of Section 3 arbitration cases at the NMB. The Committee has prioritized these additional funds to allow the Board to better accomplish its statutory mission in a timelier manner.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$13,622,000
Budget request, fiscal year 2023	15,449,000
Committee Recommendation	15,449,000
Change from enacted level	+1,827,000
Change from budget request	– – –

The Occupational Safety and Health Review Commission is an independent Federal agency, providing administrative trial and appellate review, created to decide contests of citations or penalties resulting from OSHA inspections of American workplaces.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2022	$11,000,000
Budget request, fiscal year 2023	9,000,000
Committee Recommendation	9,000,000
Change from enacted level	–2,000,000
Change from budget request	– – –

This appropriation is authorized by the Railroad Retirement Act of 1974 to fund vested dual benefits received by railroad retirees who, under prior law, would have become covered by both the railroad retirement system and the Social Security system because railroad retirement was not fully coordinated with Social Security from 1937 to 1974. The Committee 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 ("RRB") estimates that approximately $1,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriation, fiscal year 2022	$150,000
Budget request, fiscal year 2023	150,000
Committee Recommendation	150,000
Change from enacted level	– – –
Change from budget request	– – –

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2022	$124,000,000
Budget request, fiscal year 2023	131,666,000
Committee Recommendation	131,666,000
Change from enacted level	+7,666,000
Change from budget request	– – –

The Committee recommends $131,666,000 for Limitation on Administration, an increase of $7,666,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2022	$12,650,000
Budget request, fiscal year 2023	13,269,000
Committee Recommendation	13,269,000
Change from enacted level	+619,000
Change from budget request	– – –

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2022	$11,000,000
Budget request, fiscal year 2023	11,000,000
Committee Recommendation	11,000,000
Change from enacted level	– – –
Change from budget request	– – –

This appropriation provides reimbursement to the Social Security trust funds for non-trust fund activities.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriation, fiscal year 2022	$45,913,823,000
Budget request, fiscal year 2023	48,828,722,000
Committee Recommendation	48,713,576,000
Change from enacted level	+2,799,753,000
Change from budget request	−115,146,000

The Committee recommends $15,800,000,000 in advance funding for the first quarter of fiscal year 2024, as requested.

Research and Demonstration

Section 1110 of the Social Security Act provides authority to the Social Security Administration (SSA) for conducting research and demonstration projects related to SSA's programs.

Within the appropriation for Supplemental Security Income (SSI), the Committee recommends $86,000,000 for research and demonstration activities, which is equal to the fiscal year 2022 enacted level and the fiscal year 2023 budget request.

Administration

Within the appropriation for SSI, the Committee recommends $4,878,576,000, which is $346,895,000 above the fiscal year 2022 enacted level. This funding is for payment to the Social Security trust funds for SSI's share of the administrative expenses of SSA.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriation, fiscal year 2022	$11,494,945,000
Budget request, fiscal year 2023	12,833,300,000
Committee Recommendation	12,501,945,000
Change from enacted level	+1,007,000,000
Change from budget request	−331,355,000

The Limitation on Administrative Expenses (LAE) funds the administrative and operational costs for administering the Old Age and Survivors Insurance, Disability Insurance, and Supplemental Security Income programs, and associated costs for support to the Centers for Medicare and Medicaid Services in administering their programs.

The Committee recognizes that Social Security is an essential component of the nation's economic security, and that SSA faces unprecedented challenges as it recovers from years of underfunding and a pandemic that severely disrupted its operations, closing offices to most in-person visitors and generating delays in services and decisions on disability claims. The Committee believes that the critical need to rebuild the Social Security Administration's ability to serve the American people starts with adequately funding fixed cost increases. The recommendation includes funding to cover Federal employee salaries and benefits, fixed cost increases for State DDS partners, facilities, and other contracted expenses that will be necessary to fund regardless of investments that can be made to improve SSA operations in fiscal year 2023. In addition, the Committee includes increased funding necessary to help correct longstanding deficiencies, improve operations, and better serve the public. Within the total recommended increase, the Committee expects SSA to direct not less than $630,000,000 for field offices, teleservice centers, and program service centers, and $190,000,000 to replace losses and build capacity at the State Disability Determination Services (DDS) agencies that make disability determinations for SSA.

In addition, within the recommended funding level, the Committee provides $89,500,000 for SSA to mail paper statements to all contributors aged 25 and older not yet receiving benefits, in accordance with Section 1143 of the Social Security Act (42 U.S.C. 1320b–13).

Administrative Appeals Hearings.—The Committee continues to consider the Final Rule "Hearings Held by Administrative Appeals Judges of the Appeals Council" (85 Fed. Reg. 73138, December 16, 2020) to be an unjustified erosion of due process for individuals who are appealing a denial of Social Security or SSI benefits. As part of a beneficiary's right to an impartial appeal process, an on-the-record hearing, conducted by an impartial judge with decisional independence, must be conducted in accordance with the Administrative Procedure Act to ensure due process, without agency interference, or political bias. Replacing this appeals step and the role of independent administrative law judges (ALJs) with SSA employees jeopardizes the independence of the process. In light of the harm that would be caused by this policy change, the Committee strongly urges SSA not to exercise this authority.

Authorization of Disability Evidence Collection.—The Committee appreciates that SSA is working to increase its ability to directly obtain electronic medical records and other evidence necessary for

disability claims determination. The Committee expects that the Commissioner will continue to ensure that evidence is only accessed under a voluntary, time-limited, and revokable authorization by the claimant to permit medical providers and other sources to disclose information directly to SSA, consistent with Federal, State, and local laws.

Disability Backlogs.—The Committee recognizes that the pandemic disrupted SSA operations, generating significant new delays in initial disability claims and reconsideration appeals, and temporarily halting in-person hearings before ALJs. The Committee requests SSA submit to the Committee within 90 days of enactment of this Act a plan for reducing the initial and reconsideration claims backlogs, and continue to submit to the Committee quarterly reports on disability hearings backlogs until SSA has eliminated the hearings backlog and achieved its monthly average processing time goal. The Committee urges the Commissioner to prioritize the hiring of additional staff at the DDS agencies to determine initial claims and reconsideration appeals, as well as ALJs and requisite staff to adjudicate backlogged hearings claims.

Disability Determinations.—The Committee remains concerned about the time it takes SSA to effectuate favorable SSI and/or SSDI disability determinations and requests a briefing on the issue withing 30 days of receiving the report on Disability Determinations as requested in House Report 117–96.

Employee Incentives.—The Committee directs SSA to submit a report to the Committee within 180 days of enactment of this Act exploring the feasibility of using employee incentives, including an agency student loan repayment program, to improve recruitment and retention for qualified candidates across the agency.

Field Office Closures.—The Committee recognizes the essential role that field offices play in the public's ability to access SSA benefits and services and strongly encourages the Commissioner to take every action possible to maintain operations at existing field offices. The Committee urges SSA to ensure its policies and procedures for closing field offices include at least 120 days advance notice to the public, SSA employees, Congress, and other stakeholders. Such notice should include a rationale for the proposed closure, and an evaluation of the effects on the public and SSA operations.

Improving Ticket to Work Administration and Reducing Overpayments.—The Committee recognizes that overpayments due to delays in SSA processing are an issue for beneficiaries who are attempting to return to work, including through the Ticket to Work program. The Committee recommends SSA work to identify the root causes of overpayments and requests a briefing within 90 days of enactment of this Act on agency efforts to improve administrative processes to reduce overpayments.

Information Technology.—The Committee is concerned that SSA's antiquated Information Technology (IT) service management system is adversely impacting agency staff's ability to deliver the value, service, and efficiency that the public expects and deserves. The Committee recognizes that SSA began modernizing its IT Service Management tools in fiscal year 2021, and expects SSA to continue working on IT solutions to improve customer service, ensure high availability and service continuity, optimize operational efficiency, and maximize enterprise productivity.

The Committee continues to monitor the IT Modernization Plan and encourages SSA to focus on improvements to customer service and efficiency as it makes updates to the plan. In addition, SSA should take steps to automate manual processes performed by staff, to reduce human error and improve processing time. The Committee continues to request an update of the plan referenced under this heading in House Report 114–699.

Legal Assistants.—The Committee understands that the Office of Hearings Operations (OHO) relies on legal assistants to conduct a broad range of work supporting hearings and reviewing work of its administrative law judges, and urges SSA to examine the position descriptions of legal assistants, pay and actual work conducted, to ensure that job classifications and compensation are commensurate with current duties.

Pilot Program Metrics.—The Committee expects SSA to continue to follow the guidance and directives under this heading in House Report 116–450 for fiscal year 2023, and to include descriptions of pilots and associated pilot program metrics in its fiscal year 2024 Congressional Budget Justification.

Professional Representatives.—The Committee believes that quality representation in matters with SSA assists claimants and beneficiaries, and can also help SSA work more accurately and efficiently. The Committee appreciates that the Commissioner is raising the cap on fees payable via fee agreement, and encourages the Commissioner to index the cap to account for inflation in future years.

Program Integrity.—The Committee notes that the FY 2023 President's Budget again proposes language for this account to expressly prohibit program integrity funding from being reprogrammed or transferred for non-program integrity activities.

With respect to the reprogramming restriction portion of the proposal, the Committee does not accept this proposal again because the Congress need not expressly prohibit actions that it has not authorized. Under the statutory terms of the appropriation, amounts provided for program integrity activities may not be reprogrammed to base activities (or to any other non-program integrity activity). That is because this appropriation account statutorily establishes a required appropriation amount for program integrity activities—in this bill, at $1,799,000,000—which is provided by the sum of the amounts specified in the first and second provisos of the account's second paragraph. The bill also continues to emphasize that "no more than" that required sum for program integrity activities may be used for program integrity purposes. The Committee reminds SSA that this emphasis has been included since FY 2017 in response to SSA's view that other funds in the account, in addition to the sum statutorily required for program integrity activities, were otherwise available for program integrity activities. The Committee continues to agree with the explanatory statement accompanying the Consolidated Appropriations Act, 2017 that this emphasis "is for SSA to support program integrity activities solely from funds available for that purpose."

Finally, with respect to the transfer prohibition portion of the proposal, the Committee has not been apprised of any applicable transfer authority available to SSA that the President's Budget

proposal seeks to prevent and therefore does not accept the proposal again.

Report on LAE Expenditures.—The Committee continues to request that the data referenced under this heading in House Report 114–699 be included in future budget justifications. In addition, the Committee requests the fiscal year 2024 Congressional Budget Justification include a historical table of costs and fiscal year 2024 requests for personnel and benefits, by major SSA component to include Operations (field offices, teleservice centers, processing centers, and regional offices); Office of Hearings Operations; Systems; Office of Analytics, Review, and Oversight; and Headquarters.

Service to the Public.—SSA uses Public Service Indicators to measure the agency's progress in meeting the needs of the public in local field offices and teleservice centers. The Committee directs SSA to submit to the Committee within 90 days of enactment of this Act an updated report on Public Service Indicators for field offices and teleservice centers, providing the indicators and performance for Fiscal Years 2016 to 2022. Such report shall also detail any staffing needs and resources necessary in its field offices and teleservice centers to restore previous levels of public service.

Telework.—The Committee reiterates its support for well-managed telework programs in the Federal workplace and understands that SSA is in the process of evaluating how telework affects service delivery during the reentry evaluation period of March 30 through September 30, 2022. Within 90 days of enactment of this Act, the Committee requests a briefing on how the results of that evaluation will be used to measure and monitor the impact of telework on customer satisfaction, service availability including continuity of operations, workloads management, employee experience, stewardship, and environmental considerations. In addition, the Committee directs SSA to submit an update of the report that was requested under this heading in House Report 117–96, with updated data on the number of employees eligible and ineligible to telework, and any limitations or restrictions on the frequency of telework as a result of the evaluation.

Video Hearings.—The Committee appreciates that SSA has resumed in-person hearings, and reiterates its support for SSA allowing a claimant to choose to use video and telephone hearings on a voluntary basis or to have an in-person hearing or proceeding if the party chooses to do so.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The recommendation includes $23,000,000 for WIPA grants and $10,000,000 for PABSS.

Social Security Advisory Board

The Committee recommends $2,700,000 for the Social Security Advisory Board (SSAB), $100,000 above the fiscal year 2022 enacted level and $50,000 below the fiscal year 2023 budget request.

User Fees

In addition to the other amounts provided, the Committee recommends $140,000,000 for administrative activities funded from user fees. Of this amount, $139,000,000 is derived from fees collected from States that request SSA to administer State SSI sup-

plementary payments. The remaining $1,000,000 is derived from fees charged to non-attorneys who apply for certification to represent claimants under titles II and XVI of the Social Security Act.

Continuing Disability Reviews and Redeterminations

The Committee recommends $1,799,000,000 for program integrity activities. This includes the maximum cap adjustment authorized in the terms of section 1(i) of H. Res. 1151 of the 117th Congress as engrossed in the House of Representatives on June 8, 2022. The bill includes language allowing for the transfer of up to $15,100,000 to the Office of the Inspector General for the cost of jointly operating co-operative disability investigation units.

OFFICE OF THE INSPECTOR GENERAL

Appropriation, fiscal year 2022	$108,665,000
Budget request, fiscal year 2023	117,500,000
Committee Recommendation	117,500,000
Change from enacted level	+8,835,000
Change from budget request	– – –

The Office of the Inspector General (OIG) is responsible for meeting the statutory mission of promoting economy, efficiency, and effectiveness in the administration of SSA programs and operations and to prevent and detect fraud, waste, abuse, and mismanagement in such programs and operations. To accomplish this mission, the OIG directs, conducts, and supervises audits, evaluations, and investigations relating to SSA's programs and operations. In addition, the OIG searches for and reports on systemic weaknesses in SSA programs and operations, and makes recommendations for needed improvements and corrective actions.

The bill includes $2,000,000, as requested, for information technology modernization.

TITLE V—GENERAL PROVISIONS

(TRANSFER OF FUNDS)

Sec. 501. The Committee continues a provision allowing 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 purposes and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision prohibiting funds from being used to support or defeat legislation.

Sec. 504. The Committee continues a provision limiting 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 requiring 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. 506. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 507. The Committee continues a provision prohibiting 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. 508. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 509. The Committee continues a provision prohibiting transfer of funds made available in this Act except by authority provided in this Act or another appropriations Act.

Sec. 510. The Committee continues a provision to limit funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Sec. 511. The Committee continues a provision regarding procedures for reprogramming of funds.

Sec. 512. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 513. The Committee continues a provision requiring each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Sec. 514. The Committee continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding $500,000 in value.

Sec. 515. The Committee continues a provision prohibiting the use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Sec. 516. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 517. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 518. The Committee continues a provision related to reporting requirements for conference expenditures.

Sec. 519. The Committee continues a provision related to disclosure of U.S. taxpayer funding for programs used in advertising.

Sec. 520. The Committee continues a provision related to performance partnership pilots.

Sec. 521. The Committee continues provision requesting quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Sec. 522. The Committee continues a provision related to grant notifications.

Sec. 523. The Committee continues a provision related to questions for the record.

Sec. 524. The Committee modifies a provision to make funds from the Children's Health Insurance Program Performance Bonus Fund unavailable for obligation in fiscal year 2023.

Sec. 525. The Committee continues a provision related to research and evaluation funding flexibility.

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Agape Child & Family Services, Memphis, TN for job training, career placement, and supportive services	$1,000,000
Department of Labor	Employment and Training Administration	Apprentice Training for the Electrical Industry, Collegeville, PA for green job workforce development and equipment	1,994,875
Department of Labor	Employment and Training Administration	Apprenticeship and Nontraditional Employment for Women, Renton, WA to expand construction pre-apprenticeship programming and CDL training	675,000
Department of Labor	Employment and Training Administration	Artpreneurs, Inc. dba Arts on the Block, Silver Spring, MD for a creative workforce apprenticeship program	100,000
Department of Labor	Employment and Training Administration	Association House of Chicago, Chicago, IL for workforce development training programs	500,000
Department of Labor	Employment and Training Administration	Augusta University, Augusta, GA for workforce training and job placement in the healthcare industry	2,000,000
Department of Labor	Employment and Training Administration	Baltimore Alliance for Careers in Healthcare, Baltimore, MD for healthcare workforce development	827,905
Department of Labor	Employment and Training Administration	Baycare Health Systems Inc, Clearwater, FL for a workforce development program focused on nurses and nursing support professionals	963,620
Department of Labor	Employment and Training Administration	Bidwell Training Center, Pittsburgh, PA for the development of a controlled environment agriculture workforce	400,000
Department of Labor	Employment and Training Administration	Black Veterans for Social Justice, Inc., Brooklyn, NY for stipends, supportive services, and job placement for formerly incarcerated veterans	1,000,000
Department of Labor	Employment and Training Administration	Boys & Girls Club of Greater Lowell, Inc., Lowell, MA for workforce development activities	2,200,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Boys & Girls Club San Fernando Valley, Pacoima, CA for a youth workforce development initiative and supportive services	500,000
Department of Labor	Employment and Training Administration	Bright Star Community Outreach, Chicago, IL for workforce development activities	175,000
Department of Labor	Employment and Training Administration	Bronx Community College of the City University of New York, Bronx, NY for health care job training	150,000
Department of Labor	Employment and Training Administration	Building and Construction Trades Council of Alameda County, Oakland, CA for the Retention Apprenticeship Mentoring Program	1,000,000
Department of Labor	Employment and Training Administration	CAMBA, Inc., Brooklyn, NY for career navigation, job placement services, and supportive services for youth	590,000
Department of Labor	Employment and Training Administration	CASA, Baltimore, MD for job skills training, job placement services, stipends, and supportive services	573,045
Department of Labor	Employment and Training Administration	Center for the Women of New York, Kew Gardens, NY for career skills and job counseling	1,000,000
Department of Labor	Employment and Training Administration	Center for Urban Families, Baltimore, MD for job readiness programs and job placement	750,000
Department of Labor	Employment and Training Administration	Chemeketa Community College, Salem, OR for a commercial truck driving program and equipment	340,000
Department of Labor	Employment and Training Administration	City of Dearborn, MI for a training program for women who have been underrepresented in the workforce	1,000,000
Department of Labor	Employment and Training Administration	City of Houston, TX for job training in the home recovery and construction industries	1,000,000
Department of Labor	Employment and Training Administration	City of Jersey City, NJ for an apprenticeship program	750,000
Department of Labor	Employment and Training Administration	City of Los Angeles Youth Development Department, Los Angeles, CA for workforce development activities and stipends	640,108
Department of Labor	Employment and Training Administration	City of Stockton, CA for the Youth Workforce Development Program	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Colorado Building and Construction Trades Council, Denver, CO for workforce training and supportive services	500,000
Department of Labor	Employment and Training Administration	Community College of Baltimore County, Baltimore, MD to expand their CDL training program and equipment	721,130
Department of Labor	Employment and Training Administration	Community Learning Partnership, Cupertino, CA for job skills training and stipends	351,000
Department of Labor	Employment and Training Administration	Consortium for Early Learning Services, Moreno Valley, CA for early care and education workforce development	1,000,000
Department of Labor	Employment and Training Administration	Construction Trade Workforce Initiative, Oakland, CA for an apprenticeship program and curriculum	1,000,000
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Fremont, CA for construction trades apprenticeship programs and curriculum	1,000,000
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Oakland, CA for a construction apprenticeship program	1,000,000
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Oakland, CA for an apprenticeship readiness program focused on construction trades	1,000,000
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Oakland, CA for apprenticeship readiness programs	1,000,000
Department of Labor	Employment and Training Administration	Corporation to Develop Communities of Tampa, Inc., Tampa, FL for a pre-apprenticeship program, apprenticeship program, and job training services	1,862,625
Department of Labor	Employment and Training Administration	County of Delaware, Media, PA for the Prison-to-Community Workforce Development Initiative	1,988,635
Department of Labor	Employment and Training Administration	County of Los Angeles Alternatives to Incarceration Office (CEO), Los Angeles, CA for a youth job training program and supportive services	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Covenant House Washington, Washington, DC for workforce development activities	329,750
Department of Labor	Employment and Training Administration	Cuyahoga Community College District, Cleveland, OH for smart manufacturing workforce training, equipment, and supportive services	1,220,000
Department of Labor	Employment and Training Administration	Dallas College, Dallas, TX for a teaching residency apprenticeship program	500,000
Department of Labor	Employment and Training Administration	Delta Veterans Group, Antioch, CA for job readiness activities supporting veterans	100,000
Department of Labor	Employment and Training Administration	Des Moines Area Community College, Ankeny, IA for a workforce development initiative and equipment	339,000
Department of Labor	Employment and Training Administration	Downriver Community Conference, Southgate, MI for skills training, job placement, and supportive services	703,700
Department of Labor	Employment and Training Administration	Easter Seals North Georgia, Inc., Clarkston, GA for early childhood workforce development	200,000
Department of Labor	Employment and Training Administration	Economic Development and Industrial Corporation of Boston, Boston, MA for workforce development programs and supportive services	1,000,000
Department of Labor	Employment and Training Administration	Energy Coordinating Agency of Philadelphia, Inc., Philadelphia, PA for skill training in high demand occupations	925,000
Department of Labor	Employment and Training Administration	EntreNous Youth Empowerment Services, Compton, CA for vocational training and services	575,000
Department of Labor	Employment and Training Administration	Fairfax County Government, Fairfax, VA for medical professional workforce development	2,000,000
Department of Labor	Employment and Training Administration	Fairfax County, Fairfax, VA for career readiness and job training for youth	2,100,000
Department of Labor	Employment and Training Administration	Fresno County Economic Opportunities Commission, Fresno, CA for vocational training and equipment	500,000
Department of Labor	Employment and Training Administration	Future Plans Inc., Chagrin Falls, OH for the Great Lakes Career Corridor Project	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Future Plans, Inc., Chagrin Falls, OH for a career planning and community engagement initiative, including the purchase of equipment	1,995,000
Department of Labor	Employment and Training Administration	Golden Triangle Resource Conservation and Development Council, Dawson, GA for heavy equipment training, including equipment	1,000,000
Department of Labor	Employment and Training Administration	Green City Force, Brooklyn, NY to expand their workforce development program and stipends	750,000
Department of Labor	Employment and Training Administration	Guilford Child Development, Greensboro, NC for a child development associate apprenticeship program	300,000
Department of Labor	Employment and Training Administration	Hampton Roads Workforce Council, Norfolk, VA for maritime workforce development activities	850,000
Department of Labor	Employment and Training Administration	Hartford Communities That Care, Hartford, CT for a job training program to address the need for violence prevention professionals	1,322,539
Department of Labor	Employment and Training Administration	Hatzalah Chicago, Lincolnwood, IL for workforce training activities and equipment	525,000
Department of Labor	Employment and Training Administration	Homeboy Industries, Los Angeles, CA for job training for culinary and hospitality careers and supportive services	1,959,451
Department of Labor	Employment and Training Administration	Howard County Autism Society, Columbia, MD for the Autism Hiring Program	440,000
Department of Labor	Employment and Training Administration	Jewish Community Centers of South Broward, Inc., Davie, FL for employment training for individuals with IDD	1,504,329
Department of Labor	Employment and Training Administration	Jewish Family Service of Atlantic County, Inc., Margate, NJ for job skills program	550,000
Department of Labor	Employment and Training Administration	Jobs for America's Graduates of Pennslyvania, Inc., Philadelphia, PA to expand career readiness programs and skill training	350,000
Department of Labor	Employment and Training Administration	Kean University, Union, NJ for workforce development activities and supportive services	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	LaGuardia Community College, Long Island City, NY to expand vocational training for the underemployed	404,774
Department of Labor	Employment and Training Administration	Latin American Association, Inc, Atlanta, GA for employment training, support services, and a workforce development initiative	300,000
Department of Labor	Employment and Training Administration	Latina Coalition of Silicon Vally, San Jose, CA for workforce development programs and supportive services	376,000
Department of Labor	Employment and Training Administration	Laurel Highlands Workforce and Opportunity Center, Greensburg, PA for a workforce support program, including supplies and wraparound services	445,000
Department of Labor	Employment and Training Administration	Los Angeles Brotherhood Crusade—Black United Fund Inc., CA for youth workforce development and job placement	1,000,000
Department of Labor	Employment and Training Administration	Los Angeles Conservation Corps, Los Angeles, CA, for job training and stipends	272,000
Department of Labor	Employment and Training Administration	Los Angeles World Airports, Los Angeles, CA for an aviation workforce development program	1,000,000
Department of Labor	Employment and Training Administration	Mahoning County Career and Technical Center, Canfield, OH for an energy and technology workforce training center project, including the purchase of equipment	285,000
Department of Labor	Employment and Training Administration	Maricopa County Community College District, Tempe, AZ for workforce development activities and curriculum	1,000,000
Department of Labor	Employment and Training Administration	McAllen Independent School District, McAllen, TX for private pilot and remote drone license training	200,000
Department of Labor	Employment and Training Administration	Mercy Hospital dba Northern Light Mercy Hospital, Portland, ME for workforce training and supportive services	1,000,000
Department of Labor	Employment and Training Administration	Michigan Early Childhood Investment Corporation, Lansing, MI for the development of a child care workforce	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	MorseLife Health System, West Palm Beach, FL for job training of underserved populations and supportive services	500,000
Department of Labor	Employment and Training Administration	New Immigrant Community Empowerment, Jackson Heights, NY to expand a construction industry workforce development program	500,000
Department of Labor	Employment and Training Administration	New Mexico Highlands University, Las Vegas, NM for the development of professional social workers	750,000
Department of Labor	Employment and Training Administration	New York State Energy Research and Development Authority, Albany, NY for clean energy workforce development and supportive services	3,000,000
Department of Labor	Employment and Training Administration	Northeast Community College, Norfolk, NE for a commercial driver's license program, including the purchase of equipment and stipends	1,000,000
Department of Labor	Employment and Training Administration	Northwest Arkansas Community College, Bentonville, AR for a commercial driver's license program, including the purchase of equipment	355,000
Department of Labor	Employment and Training Administration	Northwest New Mexico Council of Governments, Gallup, NM to transition and re-skill workers into the industrial industry	750,000
Department of Labor	Employment and Training Administration	OCHIN, Inc., Portland, OR for health information technology training and professional development	2,001,642
Department of Labor	Employment and Training Administration	Opportunity Junction, Antioch, CA for a job training program and supportive services	470,000
Department of Labor	Employment and Training Administration	Pasadena Independent School District, Pasadena, TX for job skill training and equipment	2,200,000
Department of Labor	Employment and Training Administration	Pee Dee Healthy Start Inc., Florence, SC for workforce training and supportive services	1,000,000
Department of Labor	Employment and Training Administration	Plattsburgh-North County Chamber of Commerce, Plattsburgh, NY for a job training and assistance program, including support services and stipends	500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Portland Community College, Portland, OR for semiconductor and advanced manufacturing workforce development initiative	910,000
Department of Labor	Employment and Training Administration	Primary Care Coalition of Montgomery County, Inc., Silver Spring, MD for health care professionals' workforce development and equipment	1,300,000
Department of Labor	Employment and Training Administration	Prince George's County Memorial Library System, Largo, MD for a mobile job readiness unit	2,200,000
Department of Labor	Employment and Training Administration	Prince George's County, Largo, MD for the Youth@Work program	3,000,000
Department of Labor	Employment and Training Administration	Promise Neighborhoods of Lehigh Valley, Allentown, PA to expand their workforce development skills program	1,549,360
Department of Labor	Employment and Training Administration	Reading and Beyond, Fresno, CA for employment and training services and supportive services	484,047
Department of Labor	Employment and Training Administration	Rockdale County Georgia, Conyers, GA for a workforce development initiative	300,000
Department of Labor	Employment and Training Administration	San Bernadino Valley College Foundation, San Bernadino, CA for clean energy workforce development and equipment	1,500,000
Department of Labor	Employment and Training Administration	San Diego Community College District, San Diego, CA for the Gateway to College and Career program	1,000,000
Department of Labor	Employment and Training Administration	San Diego Workforce Partnership, San Diego, CA for the TechHire Program.	800,000
Department of Labor	Employment and Training Administration	San Gabriel Valley Council of Governments, Alhambra, CA for a workforce development program	2,000,000
Department of Labor	Employment and Training Administration	Santa Clara County, San Jose, CA for workforce development, stipends, and supportive services	3,000,000
Department of Labor	Employment and Training Administration	Seattle Jobs Initiative, Seattle, WA for green stormwater infrastructure workforce development, stipends, and supportive services	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Service! Relief Effort for Hospitality Workers, Columbus, OH for job skills training and supportive services	475,000
Department of Labor	Employment and Training Administration	Society for the Advancement of Chicanos/Hispanics and Native Americans in Science, San Jose, CA to create a pipeline from community colleges into the STEM workforce	212,000
Department of Labor	Employment and Training Administration	South Bay Workforce Investment Board Inc., Hawthorne, CA for occupation training and supportive services	500,000
Department of Labor	Employment and Training Administration	South Texas College, McAllen, TX for healthcare workforce development	1,000,000
Department of Labor	Employment and Training Administration	St. Clair County Intergovernmental Grants Department, Belleville, IL for an advanced manufacturing program, including support services	950,000
Department of Labor	Employment and Training Administration	St. Joseph Center, Venice, CA for job skills training and supportive services to those experiencing homelessness	898,053
Department of Labor	Employment and Training Administration	Stanislaus Business Alliance dba Opportunity Stanislaus, Modesto, CA for a logistics industry focused training program	410,000
Department of Labor	Employment and Training Administration	State of Maine, Governor's Energy Office, Augusta, ME for job training, job placement services, stipends, equipment, and curriculum	2,750,000
Department of Labor	Employment and Training Administration	Suburban Emergency Medical Services, Palmer, PA for healthcare workforce development	247,949
Department of Labor	Employment and Training Administration	Suffolk County Community College, Selden, NY for a cybersecurity program, including the purchase of equipment and related information technology	1,435,000
Department of Labor	Employment and Training Administration	Taller San Jose Hope Builders, Santa Ana, CA for skills training and employment placement services for low-income young adults facing significant barriers	500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Texas Trees Foundation, Dallas, TX for supportive services and job placement of at-risk young adults into the green jobs industry	400,000
Department of Labor	Employment and Training Administration	The Indianapolis Private Industry Council, Inc., Indianapolis, IN for youth job training and a work-based learning program	1,000,000
Department of Labor	Employment and Training Administration	The Sanneh Foundation, Saint Paul, MN for a youth workforce development program	1,000,000
Department of Labor	Employment and Training Administration	The Torres-Martinez Desert Cahuilla Indian Tribe, Thermal, CA for a workforce development program and equipment	250,000
Department of Labor	Employment and Training Administration	The TransLatin@ Coalition, Los Angeles, CA for workforce development programs and supportive services	750,000
Department of Labor	Employment and Training Administration	The WorkPlace, Inc., Bridgeport, CT for skills training, workforce readiness, and supportive services	1,000,000
Department of Labor	Employment and Training Administration	UAW Labor Employment and Training Corporation, St. Louis, MO for job training in the automotive services industry	1,000,000
Department of Labor	Employment and Training Administration	United Way of Greater Greensboro, Inc., Greensboro, NC for job counseling, career training, and supportive services	1,000,000
Department of Labor	Employment and Training Administration	United We Heal Training Trust dba Oregon AFSCME Training Trust, Portland, OR for pre-apprenticeship education and training	892,000
Department of Labor	Employment and Training Administration	United We Heal, Portland, OR for pre-apprenticeship and apprenticeship programs	892,000
Department of Labor	Employment and Training Administration	University of California, San Diego, La Jolla, CA for job skills development and supportive services for a child care worker and providers pipeline	1,600,000
Department of Labor	Employment and Training Administration	University of Georgia, Athens, GA for the Archway Partnership	3,000,000
Department of Labor	Employment and Training Administration	Unloop, Seattle, WA for job training in the tech industry and supportive services for those with conviction histories	486,781

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Labor	Employment and Training Administration	Urban League of Long Island, Inc, Plainview, NY for workforce development activities	1,145,820
Department of Labor	Employment and Training Administration	Urban League of Louisiana, New Orleans, LA for the Career Pathways Program	1,200,000
Department of Labor	Employment and Training Administration	US HART CARES A NJ NONPROFIT CORPORATION, Atlantic City, NJ for cyber job training program, including the purchase of equipment	1,000,000
Department of Labor	Employment and Training Administration	Valley of the Sun Young Men's Christian Association, Phoenix, AZ for expanding a current youth workforce development program	1,000,000
Department of Labor	Employment and Training Administration	Variety Boys and Girls Club of Queens, Inc., Long Island City, NY for job readiness and supportive services for teens	250,000
Department of Labor	Employment and Training Administration	Virginia Commonwealth University Health System Authority, Richmond, VA for healthcare workforce development	1,000,000
Department of Labor	Employment and Training Administration	Watts Labor Community Action Committee, Los Angeles, CA for job training, workforce development activities, and job placement services	783,067
Department of Labor	Employment and Training Administration	Wayne Community College, Goldsboro, NC to expand its apprenticeship training programs	651,000
Department of Labor	Employment and Training Administration	Workforce Connections, Las Vegas, NV for workforce development programs	800,000
Department of Labor	Employment and Training Administration	Workforce Inc. dba Recycleforce, Indianapolis, IN to expand job training and job placement programs	1,000,203
Department of Labor	Employment and Training Administration	Young Men's and Young Women's Hebrew Association of Washington Heights and Inwood, New York, NY for vocational training, workforce development, and supportive services	1,000,000
Department of Labor	Employment and Training Administration	Young Women's Christian Association of Yonkers, Inc., Yonkers, NY for a workforce development initiative and support services	690,449

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	100 Suits for 100 Men, Laurelton, NY for a youth employment training program, including for the purchase of food and equipment, to serve vulnerable families and seniors and improve economic outcomes	750,000
Department of Health and Human Services	Administration for Children and Families	A New Way of Life Reentry Project, Los Angeles, CA for housing, legal clinics, educational opportunities and supportive services to improve outcomes and economic opportunities	1,000,000
Department of Health and Human Services	Administration for Children and Families	Action for a Better Community, Inc., Rochester, NY for employment advancement, benefit and eligibility mapping, and other services to help individuals and families move towards financial sustainability	517,000
Department of Health and Human Services	Administration for Children and Families	Adoptions Together, Calverton, MD for trauma-informed care training	750,639
Department of Health and Human Services	Administration for Children and Families	Alfond Youth and Community Center, Waterville, ME for targeted support services to children and families in need	500,000
Department of Health and Human Services	Administration for Children and Families	All Star Children's Foundation, Sarasota, FL for a foster care program, including behavioral health services	1,500,000
Department of Health and Human Services	Administration for Children and Families	Big Brothers Big Sisters Lone Star, Irving, TX for a youth mentoring program	300,000
Department of Health and Human Services	Administration for Children and Families	Bivona Child Advocacy Center, Rochester, NY for child abuse prevention training and programs	306,000
Department of Health and Human Services	Administration for Children and Families	Boys & Girls Clubs of America, Atlanta, GA for increasing support services and abuse prevention resources to recognize and reduce abuse	2,000,000
Department of Health and Human Services	Administration for Children and Families	Bucks County Opportunity Council, Doylestown, PA for a self-sufficiency program, including supportive services	1,000,000
Department of Health and Human Services	Administration for Children and Families	Center for Pan Asian Community Services, Inc., Atlanta, GA for survivor-centered, trauma-informed services for women and families to work towards self-reliance	300,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	Childhelp Inc., Scottsdale, AZ for outreach, education materials and programming to reduce and prevent child abuse	1,000,000
Department of Health and Human Services	Administration for Children and Families	Children's Home of Stockton, Stockton, CA for supportive housing, services, supplies, transportation expenses, and goods, including the purchase of food, to help establish self-sufficiency	973,552
Department of Health and Human Services	Administration for Children and Families	Christus Santa Rosa Health Care Corporation, San Antonio, TX for training and education to reduce and prevent child abuse	472,699
Department of Health and Human Services	Administration for Children and Families	Circle of Brotherhood, Miami, FL for a social services hub focused on assistance to low income families to improve life and economic outcomes	2,000,000
Department of Health and Human Services	Administration for Children and Families	City of Boston, MA for housing, educational and support services for children and families, and to provide parents with opportunities to reduce poverty	1,000,000
Department of Health and Human Services	Administration for Children and Families	City of Jersey City, NJ for expanding domestic violence intervention services	500,000
Department of Health and Human Services	Administration for Children and Families	City of Leander, TX for a child abuse prevention and treatment program, including the purchase of information technology and equipment	500,000
Department of Health and Human Services	Administration for Children and Families	City of Los Angeles, CA for operating costs and community services, including motel vouchers and the purchase of food, to reduce poverty	982,045
Department of Health and Human Services	Administration for Children and Families	City of Mount Vernon, NY for services to support at-risk girls and to improve employment opportunities and economic outcomes	999,000
Department of Health and Human Services	Administration for Children and Families	City of Richmond, VA for social services and a one-stop shop to help families and individuals working to establish financial self-sufficiency and for social service providers working to reduce poverty	797,329

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	City of Rochester, NY for youth employment services and young adult workforce development to increase self-sufficiency	500,000
Department of Health and Human Services	Administration for Children and Families	Columbus Metropolitan Housing Authority, Columbus, OH for informational and financial resources to assist residents and achieve economic self-sufficiency	1,000,000
Department of Health and Human Services	Administration for Children and Families	Community Action Network, Ann Arbor, MI for educational and social-emotional services to achieve self-sufficiency	500,000
Department of Health and Human Services	Administration for Children and Families	Community Help Center DBA Muslim Women Resource Center, Chicago, IL for the purchase of equipment to help achieve self-sufficiency	333,000
Department of Health and Human Services	Administration for Children and Families	County of San Diego, CA for training and materials for child welfare programs	220,000
Department of Health and Human Services	Administration for Children and Families	Court Appointed Special Advocates (CASA) of Ocean County, Toms River, NJ for increasing volunteers to advocate for foster care children	175,000
Department of Health and Human Services	Administration for Children and Families	Court Appointed Special Advocates of Mercer County, Ewing, NJ for expanding services for, and increasing the number of volunteers available to work with, children aging out of foster care	40,000
Department of Health and Human Services	Administration for Children and Families	Eastern Shore Coalition Against Domestic Violence, Onancock, VA for staffing, children's programming, and supplies to support survivors of abuse	250,000
Department of Health and Human Services	Administration for Children and Families	Eastmont Community Center, Los Angeles, CA for equipment and services for low income families to reduce poverty	100,000
Department of Health and Human Services	Administration for Children and Families	Elite Learners, Brooklyn, NY for promoting financial literacy and management services to increase self-sufficiency	750,000
Department of Health and Human Services	Administration for Children and Families	Father Flanagan's Boys' Home, Boys Town, NE for an at-risk youth program, including the purchase of equipment and information technology	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	First 5 Contra Costa Children and Families Commission, Concord, CA for a workforce compensation assessment to build a pipeline for more to attain economic stability	150,000
Department of Health and Human Services	Administration for Children and Families	Food Bank of Eastern Michigan, Flint, MI for the purchase of equipment and food to support mobile food distributions	2,000,000
Department of Health and Human Services	Administration for Children and Families	Foodbank of Southeastern Virginia and the Eastern Shore, Norfolk, VA for staffing costs and the purchase of food and equipment, for mobile food distribution	447,600
Department of Health and Human Services	Administration for Children and Families	FoodCycle Food Recovery Network, Los Angeles, CA for services and the purchase of equipment for a hub to improve access to food resources to combat hunger and reduce poverty	652,500
Department of Health and Human Services	Administration for Children and Families	Georgia Center for Child Advocacy, Atlanta, GA for services, education and outreach to support families affected by abuse or trauma	200,000
Department of Health and Human Services	Administration for Children and Families	Georgia State University, Atlanta, GA for services and the purchase of equipment to improve emotional and economic outcomes	700,000
Department of Health and Human Services	Administration for Children and Families	Goodness Village, Livermore, CA for housing support and services to improve self-sufficiency	1,000,000
Department of Health and Human Services	Administration for Children and Families	Guardian House, San Antonio, TX for a parenting education program to reduce and prevent child abuse	483,963
Department of Health and Human Services	Administration for Children and Families	Hellenic American Neighborhood Action Committee INC, New York, NY for education and language services to improve employment and economic outcomes and reduce poverty	500,000
Department of Health and Human Services	Administration for Children and Families	Helping Mamas, Inc., Norcross, GA for products and services, including the purchase of equipment and goods, for a mobile distribution project to support long-term financial security	195,475

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	Higher Ground A Resource Center, Tucson, AZ for coordinating resources and services to reduce poverty	1,088,768
Department of Health and Human Services	Administration for Children and Families	Houston Area Women's Center (HAWC), Houston, TX for services to support children and families affected by violence	1,000,000
Department of Health and Human Services	Administration for Children and Families	Individuals Aiding in Emergencies Foundation, Aston, PA for products and services for low-income individuals to reduce poverty	50,000
Department of Health and Human Services	Administration for Children and Families	IU Health Foundation, Indianapolis, IN for services to improve health and nutrition of vulnerable individuals and provide job training and new employment to improve outcomes	600,000
Department of Health and Human Services	Administration for Children and Families	Kids' Voice of Indiana, Indianapolis, IN for services to children and families who are survivors of violence, abuse, or neglect	185,000
Department of Health and Human Services	Administration for Children and Families	Knoxville-Knox County Community Action Committee, Knoxville, TN for a Head Start program, including the purchase of equipment	575,000
Department of Health and Human Services	Administration for Children and Families	La Jornada LTD, Flushing, NY for expanding educational supports and workshops for families in poverty to promote healthy living and improve economic outcomes	250,000
Department of Health and Human Services	Administration for Children and Families	Labor Community Services of Los Angeles (LCS) , Los Angeles, CA for services, and transport and purchase of goods, including food, to reduce poverty	600,000
Department of Health and Human Services	Administration for Children and Families	Larkin Street Youth Services, San Francisco, CA for safe, stable housing with wraparound case management, education and employment support to reduce poverty and improve economic outcomes	1,550,000
Department of Health and Human Services	Administration for Children and Families	Long Island Cares, Hauppauge, NY for the purchase of food and social services, to connect individuals to referral and benefits programs and reduce poverty	360,100

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	Long Island Cares, Inc., Hauppauge, NY for the purchase of equipment	400,000
Department of Health and Human Services	Administration for Children and Families	Make the Road New York, Brooklyn, NY for adult literacy programs and services, including the purchase of equipment, to improve economic outcomes	800,000
Department of Health and Human Services	Administration for Children and Families	Make the Road New York, Brooklyn, NY for education and services, including for the purchase of equipment and technology	400,000
Department of Health and Human Services	Administration for Children and Families	Make the Road New York, Brooklyn, NY for equipment and services, including the purchase of technology, to reduce poverty and create opportunities for economic advancement	400,000
Department of Health and Human Services	Administration for Children and Families	Maternal and Family Health Service, Inc., Wilkes-Barre, PA for improving access to social services for at-risk and low-income women, children and families	2,150,000
Department of Health and Human Services	Administration for Children and Families	McMahon Ryan Child Advocacy Center, Syracuse, NY for a child abuse prevention and education program, including information technology	125,000
Department of Health and Human Services	Administration for Children and Families	Metropolitan Council on Jewish Poverty, New York, NY for anti-poverty services and assistance, including for the purchase of food, to create pathways to self-sufficiency	1,000,000
Department of Health and Human Services	Administration for Children and Families	Metropolitan Council on Jewish Poverty, New York, NY for supplying pantries with essential products, including food, formula, diapers and diapering supplies, menstrual and hygiene products, to meet the essential needs of women and infants to reduce poverty	2,000,000
Department of Health and Human Services	Administration for Children and Families	Michigan State University Child Development Laboratories, East Lansing, MI for staffing and training, including equipment, to serve at-risk children and improve economic outcomes	2,187,500
Department of Health and Human Services	Administration for Children and Families	Mitzvah Circle Foundation, Norristown, PA for products and services to reduce poverty	300,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	Mott Community College, Flint, MI for increasing access to high quality language education materials for families and young children to improve economic outcomes	2,064,000
Department of Health and Human Services	Administration for Children and Families	Muslim Community Center (MCC) — East Bay, Pleasanton, CA for services including rental assistance, to assist refugees as they work towards self-sufficiency	250,000
Department of Health and Human Services	Administration for Children and Families	Neighborhood Legal Services of Los Angeles County, Glendale, CA for advocates to partner with justice-involved individuals to identify and address barriers to self-sufficiency and family well-being	817,006
Department of Health and Human Services	Administration for Children and Families	Newark Emergency Services for Families, Inc., Newark, NJ for services and the purchase of equipment and goods, including food, for fresh food distribution, healthy cooking workshops, and art therapy classes for children and families	1,107,500
Department of Health and Human Services	Administration for Children and Families	Next Door Solutions to Domestic Violence, San Jose, CA for violence prevention and intervention services	125,000
Department of Health and Human Services	Administration for Children and Families	Office of the Mayor, New York City, NY for improving coordination between social agencies to support children and families	2,000,000
Department of Health and Human Services	Administration for Children and Families	One Nation Dream Makers, Livermore, CA for services including the purchase of food and equipment to distribute food to reduce poverty	2,000,000
Department of Health and Human Services	Administration for Children and Families	Oregon Community Programs, Eugene, OR for supporting foster youth and families and improving the administration of the foster care program	1,000,000
Department of Health and Human Services	Administration for Children and Families	Plaza Comunitaria Sinaloa, Mission Hills, CA for expanding educational programs and implementing workforce development programs to provide low-income individuals with access to better job opportunities to improve economic outcomes	800,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	Safe Space, Inc., Louisburg, NC for culturally-specific child abuse prevention services for at-risk families	197,800
Department of Health and Human Services	Administration for Children and Families	Samuel Field YM–YWHA dba Commonpoint Queens, Little Neck, NY for workforce and wraparound services to improve economic outcomes	1,000,000
Department of Health and Human Services	Administration for Children and Families	San Diego County, CA for outreach and recruitment of foster care families to support children	500,000
Department of Health and Human Services	Administration for Children and Families	Sanctuary of Hope, Los Angeles, CA for expanded navigation and support services to improve employment, education, and economic opportunities	749,920
Department of Health and Human Services	Administration for Children and Families	Save the Children Federation, Inc., Fairfield, CT for programs, workshops, services and goods, including the purchase of food and equipment, to reduce poverty and improve outcomes for children and families	1,080,764
Department of Health and Human Services	Administration for Children and Families	South Central LAMP, Los Angeles, CA for support services for children and families	100,000
Department of Health and Human Services	Administration for Children and Families	Southwest Georgia Children's Alliance, Inc., Americus, GA for child abuse treatment and prevention programs	367,362
Department of Health and Human Services	Administration for Children and Families	Spectrum Youth and Family Services, Burlington, VT for services and direct assistance to improve self-sufficiency	225,000
Department of Health and Human Services	Administration for Children and Families	The Center for Hope and Healing, Inc., Lowell, MA for services and supplies to establish financial stability and security through job training and soft skills development	505,813
Department of Health and Human Services	Administration for Children and Families	The Children's Home Society of New Jersey, Trenton, NJ for employment training and related expenses for low income women to improve health and economic outcomes	631,500
Department of Health and Human Services	Administration for Children and Families	The Early Excellence Project, Pittsburgh, PA for expanding educational opportunities and improving economic outcomes	600,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	Today is a Good Day, Flourtown, PA for personal and financial supports for families	332,275
Department of Health and Human Services	Administration for Children and Families	UCAN, Chicago, IL for expanding programs and social services supporting foster youth to improve economic outcomes and community well-being	1,000,000
Department of Health and Human Services	Administration for Children and Families	United Jewish Organizations of Williamsburg Inc., Brooklyn, NY for a social services initiative connecting families to assistance to reduce poverty and improve economic independence	1,200,000
Department of Health and Human Services	Administration for Children and Families	United Way of Central and Northeastern Connecticut, Hartford, CT for training and outreach programs, services, and literacy supports for underresourced communities	150,000
Department of Health and Human Services	Administration for Children and Families	United Way of Greater Cleveland, Cleveland, OH for the 2–1–1 system, including the purchase of information technology and equipment	255,000
Department of Health and Human Services	Administration for Children and Families	United Way of Greater Union County, Elizabeth, NJ for addressing food insecurity, access to transportation and healthcare, and financial stability	100,000
Department of Health and Human Services	Administration for Children and Families	United Way of Southern Nevada, Las Vegas, NV for programs that improve self-sufficiency and reduce poverty for the non-English proficient community	1,000,000
Department of Health and Human Services	Administration for Children and Families	UnLocal, Inc., New York, NY for services, education and outreach to help financial self-sufficiency	1,000,000
Department of Health and Human Services	Administration for Children and Families	Volunteers of America Delaware Valley, Camden, NJ for partnerships to promote human trafficking victimization education and awareness and prevent abuse	479,100

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Children and Families	Wellroot Family Services, Tucker, GA for housing and services and supplies, including the purchase of food, to improve economic outcomes of young adults transitioning out of foster care or experiencing homelessness	286,500
Department of Health and Human Services	Administration for Children and Families	Wellspring Living, Inc, Atlanta, GA for workforce services for victims of sexual exploitation and violence to increase employment opportunities and improve economic outcomes	245,560
Department of Health and Human Services	Administration for Children and Families	WestCare Ohio, Inc., Dayton, OH for community services programming, including wrap-around services	1,000,000
Department of Health and Human Services	Administration for Children and Families	White Pony Express, Pleasant Hill, CA for services, and the purchase of food and equipment to support low income children	105,000
Department of Health and Human Services	Administration for Children and Families	Willow Domestic Violence Center of Greater Rochester, Inc., Rochester, NY for services and training to support survivors of abuse	325,000
Department of Health and Human Services	Administration for Children and Families	YMCA of Greater Louisville, Louisville, KY, for model service improvement, information dissemination, and technical assistance to address and prevent child abuse and neglect	200,000
Department of Health and Human Services	Administration for Community Living	A Kid Again, Columbus, OH for increasing access to therapeutic events for children, including the purchase of equipment	510,000
Department of Health and Human Services	Administration for Community Living	AIDS Foundation of Chicago, Chicago, IL for training and services to better support seniors living with HIV	250,000
Department of Health and Human Services	Administration for Community Living	Alpha Phi Alpha Senior Citizens Center, Inc., Cambria Heights, NY for assisted transportation services, including for the purchase of equipment	154,000
Department of Health and Human Services	Administration for Community Living	Alzheimer's Foundation of America, Amityville, NY for an Alzheimer's education, training, and supportive services center, including the purchase of equipment	250,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Community Living	APNA Brooklyn Community Center, Inc., Brooklyn, NY for expanding senior services, including for the purchase of food and equipment	670,902
Department of Health and Human Services	Administration for Community Living	Arc of Prince George's County Inc., Largo, MD for expanding services for individuals with disabilities to prepare them for employment and independent living	819,500
Department of Health and Human Services	Administration for Community Living	BakerRipley, Houston, TX for increasing access to food and other services for seniors	1,000,000
Department of Health and Human Services	Administration for Community Living	Bancroft, Cherry Hill, NJ for increasing independent living, including for the purchase of equipment, including technology and devices	500,000
Department of Health and Human Services	Administration for Community Living	Central Massachusetts Agency on Aging, Inc., Worcester, MA for increasing services and resources for grandparents raising grandchildren	1,200,000
Department of Health and Human Services	Administration for Community Living	Charter Township of Commerce, Commerce Township, MI for increasing senior reading and independence including for the purchase of equipment	235,050
Department of Health and Human Services	Administration for Community Living	Choice in Aging, Pleasant Hill, CA for increasing access to and awareness of community-based alternatives to nursing homes	500,000
Department of Health and Human Services	Administration for Community Living	City of Ontario, CA for expanding wellness programs, meal services, and transportation services for seniors	439,094
Department of Health and Human Services	Administration for Community Living	Clausen House, Oakland, CA for an adult transition services program to improve employment, educational, life skills and supports for individuals with disabilities	1,058,408
Department of Health and Human Services	Administration for Community Living	Community Action of Greater Indianapolis, Indianapolis, IN for services, outreach, events, transportation expenses, and supplies to increase the number of senior volunteers in their communities	100,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Community Living	Community Services Inc. of Ocean County, Manahawkin, NJ for increasing food delivery to seniors, including the purchase of equipment	270,475
Department of Health and Human Services	Administration for Community Living	Creative Enterprises, Inc, Lawrenceville, GA for expanding access and increasing opportunities for employment and community inclusion, including the purchase of equipment and technology	612,320
Department of Health and Human Services	Administration for Community Living	Designated Exceptional Services for Independence (DESI), Los Angeles, CA for expanding access to and delivery of food for seniors, including for the purchase of equipment	85,000
Department of Health and Human Services	Administration for Community Living	DOROT, Inc., New York, NY for expanding intergenerational programming to increase social enrichment services for older adults	551,210
Department of Health and Human Services	Administration for Community Living	Endeavor Forward, Inc, Marianna, FL for a transition program for adults with autism	300,000
Department of Health and Human Services	Administration for Community Living	Fairfax County, VA for services and purchase of equipment, including technology, to increase access to technology and community engagement	1,000,000
Department of Health and Human Services	Administration for Community Living	Friendship Circle, West Bloomfield Township, MI for expanding developmental learning opportunities to promote independence of students with disabilities	364,009
Department of Health and Human Services	Administration for Community Living	Hawaii Public Health Institute, Honolulu, HI for support navigator services for seniors and caregivers	1,800,000
Department of Health and Human Services	Administration for Community Living	Health Care District of Palm Beach County, West Palm Beach, FL for falls and injury prevention programs, outreach, and education	1,000,000
Department of Health and Human Services	Administration for Community Living	India Home, Inc., Jamaica, NY for an outreach program to promote and incentivize senior health	500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Community Living	Island Harvest, Brentwood, NY for a nutrition program, including the purchase of food, supplies and equipment, and information technology	1,100,000
Department of Health and Human Services	Administration for Community Living	Jewish Service for the Developmentally Disabled (JSDD), Livingston, NJ for equipment and support to expand access to technology for individuals with disabilities	760,000
Department of Health and Human Services	Administration for Community Living	Lighthouse for the Visually Impaired and Blind of Pasco, Hernando and Citrus Counties, New Port Richey, FL for an education, training, and support services program for seniors with visual impairment	600,000
Department of Health and Human Services	Administration for Community Living	Metropolitan Council on Jewish Poverty, New York, NY for food and services for seniors	1,000,000
Department of Health and Human Services	Administration for Community Living	Metropolitan Council on Jewish Poverty, New York, NY for food and services for seniors	1,000,000
Department of Health and Human Services	Administration for Community Living	Metropolitan Council on Jewish Poverty, New York, NY for increasing senior access to and delivery of food	1,000,000
Department of Health and Human Services	Administration for Community Living	Minute Man Arc for Human Services, Concord, MA for increasing community integration, access to social services, and benefits assistance resources	331,110
Department of Health and Human Services	Administration for Community Living	Ocean Community Economic Action Now, Inc., Toms River, NJ for transportation and outreach activities to expand seniors' access to community living and supports	55,000
Department of Health and Human Services	Administration for Community Living	Pathlights Human Services, Palos Heights, IL for expanding access to and delivery of meals for seniors	100,000
Department of Health and Human Services	Administration for Community Living	People Inc., Williamsville, NY for improving access to health services, including for health staffing, purchase of equipment and technology expenses	2,035,139
Department of Health and Human Services	Administration for Community Living	Regional Aid for Interim Needs, Incorporated, Bronx, NY for wraparound and case management support services to support older adults	800,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Community Living	Scranton Neighborhood Housing Services, Inc., Scranton, PA for services including home repairs and modifications to support aging in place	1,000,000
Department of Health and Human Services	Administration for Community Living	Senior Services of Snohomish County DBA Homage, Lynnwood, WA for a rural transportation project, including the purchase of equipment, to increase access to services	250,400
Department of Health and Human Services	Administration for Community Living	Shepherd Center Inc., Atlanta, GA for the purchase of equipment, including information technology, and training expenses to increase the independence of people with disabilities	800,000
Department of Health and Human Services	Administration for Community Living	Tennessee State University, Nashville, TN for a new program to expand opportunities for students to attend college and prepare for independent living and employment	500,000
Department of Health and Human Services	Administration for Community Living	The City of Dover, DE for improving opportunities for children, youth and adults who have physical and intellectual disabilities, including the purchase of equipment	500,000
Department of Health and Human Services	Administration for Community Living	The Monmouth Ocean Foundation for Children (MOFFC), Tinton Falls, NJ for an autism education, training, and support services program, including the purchase of information technology and equipment	400,000
Department of Health and Human Services	Administration for Community Living	The Rosalynn Carter Institute for Caregivers, Americus, GA for expanding and increasing awareness of programs for caregivers	1,020,047
Department of Health and Human Services	Administration for Community Living	The University of Texas at San Antonio, San Antonio, TX for an evaluation and research center to improve access to care and quality of life outcomes for individuals living with disabilities	492,370
Department of Health and Human Services	Administration for Community Living	Wesley Community Services, Inc., Johnston, IA for expanding access to and delivery of senior services, including the purchase of equipment	1,322,415

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Administration for Community Living	West Bloomfield Parks and Recreation Commission, West Bloomfield, MI for social workers and expansion of social services for seniors	85,000
Department of Health and Human Services	Administration for Community Living	Westchester Residential Opportunities, Inc., White Plains, NY for home repairs and modifications to support aging in place and enable healthy living	500,000
Department of Health and Human Services	Administration for Community Living	Yellow House Community Services, Inc., Middlebury, VT for housing and services for individuals with disabilities	250,000
Department of Health and Human Services	Administration for Community Living	YWCA Greater Los Angeles, Los Angeles, CA for expanding senior empowerment services	375,000
Department of Health and Human Services	Health Resources and Services Administration	Abide Women's Health Services, Dallas, TX for facilities and equipment	290,261
Department of Health and Human Services	Health Resources and Services Administration	About Sojourners with Healing Hearts, West Palm Beach, FL for a cancer screening initiative	167,500
Department of Health and Human Services	Health Resources and Services Administration	Adapt, Inc., Roseburg, OR for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Adult & Teen Challenge USA, Ozark, MO for facilities and equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	AdventHealth Durand, West Durand, WI for facilities and equipment	916,000
Department of Health and Human Services	Health Resources and Services Administration	AdventHealth for Children, Orlando, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Adventist Health/Central Valley Network, Hanford, CA for equipment	1,250,000
Department of Health and Human Services	Health Resources and Services Administration	Adventist HealthCare Fort Washington Medical Center, Inc., Fort Washington, MD for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Adventist Healthcare Inc., Gaithersburg, MD for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Advocate Health and Hospitals Corporation, Downers Grove, IL for facilities and equipment	2,940,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Advocates for a Health Community DBA Jordan Valley Community Health Center, Springfield, MO for facilities	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Advocates Inc., Framingham, MA for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Alivio Medical Center, Chicago, IL for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Allegheny Health Network, Pittsburgh, PA for facilities and equipment	1,400,000
Department of Health and Human Services	Health Resources and Services Administration	AltaMed Health Services, Los Angeles, CA for equipment	255,000
Department of Health and Human Services	Health Resources and Services Administration	AltaMed Health Services, Los Angeles, CA for equipment and operational costs	2,346,186
Department of Health and Human Services	Health Resources and Services Administration	AMAAD Institute, Los Angeles, CA for facilities and equipment	935,000
Department of Health and Human Services	Health Resources and Services Administration	American Indian Health & Family Services of Southeastern Michigan, Inc., Detroit, MI for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Americana Community Center Inc., Louisville, KY for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Anna Maria College, Paxton, MA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	APLA Able Arts, Long Beach, CA for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Arts and Services for the Disabled, Inc. dba Able ARTS Work, Long Beach, CA for facilities and equipment	980,000
Department of Health and Human Services	Health Resources and Services Administration	ARUP Laboratories, Inc., Salt Lake City, UT for facilities	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Ashtabula County Medical Center, Ashtabula, OH for equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Asian American Drug Abuse Prevention, Inc., Los Angeles, CA for facilities and equipment	2,230,000
Department of Health and Human Services	Health Resources and Services Administration	Asian American Health Coalition-HOPE Clinic, Houston, TX for equipment and operational costs for an oral health program	1,300,000
Department of Health and Human Services	Health Resources and Services Administration	Aspire Health Partners, Orlando, FL for facilities and equipment	310,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Association for Individual Development, Aurora, IL for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Atlantic Health System, Morristown, NJ for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Auburn Community Hospital, Auburn, NY for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Aunt Martha's Health and Wellness, Olympia Fields, IL for facilities and equipment	450,000
Department of Health and Human Services	Health Resources and Services Administration	Aurora Community Mental Health Center, Aurora, CO for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Ballad Health, Johnson City, TN for facilities	605,000
Department of Health and Human Services	Health Resources and Services Administration	Ballad Health, Johnson City, TN for facilities	500,000
Department of Health and Human Services	Health Resources and Services Administration	Banyan Community Health Center, Miami, FL for facilities	2,500,000
Department of Health and Human Services	Health Resources and Services Administration	Baptist Health Deaconess Madisonville, Inc., Madisonville, KY for facilities and equipment	515,000
Department of Health and Human Services	Health Resources and Services Administration	Barton Hose Company No 1. Inc., Barton, MD for facilities and equipment	1,875,000
Department of Health and Human Services	Health Resources and Services Administration	Bay Area Community Health, Fremont, CA for equipment	700,000
Department of Health and Human Services	Health Resources and Services Administration	Bay Area Community Health, San Jose, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Bay County Health Department, Bay City, MI for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Baylor Scott & White Medical Center—Round Rock, Round Rock, TX for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Beloved Community Family Wellness Center, Chicago, IL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Beth Israel Deaconess Hospital—Plymouth, Inc., Plymouth, MA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Block Island Health Services, New Shoreham, RI for facilities and equipment	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Bobby Benson Center, Kahuku, HI for facilities and equipment	1,200,000
Department of Health and Human Services	Health Resources and Services Administration	Bon Secours Charity Health System, Suffern, NY for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Boone Memorial Hospital, Inc., Madison, WV for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Bread for the City, Washington, DC for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Brockton Neighborhood Health Center, Brockton, MA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Bronx Community Health Network, Bronx, NY for facilities and equipment	2,001,503
Department of Health and Human Services	Health Resources and Services Administration	Brooks County Independent School District, Falfurrias, TX for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Brownsville Community Development Corporation, Brooklyn, NY for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Cabell Huntington Hospital, Inc., Huntington, WV for facilities	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	California State University, San Bernardino, CA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	CalvertHealth Medical Center, Prince Frederick, MD for facilities and equipment	950,000
Department of Health and Human Services	Health Resources and Services Administration	Cambridge Public Health Commission (dba Cambridge Health Alliance), Cambridge, MA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Campbell City School District, Campbell, OH for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Caridad Center, Inc., Boynton Beach, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Cedar Riverside People's Center, Minneapolis, MN for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Center for Addiction Treatment, Cincinnati, OH for facilities	500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Centerstone, Bradenton, FL for facilities and equipment	1,200,000
Department of Health and Human Services	Health Resources and Services Administration	Central Pennsylvania Institute of Science and Technology, Bellefonte, PA for facilities	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Central Piedmont Community College, Charlotte, NC for facilities and equipment	575,000
Department of Health and Human Services	Health Resources and Services Administration	Central Vermont Medical Center, Berlin, VT for facilities and equipment	735,560
Department of Health and Human Services	Health Resources and Services Administration	Central Washington University, Ellensburg, WA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	CentraState Medical Center, Inc. , Freehold, NJ for equipment	615,000
Department of Health and Human Services	Health Resources and Services Administration	Centro del Barrio, Inc., San Antonio, TX for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Centro Hispano Daniel Torres Inc., Reading, PA for facilities and equipment	635,713
Department of Health and Human Services	Health Resources and Services Administration	Charles River Community Health Center, Waltham, MA for an electronic health records initiative	247,000
Department of Health and Human Services	Health Resources and Services Administration	Charlotte Community Health Clinic, Inc., Charlotte, NC for facilities and equipment	600,000
Department of Health and Human Services	Health Resources and Services Administration	Chattanooga-Hamilton County Hospital Authority d/b/a Erlanger Health System, Chattanooga, TN for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Cherry Creek School District, Greenwood Village, CO for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Cherry Hill Free Clinic, Cherry Hill, NJ for facilities and equipment	440,905
Department of Health and Human Services	Health Resources and Services Administration	Children's Health Clinical Operations, Dallas, TX for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Children's Hospital Los Angeles, Los Angeles, CA for equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Children's Clinic dba TCC Family Health, Long Beach, CA for facilities and equipment	575,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Children's Health Clinical Operations, Dallas, TX for equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Children's Health of Orange County, Orange, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Children's Hospital Medical Center of Akron, OH for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Chinatown Service Center, Monterey Park, CA for equipment	215,000
Department of Health and Human Services	Health Resources and Services Administration	Chinese Culture and Community Service Center, Inc., Gaithersburg, MD for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Chiricahua Community Health Centers, Inc., Douglas, AZ for equipment	983,265
Department of Health and Human Services	Health Resources and Services Administration	ChristianaCare Health System, Wilmington, DE for a nutrition program for pregnant women	900,000
Department of Health and Human Services	Health Resources and Services Administration	CHRISTUS Ochsner Health Southwestern Louisiana — St. Patrick Hospital, Lake Charles, LA for facilities	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	CHRISTUS St. Frances Cabrini Hospital, Alexandria, LA for facilities and equipment	775,000
Department of Health and Human Services	Health Resources and Services Administration	Cincinnati Children's Hospital Medical Center, Cincinnati, OH for equipment	630,000
Department of Health and Human Services	Health Resources and Services Administration	City of Albuquerque, NM for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	City of Berea, KY for equipment	350,000
Department of Health and Human Services	Health Resources and Services Administration	City of Greenville, MS for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	City of Guin, AL for facilities	150,000
Department of Health and Human Services	Health Resources and Services Administration	City of Hope National Medical Center, Duarte, CA for equipment	150,000
Department of Health and Human Services	Health Resources and Services Administration	City of Houston—Houston Health Department, Houston, TX for a vision health program	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	City of West Hollywood, CA for facilities and equipment	300,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Clay County Healthcare Authority, Ashland, AL for facilities	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Cleveland Clinic, Cleveland, OH for equipment	905,000
Department of Health and Human Services	Health Resources and Services Administration	Cleveland Clinic, Cleveland, OH for facilities and equipment	615,000
Department of Health and Human Services	Health Resources and Services Administration	Clinica Msr. Oscar A. Romero, Los Angeles, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Cold Spring Harbor Laboratory, Cold Spring Harbor, NY for equipment and operational costs	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	College of Southern Nevada, North Las Vegas Campus, North Las Vegas, NV for facilities and equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	CommuniCare Health Centers, West Sacramento, CA for an electronic health records initiative	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Community Bridges, Inc., Mesa, AZ for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Community Care Clinic of Franklin, Inc., Franklin, NC for facilities	575,000
Department of Health and Human Services	Health Resources and Services Administration	Community Consolidated School District 21, Wheeling, IL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Community Foundation of Greater Muscatine, Muscatine, IA for facilities	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Community Health Partnership, San Jose, CA for facilities and equipment	175,000
Department of Health and Human Services	Health Resources and Services Administration	Community Medical Centers, Stockton, CA for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Community Medical Centers, Stockton, CA for facilities and equipment	950,000
Department of Health and Human Services	Health Resources and Services Administration	Community Regional Medical Center, Fresno, CA for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Compass Health, Inc., St. Peters, MO for facilities	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Comprehensive Community Action, Inc., Cranston, RI for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Connecticut Hospice, Inc., Branford, CT for facilities and equipment	1,940,000
Department of Health and Human Services	Health Resources and Services Administration	Connecticut Institute For Communities, Inc., Danbury, CT for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Cook County Health, Chicago, IL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Cooperman Barnabas Medical Center, Livingston, NJ for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Cornerstone Family Healthcare, Cornwall, NY for facilities and equipment	2,800,000
Department of Health and Human Services	Health Resources and Services Administration	Cortland County, NY for facilities and equipment	2,995,000
Department of Health and Human Services	Health Resources and Services Administration	County of Bernalillo, Albuquerque, NM for facilities and equipment	422,031
Department of Health and Human Services	Health Resources and Services Administration	County of Clark, Las Vegas, NV for equipment	1,330,000
Department of Health and Human Services	Health Resources and Services Administration	County of Clark, Las Vegas, NV for facilities and equipment	1,600,000
Department of Health and Human Services	Health Resources and Services Administration	County of Culpeper, VA for facilities and equipment	324,494
Department of Health and Human Services	Health Resources and Services Administration	County of Delaware, Media, PA for an electronic health records initiative	1,750,000
Department of Health and Human Services	Health Resources and Services Administration	County of Fairfax, VA for facilities and equipment	1,700,000
Department of Health and Human Services	Health Resources and Services Administration	County of Lane, Eugene, OR for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	County of Montgomery, Rockville, MD for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	County of Northampton, Easton, PA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	County of Oakland, Pontiac, MI for facilities and equipment	1,200,000
Department of Health and Human Services	Health Resources and Services Administration	County of Orange, Santa Ana, CA for facilities and equipment	3,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	County of Riverside—Riverside University Health System, Moreno Valley, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	County of Riverside—Riverside University Health System, Riverside, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	County of San Mateo, CA for an electronic health records initiative	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	County of Taos, NM for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	County of Wake, Raleigh, NC for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Covenant Community Care, Inc., Detroit, MI for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Cowlitz Indian Tribe, Longview, WA for facilities	765,000
Department of Health and Human Services	Health Resources and Services Administration	Cowlitz Indian Tribe, Longview, WA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Crouse Health, Syracuse, NY for facilities and equipment	1,010,000
Department of Health and Human Services	Health Resources and Services Administration	Cullman Regional Medical Center, Inc., Cullman, AL for equipment	1,585,000
Department of Health and Human Services	Health Resources and Services Administration	Cumberland University, Lebanon, TN for equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	Denver Health and Hospital Authority, Denver, CO for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Desert AIDS Project, Palm Springs, CA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Division of Infectious Diseases, University of Miami Miller School of Medicine, Miami, FL for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Downtown Emergency Service Center, Seattle, WA for facilities and equipment	985,000
Department of Health and Human Services	Health Resources and Services Administration	Doylestown Health Foundation D.B.A. Doylestown Health, Doylestown, PA for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Duncan Regional Hospital, Inc., Duncan, OK for facilities and equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	Duquesne University, Pittsburgh, PA for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	East Bay Community Action Program, Newport, RI for facilities and equipment	513,600
Department of Health and Human Services	Health Resources and Services Administration	East Tennessee Children's Hospital, Knoxville, TN for facilities and equipment	2,500,000
Department of Health and Human Services	Health Resources and Services Administration	Easterseals of Oak Hill, Hartford, CT for facilities and equipment	1,874,000
Department of Health and Human Services	Health Resources and Services Administration	Edward M. Kennedy Community Health Center, Inc., Worcester, MA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Edward M. Kennedy Health Center, Inc., Boston, MA for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Eisner Health, Los Angeles, CA for facilities and equipment	610,000
Department of Health and Human Services	Health Resources and Services Administration	El Centro de Corazon, Houston, TX for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	El Paso Children's Hospital, El Paso, TX for facilities and equipment	595,000
Department of Health and Human Services	Health Resources and Services Administration	El Proyecto del Barrio Inc., Winnetka, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Ellis County Coalition for Health Options, Inc., dba Hope Clinic, Waxahachie, TX for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Erie Family Health Centers, Chicago, IL for facilities and equipment	1,173,900
Department of Health and Human Services	Health Resources and Services Administration	Escambia County Health Care Authority dba Atmore Community Hospital, Atmore, AL for equipment	655,000
Department of Health and Human Services	Health Resources and Services Administration	Fair Haven Community Health Clinic, Inc., New Haven, CT for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Family Centers Inc., Stamford, CT for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Family Christian Health Center, Harvey, IL for equipment and operational costs	353,441
Department of Health and Human Services	Health Resources and Services Administration	Family Health Services Corporation, Twin Falls, ID for facilities	1,550,000
Department of Health and Human Services	Health Resources and Services Administration	Ferd & Gladys Alpert Jewish Family & Children's Service of Palm Beach County, Inc., West Palm Beach, FL for facilities and equipment	700,000
Department of Health and Human Services	Health Resources and Services Administration	Figgers Foundation, Lauderhill, FL for a telehealth initiative	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Finkelstein Memorial Library, Spring Valley, NY for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	First Nations Community HealthSource, Albuquerque, NM for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Flaget Memorial Hospital Foundation, Bardstown, KY for equipment	635,000
Department of Health and Human Services	Health Resources and Services Administration	Florida International University, Miami, FL for equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Florida State University, Tallahassee, FL for facilities and equipment	2,490,000
Department of Health and Human Services	Health Resources and Services Administration	Franciscan Missionaries of Our Lady University, Baton Rouge, LA for facilities	1,935,000
Department of Health and Human Services	Health Resources and Services Administration	Frederick County Government, Frederick, MD for equipment	698,083
Department of Health and Human Services	Health Resources and Services Administration	Freedom Rain Incorporated dba The Lovelady Center, Birmingham, AL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Fresno Center, Fresno, CA for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Friends of Youth, Kirkland, WA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Friendship House, Scranton, PA for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Gardner Family Health Network, Incorporated, Alviso, CA for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Gardner Family Health Network, Incorporated, San Jose, CA for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Garfield Health Center, Monterey Park, CA for facilities and equipment	480,000
Department of Health and Human Services	Health Resources and Services Administration	Garrett Regional Medical Center, Oakland, MD, for an electronic health records initiative	650,000
Department of Health and Human Services	Health Resources and Services Administration	Gateway Community Health Center, Inc., Laredo, TX for facilities and equipment	1,997,000
Department of Health and Human Services	Health Resources and Services Administration	George Corley Wallace State Community College, Demopolis, AL for facilities and equipment	1,143,018
Department of Health and Human Services	Health Resources and Services Administration	George Mason University, Fairfax, VA for equipment	820,000
Department of Health and Human Services	Health Resources and Services Administration	George Washington University, Washington, DC for facilities and equipment	1,190,000
Department of Health and Human Services	Health Resources and Services Administration	Germanna Community College Educational Foundation Inc., Locust Grove, VA for facilities and equipment	251,000
Department of Health and Human Services	Health Resources and Services Administration	Gillette Children's Specialty Healthcare, St. Paul, MN for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Grace Health, Battle Creek, MI for facilities	525,000
Department of Health and Human Services	Health Resources and Services Administration	Grand View Hospital d/b/a Grand View Health, Sellersville, PA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Grant County Public Hospital District No 1, dba Samaritan Healthcare, Moses Lake, WA for facilities and equipment	2,500,000
Department of Health and Human Services	Health Resources and Services Administration	Great Basin College, Elko, NV for facilities and equipment	940,000
Department of Health and Human Services	Health Resources and Services Administration	Great Salt Plains Health Center, Inc., Cherokee, OK for facilities and equipment	2,180,000
Department of Health and Human Services	Health Resources and Services Administration	Greater Baden Medical Services, Inc., Brandywine, MD for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Greene County Hospital and Nursing Home, Eutaw, AL for facilities and equipment	521,100
Department of Health and Human Services	Health Resources and Services Administration	Grover C. Dils Medical Center, Caliente, NV for facilities and equipment	3,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Gundersen Tri-County Hospital, Whitehall, WI for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	H. Lee Moffitt Cancer Center and Research Institute, Inc., Tampa, FL for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	H. Lee Moffitt Cancer Center and Research Institute, Inc., Tampa, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Hackensack Meridian Health, Edison, NJ for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Hamakua-Kohala Health Center, Honokaa, HI for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Hamilton Community Health Network, Flint, MI for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Harris County Precinct 2, Houston, TX for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Havana Community Development Corp., Inc., Havana, FL for facilities and equipment	1,967,328
Department of Health and Human Services	Health Resources and Services Administration	Health and Hospital Corporation of Marion County, Indianapolis, IN for facilities and equipment	1,385,487
Department of Health and Human Services	Health Resources and Services Administration	Health Care Authority Corporation of the City of Thomasville, AL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Health Service Alliance-Montclair Community Health Center, Montclair, CA for facilities and equipment	300,000
Department of Health and Human Services	Health Resources and Services Administration	Health Unit on Davidson Avenue (The HUDA Clinic), Detroit, MI for facilities and equipment	281,200
Department of Health and Human Services	Health Resources and Services Administration	HealthFirst Family Center, Franklin, NH for facilities and equipment	450,000
Department of Health and Human Services	Health Resources and Services Administration	HealthPoint, Renton, WA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	HealthRIGHT 360, San Francisco, CA for facilities and equipment	2,500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Healthy Mothers, Healthy Babies Coalition of Palm Beach County, Inc., Greenacres, FL for a doula training program	305,313
Department of Health and Human Services	Health Resources and Services Administration	Henderson County Rural Health Center, Inc., dba Eagle View Community Health System, Oquawka, IL for health clinic operational costs	517,783
Department of Health and Human Services	Health Resources and Services Administration	Hendry County, LaBelle, FL for facilities and equipment	700,000
Department of Health and Human Services	Health Resources and Services Administration	Henry J. Austin Health Center, Trenton, NJ for a mobile health unit and staffing	813,600
Department of Health and Human Services	Health Resources and Services Administration	Henry Mayo Newhall Hospital Foundation, Valencia, CA for equipment	1,115,000
Department of Health and Human Services	Health Resources and Services Administration	Heritage Heights at Lake Chelan, WA for facilities and equipment	800,000
Department of Health and Human Services	Health Resources and Services Administration	Highlands Hospital dba Penn Highlands Connellsville (PHCV), a subsidiary of Penn Highlands Healthcare (PHH), Connellsville, PA for facilities	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Hillsdale Community Health Center, Hillsdale, MI for equipment	345,000
Department of Health and Human Services	Health Resources and Services Administration	His Branches, Inc., Rochester, NY for facilities and equipment	819,312
Department of Health and Human Services	Health Resources and Services Administration	Howard Brown Health, Chicago, IL for facilities and equipment	1,110,400
Department of Health and Human Services	Health Resources and Services Administration	Hyndman Area Health Center, Inc, Bedford, PA for facilities and equipment	425,000
Department of Health and Human Services	Health Resources and Services Administration	I. M. Sulzbacher Center for the Homeless, Inc., Jacksonville, FL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Illinois College of Optometry, Chicago, IL for facilities and equipment	445,000
Department of Health and Human Services	Health Resources and Services Administration	Illinois Community College District #519 (Highland Community College), Freeport, IL for equipment	300,000
Department of Health and Human Services	Health Resources and Services Administration	Illinois State University, Mennonite College of Nursing, Normal, IL for facilities and equipment	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Inner City Health Center, Denver, CO for facilities and equipment	183,486
Department of Health and Human Services	Health Resources and Services Administration	Interfaith Medical Center Campus, Brooklyn, NY for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	J. Paul Jones Hospital, Camden, AL for facilities and equipment	595,041
Department of Health and Human Services	Health Resources and Services Administration	Jackson Parish Hospital, Jonesboro, LA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Jamaica Hospital Medical Center, Jamaica, NY for facilities and equipment	1,905,000
Department of Health and Human Services	Health Resources and Services Administration	Jamaica Hospital Medical Center, Jamaica, NY for facilities and equipment	2,400,000
Department of Health and Human Services	Health Resources and Services Administration	Jawonio Inc., New City, NY for facilities and equipment	1,300,000
Department of Health and Human Services	Health Resources and Services Administration	Jersey Community Hospital District, Jerseyville, IL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Jessie Trice Community Health System, Inc., Miami, FL for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Jewish Community Free Clinic, Santa Rosa, CA for an electronic health records initiative	200,000
Department of Health and Human Services	Health Resources and Services Administration	Jewish Foundation for Group Homes, Rockville, MD for facilities and equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	Joseph P. Addabbo Family Health Center, Inc., New York, NY for facilities and equipment	325,000
Department of Health and Human Services	Health Resources and Services Administration	Josselyn Center, Northfield, IL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Jurupa Unified, Jurupa Valley, CA for facilities and equipment	1,623,000
Department of Health and Human Services	Health Resources and Services Administration	Kern County Hospital Authority, Bakersfield, CA for equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Kern County Hospital Authority, Bakersfield, CA for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Keryx Ministries, Inc., Macon, GA for facilities and equipment	400,000
Department of Health and Human Services	Health Resources and Services Administration	Keystone Valley Fire Department, Parkesburg, PA for equipment	29,385

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Kids' Community Clinic of Burbank, CA for facilities and equipment	1,200,000
Department of Health and Human Services	Health Resources and Services Administration	KidsPeace, Orefield, PA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	King Lunalilo Trust and Home, Honolulu, HI for facilities and equipment	1,740,550
Department of Health and Human Services	Health Resources and Services Administration	Kings County Hospital Center, Brooklyn, NY for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Klingberg Family Centers, Incorporated, New Britain, CT for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	La Maestra Family Clinic Inc., San Diego, CA for facilities and equipment	751,681
Department of Health and Human Services	Health Resources and Services Administration	Lake County Free Clinic, Painesville, OH for equipment	100,000
Department of Health and Human Services	Health Resources and Services Administration	Lakewood Community Services Corporation, Lakewood, NJ for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Lana'i Community Health Center, Lana'i City, HI for facilities and equipment	1,538,000
Department of Health and Human Services	Health Resources and Services Administration	Lansing Fire Department, Lansing, MI for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	LaSalle General Hospital, Jena, LA for facilities	1,065,000
Department of Health and Human Services	Health Resources and Services Administration	Lawrence General Hospital, Lawrence, MA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Le Bonheur Children's Hospital, Memphis, TN for facilities and equipment	970,000
Department of Health and Human Services	Health Resources and Services Administration	Legacy Community Health, Houston, TX for an electronic health records initiative	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Legacy Community Health, Houston, TX for facilities and equipment	300,000
Department of Health and Human Services	Health Resources and Services Administration	Leyden Family Service & Mental Health Center, Hoffman Estates, IL for facilities and equipment	266,059
Department of Health and Human Services	Health Resources and Services Administration	LifeCare Alliance, Columbus, OH for facilities and equipment	975,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Lighthouse Youth Services, Inc., Cincinnati, OH for facilities	1,850,000
Department of Health and Human Services	Health Resources and Services Administration	Lions Eye Institute for Transplant and Research Foundation, Tampa, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Livingston County Emergency Management Services, Howell, MI for equipment	1,169,950
Department of Health and Human Services	Health Resources and Services Administration	Loma Linda University Medical Center- Murrieta, Murrieta, CA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Long Island Jewish Forest Hills, NY for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Los Angeles County Fire Department, Los Angeles, CA for facilities and equipment	201,834
Department of Health and Human Services	Health Resources and Services Administration	Louisiana Children's Medical Center, New Orleans, LA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Louisiana State University Health Sciences Center—New Orleans, LA for facilities and equipment	2,350,000
Department of Health and Human Services	Health Resources and Services Administration	Loveland Fire Rescue Authority, Loveland, CO for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Lower Bucks Hospital, Bristol, PA for facilities and equipment	1,200,000
Department of Health and Human Services	Health Resources and Services Administration	Lower Elwha Tribal Community, Port Angeles, WA for facilities and equipment	1,911,875
Department of Health and Human Services	Health Resources and Services Administration	LTSC Community Development Corporation, Los Angeles, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Lynn Community Health Center, Lynn, MA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Madison County Fiscal Court, Richmond, KY for facilities and equipment	390,000
Department of Health and Human Services	Health Resources and Services Administration	Main Line Hospitals, Inc., Radnor, PA for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Maine Department of Defense, Veterans and Emergency Management, Augusta, ME for facilities and equipment, and operational costs for a rural health project	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	MaineHealth dba Western Maine Health/Stephens Memorial Hospital, Norway, ME for facilities and equipment	1,642,000
Department of Health and Human Services	Health Resources and Services Administration	Makah Indian Tribe, Neah Bay, WA for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Marian Regional Medical Center, Santa Maria, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Marshall University Research Corporation, Huntington, WV for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Mary Free Bed Rehabilitation Hospital, Grand Rapids, MI for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Matthew Walker Comprehensive Health Center Inc., Nashville, TN for facilities and equipment	480,000
Department of Health and Human Services	Health Resources and Services Administration	McLaren Central Michigan, Grand Blanc, MI for facilities and equipment	850,000
Department of Health and Human Services	Health Resources and Services Administration	MedStar Curtis National Hand Center, Baltimore, MD for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	MedStar St. Mary's Hospital, Leonardtown, MD for facilities and equipment	975,000
Department of Health and Human Services	Health Resources and Services Administration	Melvin & Claire Levine Jewish Residential and Family Service, West Palm Beach, FL for facilities	825,000
Department of Health and Human Services	Health Resources and Services Administration	Metropolitan Government of Nashville and Davidson County, Nashville, TN for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Mid-Coast Health Net Inc. dba Knox Clinic, Rockland, ME for facilities and equipment	2,105,000
Department of Health and Human Services	Health Resources and Services Administration	Mid-State Health Center, Plymouth, NH for facilities and equipment	750,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Mid-Valley Healthcare, Inc., Lebanon, OR for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Milwaukee Health Services, Inc., Milwaukee, WI for facilities and equipment	2,983,000
Department of Health and Human Services	Health Resources and Services Administration	Molokai Community Health Center, Kaunakakai, HI for facilities and equipment	1,664,000
Department of Health and Human Services	Health Resources and Services Administration	Morehead State University, Morehead, KY for equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Morehouse School of Medicine, Atlanta, GA for facilities and equipment	950,000
Department of Health and Human Services	Health Resources and Services Administration	MossRehab-Albert Einstein Healthcare Network, Elkins Park, PA for facilities and equipment	210,000
Department of Health and Human Services	Health Resources and Services Administration	Mount Sinai Hospital, Chicago, IL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Mountain Park Health Center, Phoenix, AZ for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	MRIGlobal, Kansas City, MO for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	MyMichigan Medical Center Midland, Midland, MI for facilities	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Native American Community Clinic, Minneapolis, MN for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Native American Health Center, Inc., Oakland, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	NATIVE HEALTH, Inc., Phoenix, AZ for facilities and equipment	650,000
Department of Health and Human Services	Health Resources and Services Administration	Natrona County, Casper, WY for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Navajo Nation Division of Social Services, Window Rock, AZ for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Navajo Nation Division of Social Services, Window Rock, AZ for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Near North Health Service Corporation, Chicago, IL for facilities and equipment	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Nehalem Bay Health District, Wheeler, OR for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Neighborhood Health Association of Toledo, Inc., Toledo, OH for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Neighborhood Healthcare Inc, Menifee, CA for equipment	575,000
Department of Health and Human Services	Health Resources and Services Administration	Neighborhood Medical Center, Incorporated, Tallahassee, FL for facilities and equipment	1,650,000
Department of Health and Human Services	Health Resources and Services Administration	New Destiny Treatment Center, Clinton, OH for facilities	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	New Directions for Youth, Inc., North Hollywood, CA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	New England College, Henniker, NH for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	New Paths, Inc., Flint, MI for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	New York City Health and Hospitals—Lincoln Medical and Mental Health Center, Bronx, NY for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	New York City Health and Hospitals Corporation, New York, NY for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	New York City Health and Hospitals/Elmhurst, Queens, NY for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	New York Community Hospital, Brooklyn, NY for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	New York Medical College, Valhalla, NY for facilities and equipment	1,900,000
Department of Health and Human Services	Health Resources and Services Administration	Newark Community Health Centers, Inc. , Newark, NJ for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Newport County Community Mental Health Center Inc., Middletown, RI for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Next Steps of O'Connor Foundation dba Next Steps Chicago, Chicago, IL for facilities and equipment	645,695
Department of Health and Human Services	Health Resources and Services Administration	NextStep Orlando, Inc., Altamonte Springs, FL for equipment	533,499
Department of Health and Human Services	Health Resources and Services Administration	Nicholas H. Noyes Memorial Hospital, Dansville, NY for equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Niscasa, Round Lake, IL for facilities and equipment	2,100,000
Department of Health and Human Services	Health Resources and Services Administration	North Broward Hospital District dba Broward Health, Fort Lauderdale, FL for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	North Carolina Central University, Durham, NC for equipment	643,750
Department of Health and Human Services	Health Resources and Services Administration	North Central Michigan College, Petoskey, MI for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	North Memorial Health Care, Robbinsdale, MN for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Northeast Iowa Community College, Peosta, IA for equipment	375,000
Department of Health and Human Services	Health Resources and Services Administration	Northeast Valley Health Corporation, San Fernando, CA for facilities and equipment	1,655,000
Department of Health and Human Services	Health Resources and Services Administration	Northern Marianas College, Saipan, NP for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Northern Nevada HOPES, Reno, NV for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Northwest Indian College, Bellingham, WA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Northwest Medical Foundation Tillamook, OR for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Northwest Technical Institute, Springdale, AR for facilities	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	NYU Langone Health, New York, NY for equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Odyssey House Louisiana Inc., New Orleans, LA for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Oklahoma Blood Institute, Oklahoma City, OK for facilities and equipment	1,250,000
Department of Health and Human Services	Health Resources and Services Administration	Oklahoma Medical Research Foundation, Oklahoma City, OK for equipment	1,755,000
Department of Health and Human Services	Health Resources and Services Administration	Oklahoma Medical Research Foundation, Oklahoma City, OK for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Olathe Fire Department Administration, Olathe, KS for facilities and equipment	660,000
Department of Health and Human Services	Health Resources and Services Administration	OLE Health, Napa, CA for equipment, for an electronic health records initiative	1,796,139
Department of Health and Human Services	Health Resources and Services Administration	Oneida Health Systems Inc., Oneida, NY for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Orange County Board of County Commissioners, Orlando, FL for facilities and equipment	239,059
Department of Health and Human Services	Health Resources and Services Administration	Orange County Health Authority (dba CalOptima), Orange, CA for equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Orange County Health Authority, Orange, CA for a health information technology initiative	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Oregon Association of Relief Nurseries, Newberg, OR for facilities and equipment	5,055,844
Department of Health and Human Services	Health Resources and Services Administration	Oregon Health & Science University, Portland, OR for facilities and equipment	800,000
Department of Health and Human Services	Health Resources and Services Administration	Ozark Tri-County Healthcare Consortium, DBA ACCESS Family Care, Neosho, MO for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Park West Health System, Baltimore, MD for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Parkland College, Champaign, IL for facilities and equipment	320,000
Department of Health and Human Services	Health Resources and Services Administration	People Coordinated Services of Southern California, Los Angeles, CA for facilities and equipment	1,162,000
Department of Health and Human Services	Health Resources and Services Administration	People's Community Clinic, Austin, TX for an electronic health records initiative	850,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Personal Enrichment through Mental Health Services, Inc., Pinellas Park, FL for facilities	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Perspectives Inc., St. Louis Park, MN for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Pikeville Medical Center, Inc., Pikeville, KY for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Plymouth Housing, Seattle, WA for equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Portsmouth Community Health Center, Inc., dba Hampton Roads Community Health Center, Portsmouth, VA for facilities and equipment	807,137
Department of Health and Human Services	Health Resources and Services Administration	Potomac Valley Hospital, Keyser, WV for facilities and equipment	1,100,000
Department of Health and Human Services	Health Resources and Services Administration	Power4STL, St. Louis, MO for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Presbyterian Hospital DBA Novant Health Presbyterian Medical Center, Charlotte, NC for facilities and equipment	216,200
Department of Health and Human Services	Health Resources and Services Administration	Presbyterian Villages of Michigan, Southfield, MI for facilities and equipment	140,000
Department of Health and Human Services	Health Resources and Services Administration	Presbyterian Villages of Michigan, Southfield, MI for facilities and equipment	115,000
Department of Health and Human Services	Health Resources and Services Administration	Primary Care Health Services, Inc., Pittsburgh, PA for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Prince William County Government, Prince William, VA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Project Angel Food, Los Angeles, CA for facilities and equipment	913,500
Department of Health and Human Services	Health Resources and Services Administration	Promise Fund of Florida, Inc., Palm Beach, FL for equipment	900,100
Department of Health and Human Services	Health Resources and Services Administration	Promise Fund of Florida, Inc., Palm Beach, FL for facilities and equipment	894,100
Department of Health and Human Services	Health Resources and Services Administration	Promise Fund of Florida, Inc., Palm Beach, FL for facilities and equipment	951,500

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Providence Holy Cross Medical Center, Mission Hills, CA for facilities and equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	Rappahannock Area Health District, Fredericksburg, VA for facilities and equipment	400,000
Department of Health and Human Services	Health Resources and Services Administration	Rappahannock-Rapidan Community Services, Culpeper, VA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Red Oak Behavioral Health, Akron, OH for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Redwoods Rural Health Center, Redway, CA for facilities and equipment	775,000
Department of Health and Human Services	Health Resources and Services Administration	Regional One Health, Memphis, TN for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Research Institute at Nationwide Children's Hospital, Columbus, OH for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Resources for Human Development, Philadelphia, PA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Riverside Community Health Foundation, Riverside, CA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Riverside Medical Center, Kankakee, IL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Roanoke Chowan Community Health Center, Ahoskie, NC for facilities and equipment	1,300,000
Department of Health and Human Services	Health Resources and Services Administration	Roanoke College, Salem, VA for equipment	505,000
Department of Health and Human Services	Health Resources and Services Administration	Rockland Community College, Suffern, NY for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Roxbury Volunteer Emergency Services, Inc., New York, NY for equipment	257,000
Department of Health and Human Services	Health Resources and Services Administration	Rutgers Biomedical and Health Sciences, Newark, NJ for facilities and equipment	950,650
Department of Health and Human Services	Health Resources and Services Administration	Sacramento Native American Health Center, Sacramento, CA for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Saint Anselm College, Manchester, NH for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Saint Anthony Hospital, Chicago, IL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Saint Francis University, Loretto, PA for equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Saint Xavier University, Chicago, IL for facilities and equipment	106,885
Department of Health and Human Services	Health Resources and Services Administration	San Francisco Community Clinic Consortium, San Francisco, CA for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	San Gorgonio Memorial Hospital, Banning, CA for equipment	452,000
Department of Health and Human Services	Health Resources and Services Administration	San Joaquin Health Centers, Stockton, CA for facilities and equipment	1,810,929
Department of Health and Human Services	Health Resources and Services Administration	San Juan County, Monticello, UT for cancer screening	515,000
Department of Health and Human Services	Health Resources and Services Administration	Sea Mar Community Health Centers, Seattle, WA for facilities and equipment	2,200,000
Department of Health and Human Services	Health Resources and Services Administration	Seattle Indian Health Board, Seattle, WA for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Self Help Movement, Inc., Philadelphia, PA for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Seton Hall University, South Orange, NJ for facilities and equipment	1,140,000
Department of Health and Human Services	Health Resources and Services Administration	Shands Jacksonville Medical Center, Inc., Jacksonville, FL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Shepherd's Hope, Winter Park, FL for facilities and equipment, including equipment related to telehealth	395,500
Department of Health and Human Services	Health Resources and Services Administration	Siena College, Loudonville, NY for facilities and equipment	496,541
Department of Health and Human Services	Health Resources and Services Administration	Sight For All United, Struthers, OH for equipment	550,000
Department of Health and Human Services	Health Resources and Services Administration	Sinclair Community College, Dayton, OH for facilities and equipment	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Singing River Health System, Ocean Springs, MS for facilities and equipment	2,800,000
Department of Health and Human Services	Health Resources and Services Administration	Siskin Hospital for Physical Rehabilitation, Inc., Chattanooga, TN for facilities and equipment	2,500,000
Department of Health and Human Services	Health Resources and Services Administration	Sisters of Charity Hospital of Buffalo, New York, Cheektowaga, NY for facilities and equipment	2,377,172
Department of Health and Human Services	Health Resources and Services Administration	Solano County Public Health Department's Family Health Services, Fairfield, CA for an electronic health records initiative	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	South Boston Community Health Center, Inc., South Boston, MA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	South Central Family Health Center, Cudahy, CA for facilities and equipment	707,414
Department of Health and Human Services	Health Resources and Services Administration	South Shore Hospital Corporation, Chicago, IL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	South Ward Alliance dba South Ward Promise Neighborhood, Newark, NJ for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Southeast Council on Alcoholism and Drug Dependence, Inc., Lebanon, CT for facilities and equipment	915,000
Department of Health and Human Services	Health Resources and Services Administration	Southwest Community Health Center, Inc., Bridgeport, CT for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Southwestern Vermont Medical Center, Bennington, VT for facilities and equipment	250,000
Department of Health and Human Services	Health Resources and Services Administration	SSM Health—St. Mary's Hospital—St. Louis, MO for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	St. Catherine Hospital, Inc., East Chicago, IN for equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	St. Francis Medical Center, Monroe, LA for equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	St. John's Episcopal Hospital, Episcopal Health Services Inc., Far Rockaway, NY for facilities and equipment	3,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	St. John's Riverside Hospital, Yonkers, NY for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	St. Joseph Regional Health Network, Reading, PA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	St. Joseph's Medical Center, Stockton, CA for facilities and equipment	4,000,000
Department of Health and Human Services	Health Resources and Services Administration	State University of New York Upstate Medical University, Syracuse, NY for facilities and equipment	900,000
Department of Health and Human Services	Health Resources and Services Administration	Stockbridge Community Schools, Stockbridge, MI for facilities and equipment	2,500,000
Department of Health and Human Services	Health Resources and Services Administration	Sun River Health, Inc. dba Hudson River HealthCare, Peekskill, NY for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Sun River Health, Peekskill, NY for facilities and equipment	1,800,000
Department of Health and Human Services	Health Resources and Services Administration	Susannah's House, Inc., Knoxville, TN for facilities	500,000
Department of Health and Human Services	Health Resources and Services Administration	TCC Family Health, Long Beach, CA for facilities and equipment	375,000
Department of Health and Human Services	Health Resources and Services Administration	Tennyson Center for Children, Denver, CO for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Texas A&M University College of Dentistry, Dallas, TX for an oral health care initiative	940,000
Department of Health and Human Services	Health Resources and Services Administration	Texas A&M University- San Antonio, San Antonio, TX for equipment	1,945,000
Department of Health and Human Services	Health Resources and Services Administration	Texas Children's Hospital, Houston, TX for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Texas Tech University Health Science Center (TTUHSC) Odessa, Odessa, TX for equipment	2,600,000
Department of Health and Human Services	Health Resources and Services Administration	Texas Tech University Health Sciences Center El Paso, TX for an initiative related to health information technology and telehealth	3,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Texas Tech University Health Sciences Center, Dallas, TX for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	The Floating Hospital, Inc., Long Island City, NY for facilities and equipment	1,040,489
Department of Health and Human Services	Health Resources and Services Administration	The Foodbank, Inc., Dayton, OH for facilities	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	The Good Samaritan Hospital of Cincinnati, OH for equipment	590,000
Department of Health and Human Services	Health Resources and Services Administration	TidalHealth Nanticoke, Seaford, DE for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Town of Geraldine, AL for facilities and equipment	375,000
Department of Health and Human Services	Health Resources and Services Administration	Township of Brick, NJ for facilities and equipment	250,000
Department of Health and Human Services	Health Resources and Services Administration	Township of Edison, NJ for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Township of Mount Olive, Budd Lake, NJ for facilities and equipment	1,982,500
Department of Health and Human Services	Health Resources and Services Administration	Tri-Area Community Health, Laurel Fork, VA for facilities	600,000
Department of Health and Human Services	Health Resources and Services Administration	Trinity Health System, Steubenville, OH for equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Tri-State Memorial Hospital, Clarkston, WA for equipment	2,500,000
Department of Health and Human Services	Health Resources and Services Administration	Tucson Indian Center, Tucson, AZ for facilities and equipment	588,059
Department of Health and Human Services	Health Resources and Services Administration	UMass Memorial Health—HealthAlliance—Clinton Hospital, Leominster, MA for equipment	450,000
Department of Health and Human Services	Health Resources and Services Administration	UMass Memorial Medical Center, Worcester, MA for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Union Community Health Center, Inc., Bronx, NY for facilities and equipment	675,000
Department of Health and Human Services	Health Resources and Services Administration	United Neighborhood Health Services dba Neighborhood Health, Nashville, TN for facilities and equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	University at Buffalo, NY for facilities and equipment	933,800

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	University Community Health Services, Inc., Nashville, TN for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	University Health System (UHS) d/b/a University of Tennessee Medical Center, Knoxville, TN for facilities and equipment	1,250,000
Department of Health and Human Services	Health Resources and Services Administration	University Health System (UHS) d/b/a University of Tennessee Medical Center, Knoxville, TN for facilities and equipment	750,000
Department of Health and Human Services	Health Resources and Services Administration	University Health System (UHS), d/b/a/ University of Tennessee Medical Center, Knoxville, TN for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University Hospital, Newark, NJ for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	University Hospitals Cleveland Medical Center, Cleveland, OH for facilities and equipment	855,000
Department of Health and Human Services	Health Resources and Services Administration	University Hospitals, Cleveland, OH for facilities and equipment	1,145,520
Department of Health and Human Services	Health Resources and Services Administration	University Hospitals, Cleveland, OH for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	University Muslim Medical Association Inc. (UMMA Community Clinic), Huntington Park, CA for equipment	158,000
Department of Health and Human Services	Health Resources and Services Administration	University of California, San Diego, La Jolla, CA for facilities and equipment	1,095,000
Department of Health and Human Services	Health Resources and Services Administration	University of Hawaii—Office of Strategic Health Initiatives, Honolulu, HI for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Kansas Medical Center, Kansas City, KS for facilities and equipment	2,594,226
Department of Health and Human Services	Health Resources and Services Administration	University of Kansas Medical Center, Kansas City, KS for facilities and equipment	2,956,507
Department of Health and Human Services	Health Resources and Services Administration	University of Kansas Medical Center, Kansas City, KS for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Louisville, KY for facilities and equipment	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	University of Massachusetts Boston, MA for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Miami Leonard M. Miller School of Medicine, Miami, FL for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	University of Miami, Miami, FL for equipment	800,000
Department of Health and Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, Jackson, MS for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Nevada Las Vegas, NV for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Rochester, NY for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of South Alabama, Mobile, AL for equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	University of South Florida, Sarasota, FL for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of South Florida, Tampa, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Texas at Dallas, Richardson, TX for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Health Science Center at Houston, TX for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Health Science Center at San Antonio, TX for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Rio Grande Valley, Edinburg, TX for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Texas School of Public Health San Antonio, TX for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	University of Toledo, OH for equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	University of Utah, Salt Lake City, UT for facilities and equipment	3,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	University of Wisconsin-Madison, WI for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	UPMC Altoona, Altoona, PA for facilities	250,000
Department of Health and Human Services	Health Resources and Services Administration	Urban Health Plan, Inc., Bronx, NY for facilities and equipment	2,106,950
Department of Health and Human Services	Health Resources and Services Administration	Urban Health Plan, Inc., Corona, NY for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Valley Health Services, Inc., Herkimer, NY for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Valley Health System, Winchester, VA for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	Valley Hospital, Ridgewood, NJ for facilities and equipment	608,860
Department of Health and Human Services	Health Resources and Services Administration	Valparaiso University, Valparaiso, IN for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Van Buren County Hospital, Keosauqua, IA for equipment	1,845,000
Department of Health and Human Services	Health Resources and Services Administration	Variety Care, Inc., Oklahoma City, OK for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Variety Children's Hospital DBA Nicklaus Children's Hospital, Miami, FL for equipment	450,000
Department of Health and Human Services	Health Resources and Services Administration	Variety Children's Hospital DBA Nicklaus Children's Hospital, Miami, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Venice Family Clinic, Venice, CA for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Vera French Community Mental Health Center, Davenport, IA for facilities	1,885,000
Department of Health and Human Services	Health Resources and Services Administration	Via Care Community Health Center, East Los Angeles, CA for facilities and equipment	389,000
Department of Health and Human Services	Health Resources and Services Administration	View Point Health, Lawrenceville, GA for facilities and equipment	900,000
Department of Health and Human Services	Health Resources and Services Administration	Virgin Islands Diabetes Center of Excellence, St. Croix, VI for facilities and equipment	995,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Virgin Islands Fire Services, St. Thomas, VI for equipment	1,897,000
Department of Health and Human Services	Health Resources and Services Administration	Virtua Health, Camden, NJ for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Virtua Health, Inc., Marlton, NJ for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Vision Urbana, Inc., New York, NY for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	VNA Health Care, Aurora, IL for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	W.A. Foote Memorial Hospital, Inc., Jackson, MI for facilities and equipment	310,000
Department of Health and Human Services	Health Resources and Services Administration	Waimanalo Health Center, Waimanalo, HI for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	WakeMed Health & Hospitals, Raleigh, NC for facilities and equipment	6,000,000
Department of Health and Human Services	Health Resources and Services Administration	Washington County Healthcare Authority, INC dba Washington County Hospital and Nursing Home, Chatom, AL for facilities	1,845,000
Department of Health and Human Services	Health Resources and Services Administration	Watts Healthcare Corporation, Los Angeles, CA for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	Wayside House, Inc., Delray Beach, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Weber State University, Ogden, UT for facilities and equipment	1,500,000
Department of Health and Human Services	Health Resources and Services Administration	West County Health Centers, Inc., Guerneville, CA for facilities and equipment	901,575
Department of Health and Human Services	Health Resources and Services Administration	West Virginia School of Osteopathic Medicine, Lewisburg, WV for facilities	325,000
Department of Health and Human Services	Health Resources and Services Administration	Westchester Sickle Cell Outreach, Inc., White Plains, NY for facilities and equipment	500,000
Department of Health and Human Services	Health Resources and Services Administration	Western Nevada College, Carson City, NV for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	White Memorial Community Health Center, Los Angeles, CA for facilities and equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Health Resources and Services Administration	Whitman County Public Hospital District Number 1–A, Pullman, WA for an electronic health records initiative	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	Whitman-Walker Health, Washington, DC for equipment	250,000
Department of Health and Human Services	Health Resources and Services Administration	Wilmington Community Clinic, Wilmington, CA for facilities and equipment	200,000
Department of Health and Human Services	Health Resources and Services Administration	Wilson Community College, Wilson, NC for facilities and equipment	3,000,000
Department of Health and Human Services	Health Resources and Services Administration	WINGS Program, Inc., Rolling Meadows, IL for facilities and equipment	200,000
Department of Health and Human Services	Health Resources and Services Administration	Winston-Salem State University, Winston-Salem, NC for facilities and equipment	1,342,840
Department of Health and Human Services	Health Resources and Services Administration	Wintersville Volunteer Fire Department, Wintersville, OH for facilities and equipment	110,000
Department of Health and Human Services	Health Resources and Services Administration	Worry Free Community, Glendale Heights, IL for facilities and equipment	144,800
Department of Health and Human Services	Health Resources and Services Administration	Worry Free Community, Glendale Heights, IL for facilities and equipment	1,000,000
Department of Health and Human Services	Health Resources and Services Administration	Wyckoff Heights Medical Center, Brooklyn, NY for facilities and equipment	2,000,000
Department of Health and Human Services	Health Resources and Services Administration	YMCA of Central Florida, Orlando, FL for facilities and equipment	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	A Safe Haven Foundation, Chicago, IL for behavioral health, substance use disorder, and peer support services, including equipment	2,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	AABR, Inc., College Point, NY for behavioral health services and training, including equipment	382,174
Department of Health and Human Services	Substance Use And Mental Health Services Administration	AboutFace-USA, Inc., Cumming, GA for mental health treatment and services for veterans, including equipment and wraparound services	1,280,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Alliance for Healthy Communities, Inc., New Port Richey, FL for a substance use prevention, treatment, and recovery services, and resources center, including the purchase of equipment	800,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Amistad, Inc., Portland, ME for behavioral health services and recovery housing	535,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Anaheim Community Foundation, Anaheim, CA for mental health and related support services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Apna Ghar, Chicago, IL for a mobile mental health advocacy unit, including training	300,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Arab-American Family Support Center, Brooklyn, NY for mental health services, including equipment	1,800,453
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Ashley Addiction Treatment Center, Havre de Grace, MD for behavioral health services and youth education programs	420,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Asian Health Services, Oakland, CA for mental health and wraparound services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Bay Area Community Health, San Jose, CA for behavioral health services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Baylor College of Medicine, Houston, TX for substance use disorder services and treatment for people experiencing homelessness	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Baylor College of Medicine, Houston, TX to provide substance use disorder services and treatment, including minor facility repairs, improvements, and equipment	1,200,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Beit T'Shuvah, Los Angeles, CA for behavioral health, recovery, and other supportive services	301,649
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Boys & Girls Clubs of Delaware, Wilmington, DE for mental health and supportive services	250,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Boys & Girls Clubs of the Valley, Phoenix, AZ for the Whole Child Approach Program to provide mental health and other supportive services for children	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	BPSOS Center for Community Advancement, Westminster, CA for behavioral health services and training	300,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Cenikor Foundation, Waco, TX for a substance use treatment and recovery program, including behavioral health services and support services	640,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Champions In Service, Pacoima, CA for mental health and supportive services	722,223
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Child and Family Agency of Southeastern CT, Inc., New London, CT for mental health and related services for youth, including equipment	693,437
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Health Clinical Operations, Dallas, TX for training, education, and pediatric mental health services	915,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Health Clinical Operations, Dallas, TX for youth behavioral health services and equipment	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Hospital Colorado, Aurora, CO to enhance access to mental health care services, including training	668,313
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Hospital of The King's Daughters, Norfolk, VA for mental health services and treatment, including outreach and programming	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Chinese-American Planning Council, Inc., New York, NY for mental health services and treatment, outreach, education, and equipment	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Austin, TX for substance use prevention, awareness, and education activities	2,000,420
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Hermosa Beach, CA for mobile mental health crisis response teams	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Monroe, WA for mental health crisis support services, including equipment	480,804
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Moreno Valley, CA for the Homeless to Work program to provide behavioral health services, including equipment and outreach	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Norco, CA for a homelessness services program	800,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of North Las Vegas, NV for a mental health crisis response unit	875,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Pasadena, CA for the Pasadena Outreach Response Team to provide behavioral health and related services to people experiencing homelessness	900,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Pittsburg, PA for the Reaching Out On The Streets (ROOTS) Overdose and Support Teams to provide behavioral health services, including equipment	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of San Fernando, CA for mental health crisis response services	800,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Santa Monica, CA for behavioral health and other supportive services	1,500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Clark County, Nevada, Las Vegas, NV for behavioral health and other support services	1,709,594
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Community Health Connections, Inc., Fitchburg, MA for youth mental health services and treatment, including training and equipment	2,500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Community Hero Action Group, King of Prussia, PA for the Black Health Matters initiative to provide mental health services, and other supportive services	450,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Community Medical Wellness Centers, USA, Long Beach, CA for behavioral health and substance use disorder services, including equipment	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Compass LGBTQ Youth and Family Services, Lake Worth Beach, FL for behavioral health and wraparound services	523,345
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Contact Community Services, Inc., Syracuse, NY for a crisis call center upgrade, including the purchase of equipment and information technology	135,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	County of San Diego, CA for mobile behavioral health crisis response teams	4,480,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Court Appointed Special Advocates Program, Inc. of Contra Costa, Concord, CA for mental health services for youth and education programming	600,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Douglas County, Castle Rock, CO for mental and behavioral health services and treatment, including technology	629,970
Department of Health and Human Services	Substance Use And Mental Health Services Administration	DuPage County Health Department, Wheaton, IL for mental health and substance use disorder services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	East Bay Agency for Children, Oakland, CA for student and teacher mental health services and supportive services	477,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	El Futuro, Inc., Durham, NC for mental health training and curriculum development	192,371
Department of Health and Human Services	Substance Use And Mental Health Services Administration	EmblemHealth, Inc., New York, NY for mental health services, education, and other related activities	450,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Emory University, Atlanta, GA for a hospital-based violence intervention program to provide behavioral health services and wraparound services	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Family and Children's Association, Garden City, NY for the Senior Safety Net Program to provide behavioral health and wraparound services, including equipment	790,817
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Family and Children's Center Wisconsin, La Crosse, WI to expand behavioral health services, including outreach, education, equipment, and technology	450,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	FosterHope Sacramento, Sacramento, CA for mental health and associated support services	600,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Friends of the Children- Detroit, Detroit, MI for mental health and other supportive services, including training	150,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	GAAMHA Inc., Gardner, MA for behavioral health and supportive services	200,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	George Mason University, Fairfax, VA for substance use services, treatment, and associated support services	1,037,519
Department of Health and Human Services	Substance Use And Mental Health Services Administration	George Mason University, Fairfax, VA for youth mental health services, including training and equipment	943,983
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Grafton City Hospital, Grafton, WV for a substance use treatment and recovery program, including the purchase of supplies, equipment, and information technology, and wraparound services	995,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Harris County Public Health, Houston, TX for ACCESS Harris to provide behavioral health and wraparound services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Harris County Public Health, Houston, TX for behavioral health and supportive services for parents and infants	1,431,174
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Healthier Kids Foundation, San Jose, CA for mental and behavioral health services for youth	644,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Hope for Heroes Horsemanship Center, Yelm, WA for suicide prevention and mental health awareness training and treatment programming, including postvention services	70,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Hope of the Valley Rescue Mission, North Hills, CA for mental health and substance use disorder services	2,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Ibn Sina Foundation, Inc., Houston, TX for mental health and substance use disorder services and treatment, including equipment	1,600,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Identity, Inc., Rockville, MD for the Encuentros program to provide mental health and supportive services, including curriculum and training	121,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Indian Health Center of Santa Clara Valley, San Jose, CA for behavioral health and wrap-around services	914,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Jewish Adoption and Family Care Options, Sunrise, FL for mental health and trauma prevention services	250,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Julia Dyckman Andrus Memorial, Incorporated, Yonkers, NY to expand mental health services, including equipment	802,583
Department of Health and Human Services	Substance Use And Mental Health Services Administration	LCH Health and Community Services, Oxford, PA for behavioral health services and treatment, including minor facility repairs and improvements	605,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	LIFE Camp, Inc., Jamaica, NY for mental health, grief counseling, and other supportive services	800,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Loma Linda University Medical Center, Loma Linda, CA for a mental health outreach demonstration program	542,597
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Long Island Council on Alcoholism and Drug Dependence, Inc., Westbury, NY for the Student Assistance Program 2.0 to provide mental health and substance use disorder services	150,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Long Island Gay and Lesbian Youth, Inc., Hauppauge, NY for substance use prevention and mental health services for youth	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Maimonides Medical Center, Brooklyn, NY for behavioral health services, workforce training, and care coordination	1,650,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Massachusetts General Hospital Center for Immigrant Health, Boston, MA for mental health and supportive services	1,150,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Massachusetts General Hospital, Boston, MA for behavioral health and supportive services for adults and youth	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Mental Health Association, Inc., Springfield, MA for mental health services, including technology and equipment	513,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Minnesota Psychiatric Information and Outreach, St. Paul, MN for behavioral health educational materials, training, and peer support services	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Mosaic Georgia, Inc., Duluth, GA for behavioral health workforce and equipment	1,027,200
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Muslim Community and Health Center, Milwaukee, WI to expand mental health services, including outreach and equipment	290,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	National Runaway Switchboard, Chicago, IL for the Teen Suicide Prevention Line to provide mental health services, including technology, public awareness, training, and equipment	375,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Nevada State College, Henderson, NV for behavioral health and support services, including technology and equipment	1,337,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	New Age Services Corporation, Chicago, IL to expand substance use disorder and mental health services	600,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	New Mexico Human Services Department, Behavioral Health Services Division, Santa Fe, NM for mobile mental health crisis response teams	2,800,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Northville Township Police Department, Northville, MI to expand mobile crisis response and related services	135,359
Department of Health and Human Services	Substance Use And Mental Health Services Administration	NYC Health + Hospitals/ Jacobi, Bronx, NY for the Stand Up to Violence program to provide youth mental health and substance use treatment services, and other support services	845,026

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Ohio Fire and Emergency Services Foundation, Worthington, OH for a mental health training program	200,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Oklahoma Children's Hospital, Oklahoma City, OK for a behavioral health program, including the purchase of equipment and information technology	2,115,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Operation New Hope, Jacksonville, FL for mental health services and trainings	100,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Orange County Asian and Pacific Islander Community Alliance, Inc., Garden Grove, CA for mental health and supportive services	805,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Overdose Lifeline, Inc., Indianapolis, IN for Camp Mariposa-Aaron's Place Youth Prevention Program to provide behavioral health and related services to youth	87,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Partnership to End Addiction, New York, NY for telehealth and mobile behavioral health services, outreach, and awareness activities	293,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Philadelphia Mural Arts Advocates, Philadelphia, PA for behavioral health and other support services	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Pinebrook Family Answers, Allentown, PA for suicide prevention and mental health services, including training, technology, and equipment	197,477
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Polk County, FL for behavioral health and mobile crisis services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Primo Center for Women and Children, Chicago, IL for trauma-informed behavioral health and other supportive services	800,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Public Defender Association, Seattle, WA for behavioral health and wraparound services	1,500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	RefugeeOne, Chicago, IL for mental health and recovery support services for refugee communities, including training	546,859

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Reimagining Justice Inc., Paterson, NJ for mental health and wraparound services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	San Francisco General Hospital Foundation, San Francisco, CA for behavioral health programs and services	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	San Gabriel Valley Council of Governments, Alhambra, CA for mental health crisis response services and equipment	1,500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Santa Cruz County Office of Education, Santa Cruz, CA for behavioral health services and treatment	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Sheppard Pratt Health System, Inc., Baltimore, MD for mental health services and treatment, including equipment	1,500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Sheppard Pratt Health System, Inc., Baltimore, MD for the Zero Suicide Initiative to provide mental health services and treatment	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Sheppard Pratt Health System, Inc., Hagerstown, MD to expand mental health services, including equipment	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Stanislaus County Behavioral Health and Recovery Services, Modesto, CA to expand mobile behavioral health crisis services	711,690
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Temple University—Of The Commonwealth System of Higher Education, Philadelphia, PA for mental and behavioral health services to communities in crisis, including equipment	750,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Texas A&M Engineering Extension Service, College Station, TX for a mental health program for first responders	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Texas State University, San Marcos, TX for mental health training, including equipment	1,000,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Beebe Medical Foundation, Lewes, DE for a community harm reduction program to provide mental health and substance use disorder services	381,406

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Center for Great Expectations, Somerset, NJ for mental health services and treatment	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Centre for Women, Inc., Tampa, FL for mental health and related services, including minor facility repairs and improvements	1,205,394
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Institute for Family Health at 17th Street, New York, NY for substance use disorder services and treatment, including a mobile harm reduction unit	411,381
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Marion and Aaron Gural JCC, Cedarhurst, NY for the Resilient Impactful Sustaining Empowerment Project to provide mental health and supportive services	300,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Nemours Foundation, Jacksonville, FL for pediatric mental health therapists, trainings, and other support services	1,500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Welcome Project PA, Hatboro, PA for mental health services, case management, training, and wraparound services	226,500
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Turning Point Behavioral Health Care Center, Skokie, IL for the Living Room program to provide behavioral health crisis and supportive services	650,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	UCAN, Chicago, IL for behavioral health and supportive services for youth, including equipment	95,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	United Way of Greater LaPorte County, Michigan City, IN for mental health and substance use disorder services, including community outreach and education	100,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	United Way of Will County, Joliet, IL for the Resilient Youth program to provide behavioral health services, including training	883,395
Department of Health and Human Services	Substance Use And Mental Health Services Administration	University of California, Davis, Sacramento, CA for behavioral health services and treatment, including technology	1,509,543

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	University of North Carolina System, Chapel Hill, NC for mental health training and services	230,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Unlawful Narcotics Investigations, Treatment, and Education, Inc., London, KY for a substance use prevention, treatment, and recovery program, including the purchase of equipment and housing assistance, and education programming	1,400,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	UTOPIA Washington, Kent, WA for mental health and substance use disorder services, including training and equipment	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Valley Health System, Winchester, VA for behavioral health training	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Variety Boys and Girls Club of Queens, Inc., Astoria, NY for mental health and supportive services, including outreach	502,250
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Washington State University, Spokane, WA for a mental and behavioral health services program for rural and underserved communities, including student stipends	500,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Wendt Center for Loss and Healing, Washington, DC for behavioral health crisis response services	94,444
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Western Michigan University, Kalamazoo, MI for a mental and behavioral health initiative, including teacher and student stipends	1,820,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Wyandotte County Public Health Department, Kansas City, KS for mental and behavioral health services, including wraparound services	750,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	YMCA of Honolulu, HI for the Youth Wellness Program for Mental Health to provide mental health services, including equipment and technology	270,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Youth Shelter Program of Westchester, Mount Vernon, NY for the YouthHEAL Integrated Network project to provide behavioral health services, including equipment and training	1,600,000
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Youth Visionaries Youth Leadership Academy, San Bernardino, CA for the Empowering Youth Resilience and Promoting Social Emotional Healing project to provide mental health and other wraparound services	733,533
Department of Health and Human Services	Substance Use And Mental Health Services Administration	YWCA Pierce County, Tacoma, WA for behavioral health and supportive services, including training	151,000
Department of Education	Elementary and Secondary Education	Abyssinian Development Corporation, New York, NY for SEL programming and professional development	1,000,000
Department of Education	Elementary and Secondary Education	Admiral Peary Area Vocational Technical School, Ebensburg, PA for an instructional program, including the purchase of equipment	1,005,000
Department of Education	Elementary and Secondary Education	Adrienne Arsht Center Trust, Miami, FL for arts education through theater production and performance	500,000
Department of Education	Elementary and Secondary Education	American Association of Caregiving Youth, Boca Raton, FL for supportive services for caregiving youth	491,000
Department of Education	Elementary and Secondary Education	An Achievable Dream, Newport News, VA for student enrichment and academic support	1,594,355
Department of Education	Elementary and Secondary Education	Anaheim Union High School District, Anaheim, CA for a theater and performing arts program, including equipment and technology installation	2,000,000
Department of Education	Elementary and Secondary Education	Austin Independent School District, Austin, TX for outdoor learning experiences, including equipment and furniture for outdoor classrooms and exhibits	2,015,750
Department of Education	Elementary and Secondary Education	Baldwin Union Free School District, Baldwin, NY for SEL programs	3,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Beasley-Brown Community Development Corporation, San Antonio, TX for community-based learning centers	2,280,000
Department of Education	Elementary and Secondary Education	Best Buddies International, Baltimore, MD for school-based programs that promote inclusion	100,000
Department of Education	Elementary and Secondary Education	Best Buddies International, Baltimore, MD for school-based programs that promote inclusion	100,000
Department of Education	Elementary and Secondary Education	Best Buddies International, Houston, TX for inclusion support for students with disabilities	100,000
Department of Education	Elementary and Secondary Education	Big Brothers Big Sisters Lone Star, Irving, TX for a youth mentoring program	250,000
Department of Education	Elementary and Secondary Education	Big Brothers Big Sisters of Essex, Hudson & Union Counties, Newark, NJ for mentoring and student support	1,000,000
Department of Education	Elementary and Secondary Education	Big Sister Association of Greater Boston, MA for student mentoring and enrichment	250,000
Department of Education	Elementary and Secondary Education	Big Thought, Dallas, TX for out-of-school learning, digital credentialing, and learning systems	1,000,000
Department of Education	Elementary and Secondary Education	Birch Family Services, New York, NY for communication systems for nonverbal children and families	201,096
Department of Education	Elementary and Secondary Education	Black Hawk College, Kewanee, IL for a manufacturing training program, including equipment	1,000,000
Department of Education	Elementary and Secondary Education	Black Spectrum Theatre Co., Jamaica, NY for an African American history program	1,275,750
Department of Education	Elementary and Secondary Education	Boys & Girls Club of Monmouth County, Asbury Park, NJ for trauma-informed interventions to address adverse childhood experiences	500,000
Department of Education	Elementary and Secondary Education	Boys & Girls Clubs of Southern Nevada, Las Vegas, NV for STEM and SEL programs	750,000
Department of Education	Elementary and Secondary Education	Boys & Girls Clubs of the Los Angeles Harbor, San Pedro, CA for developing a digital program for student support	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Metro Atlanta, Chamblee, GA for academic enrichment and tutoring	400,861
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Metro Denver, CO for afterschool and summer programming	549,374
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Metro Denver, CO for afterschool programs	1,212,062
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Pharr, TX for equipment and supplies for youth development services	1,753,812
Department of Education	Elementary and Secondary Education	Boys and Girls Clubs of Benton Harbor, Benton Harbor, MI for educational, mentoring, and tutoring program	1,500,000
Department of Education	Elementary and Secondary Education	Breakthrough of Greater Philadelphia, PA for a teaching fellows program	500,000
Department of Education	Elementary and Secondary Education	Bridgewater State University, Bridgewater, MA for an aviation education program	1,358,000
Department of Education	Elementary and Secondary Education	Bristol Community College, Fall River, MA for workforce education access and credit programs	1,000,000
Department of Education	Elementary and Secondary Education	Brooklyn Bridge Park Conservancy, Brooklyn, NY for academic enrichment programs	1,025,000
Department of Education	Elementary and Secondary Education	Broward County Public Schools, Fort Lauderdale, FL for visual arts and computer science education, including equipment	525,000
Department of Education	Elementary and Secondary Education	Cambodia Town, Long Beach, CA for language access programs	56,950
Department of Education	Elementary and Secondary Education	Cameron Community Ministries, Rochester, NY for afterschool and summer enrichment	200,000
Department of Education	Elementary and Secondary Education	Cape Cod Community College, Barnstable, MA for a dental hygiene program	1,000,000
Department of Education	Elementary and Secondary Education	Capitol Hill Arts Workshop, Washington, DC for youth engagement through arts education, including equipment	250,000
Department of Education	Elementary and Secondary Education	Career Technical Education Foundation Sonoma County, Santa Rosa, CA for whole-school transformation efforts	200,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Catholic Big Brothers and Big Sisters of Los Angeles, CA for a postsecondary student support program	500,000
Department of Education	Elementary and Secondary Education	Centro Cultural Aztlan, San Antonio, TX for arts education	95,000
Department of Education	Elementary and Secondary Education	Chapman University, Orange, CA for computational clusters, lab infrastructure, and postsecondary research activities	2,200,000
Department of Education	Elementary and Secondary Education	Chicago Public Schools, Chicago, IL for arts education, including equipment and supplies	500,000
Department of Education	Elementary and Secondary Education	Chicago Public Schools, Chicago, IL for arts education, including equipment and supplies	500,000
Department of Education	Elementary and Secondary Education	Chicago Public Schools, Chicago, IL for arts education, including equipment and supplies	500,000
Department of Education	Elementary and Secondary Education	Chinese American Social Services Center, Brooklyn, NY for academic and arts programs, including support for English learners	105,000
Department of Education	Elementary and Secondary Education	City of Greenacres, FL for youth programs, services, and curricula, including technology	1,000,000
Department of Education	Elementary and Secondary Education	City of Indianapolis Department of Parks and Recreation, Indianapolis, IN for an afterschool physical education enrichment program	1,000,000
Department of Education	Elementary and Secondary Education	City of Indianapolis Department of Parks and Recreation, Indianapolis, IN for arts and environmental education access in afterschool and summer learning settings	1,000,000
Department of Education	Elementary and Secondary Education	City School District of New Rochelle, NY for afterschool programs and summer learning	2,000,000
Department of Education	Elementary and Secondary Education	Clayton State University, Morrow, GA for environmental studies research, including equipment and technology	750,000
Department of Education	Elementary and Secondary Education	Clearwater Marine Aquarium, Clearwater, FL for science education and a mobile classroom, including a vehicle	976,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for language immersion curriculum and programming	311,939
Department of Education	Elementary and Secondary Education	Connecticut Historical Society Museum and Library, Hartford, CT for civics education	1,000,000
Department of Education	Elementary and Secondary Education	CUNY Dominican Studies Institute, New York, NY for historical curricula and enrichment programs	809,092
Department of Education	Elementary and Secondary Education	Dance Institute of Washington, DC for arts education and dance training, including equipment	1,000,000
Department of Education	Elementary and Secondary Education	Dearborn Heights Libraries, Dearborn Heights, MI for student mobile library services, including a vehicle	206,000
Department of Education	Elementary and Secondary Education	Dr. Carter G. Woodson African American History Museum, St. Petersburg, FL for an African American history program, including technology	3,000,000
Department of Education	Elementary and Secondary Education	Drew Child Development Corporation, Lynwood, CA for an early childhood education program, including installation of an outdoor science lab and learning space	143,000
Department of Education	Elementary and Secondary Education	El Paso Independent School District, El Paso, TX for afterschool enrichment and STEAM education	2,000,000
Department of Education	Elementary and Secondary Education	Empowering Success Now, Fontana, CA for afterschool and tutoring programs	532,500
Department of Education	Elementary and Secondary Education	Encompass: Resources for Learning, Rochester, NY for student academic and wraparound services, including transportation	700,000
Department of Education	Elementary and Secondary Education	End Hunger Calvert County, Huntingtown, MD for a pre-apprentice skills program	300,000
Department of Education	Elementary and Secondary Education	Fairfax County, VA for early childhood development and learning	1,500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Fine Arts Work Center in Provincetown, MA for arts education and cultural programming for community development	400,000
Department of Education	Elementary and Secondary Education	Flint Institute of Science and History, Flint, MI for after-school programs	1,905,421
Department of Education	Elementary and Secondary Education	Food Literacy Center, Sacramento, CA for science and nutrition education, including the development of a student garden	1,050,000
Department of Education	Elementary and Secondary Education	Foundation Communities, Austin, TX for learning center programs, including enrichment and literacy support	1,107,925
Department of Education	Elementary and Secondary Education	Foundation for the Advancement of Music & Education, Bowie, MD for music education programs	750,000
Department of Education	Elementary and Secondary Education	Freeport Union Free School District, Freeport, NY for a college and career center, including equipment	173,923
Department of Education	Elementary and Secondary Education	Friendship Foundation, Redondo Beach, CA for inclusive programs for students with disabilities	1,000,000
Department of Education	Elementary and Secondary Education	Georgia Institute of Technology, Atlanta, GA for educational services for children of military families, including the purchase of equipment	215,000
Department of Education	Elementary and Secondary Education	Girl Scouts of Eastern Missouri, St. Louis, MO for student mental health and anti-violence programs	70,000
Department of Education	Elementary and Secondary Education	Girl Scouts of Northeast Texas, Dallas, TX for programming to develop skills and competencies in STEM, leadership development, and financial empowerment	920,000
Department of Education	Elementary and Secondary Education	Glen Ellyn School District 41, Glen Ellyn, IL for school-based mental health services for students and families	250,000
Department of Education	Elementary and Secondary Education	Grand Valley State University, Allendale, MI for a student development program, including the purchase of supplies and student stipends	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Greater New York Councils, Boy Scouts of America, New York, NY for a youth scouting program	50,000
Department of Education	Elementary and Secondary Education	Guadalupe Cultural Arts Center, San Antonio, TX for student literacy programs and access to culturally relevant texts	102,250
Department of Education	Elementary and Secondary Education	Guilford County Schools, Greensboro, NC for wraparound services, academic supports, and learning hubs	2,200,000
Department of Education	Elementary and Secondary Education	Haitian Americans United for Progress, Hollis, NY for youth leadership and youth workforce programming	364,558
Department of Education	Elementary and Secondary Education	Harris County Public Library, Houston, TX for student access to texts, including equipment	139,212
Department of Education	Elementary and Secondary Education	Hawaii Agriculture Foundation, Honolulu, HI for STEM programs that incorporate innovative agriculture technologies	372,000
Department of Education	Elementary and Secondary Education	Henry County Board of Education, McDonough, GA for afterschool enrichment and STEM education	40,000
Department of Education	Elementary and Secondary Education	Hillsborough County Public Schools, Tampa, FL for arts education	1,986,353
Department of Education	Elementary and Secondary Education	Hillsborough County Public Schools, Tampa, FL for career and technical education in construction and medical training, including equipment	1,000,000
Department of Education	Elementary and Secondary Education	Hispanic Counseling Center, Hempstead, NY for afterschool programming	128,468
Department of Education	Elementary and Secondary Education	Holocaust Memorial Center, Farmington Hills, MI for a Holocaust education program	605,000
Department of Education	Elementary and Secondary Education	Holocaust Memorial Center, Farmington Hills, MI for a Holocaust education program, including support for English learners and students with disabilities	550,000
Department of Education	Elementary and Secondary Education	Houston Independent School District, Houston, TX for family and community engagement programs for students	1,975,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Houston Public Library, Houston, TX for digital literacy resources	2,000,347
Department of Education	Elementary and Secondary Education	Iowa Jobs for America's Graduates, Des Moines, IA for career pathways and counseling supports	250,000
Department of Education	Elementary and Secondary Education	Ivy Tech Community College, Indianapolis, IN for early childhood education programs, including furniture, minor repairs, and classroom upgrades	500,000
Department of Education	Elementary and Secondary Education	Jobs for Arizona's Graduates, Phoenix, AZ for targeted student support programs	167,700
Department of Education	Elementary and Secondary Education	Kennedy King Memorial Initiative, Indianapolis, IN for human rights education	100,000
Department of Education	Elementary and Secondary Education	Kennedy Krieger Institute, Baltimore, MD for services to students with disabilities	2,000,000
Department of Education	Elementary and Secondary Education	Kula No Na Poe Hawaii, Honolulu, HI for academic supports and wraparound services	1,800,000
Department of Education	Elementary and Secondary Education	Lenape Regional High School District, Shamong, NJ for post-graduation student success programs	593,663
Department of Education	Elementary and Secondary Education	Leo High School, Chicago, IL for a parent engagement center, including equipment and technology	250,000
Department of Education	Elementary and Secondary Education	LGBT Center of Greater Reading, PA for wraparound services and support for at-risk youth	113,520
Department of Education	Elementary and Secondary Education	LIFT, Detroit, MI for a manufacturing technician education program	1,250,000
Department of Education	Elementary and Secondary Education	Long Beach Day Nursery, Long Beach, CA for early childhood learning	250,000
Department of Education	Elementary and Secondary Education	Long Beach Latino Civic Association, Long Beach, NY for student support, mentoring, and enrichment	50,000
Department of Education	Elementary and Secondary Education	Massachusetts Women of Color Coalition, Worcester, MA for a summer learning program	416,275

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Michigan's Own, Inc. dba—Michigan Heroes Museum, Frankenmuth, MI for curriculum, exhibit, website development, and educational programming, including information technology	215,000
Department of Education	Elementary and Secondary Education	Milwaukee Public Library, Milwaukee, WI for child literacy programs	241,250
Department of Education	Elementary and Secondary Education	Monmouth College, Monmouth, IL for rural teacher preparation and development	750,000
Department of Education	Elementary and Secondary Education	Museum of Science and Industry, Chicago, IL for STEM education, including teacher stipends	1,022,000
Department of Education	Elementary and Secondary Education	Museums at Mitchel Doing Business As Cradle of Aviation Museum, Garden City, NY for STEM education	75,000
Department of Education	Elementary and Secondary Education	NAACP—Hayward/South Alameda County, Hayward, CA for a parent engagement and student success program	285,000
Department of Education	Elementary and Secondary Education	National Aquarium, Baltimore, MD for STEM education and professional development	401,615
Department of Education	Elementary and Secondary Education	National Center for Families Learning, Louisville, KY for a family engagement and immersive technology program	500,000
Department of Education	Elementary and Secondary Education	National Children's Museum, Washington, DC for student educational exhibits and programming	1,000,000
Department of Education	Elementary and Secondary Education	National World War II Museum, New Orleans, LA, for a historical education project, including technology and equipment	2,000,000
Department of Education	Elementary and Secondary Education	New York Hall of Science, Corona, NY for science programming for preschool students, including exhibits	750,000
Department of Education	Elementary and Secondary Education	New York Sun Works, New York, NY for a hydroponic farm STEM program, including equipment	800,000
Department of Education	Elementary and Secondary Education	New York Sun Works, New York, NY for hydroponic STEM classrooms, including equipment	800,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	New York Sun Works, New York, NY for hydroponic STEM education, including equipment	500,000
Department of Education	Elementary and Secondary Education	NH Jobs for America's Graduates, Manchester, NH for programs to develop student academic skills, including supplies and equipment	300,000
Department of Education	Elementary and Secondary Education	Norwalk La-Mirada Unified School District, Norwalk, CA for career and technical education pathways, dual enrollment programs, and technology	2,200,000
Department of Education	Elementary and Secondary Education	Norwalk Public Schools, Norwalk, CT for marine science pathways	1,323,660
Department of Education	Elementary and Secondary Education	Ontario-Montclair School District, Ontario, CA for STEAM programs, including equipment and technology	272,077
Department of Education	Elementary and Secondary Education	Open Door Preschools, Austin, TX for preschool programs, including outdoor learning spaces, and wraparound supports for at-risk families	824,900
Department of Education	Elementary and Secondary Education	Optimist Boys' Home & Ranch, Inc. dba Optimist Youth Homes & Family Services, Los Angeles, CA for a tutoring program	270,000
Department of Education	Elementary and Secondary Education	Oregon Institute of Technology, Wilsonville, OR for a healthcare career pathways program	700,000
Department of Education	Elementary and Secondary Education	Orlando Community & Youth Trust, Orlando, FL for student enrichment through dragon boating	100,000
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Inc., Jacksonville, FL for an educational services, counseling, and training program, including the purchase of equipment and information technology	500,000
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Inc., Jacksonville, FL for curriculum, technology, and training program, including the purchase of information technology and equipment	500,000
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Jacksonville, FL for curriculum development and support services	500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Jacksonville, FL for student support programs, including SEL resources and technology	500,000
Department of Education	Elementary and Secondary Education	Pascua Yaqui Tribe, Tucson, AZ for academic programs, curricula, and teacher development	862,813
Department of Education	Elementary and Secondary Education	Penumbra Theatre, Saint Paul, MN for the development, testing, and implementation of curriculum	1,000,000
Department of Education	Elementary and Secondary Education	Pima County School Superintendent's Office, Tucson, AZ for curricula, resources, and professional development	252,000
Department of Education	Elementary and Secondary Education	Pinellas County Education Foundation, Inc., Largo, FL for an early learning initiative, including teacher stipends	1,225,000
Department of Education	Elementary and Secondary Education	Providence After School Alliance, Providence, RI for a summer learning STEAM program	350,000
Department of Education	Elementary and Secondary Education	Research Foundation of the City University of New York, Brooklyn, NY for a literacy program	191,160
Department of Education	Elementary and Secondary Education	Riverside County Office of Education, Riverside, CA for early childhood education	1,000,000
Department of Education	Elementary and Secondary Education	Rock and Roll Hall of Fame and Museum, Cleveland, OH for arts education programs	1,000,000
Department of Education	Elementary and Secondary Education	Roosevelt Union Free School District, Roosevelt, NY for homework and tutoring support	525,000
Department of Education	Elementary and Secondary Education	San Diego State University, San Diego, CA for school-based behavioral health training and supports	524,972
Department of Education	Elementary and Secondary Education	Santa Ana College, Santa Ana, CA for CTE pathways to certificate and degree programs	2,000,000
Department of Education	Elementary and Secondary Education	Santa Clara County Office of Education, San Jose, CA for student broadband access, including equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	School District of Borough of Morrisville, PA for a curriculum, instruction, and technology program, including the purchase of information technology and equipment	850,000
Department of Education	Elementary and Secondary Education	School District of Osceola County, FL for a youth entrepreneurship program, including support for student internships, a vehicle, and capital for student businesses	953,000
Department of Education	Elementary and Secondary Education	Seed St. Louis, MO for STEM education programs	380,000
Department of Education	Elementary and Secondary Education	Seminole County Public Schools, Sanford, FL for high school health careers programs, including medical equipment	526,692
Department of Education	Elementary and Secondary Education	Shedd Aquarium, Chicago, IL for STEAM education	595,025
Department of Education	Elementary and Secondary Education	Soulsville Foundation, Memphis, TN for an afterschool music education program	1,150,000
Department of Education	Elementary and Secondary Education	Soundscapes, Newport News, VA for expanding access to arts education, including a feasibility study for growth	677,000
Department of Education	Elementary and Secondary Education	South City Foundation, Tallahassee, FL for an early childhood education program, including technology upgrades	2,000,000
Department of Education	Elementary and Secondary Education	Southland Career and Technical Education Center, Matteson, IL for classroom design and curricula for career and technical education programs	1,740,000
Department of Education	Elementary and Secondary Education	Springfield Public Schools, Springfield, OR for a career and technical cosmetology program, including equipment	385,000
Department of Education	Elementary and Secondary Education	St. Louis Public Schools, St. Louis, MO for CTE programs in construction trades, including scholarships for technical college programs	252,713
Department of Education	Elementary and Secondary Education	Stars of New York Dance, Brooklyn, NY for arts education enrichment programs, including student scholarships	500,000
Department of Education	Elementary and Secondary Education	Start Lighthouse, New York, NY for literacy and learning spaces in schools	205,500

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Strategic Human Services, Chicago, IL for communication and journalism education, including equipment	832,140
Department of Education	Elementary and Secondary Education	Tacoma Public School District, Tacoma, WA for career preparation and internship programs	555,000
Department of Education	Elementary and Secondary Education	TECH CORPS, Columbus, OH for computer science education, including equipment	300,000
Department of Education	Elementary and Secondary Education	Tennessee Technological University, Cookeville, TN for lending library programs, including purchase of supplies, information technology, and equipment	400,000
Department of Education	Elementary and Secondary Education	Texas A&M University San Antonio, TX for a mobile unit offering school-based autism services and educational supports	300,000
Department of Education	Elementary and Secondary Education	Texas State University — Round Rock, Round Rock, TX for a STEM educational and professional development program	1,000,000
Department of Education	Elementary and Secondary Education	The Bridge Teen Center, Orland Park, IL for afterschool programs	500,000
Department of Education	Elementary and Secondary Education	The Brotherhood Sister Sol, New York, NY for afterschool programs	1,000,000
Department of Education	Elementary and Secondary Education	The Center for the Innovative Training of Youth STEM NOLA, New Orleans, LA for STEM learning and career readiness programs, including equipment	2,000,000
Department of Education	Elementary and Secondary Education	The Garage Community and Youth Center, Avondale, PA for afterschool youth development programs, including a vehicle	100,000
Department of Education	Elementary and Secondary Education	The Noel Pointer Foundation, Brooklyn, NY for music instruction programs, including student scholarships	414,500
Department of Education	Elementary and Secondary Education	The Regents of the University of California; University of California San Diego, La Jolla, CA for summer math academies	1,125,360

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	The West Virginia Chamber Foundation Corporation, Charleston, WV for a drop-out prevention and school-to-work transition program	200,000
Department of Education	Elementary and Secondary Education	Toledo Tomorrow, Toledo, OH for an early childhood reading program	1,050,000
Department of Education	Elementary and Secondary Education	Town of Randolph, MA for mobile library and STEM programming, including vehicle and equipment	524,000
Department of Education	Elementary and Secondary Education	Trumbull County Educational Service Center, Niles, OH for STEM education, including equipment and technology	650,000
Department of Education	Elementary and Secondary Education	United Way of Wyoming Valley, Wilkes-Barre, PA for wrap-around services and academic supports, including pre-K tuition stipends	2,200,000
Department of Education	Elementary and Secondary Education	University of California Berkeley, CA for a social science research and postdoctoral pipeline program	1,000,000
Department of Education	Elementary and Secondary Education	University of Connecticut Health Center, Farmington, CT for K–12 STEM education programs	1,000,000
Department of Education	Elementary and Secondary Education	University of Mississippi, University, MS for a professional development program and writing initiative	1,000,000
Department of Education	Elementary and Secondary Education	University of Nebraska System, Lincoln, NE for a science, technology, engineering, and mathematics program	2,000,000
Department of Education	Elementary and Secondary Education	University of Washington Bothell, WA for pathways toward environment and sustainability degree programs, including equipment	811,061
Department of Education	Elementary and Secondary Education	Upper Darby Arts & Education Foundation, Drexel Hill, PA for creative arts programs for students with disabilities	115,000
Department of Education	Elementary and Secondary Education	Virgin Islands Department of Education, St. Thomas, VI for electric vehicle classes, career and technical college programs, and STEM education	2,200,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Elementary and Secondary Education	Washtenaw Community College, Ann Arbor, MI for an electric battery and charging station program, including equipment	1,000,000
Department of Education	Elementary and Secondary Education	Waterbury Public Schools, Waterbury, CT for education technology equipment, including computers	2,265,000
Department of Education	Elementary and Secondary Education	Watts Labor Community Action Committee, Los Angeles, CA for afterschool programming and arts education	922,000
Department of Education	Elementary and Secondary Education	Waukegan to College, Waukegan, IL for mentoring, tutoring, and academic advising programs	315,000
Department of Education	Elementary and Secondary Education	West Chester University, West Chester, PA for STEM education programs	715,770
Department of Education	Elementary and Secondary Education	Winston-Salem/Forsyth County Schools, Winston-Salem, NC for teacher academy programs	301,548
Department of Education	Elementary and Secondary Education	YMCA of Greater New York, NY for youth support and enrichment programs	1,000,000
Department of Education	Elementary and Secondary Education	YMCA of Memphis and the Mid-South, Cordova, TN for educational programs before and after school	1,000,000
Department of Education	Elementary and Secondary Education	YMCA of Metropolitan Chicago, IL for afterschool programs	666,366
Department of Education	Elementary and Secondary Education	YMCA of Metropolitan Los Angeles, CA for empowerment learning pods	1,500,000
Department of Education	Elementary and Secondary Education	YMCA of Metropolitan Los Angeles, Van Nuys, CA for STEAM and civics education	2,000,000
Department of Education	Higher Education	Adoption Rhode Island, Providence, RI for an adoption and foster care certificate program, including scholarships and equipment	201,639
Department of Education	Higher Education	Agnes Scott College, Decatur, GA for digital skill building programs, including equipment	1,024,940
Department of Education	Higher Education	Albany Technical College, Albany, GA for allied health programs, including equipment, a vehicle, and scholarships	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Aliento Education Fund, Phoenix, AZ for first-generation college student access and success programs, including scholarships	300,000
Department of Education	Higher Education	AltaSea at the Port of Los Angeles, San Pedro, CA for post-secondary ocean-based research, including equipment	1,000,000
Department of Education	Higher Education	Alvernia University Reading Collegetowne, Reading, PA for a health science program, including equipment	2,000,000
Department of Education	Higher Education	Alvernia University, Reading, PA for the purchase of information technology and equipment	1,000,000
Department of Education	Higher Education	Angelo State University, San Angelo, TX for equipment, scholarships, and stipends for an aviation degree program	2,000,000
Department of Education	Higher Education	Aquinas College, Grand Rapids, MI for a professional development and curriculum development for a teaching center	185,000
Department of Education	Higher Education	Arkansas Tech University, Russellville, AR for purchase of lab equipment and technology for agricultural education program	730,000
Department of Education	Higher Education	AUC Consortium, Atlanta, GA for programs promoting career pathways into government service, including scholarships	2,000,000
Department of Education	Higher Education	Augusta University, Augusta, GA for a telemedicine education initiative, including the purchase of equipment and information technology	1,000,000
Department of Education	Higher Education	Aurora University, Aurora, IL for an emerging technologies learning lab, including equipment	955,000
Department of Education	Higher Education	Austin Community College District, Austin, TX for the purchase of equipment	2,830,000
Department of Education	Higher Education	Austin Community College, Austin, TX for cybersecurity training, including equipment	1,467,542
Department of Education	Higher Education	Austin Independent School District for college and career preparation, including transportation	1,862,600

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Bay Path University, Longmeadow, MA for wraparound academic and student support services	1,000,000
Department of Education	Higher Education	Baylor University, Waco, TX for a cybersecurity program, including the purchase of equipment and information technology	1,500,000
Department of Education	Higher Education	Birmingham-Southern College, Birmingham, AL for experimental learning and civic engagement	500,000
Department of Education	Higher Education	Bluegrass Community and Technical College, Lexington, KY for a health professions program, including the purchase of equipment and supplies	1,570,000
Department of Education	Higher Education	Boys & Girls Club of the West Valley, Canoga Park, CA for afterschool programs	450,000
Department of Education	Higher Education	Cabrillo College, Aptos, CA for science learning, including learning lab furniture and equipment	163,539
Department of Education	Higher Education	California State University—Stanislaus, Turlock, CA for a mental health workforce program, including scholarships	1,681,720
Department of Education	Higher Education	California State University Channel Islands, Camarillo, CA for a cybersecurity degree program, including equipment	550,800
Department of Education	Higher Education	California State University, Northridge, CA for arts, media, and communications programs, including equipment	1,000,000
Department of Education	Higher Education	Campbellsville University, Campbellsville, KY for information technology and equipment upgrades	950,000
Department of Education	Higher Education	Chabot—Las Positas Community College District, Dublin, CA for student support programs	1,000,000
Department of Education	Higher Education	Chicago State University, Chicago, IL for communication and media career development programs, including equipment	1,600,000
Department of Education	Higher Education	City College of New York, NY for an infrastructure workforce training program and center	2,200,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	City Colleges of Chicago Malcom X College, Chicago, IL for an emergency medical technician student success program, including equipment	1,000,000
Department of Education	Higher Education	Coahoma Community College, Clarksdale, MS for campus safety, including equipment	1,664,100
Department of Education	Higher Education	Collaborative for Higher Education Shared Services, Santa Fe, NM for a cybersecurity shared services program	2,000,000
Department of Education	Higher Education	Connecticut Historical Society Museum and Library, Hartford, CT for the use of community history in postsecondary education, including equipment	1,000,000
Department of Education	Higher Education	Contra Costa Community College District, Martinez, CA for an open educational resources project	1,000,000
Department of Education	Higher Education	CUNY Mexican Studies Institute, Bronx, NY for a literacy and language skills program	1,246,080
Department of Education	Higher Education	CUNY York College, Queens, NY for geology and environmental science programs, including student stipends and equipment	1,267,500
Department of Education	Higher Education	CUNY York College, Queens, NY for pharmaceutical science workforce training, including equipment	850,000
Department of Education	Higher Education	Cyber Security Range at Union Station, Springfield, MA for a cybersecurity program, including equipment	3,000,000
Department of Education	Higher Education	Cypress College, Cypress, CA for veteran and military-connected student pathways, including equipment	500,000
Department of Education	Higher Education	Dallas College, Dallas, TX for a teaching residency apprenticeship program, including stipends	500,000
Department of Education	Higher Education	Davenport University, Grand Rapids, MI for a dual language education program	1,325,000
Department of Education	Higher Education	Davenport University, Grand Rapids, MI for a teacher training program, including scholarships	760,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Desert Research Institute, Las Vegas, NV for partnerships between STEM and education majors, including scholarships	1,000,000
Department of Education	Higher Education	Dominican Women's Development Center, New York, NY for after-school, STEM education, and postsecondary access programs	1,000,000
Department of Education	Higher Education	East Central College, Union, MO for the purchase of distance learning equipment	1,000,000
Department of Education	Higher Education	Eastern Gateway Community College, Steubenville, OH for electric vehicle technology training, including installation of equipment and technology	914,000
Department of Education	Higher Education	Eckerd College, St. Petersburg, FL for a marine science laboratory space, including the installation of equipment	1,000,000
Department of Education	Higher Education	Edmonds College, Lynnwood, WA for marine and AI robotics pathways programs, including equipment	1,300,000
Department of Education	Higher Education	Elgin Community College, Elgin, IL for a mechatronics certificate program, including equipment	936,000
Department of Education	Higher Education	Elms College, Chicopee, MA for social sciences and education curriculum and programming, including scholarships and equipment	1,000,000
Department of Education	Higher Education	Emory University, Atlanta, GA for a nursing apprenticeship program, including stipends	500,000
Department of Education	Higher Education	Folsom Lake College, Folsom, CA for a prison and reentry program	950,000
Department of Education	Higher Education	FoodTEC, Newburgh, NY for a workforce development program, including scholarships for daycare facilities	1,125,000
Department of Education	Higher Education	Franklin Pierce University, Rindge, NH for rural health care education and training, including technology and equipment	825,000
Department of Education	Higher Education	George Mason University, Fairfax, VA for a cybersecurity and IT modernization program	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Georgia State University, Atlanta, GA for programs to expand access to postsecondary education, including English language proficiency support	400,000
Department of Education	Higher Education	Glendale College Foundation, Glendale, CA for student basic needs support, including rental assistance	1,250,000
Department of Education	Higher Education	Goodwin University, East Hartford, CT for a mobile manufacturing and nursing program, including equipment and scholarships	2,200,000
Department of Education	Higher Education	Goucher College, Towson, MD for life and health sciences teaching labs, including equipment	1,255,800
Department of Education	Higher Education	Grambling State University, Grambling, LA for a cybersecurity initiative, including scholarships, stipends and purchase of equipment	2,500,000
Department of Education	Higher Education	Hamline University, Saint Paul, MN for academic internship programs, including student stipends	1,000,000
Department of Education	Higher Education	Hampton University, Hampton, VA for an allied health services and workforce development program	2,200,000
Department of Education	Higher Education	Harper College Aviation Maintenance Program, Palatine, IL for an aviation technical training program, including scholarships and equipment	500,000
Department of Education	Higher Education	Harris County Public Library, Houston, TX for college and career guidance programs	578,000
Department of Education	Higher Education	Hispanic Federation, Orlando, FL for college preparatory support for middle and high school students, including equipment	200,000
Department of Education	Higher Education	Hostos Community College of the City University of New York, The Bronx, NY, for community college articulation agreement support	1,000,000
Department of Education	Higher Education	Hudson County Community College, Jersey City, NJ for technological enhancements to student learning, including equipment	2,200,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Hudson Valley Community College, Troy, NY for STEM and healthcare workforce development	2,065,000
Department of Education	Higher Education	Husson University, Bangor, ME for science laboratory programming, including equipment	725,491
Department of Education	Higher Education	Joan B Kroc School of Peace Studies at the University of San Diego, CA for a research lab program to combat violence, including scholarships	580,000
Department of Education	Higher Education	Johnson & Wales University, Providence, RI for cybersecurity training for teachers, including stipends	1,012,000
Department of Education	Higher Education	Kirkwood Community College, Cedar Rapids, IA for the purchase of aviation information technology and equipment	360,000
Department of Education	Higher Education	Lehman College of the City University of New York, Bronx, NY for a digital equity initiative, including technology	500,000
Department of Education	Higher Education	Local 212 MATC Believe in Students FAST Fund, Milwaukee, WI for financial assistance to low-income students	250,000
Department of Education	Higher Education	Loisaida, New York, NY for an environmental and community science program	300,000
Department of Education	Higher Education	Los Angeles Community College District, Los Angeles, CA for mobile work-based workforce programs, including equipment	1,000,000
Department of Education	Higher Education	Los Angeles Mission College, Sylmar, CA for allied health programs and STEM services, including equipment	2,000,000
Department of Education	Higher Education	Louisiana Delta Community College, Monroe, LA for a health science and education program, including scholarships, purchase of equipment, and support services	1,555,000
Department of Education	Higher Education	Louisiana State University of Alexandria, Alexandria, LA for a teacher education program, including scholarships and tuition reimbursement	990,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Manor College, Jenkintown, PA for wraparound services, advising, and basic needs supports for at-risk student populations, including scholarships	1,275,667
Department of Education	Higher Education	Maria College, Albany, NY for nursing programs, including technology and equipment	770,088
Department of Education	Higher Education	Marquette University, Milwaukee, WI for college readiness and STEM pipeline services	799,500
Department of Education	Higher Education	Maryville College, Maryville, TN for a STEM project, including scholarships, stipends, and purchase of equipment	645,000
Department of Education	Higher Education	Marywood University, Scranton, PA for healthcare workforce expansion programs, including equipment and scholarships	2,607,464
Department of Education	Higher Education	Mass. Bay Community College, Wellesley, MA for a center for health sciences, early education, and human services, including equipment	400,000
Department of Education	Higher Education	Massachusetts College of Liberal Arts, North Adams, MA for a nursing program, including equipment	620,000
Department of Education	Higher Education	McLennan Community College, Waco, TX for the purchase of information technology and equipment for healthcare training programs	1,100,000
Department of Education	Higher Education	Mid-America Christian University, Oklahoma City, OK for the purchase of STEM lab equipment	555,000
Department of Education	Higher Education	Middlesex College, Edison, NJ for adult and justice-impacted learner support, including equipment	1,000,000
Department of Education	Higher Education	Midlands Technical College, Columbia, SC for a skilled trades training program, including equipment	1,000,000
Department of Education	Higher Education	MiraCosta Community College District, Oceanside, CA for accelerated skills-based training, including equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Modesto Junior College, Modesto, CA for regional fire science training programs, including equipment	2,000,000
Department of Education	Higher Education	Montgomery County Community College, Blue Bell, PA for early college programs, including equipment and tuition support	100,000
Department of Education	Higher Education	Moorpark College, Moorpark, CA for a work-based learning cybersecurity program	300,000
Department of Education	Higher Education	Moraine Valley Community College, Palos Hills, IL for nondestructive testing training, including equipment	500,000
Department of Education	Higher Education	Nevada State College, Henderson, NV for a career advancement and training center, including equipment	1,624,294
Department of Education	Higher Education	Nevada State College, Henderson, NV for a nursing program, including equipment and scholarships	611,968
Department of Education	Higher Education	New Hampshire Technical Institute, Concord, NH for dental training program modernization, including equipment	767,000
Department of Education	Higher Education	Niagara University, NY for study and research in scientific disciplines, including equipment and materials	750,000
Department of Education	Higher Education	Nichols College, Dudley, MA for an intelligent business automation program, including equipment	680,000
Department of Education	Higher Education	Normandale Community College, Bloomington, MN for health sciences education	188,875
Department of Education	Higher Education	Northampton County Community College, Bethlehem, PA for healthcare and workforce development programs, including equipment	2,729,288
Department of Education	Higher Education	Northeastern University, Boston, MA for an associate's to master's degree accelerator program	1,000,000
Department of Education	Higher Education	Northern Illinois University, DeKalb, IL for microchip research and training, including equipment	1,500,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Northern Virginia Community College, Annandale, VA for a diesel technology certificate program, including equipment	685,000
Department of Education	Higher Education	Northern Virginia Community College, Annandale, VA for a nursing program, including equipment	2,200,000
Department of Education	Higher Education	Nova Southeastern University, Fort Lauderdale, FL for a spatial computing and robotics program, including equipment and technology	2,000,000
Department of Education	Higher Education	Nova Southeastern University, Fort Lauderdale, FL for cybersecurity research, including equipment and technology	2,500,000
Department of Education	Higher Education	Oklahoma State University—Oklahoma City, Oklahoma City, OK for an education program, including the purchase of equipment and information technology	3,000,000
Department of Education	Higher Education	Oxnard College, Oxnard, CA for faculty professional development	628,600
Department of Education	Higher Education	Palm Beach State College, Lake Worth, FL for an artificial intelligence workforce development program, including equipment and technology	1,000,000
Department of Education	Higher Education	Pasadena Community College District, Pasadena, CA for a family resource center, including equipment	500,000
Department of Education	Higher Education	Pierce College, Woodland Hills, CA for biotech baccalaureate programs	2,000,000
Department of Education	Higher Education	Pima Community College District, Tucson, AZ for a building and construction technology program, including equipment	1,000,000
Department of Education	Higher Education	Pima County Community College District, Tucson, AZ for a building and construction technology program, including equipment	1,000,000
Department of Education	Higher Education	Prairie State College, Chicago Heights, IL for a dental hygiene program, including enhancements and the installation of equipment	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Prairie View A&M University, Prairie View, TX for the purchase of science and engineering lab equipment	2,400,000
Department of Education	Higher Education	Ready to Succeed, Santa Monica, CA for support for college-going foster youth, including scholarships	1,000,000
Department of Education	Higher Education	Research Foundation of the City University of New York, Brooklyn, NY for a pre-law program	534,982
Department of Education	Higher Education	Research Foundation of the City University of New York, NY for a learning hub for the study of history and culture, including equipment and space furnishings	792,000
Department of Education	Higher Education	Riverside Community College District, Riverside, CA for a military articulation platform expansion, including the purchase of equipment and information technology	3,000,000
Department of Education	Higher Education	Riverside Community College District, Riverside, CA for career training programs	3,000,000
Department of Education	Higher Education	Rust College, Holly Springs, MS for a leadership development program, including scholarships	500,000
Department of Education	Higher Education	Rutgers University-Camden, NJ for community partnership centers	1,404,800
Department of Education	Higher Education	Saint Augustine's University, Raleigh, NC for public health education, including equipment	490,000
Department of Education	Higher Education	Salt Lake Community College, Salt Lake City, UT for an educational program, including student scholarships	390,000
Department of Education	Higher Education	San Diego Community College District, San Diego, CA for centers to support LGBT students	1,200,000
Department of Education	Higher Education	San Diego Community College District, San Diego, CA for student support services for DACA recipients	1,200,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	San Joaquin Delta College, Stockton, CA for nursing programs, including equipment and technology for simulation labs	3,800,000
Department of Education	Higher Education	Santa Clarita Community College District — College of the Canyons, Santa Clarita, CA for the purchase of robotics equipment	1,000,000
Department of Education	Higher Education	Seminole State College of Florida, Sanford, FL for a fire science program, including equipment	404,114
Department of Education	Higher Education	Siena Heights University, Adrian, MI for student scholarships and the purchase of lab equipment	1,000,000
Department of Education	Higher Education	Simmons College of Kentucky, Louisville, KY for academic support programs, including equipment	602,500
Department of Education	Higher Education	Snead State Community College, Boaz, AL for the purchase of information technology and equipment	1,000,000
Department of Education	Higher Education	Social Enterprise Center, Albuquerque, NM for computing infrastructure and workforce development, including scholarships	1,500,000
Department of Education	Higher Education	St. Francis College, Brooklyn, NY for nursing programs, including equipment	1,500,000
Department of Education	Higher Education	St. Joseph's College New York, Brooklyn, NY for a cybersecurity lab program, including equipment installation, furnishings, and refurbishments	754,000
Department of Education	Higher Education	Stevens Institute of Technology, Hoboken, NJ for computer science programs, including equipment	960,000
Department of Education	Higher Education	Sustainable Cities Institute, Eugene, OR for a sustainability and student support program	1,156,695
Department of Education	Higher Education	Tennessee Technological University, Cookeville, TN for the purchase of equipment	3,000,000
Department of Education	Higher Education	Texas A&M International University, Laredo, TX for a center to combat human trafficking, including equipment and technology	1,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Texas A&M Transportation Institute, Bryan, TX for an electric vehicle program, including the purchase of equipment	1,600,000
Department of Education	Higher Education	Texas A&M University, College Station, TX for a forensic science education program, including student support for fellowships and internships and the purchase of equipment	1,500,000
Department of Education	Higher Education	Texas A&M University-Commerce, Dallas, TX for a teacher certification program, including scholarships	516,614
Department of Education	Higher Education	Texas Wesleyan University, Fort Worth, TX for STEM education programs, including lab equipment	1,439,695
Department of Education	Higher Education	The National Veteran Memorial and Museum Operating Corporation, Columbus, OH for graduate-level instruction to veterans, including scholarships	204,800
Department of Education	Higher Education	The Ohio State University, Columbus, OH for a quantum network research program, including the purchase of equipment and information technology	1,045,000
Department of Education	Higher Education	The University of North Georgia, Dahlonega, GA for a teacher candidate residency program, including equipment and stipends	399,952
Department of Education	Higher Education	The University of Texas at Dallas, Richardson, TX for semiconductor workforce development programs, including equipment infrastructure and scholarships	3,000,000
Department of Education	Higher Education	Towson University, Towson, MD for a teacher workforce pipeline program	950,000
Department of Education	Higher Education	University of California Riverside, CA for agricultural innovation programs	1,000,000
Department of Education	Higher Education	University of California, Davis, CA for wildfire smoke research, including equipment	1,205,967

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	University of California-San Diego, La Jolla, CA for pipelines into STEM careers	2,160,000
Department of Education	Higher Education	University of Central Florida, Orlando, FL for academic research on Puerto Rico	500,000
Department of Education	Higher Education	University of Colorado Anschutz Medical Center, Aurora, CO for a rural public health certificate program, including student project support	783,580
Department of Education	Higher Education	University of Colorado Anschutz Medical Center, Aurora, CO for an injury and violence prevention center, including scholarships	460,584
Department of Education	Higher Education	University of Georgia College of Agricultural and Environmental Sciences, Athens, GA for a poultry science program, including equipment	1,000,000
Department of Education	Higher Education	University of Hawaii—Office of Strategic Health Initiatives, Honolulu, HI for an indigenous data science hub	1,000,000
Department of Education	Higher Education	University of La Verne, CA for a mental health practitioner program, including equipment	2,200,000
Department of Education	Higher Education	University of Maryland Global Campus, Adelphi, MD for a peer tutoring program, including technology	246,000
Department of Education	Higher Education	University of Nevada Las Vegas, NV for advanced sports research, including equipment	3,000,000
Department of Education	Higher Education	University of New Hampshire, Durham, NH for child study and development education	1,000,000
Department of Education	Higher Education	University of North Alabama, Florence, AL for new program development, including the purchase of equipment	500,000
Department of Education	Higher Education	University of North Florida, Jacksonville, FL for information technology equipment	750,000
Department of Education	Higher Education	University of North Florida, Jacksonville, FL for the purchase of information technology and equipment, including associated software	375,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	University of South Florida, Sarasota, FL for a cybersecurity program, including the purchase of information technology	2,000,000
Department of Education	Higher Education	University of the District of Columbia, Washington, DC for a math teacher training institute, including equipment	1,000,000
Department of Education	Higher Education	University of Wisconsin — Madison, WI for STEM education programs	1,000,000
Department of Education	Higher Education	Utah System of Higher Education, Salt Lake City, UT for the purchase of equipment and supplies to expand healthcare training programs	1,250,000
Department of Education	Higher Education	Utah Tech University, St. George, UT for a science training program, including purchase of equipment and teacher stipends	790,000
Department of Education	Higher Education	Valdosta State University, Valdosta, GA for an online educational degree program, including purchase of information technology	750,000
Department of Education	Higher Education	Vida Mobile Clinic, Granada Hills, CA for programs to support pre-health postsecondary students, including student stipends	1,350,000
Department of Education	Higher Education	Virginia Commonwealth University, Richmond, VA for pipelines into STEM professions, including scholarships	1,073,550
Department of Education	Higher Education	Virginia Foundation for Community College Education, Richmond, VA for early childhood educator development programs, including scholarships	254,910
Department of Education	Higher Education	Virginia State University, Petersburg, VA for broadband improvement, including equipment	2,200,000
Department of Education	Higher Education	Virginia Union University, Richmond, VA for cybersecurity programming, including installation and reconfiguration of equipment	2,000,000

LABOR, HHS, EDUCATION INCORPORATION OF COMMUNITY PROJECT FUNDING ITEMS—Continued

Agency	Account	Project	House Amount
Department of Education	Higher Education	Wake Technical Community College, Raleigh, NC for electric vehicle technical training, including equipment	939,041
Department of Education	Higher Education	Wayne County Community College District, Detroit, MI for an automotive electrification and testing program	212,400
Department of Education	Higher Education	Western Kentucky University, Bowling Green, KY for the purchase of applied research and technology equipment	460,000
Department of Education	Higher Education	Western University of Health Sciences, Ontario, CA for health career student support programs	100,000
Department of Education	Higher Education	Western Washington University, Bellingham, WA for a food security program, including furnishing a longhouse with equipment	450,000
Department of Education	Higher Education	Westfield State University, Westfield, MA for a nursing and health sciences program, including equipment	1,000,000
Department of Education	Higher Education	William Paterson University, Wayne, NJ for student support, including scholarships	1,000,000

House of Representatives Reporting Requirements

The following materials are submitted in accordance with various requirements of the Rules of the House of Representatives:

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.

RESCISSION OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the rescissions of unexpended balances included in the accompanying bill:

RESCISSIONS RECOMMENDED IN THE BILL

Account	Amount
Department of Health and Human Services Nonrecurring Expenses Fund	$500,000,000

Account	Amount
Department of Education Pell Grants	221,000,000

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED SPENDING ITEMS

The following table is submitted in compliance with clause 9 of rule XXI, and lists the congressional earmarks (as defined in paragraph (e) of clause 9) contained in the bill or in this report. Neither the bill nor the report contain any limited tax benefits or limited tariff benefits as defined in paragraphs (f) or (g) of clause 9 of rule XXI.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Labor	Employment and Training Administration	Agape Child & Family Services, Memphis, TN for job training, career placement, and supportive services	$1,000,000	Cohen
Department of Labor	Employment and Training Administration	Apprentice Training for the Electrical Industry, Collegeville, PA for green job workforce development and equipment	1,994,875	Dean
Department of Labor	Employment and Training Administration	Apprenticeship and Nontraditional Employment for Women, Renton, WA to expand construction pre-apprenticeship programming and CDL training	675,000	Smith (WA)
Department of Labor	Employment and Training Administration	Artpreneurs, Inc. dba Arts on the Block, Silver Spring, MD for a creative workforce apprenticeship program	100,000	Raskin
Department of Labor	Employment and Training Administration	Association House of Chicago, Chicago, IL for workforce development training programs	500,000	García (IL)
Department of Labor	Employment and Training Administration	Augusta University, Augusta, GA for workforce training and job placement in the healthcare industry	2,000,000	Bishop (GA)
Department of Labor	Employment and Training Administration	Baltimore Alliance for Careers in Healthcare, Baltimore, MD for healthcare workforce development	827,905	Sarbanes
Department of Labor	Employment and Training Administration	Baycare Health Systems Inc, Clearwater, FL for a workforce development program focused on nurses and nursing support professionals	963,620	Crist
Department of Labor	Employment and Training Administration	Bidwell Training Center, Pittsburgh, PA for the development of a controlled environment agriculture workforce	400,000	Lamb
Department of Labor	Employment and Training Administration	Black Veterans for Social Justice, Inc., Brooklyn, NY for stipends, supportive services, and job placement for formerly incarcerated veterans	1,000,000	Jeffries

Department of Labor	Employment and Training Administration	Boys & Girls Club of Greater Lowell, Inc., Lowell, MA for workforce development activities	2,200,000	Trahan
Department of Labor	Employment and Training Administration	Boys & Girls Club San Fernando Valley, Pacoima, CA for a youth workforce development initiative and supportive services	500,000	Cardenas
Department of Labor	Employment and Training Administration	Bright Star Community Outreach, Chicago, IL for workforce development activities	175,000	Rush
Department of Labor	Employment and Training Administration	Bronx Community College of the City University of New York, Bronx, NY for health care job training	150,000	Torres (NY)
Department of Labor	Employment and Training Administration	Building and Construction Trades Council of Alameda County, Oakland, CA for the Retention Apprenticeship Mentoring Program	1,000,000	Lee (CA)
Department of Labor	Employment and Training Administration	CAMBA, Inc., Brooklyn, NY for career navigation, job placement services, and supportive services for youth	590,000	Jeffries
Department of Labor	Employment and Training Administration	CASA, Baltimore, MD for job skills training, job placement services, stipends, and supportive services	573,045	Mfume
Department of Labor	Employment and Training Administration	Center for the Women of New York, Kew Gardens, NY for career skills and job counseling	1,000,000	Suozzi
Department of Labor	Employment and Training Administration	Center for Urban Families, Baltimore, MD for job readiness programs and job placement	750,000	Mfume
Department of Labor	Employment and Training Administration	Chemeketa Community College, Salem, OR for a commercial truck driving program and equipment	340,000	Schrader
Department of Labor	Employment and Training Administration	City of Dearborn, MI for a training program for women who have been underrepresented in the workforce	1,000,000	Dingell
Department of Labor	Employment and Training Administration	City of Houston, TX for job training in the home recovery and construction industries	1,000,000	Jackson Lee
Department of Labor	Employment and Training Administration	City of Jersey City, NJ for an apprenticeship program	750,000	Sires

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Labor	Employment and Training Administration	City of Los Angeles Youth Development Department, Los Angeles, CA for workforce development activities and stipends	640,108	Schiff
Department of Labor	Employment and Training Administration	City of Stockton, CA for the Youth Workforce Development Program	1,000,000	McNerney
Department of Labor	Employment and Training Administration	Colorado Building and Construction Trades Council, Denver, CO for workforce training and supportive services	500,000	Perlmutter
Department of Labor	Employment and Training Administration	Community College of Baltimore County, Baltimore, MD to expand their CDL training program and equipment	721,130	Ruppersberger
Department of Labor	Employment and Training Administration	Community Learning Partnership, Cupertino, CA for job skills training and stipends	351,000	Khanna
Department of Labor	Employment and Training Administration	Consortium for Early Learning Services, Moreno Valley, CA for early care and education workforce development	1,000,000	Takano
Department of Labor	Employment and Training Administration	Construction Trade Workforce Initiative, Oakland, CA for an apprenticeship program and curriculum	1,000,000	Swalwell
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Fremont, CA for construction trades apprenticeship programs and curriculum	1,000,000	Khanna
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Oakland, CA for a construction apprenticeship program	1,000,000	DeSaulnier
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Oakland, CA for an apprenticeship readiness program focused on construction trades	1,000,000	Garamendi
Department of Labor	Employment and Training Administration	Construction Trades Workforce Initiative, Oakland, CA for apprenticeship readiness programs	1,000,000	Lee (CA)

Department of Labor	Employment and Training Administration	Corporation to Develop Communities of Tampa, Inc., Tampa, FL for a pre-apprenticeship program, apprenticeship program, and job training services	1,862,625	Castor (FL)
Department of Labor	Employment and Training Administration	County of Delaware, Media, PA for the Prison-to-Community Workforce Development Initiative	1,988,635	Scanlon
Department of Labor	Employment and Training Administration	County of Los Angeles Alternatives to Incarceration Office (CEO), Los Angeles, CA for a youth job training program and supportive services	2,000,000	Lieu
Department of Labor	Employment and Training Administration	Covenant House Washington, Washington, DC for workforce development activities	329,750	Norton
Department of Labor	Employment and Training Administration	Cuyahoga Community College District, Cleveland, OH for smart manufacturing workforce training, equipment, and supportive services	1,220,000	Brown (OH)
Department of Labor	Employment and Training Administration	Dallas College, Dallas, TX for a teaching residency apprenticeship program	500,000	Veasey
Department of Labor	Employment and Training Administration	Delta Veterans Group, Antioch, CA for job readiness activities supporting veterans	100,000	McNerney
Department of Labor	Employment and Training Administration	Des Moines Area Community College, Ankeny, IA for a workforce development initiative and equipment	339,000	Axne
Department of Labor	Employment and Training Administration	Downriver Community Conference, Southgate, MI for skills training, job placement, and supportive services	703,700	Dingell
Department of Labor	Employment and Training Administration	Easter Seals North Georgia, Inc., Clarkston, GA for early childhood workforce development	200,000	Johnson (GA)
Department of Labor	Employment and Training Administration	Economic Development and Industrial Corporation of Boston, Boston, MA for workforce development programs and supportive services	1,000,000	Pressley
Department of Labor	Employment and Training Administration	Energy Coordinating Agency of Philadelphia, Inc., Philadelphia, PA for skill training in high demand occupations	925,000	Evans

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Labor	Employment and Training Administration	EntreNous Youth Empowerment Services, Compton, CA for vocational training and services	575,000	Barragan
Department of Labor	Employment and Training Administration	Fairfax County Government, Fairfax, VA for medical professional workforce development	2,000,000	Connolly
Department of Labor	Employment and Training Administration	Fairfax County, Fairfax, VA for career readiness and job training for youth	2,100,000	Connolly, Wexton
Department of Labor	Employment and Training Administration	Fresno County Economic Opportunities Commission, Fresno, CA for vocational training and equipment	500,000	Costa
Department of Labor	Employment and Training Administration	Future Plans Inc., Chagrin Falls, OH for the Great Lakes Career Corridor Project	1,000,000	Kaptur
Department of Labor	Employment and Training Administration	Future Plans, Inc., Chagrin Falls, OH for a career planning and community engagement initiative, including the purchase of equipment	1,995,000	Johnson (OH)
Department of Labor	Employment and Training Administration	Golden Triangle Resource Conservation and Development Council, Dawson, GA for heavy equipment training, including equipment	1,000,000	Bishop (GA)
Department of Labor	Employment and Training Administration	Green City Force, Brooklyn, NY to expand their workforce development program and stipends	750,000	Jeffries
Department of Labor	Employment and Training Administration	Guilford Child Development, Greensboro, NC for a child development associate apprenticeship program	300,000	Manning
Department of Labor	Employment and Training Administration	Hampton Roads Workforce Council, Norfolk, VA for maritime workforce development activities	850,000	Scott (VA)
Department of Labor	Employment and Training Administration	Hartford Communities That Care, Hartford, CT for a job training program to address the need for violence prevention professionals	1,322,539	Larson (CT)

Department of Labor	Employment and Training Administration	Hatzalah Chicago, Lincolnwood, IL for workforce training activities and equipment	525,000	Schakowsky
Department of Labor	Employment and Training Administration	Homeboy Industries, Los Angeles, CA for job training for culinary and hospitality careers and supportive services	1,959,451	Gomez
Department of Labor	Employment and Training Administration	Howard County Autism Society, Columbia, MD for the Autism Hiring Program	440,000	Sarbanes
Department of Labor	Employment and Training Administration	Jewish Community Centers of South Broward, Inc., Davie, FL for employment training for individuals with IDD	1,504,329	Wasserman Schultz
Department of Labor	Employment and Training Administration	Jewish Family Service of Atlantic County, Inc., Margate, NJ for job skills program	550,000	Van Drew
Department of Labor	Employment and Training Administration	Jobs for America's Graduates of Pennslyvania, Inc., Philadelphia, PA to expand career readiness programs and skill training	350,000	Boyle, Brendan F.
Department of Labor	Employment and Training Administration	Kean University, Union, NJ for workforce development activities and supportive services	1,000,000	Payne
Department of Labor	Employment and Training Administration	LaGuardia Community College, Long Island City, NY to expand vocational training for the underemployed	404,774	Maloney, Carolyn B.
Department of Labor	Employment and Training Administration	Latin American Association, Inc, Atlanta, GA for employment training, support services, and a workforce development initiative	300,000	Bourdeaux
Department of Labor	Employment and Training Administration	Latina Coalition of Silicon Vally, San Jose, CA for workforce development programs and supportive services	376,000	Lofgren
Department of Labor	Employment and Training Administration	Laurel Highlands Workforce and Opportunity Center, Greensburg, PA for a workforce support program, including supplies and wrap-around services	445,000	Reschenthaler
Department of Labor	Employment and Training Administration	Los Angeles Brotherhood Crusade—Black United Fund Inc., CA for youth workforce development and job placement	1,000,000	Bass
Department of Labor	Employment and Training Administration	Los Angeles Conservation Corps, Los Angeles, CA, for job training and stipends	272,000	Barragan

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Labor	Employment and Training Administration	Los Angeles World Airports, Los Angeles, CA for an aviation workforce development program	1,000,000	Waters
Department of Labor	Employment and Training Administration	Mahoning County Career and Technical Center, Canfield, OH for an energy and technology workforce training center project, including the purchase of equipment	285,000	Johnson (OH)
Department of Labor	Employment and Training Administration	Maricopa County Community College District, Tempe, AZ for workforce development activities and curriculum	1,000,000	Stanton
Department of Labor	Employment and Training Administration	McAllen Independent School District, McAllen, TX for private pilot and remote drone license training	200,000	Gonzalez, Vicente
Department of Labor	Employment and Training Administration	Mercy Hospital dba Northern Light Mercy Hospital, Portland, ME for workforce training and supportive services	1,000,000	Pingree
Department of Labor	Employment and Training Administration	Michigan Early Childhood Investment Corporation, Lansing, MI for the development of a child care workforce	2,000,000	Lawrence
Department of Labor	Employment and Training Administration	MorseLife Health System, West Palm Beach, FL for job training of underserved populations and supportive services	500,000	Cherfilus-McCormick
Department of Labor	Employment and Training Administration	New Immigrant Community Empowerment, Jackson Heights, NY to expand a construction industry workforce development program	500,000	Ocasio-Cortez
Department of Labor	Employment and Training Administration	New Mexico Highlands University, Las Vegas, NM for the development of professional social workers	750,000	Leger Fernandez
Department of Labor	Employment and Training Administration	New York State Energy Research and Development Authority, Albany, NY for clean energy workforce development and supportive services	3,000,000	Ocasio-Cortez

Department of Labor	Employment and Training Administration	Northeast Community College, Norfolk, NE for a commercial driver's license program, including the purchase of equipment and stipends	1,000,000	Smith (NE)
Department of Labor	Employment and Training Administration	Northwest Arkansas Community College, Bentonville, AR for a commercial driver's license program, including the purchase of equipment	355,000	Womack
Department of Labor	Employment and Training Administration	Northwest New Mexico Council of Governments, Gallup, NM to transition and re-skill workers into the industrial industry	750,000	Leger Fernandez
Department of Labor	Employment and Training Administration	OCHIN, Inc., Portland, OR for health information technology training and professional development	2,001,642	Bonamici
Department of Labor	Employment and Training Administration	Opportunity Junction, Antioch, CA for a job training program and supportive services	470,000	DeSaulnier
Department of Labor	Employment and Training Administration	Pasadena Independent School District, Pasadena, TX for job skill training and equipment	2,200,000	Garcia (TX)
Department of Labor	Employment and Training Administration	Pee Dee Healthy Start Inc., Florence, SC for workforce training and supportive services	1,000,000	Clyburn
Department of Labor	Employment and Training Administration	Plattsburgh-North County Chamber of Commerce, Plattsburgh, NY for a job training and assistance program, including support services and stipends	500,000	Stefanik
Department of Labor	Employment and Training Administration	Portland Community College, Portland, OR for semiconductor and advanced manufacturing workforce development initiative	910,000	Bonamici
Department of Labor	Employment and Training Administration	Primary Care Coalition of Montgomery County, Inc., Silver Spring, MD for health care professionals' workforce development and equipment	1,300,000	Raskin
Department of Labor	Employment and Training Administration	Prince George's County Memorial Library System, Largo, MD for a mobile job readiness unit	2,200,000	Brown (MD)
Department of Labor	Employment and Training Administration	Prince George's County, Largo, MD for the Youth@Work program	3,000,000	Brown (MD)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Labor	Employment and Training Administration	Promise Neighborhoods of Lehigh Valley, Allentown, PA to expand their workforce development skills program	1,549,360	Wild
Department of Labor	Employment and Training Administration	Reading and Beyond, Fresno, CA for employment and training services and supportive services	484,047	Costa
Department of Labor	Employment and Training Administration	Rockdale County Georgia, Conyers, GA for a workforce development initiative	300,000	Johnson (GA)
Department of Labor	Employment and Training Administration	San Bernadino Valley College Foundation, San Bernadino, CA for clean energy workforce development and equipment	1,500,000	Aguilar
Department of Labor	Employment and Training Administration	San Diego Community College District, San Diego, CA for the Gateway to College and Career program	1,000,000	Peters
Department of Labor	Employment and Training Administration	San Diego Workforce Partnership, San Diego, CA for the TechHire Program.	800,000	Peters
Department of Labor	Employment and Training Administration	San Gabriel Valley Council of Governments, Alhambra, CA for a workforce development program	2,000,000	Napolitano, Sanchez
Department of Labor	Employment and Training Administration	Santa Clara County, San Jose, CA for workforce development, stipends, and supportive services	3,000,000	Khanna
Department of Labor	Employment and Training Administration	Seattle Jobs Initiative, Seattle, WA for green stormwater infrastructure workforce development, stipends, and supportive services	1,000,000	Jayapal
Department of Labor	Employment and Training Administration	Service! Relief Effort for Hospitality Workers, Columbus, OH for job skills training and supportive services	475,000	Beatty
Department of Labor	Employment and Training Administration	Society for the Advancement of Chicanos/Hispanics and Native Americans in Science, San Jose, CA to create a pipeline from community colleges into the STEM workforce	212,000	Lofgren

Department of Labor	Employment and Training Administration	South Bay Workforce Investment Board Inc., Hawthorne, CA for occupation training and supportive services	500,000	Waters
Department of Labor	Employment and Training Administration	South Texas College, McAllen, TX for healthcare workforce development	1,000,000	Gonzalez, Vicente
Department of Labor	Employment and Training Administration	St. Clair County Intergovernmental Grants Department, Belleville, IL for an advanced manufacturing program, including support services	950,000	Bost
Department of Labor	Employment and Training Administration	St. Joseph Center, Venice, CA for job skills training and supportive services to those experiencing homelessness	898,053	Lieu
Department of Labor	Employment and Training Administration	Stanislaus Business Alliance dba Opportunity Stanislaus, Modesto, CA for a logistics industry focused training program	410,000	Harder (CA)
Department of Labor	Employment and Training Administration	State of Maine, Governor's Energy Office, Augusta, ME for job training, job placement services, stipends, equipment, and curriculum	2,750,000	Pingree
Department of Labor	Employment and Training Administration	Suburban Emergency Medical Services, Palmer, PA for healthcare workforce development	247,949	Wild
Department of Labor	Employment and Training Administration	Suffolk County Community College, Selden, NY for a cybersecurity program, including the purchase of equipment and related information technology	1,435,000	Zeldin
Department of Labor	Employment and Training Administration	Taller San Jose Hope Builders, Santa Ana, CA for skills training and employment placement services for low-income young adults facing significant barriers	500,000	Correa
Department of Labor	Employment and Training Administration	Texas Trees Foundation, Dallas, TX for supportive services and job placement of at-risk young adults into the green jobs industry	400,000	Johnson (TX)
Department of Labor	Employment and Training Administration	The Indianapolis Private Industry Council, Inc., Indianapolis, IN for youth job training and a work-based learning program	1,000,000	Carson
Department of Labor	Employment and Training Administration	The Sanneh Foundation, Saint Paul, MN for a youth workforce development program	1,000,000	McCollum

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Labor	Employment and Training Administration	The Torres-Martinez Desert Cahuilla Indian Tribe, Thermal, CA for a workforce development program and equipment	250,000	Ruiz
Department of Labor	Employment and Training Administration	The TransLatin@ Coalition, Los Angeles, CA for workforce development programs and supportive services	750,000	Gomez
Department of Labor	Employment and Training Administration	The WorkPlace, Inc., Bridgeport, CT for skills training, workforce readiness, and supportive services	1,000,000	Himes
Department of Labor	Employment and Training Administration	UAW Labor Employment and Training Corporation, St. Louis, MO for job training in the automotive services industry	1,000,000	Bush
Department of Labor	Employment and Training Administration	United Way of Greater Greensboro, Inc., Greensboro, NC for job counseling, career training, and supportive services	1,000,000	Manning
Department of Labor	Employment and Training Administration	United We Heal Training Trust dba Oregon AFSCME Training Trust, Portland, OR for pre-apprenticeship education and training	892,000	Bonamici
Department of Labor	Employment and Training Administration	United We Heal, Portland, OR for pre-apprenticeship and apprenticeship programs	892,000	Schrader
Department of Labor	Employment and Training Administration	University of California, San Diego, La Jolla, CA for job skills development and supportive services for a child care worker and providers pipeline	1,600,000	Jacobs (CA)
Department of Labor	Employment and Training Administration	University of Georgia, Athens, GA for the Archway Partnership	3,000,000	McBath
Department of Labor	Employment and Training Administration	Unloop, Seattle, WA for job training in the tech industry and supportive services for those with conviction histories	486,781	Jayapal
Department of Labor	Employment and Training Administration	Urban League of Long Island, Inc, Plainview, NY for workforce development activities	1,145,820	Rice (NY)

Department of Labor	Employment and Training Administration	Urban League of Louisiana, New Orleans, LA for the Career Pathways Program	1,200,000	Carter (LA)
Department of Labor	Employment and Training Administration	US HART CARES A NJ NONPROFIT CORPORATION, Atlantic City, NJ for cyber job training program, including the purchase of equipment	1,000,000	Van Drew
Department of Labor	Employment and Training Administration	Valley of the Sun Young Men's Christian Association, Phoenix, AZ for expanding a current youth workforce development program	1,000,000	Gallego
Department of Labor	Employment and Training Administration	Variety Boys and Girls Club of Queens, Inc., Long Island City, NY for job readiness and supportive services for teens	250,000	Maloney, Carolyn B.
Department of Labor	Employment and Training Administration	Virginia Commonwealth University Health System Authority, Richmond, VA for healthcare workforce development	1,000,000	McEachin
Department of Labor	Employment and Training Administration	Watts Labor Community Action Committee, Los Angeles, CA for job training, workforce development activities, and job placement services	783,067	Waters
Department of Labor	Employment and Training Administration	Wayne Community College, Goldsboro, NC to expand its apprenticeship training programs	651,000	Butterfield
Department of Labor	Employment and Training Administration	Workforce Connections, Las Vegas, NV for workforce development programs	800,000	Lee (NV)
Department of Labor	Employment and Training Administration	Workforce Inc. dba Recycleforce, Indianapolis, IN to expand job training and job placement programs	1,000,203	Carson
Department of Labor	Employment and Training Administration	Young Men's and Young Women's Hebrew Association of Washington Heights and Inwood, New York, NY for vocational training, workforce development, and supportive services	1,000,000	Espaillat
Department of Labor	Employment and Training Administration	Young Women's Christian Association of Yonkers, Inc., Yonkers, NY for a workforce development initiative and support services	690,449	Bowman

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Children and Families	100 Suits for 100 Men, Laurelton, NY for a youth employment training program, including for the purchase of food and equipment, to serve vulnerable families and seniors and improve economic outcomes	750,000	Meng
Department of Health and Human Services	Administration for Children and Families	A New Way of Life Reentry Project, Los Angeles, CA for housing, legal clinics, educational opportunities and supportive services to improve outcomes and economic opportunities	1,000,000	Bass
Department of Health and Human Services	Administration for Children and Families	Action for a Better Community, Inc., Rochester, NY for employment advancement, benefit and eligibility mapping, and other services to help individuals and families move towards financial sustainability	517,000	Morelle
Department of Health and Human Services	Administration for Children and Families	Adoptions Together, Calverton, MD for trauma-informed care training	750,639	Brown (MD)
Department of Health and Human Services	Administration for Children and Families	Alfond Youth and Community Center, Waterville, ME for targeted support services to children and families in need	500,000	Pingree
Department of Health and Human Services	Administration for Children and Families	All Star Children's Foundation, Sarasota, FL for a foster care program, including behavioral health services	1,500,000	Buchanan
Department of Health and Human Services	Administration for Children and Families	Big Brothers Big Sisters Lone Star, Irving, TX for a youth mentoring program	300,000	Van Duyne
Department of Health and Human Services	Administration for Children and Families	Bivona Child Advocacy Center, Rochester, NY for child abuse prevention training and programs	306,000	Morelle
Department of Health and Human Services	Administration for Children and Families	Boys & Girls Clubs of America, Atlanta, GA for increasing support services and abuse prevention resources to recognize and reduce abuse	2,000,000	Williams (GA)

Department of Health and Human Services	Administration for Children and Families	Bucks County Opportunity Council, Doylestown, PA for a self-sufficiency program, including supportive services	1,000,000	Fitzpatrick
Department of Health and Human Services	Administration for Children and Families	Center for Pan Asian Community Services, Inc., Atlanta, GA for survivor-centered, trauma-informed services for women and families to work towards self-reliance	300,000	Bourdeaux
Department of Health and Human Services	Administration for Children and Families	Childhelp Inc., Scottsdale, AZ for outreach, education materials and programming to reduce and prevent child abuse	1,000,000	Kirkpatrick
Department of Health and Human Services	Administration for Children and Families	Children's Home of Stockton, Stockton, CA for supportive housing, services, supplies, transportation expenses, and goods, including the purchase of food, to help establish self-sufficiency	973,552	McNerney
Department of Health and Human Services	Administration for Children and Families	Christus Santa Rosa Health Care Corporation, San Antonio, TX for training and education to reduce and prevent child abuse	472,699	Castro (TX)
Department of Health and Human Services	Administration for Children and Families	Circle of Brotherhood, Miami, FL for a social services hub focused on assistance to low income families to improve life and economic outcomes	2,000,000	Wilson (FL)
Department of Health and Human Services	Administration for Children and Families	City of Boston, MA for housing, educational and support services for children and families, and to provide parents with opportunities to reduce poverty	1,000,000	Pressley
Department of Health and Human Services	Administration for Children and Families	City of Jersey City, NJ for expanding domestic violence intervention services	500,000	Payne
Department of Health and Human Services	Administration for Children and Families	City of Leander, TX for a child abuse prevention and treatment program, including the purchase of information technology and equipment	500,000	Carter (TX)
Department of Health and Human Services	Administration for Children and Families	City of Los Angeles, CA for operating costs and community services, including motel vouchers and the purchase of food, to reduce poverty	982,045	Schiff
Department of Health and Human Services	Administration for Children and Families	City of Mount Vernon, NY for services to support at-risk girls and to improve employment opportunities and economic outcomes	999,000	Bowman

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Children and Families	City of Richmond, VA for social services and a one-stop shop to help families and individuals working to establish financial self-sufficiency and for social service providers working to reduce poverty	797,329	McEachin
Department of Health and Human Services	Administration for Children and Families	City of Rochester, NY for youth employment services and young adult workforce development to increase self-sufficiency	500,000	Morelle
Department of Health and Human Services	Administration for Children and Families	Columbus Metropolitan Housing Authority, Columbus, OH for informational and financial resources to assist residents and achieve economic self-sufficiency	1,000,000	Beatty
Department of Health and Human Services	Administration for Children and Families	Community Action Network, Ann Arbor, MI for educational and social-emotional services to achieve self-sufficiency	500,000	Dingell
Department of Health and Human Services	Administration for Children and Families	Community Help Center DBA Muslim Women Resource Center, Chicago, IL for the purchase of equipment to help achieve self-sufficiency	333,000	Schakowsky
Department of Health and Human Services	Administration for Children and Families	County of San Diego, CA for training and materials for child welfare programs	220,000	Jacobs (CA)
Department of Health and Human Services	Administration for Children and Families	Court Appointed Special Advocates (CASA) of Ocean County, Toms River, NJ for increasing volunteers to advocate for foster care children	175,000	Kim (NJ)
Department of Health and Human Services	Administration for Children and Families	Court Appointed Special Advocates of Mercer County, Ewing, NJ for expanding services for, and increasing the number of volunteers available to work with, children aging out of foster care	40,000	Kim (NJ)
Department of Health and Human Services	Administration for Children and Families	Eastern Shore Coalition Against Domestic Violence, Onancock, VA for staffing, children's programming, and supplies to support survivors of abuse	250,000	Luria

Department of Health and Human Services	Administration for Children and Families	Eastmont Community Center, Los Angeles, CA for equipment and services for low income families to reduce poverty	100,000	Roybal-Allard
Department of Health and Human Services	Administration for Children and Families	Elite Learners, Brooklyn, NY for promoting financial literacy and management services to increase self-sufficiency	750,000	Jeffries
Department of Health and Human Services	Administration for Children and Families	Father Flanagan's Boys' Home, Boys Town, NE for an at-risk youth program, including the purchase of equipment and information technology	1,000,000	Bacon
Department of Health and Human Services	Administration for Children and Families	First 5 Contra Costa Children and Families Commission, Concord, CA for a workforce compensation assessment to build a pipeline for more to attain economic stability	150,000	DeSaulnier
Department of Health and Human Services	Administration for Children and Families	Food Bank of Eastern Michigan, Flint, MI for the purchase of equipment and food to support mobile food distributions	2,000,000	Kildee
Department of Health and Human Services	Administration for Children and Families	Foodbank of Southeastern Virginia and the Eastern Shore, Norfolk, VA for staffing costs and the purchase of food and equipment, for mobile food distribution	447,600	Luria
Department of Health and Human Services	Administration for Children and Families	FoodCycle Food Recovery Network, Los Angeles, CA for services and the purchase of equipment for a hub to improve access to food resources to combat hunger and reduce poverty	652,500	Schiff
Department of Health and Human Services	Administration for Children and Families	Georgia Center for Child Advocacy, Atlanta, GA for services, education and outreach to support families affected by abuse or trauma	200,000	McBath
Department of Health and Human Services	Administration for Children and Families	Georgia State University, Atlanta, GA for services and the purchase of equipment to improve emotional and economic outcomes	700,000	Williams (GA)
Department of Health and Human Services	Administration for Children and Families	Goodness Village, Livermore, CA for housing support and services to improve self-sufficiency	1,000,000	Swalwell
Department of Health and Human Services	Administration for Children and Families	Guardian House, San Antonio, TX for a parenting education program to reduce and prevent child abuse	483,963	Castro (TX)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Children and Families	Hellenic American Neighborhood Action Committee INC, New York, NY for education and language services to improve employment and economic outcomes and reduce poverty	500,000	Maloney, Carolyn B.
Department of Health and Human Services	Administration for Children and Families	Helping Mamas, Inc., Norcross, GA for products and services, including the purchase of equipment and goods, for a mobile distribution project to support long-term financial security	195,475	Bourdeaux
Department of Health and Human Services	Administration for Children and Families	Higher Ground A Resource Center, Tucson, AZ for coordinating resources and services to reduce poverty	1,088,768	Grijalva
Department of Health and Human Services	Administration for Children and Families	Houston Area Women's Center (HAWC), Houston, TX for services to support children and families affected by violence	1,000,000	Garcia (TX)
Department of Health and Human Services	Administration for Children and Families	Individuals Aiding in Emergencies Foundation, Aston, PA for products and services for low-income individuals to reduce poverty	50,000	Scanlon
Department of Health and Human Services	Administration for Children and Families	IU Health Foundation, Indianapolis, IN for services to improve health and nutrition of vulnerable individuals and provide job training and new employment to improve outcomes	600,000	Carson
Department of Health and Human Services	Administration for Children and Families	Kids' Voice of Indiana, Indianapolis, IN for services to children and families who are survivors of violence, abuse, or neglect	185,000	Carson
Department of Health and Human Services	Administration for Children and Families	Knoxville-Knox County Community Action Committee, Knoxville, TN for a Head Start program, including the purchase of equipment	575,000	Burchett
Department of Health and Human Services	Administration for Children and Families	La Jornada LTD, Flushing, NY for expanding educational supports and workshops for families in poverty to promote healthy living and improve economic outcomes	250,000	Meng
Department of Health and Human Services	Administration for Children and Families	Labor Community Services of Los Angeles (LCS) , Los Angeles, CA for services, and transport and purchase of goods, including food, to reduce poverty	600,000	Schiff

Department of Health and Human Services	Administration for Children and Families	Larkin Street Youth Services, San Francisco, CA for safe, stable housing with wraparound case management, education and employment support to reduce poverty and improve economic outcomes	1,550,000	Pelosi
Department of Health and Human Services	Administration for Children and Families	Long Island Cares, Hauppauge, NY for the purchase of food and social services, to connect individuals to referral and benefits programs and reduce poverty	360,100	Meeks
Department of Health and Human Services	Administration for Children and Families	Long Island Cares, Inc., Hauppauge, NY for the purchase of equipment	400,000	Garbarino
Department of Health and Human Services	Administration for Children and Families	Make the Road New York, Brooklyn, NY for adult literacy programs and services, including the purchase of equipment, to improve economic outcomes	800,000	Velazquez
Department of Health and Human Services	Administration for Children and Families	Make the Road New York, Brooklyn, NY for education and services, including for the purchase of equipment and technology	400,000	Ocasio-Cortez
Department of Health and Human Services	Administration for Children and Families	Make the Road New York, Brooklyn, NY for equipment and services, including the purchase of technology, to reduce poverty and create opportunities for economic advancement	400,000	Jones
Department of Health and Human Services	Administration for Children and Families	Maternal and Family Health Service, Inc., Wilkes-Barre, PA for improving access to social services for at-risk and low-income women, children and families	2,150,000	Cartwright
Department of Health and Human Services	Administration for Children and Families	McMahon Ryan Child Advocacy Center, Syracuse, NY for a child abuse prevention and education program, including information technology	125,000	Katko
Department of Health and Human Services	Administration for Children and Families	Metropolitan Council on Jewish Poverty, New York, NY for anti-poverty services and assistance, including for the purchase of food, to create pathways to self-sufficiency	1,000,000	Maloney, Carolyn B.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Children and Families	Metropolitan Council on Jewish Poverty, New York, NY for supplying pantries with essential products, including food, formula, diapers and diapering supplies, menstrual and hygiene products, to meet the essential needs of women and infants to reduce poverty	2,000,000	Meng
Department of Health and Human Services	Administration for Children and Families	Michigan State University Child Development Laboratories, East Lansing, MI for staffing and training, including equipment, to serve at-risk children and improve economic outcomes	2,187,500	Slotkin
Department of Health and Human Services	Administration for Children and Families	Mitzvah Circle Foundation, Norristown, PA for products and services to reduce poverty	300,000	Dean
Department of Health and Human Services	Administration for Children and Families	Mott Community College, Flint, MI for increasing access to high quality language education materials for families and young children to improve economic outcomes	2,064,000	Kildee
Department of Health and Human Services	Administration for Children and Families	Muslim Community Center (MCC) — East Bay, Pleasanton, CA for services including rental assistance, to assist refugees as they work towards self-sufficiency	250,000	Swalwell
Department of Health and Human Services	Administration for Children and Families	Neighborhood Legal Services of Los Angeles County, Glendale, CA for advocates to partner with justice-involved individuals to identify and address barriers to self-sufficiency and family well-being	817,006	Cardenas
Department of Health and Human Services	Administration for Children and Families	Newark Emergency Services for Families, Inc., Newark, NJ for services and the purchase of equipment and goods, including food, for fresh food distribution, healthy cooking workshops, and art therapy classes for children and families	1,107,500	Payne
Department of Health and Human Services	Administration for Children and Families	Next Door Solutions to Domestic Violence, San Jose, CA for violence prevention and intervention services	125,000	Lofgren

Department of Health and Human Services	Administration for Children and Families	Office of the Mayor, New York City, NY for improving coordination between social agencies to support children and families	2,000,000	Bowman
Department of Health and Human Services	Administration for Children and Families	One Nation Dream Makers, Livermore, CA for services including the purchase of food and equipment to distribute food to reduce poverty	2,000,000	Swalwell
Department of Health and Human Services	Administration for Children and Families	Oregon Community Programs, Eugene, OR for supporting foster youth and families and improving the administration of the foster care program	1,000,000	Bonamici
Department of Health and Human Services	Administration for Children and Families	Plaza Comunitaria Sinaloa, Mission Hills, CA for expanding educational programs and implementing workforce development programs to provide low-income individuals with access to better job opportunities to improve economic outcomes	800,000	Cardenas
Department of Health and Human Services	Administration for Children and Families	Safe Space, Inc., Louisburg, NC for culturally-specific child abuse prevention services for at-risk families	197,800	Price (NC)
Department of Health and Human Services	Administration for Children and Families	Samuel Field YM–YWHA dba Commonpoint Queens, Little Neck, NY for workforce and wraparound services to improve economic outcomes	1,000,000	Meng
Department of Health and Human Services	Administration for Children and Families	San Diego County, CA for outreach and recruitment of foster care families to support children	500,000	Vargas
Department of Health and Human Services	Administration for Children and Families	Sanctuary of Hope, Los Angeles, CA for expanded navigation and support services to improve employment, education, and economic opportunities	749,920	Bass
Department of Health and Human Services	Administration for Children and Families	Save the Children Federation, Inc., Fairfield, CT for programs, workshops, services and goods, including the purchase of food and equipment, to reduce poverty and improve outcomes for children and families	1,080,764	Kilmer
Department of Health and Human Services	Administration for Children and Families	South Central LAMP, Los Angeles, CA for support services for children and families	100,000	Roybal-Allard

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Children and Families	Southwest Georgia Children's Alliance, Inc., Americus, GA for child abuse treatment and prevention programs	367,362	Bishop (GA)
Department of Health and Human Services	Administration for Children and Families	Spectrum Youth and Family Services, Burlington, VT for services and direct assistance to improve self-sufficiency	225,000	Welch
Department of Health and Human Services	Administration for Children and Families	The Center for Hope and Healing, Inc., Lowell, MA for services and supplies to establish financial stability and security through job training and soft skills development	505,813	Trahan
Department of Health and Human Services	Administration for Children and Families	The Children's Home Society of New Jersey, Trenton, NJ for employment training and related expenses for low income women to improve health and economic outcomes	631,500	Watson Coleman
Department of Health and Human Services	Administration for Children and Families	The Early Excellence Project, Pittsburgh, PA for expanding educational opportunities and improving economic outcomes	600,000	Lamb
Department of Health and Human Services	Administration for Children and Families	Today is a Good Day, Flourtown, PA for personal and financial supports for families	332,275	Dean
Department of Health and Human Services	Administration for Children and Families	UCAN, Chicago, IL for expanding programs and social services supporting foster youth to improve economic outcomes and community well-being	1,000,000	Davis, Danny K.
Department of Health and Human Services	Administration for Children and Families	United Jewish Organizations of Williamsburg Inc., Brooklyn, NY for a social services initiative connecting families to assistance to reduce poverty and improve economic independence	1,200,000	Velazquez
Department of Health and Human Services	Administration for Children and Families	United Way of Central and Northeastern Connecticut, Hartford, CT for training and outreach programs, services, and literacy supports for under-resourced communities	150,000	Hayes

Department of Health and Human Services	Administration for Children and Families	United Way of Greater Cleveland, Cleveland, OH for the 2–1–1 system, including the purchase of information technology and equipment	255,000	Gonzalez (OH)
Department of Health and Human Services	Administration for Children and Families	United Way of Greater Union County, Elizabeth, NJ for addressing food insecurity, access to transportation and healthcare, and financial stability	100,000	Watson Coleman
Department of Health and Human Services	Administration for Children and Families	United Way of Southern Nevada, Las Vegas, NV for programs that improve self-sufficiency and reduce poverty for the non-English proficient community	1,000,000	Titus
Department of Health and Human Services	Administration for Children and Families	UnLocal, Inc., New York, NY for services, education and outreach to help financial self-sufficiency	1,000,000	Torres (NY)
Department of Health and Human Services	Administration for Children and Families	Volunteers of America Delaware Valley, Camden, NJ for partnerships to promote human trafficking victimization education and awareness and prevent abuse	479,100	Norcross
Department of Health and Human Services	Administration for Children and Families	Wellroot Family Services, Tucker, GA for housing and services and supplies, including the purchase of food, to improve economic outcomes of young adults transitioning out of foster care or experiencing homelessness	286,500	Johnson (GA)
Department of Health and Human Services	Administration for Children and Families	Wellspring Living, Inc, Atlanta, GA for workforce services for victims of sexual exploitation and violence to increase employment opportunities and improve economic outcomes	245,560	McBath
Department of Health and Human Services	Administration for Children and Families	WestCare Ohio, Inc., Dayton, OH for community services programming, including wraparound services	1,000,000	Turner
Department of Health and Human Services	Administration for Children and Families	White Pony Express, Pleasant Hill, CA for services, and the purchase of food and equipment to support low income children	105,000	DeSaulnier
Department of Health and Human Services	Administration for Children and Families	Willow Domestic Violence Center of Greater Rochester, Inc., Rochester, NY for services and training to support survivors of abuse	325,000	Morelle

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Children and Families	YMCA of Greater Louisville, Louisville, KY, for model service improvement, information dissemination, and technical assistance to address and prevent child abuse and neglect	200,000	Yarmuth
Department of Health and Human Services	Administration for Community Living	A Kid Again, Columbus, OH for increasing access to therapeutic events for children, including the purchase of equipment	510,000	Beatty
Department of Health and Human Services	Administration for Community Living	AIDS Foundation of Chicago, Chicago, IL for training and services to better support seniors living with HIV	250,000	Quigley
Department of Health and Human Services	Administration for Community Living	Alpha Phi Alpha Senior Citizens Center, Inc., Cambria Heights, NY for assisted transportation services, including for the purchase of equipment	154,000	Meeks
Department of Health and Human Services	Administration for Community Living	Alzheimer's Foundation of America, Amityville, NY for an Alzheimer's education, training, and supportive services center, including the purchase of equipment	250,000	Garbarino
Department of Health and Human Services	Administration for Community Living	APNA Brooklyn Community Center, Inc., Brooklyn, NY for expanding senior services, including for the purchase of food and equipment	670,902	Jeffries
Department of Health and Human Services	Administration for Community Living	Arc of Prince George's County Inc., Largo, MD for expanding services for individuals with disabilities to prepare them for employment and independent living	819,500	Brown (MD)
Department of Health and Human Services	Administration for Community Living	BakerRipley, Houston, TX for increasing access to food and other services for seniors	1,000,000	Garcia (TX)
Department of Health and Human Services	Administration for Community Living	Bancroft, Cherry Hill, NJ for increasing independent living, including for the purchase of equipment, including technology and devices	500,000	Norcross

Department of Health and Human Services	Administration for Community Living	Central Massachusetts Agency on Aging, Inc., Worcester, MA for increasing services and resources for grandparents raising grandchildren	1,200,000	McGovern
Department of Health and Human Services	Administration for Community Living	Charter Township of Commerce, Commerce Township, MI for increasing senior reading and independence including for the purchase of equipment	235,050	Stevens
Department of Health and Human Services	Administration for Community Living	Choice in Aging, Pleasant Hill, CA for increasing access to and awareness of community-based alternatives to nursing homes	500,000	DeSaulnier
Department of Health and Human Services	Administration for Community Living	City of Ontario, CA for expanding wellness programs, meal services, and transportation services for seniors	439,094	Torres (CA)
Department of Health and Human Services	Administration for Community Living	Clausen House, Oakland, CA for an adult transition services program to improve employment, educational, life skills and supports for individuals with disabilities	1,058,408	Lee (CA)
Department of Health and Human Services	Administration for Community Living	Community Action of Greater Indianapolis, Indianapolis, IN for services, outreach, events, transportation expenses, and supplies to increase the number of senior volunteers in their communities	100,000	Carson
Department of Health and Human Services	Administration for Community Living	Community Services Inc. of Ocean County, Manahawkin, NJ for increasing food delivery to seniors, including the purchase of equipment	270,475	Kim (NJ)
Department of Health and Human Services	Administration for Community Living	Creative Enterprises, Inc, Lawrenceville, GA for expanding access and increasing opportunities for employment and community inclusion, including the purchase of equipment and technology	612,320	Bourdeaux
Department of Health and Human Services	Administration for Community Living	Designated Exceptional Services for Independence (DESI), Los Angeles, CA for expanding access to and delivery of food for seniors, including for the purchase of equipment	85,000	Roybal-Allard
Department of Health and Human Services	Administration for Community Living	DOROT, Inc., New York, NY for expanding intergenerational programming to increase social enrichment services for older adults	551,210	Meng

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Community Living	Endeavor Forward, Inc, Marianna, FL for a transition program for adults with autism	300,000	Dunn
Department of Health and Human Services	Administration for Community Living	Fairfax County, VA for services and purchase of equipment, including technology, to increase access to technology and community engagement	1,000,000	Beyer
Department of Health and Human Services	Administration for Community Living	Friendship Circle, West Bloomfield Township, MI for expanding developmental learning opportunities to promote independence of students with disabilities	364,009	Lawrence
Department of Health and Human Services	Administration for Community Living	Hawaii Public Health Institute, Honolulu, HI for support navigator services for seniors and caregivers	1,800,000	Case
Department of Health and Human Services	Administration for Community Living	Health Care District of Palm Beach County, West Palm Beach, FL for falls and injury prevention programs, outreach, and education	1,000,000	Frankel, Lois
Department of Health and Human Services	Administration for Community Living	India Home, Inc., Jamaica, NY for an outreach program to promote and incentivize senior health	500,000	Suozzi
Department of Health and Human Services	Administration for Community Living	Island Harvest, Brentwood, NY for a nutrition program, including the purchase of food, supplies and equipment, and information technology	1,100,000	Garbarino
Department of Health and Human Services	Administration for Community Living	Jewish Service for the Developmentally Disabled (JSDD), Livingston, NJ for equipment and support to expand access to technology for individuals with disabilities	760,000	Sherrill
Department of Health and Human Services	Administration for Community Living	Lighthouse for the Visually Impaired and Blind of Pasco, Hernando and Citrus Counties, New Port Richey, FL for an education, training, and support services program for seniors with visual impairment	600,000	Bilirakis

Department of Health and Human Services	Administration for Community Living	Metropolitan Council on Jewish Poverty, New York, NY for food and services for seniors	1,000,000	Jeffries
Department of Health and Human Services	Administration for Community Living	Metropolitan Council on Jewish Poverty, New York, NY for food and services for seniors	1,000,000	Meeks
Department of Health and Human Services	Administration for Community Living	Metropolitan Council on Jewish Poverty, New York, NY for increasing senior access to and delivery of food	1,000,000	Meng
Department of Health and Human Services	Administration for Community Living	Minute Man Arc for Human Services, Concord, MA for increasing community integration, access to social services, and benefits assistance resources	331,110	Trahan
Department of Health and Human Services	Administration for Community Living	Ocean Community Economic Action Now, Inc., Toms River, NJ for transportation and outreach activities to expand seniors' access to community living and supports	55,000	Kim (NJ)
Department of Health and Human Services	Administration for Community Living	Pathlights Human Services, Palos Heights, IL for expanding access to and delivery of meals for seniors	100,000	Newman
Department of Health and Human Services	Administration for Community Living	People Inc., Williamsville, NY for improving access to health services, including for health staffing, purchase of equipment and technology expenses	2,035,139	Higgins (NY)
Department of Health and Human Services	Administration for Community Living	Regional Aid for Interim Needs, Incorporated, Bronx, NY for wrap-around and case management support services to support older adults	800,000	Bowman
Department of Health and Human Services	Administration for Community Living	Scranton Neighborhood Housing Services, Inc., Scranton, PA for services including home repairs and modifications to support aging in place	1,000,000	Cartwright
Department of Health and Human Services	Administration for Community Living	Senior Services of Snohomish County DBA Homage, Lynnwood, WA for a rural transportation project, including the purchase of equipment, to increase access to services	250,400	DelBene
Department of Health and Human Services	Administration for Community Living	Shepherd Center Inc., Atlanta, GA for the purchase of equipment, including information technology, and training expenses to increase the independence of people with disabilities	800,000	Williams (GA)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Administration for Community Living	Tennessee State University, Nashville, TN for a new program to expand opportunities for students to attend college and prepare for independent living and employment	500,000	Cooper
Department of Health and Human Services	Administration for Community Living	The City of Dover, DE for improving opportunities for children, youth and adults who have physical and intellectual disabilities, including the purchase of equipment	500,000	Blunt Rochester
Department of Health and Human Services	Administration for Community Living	The Monmouth Ocean Foundation for Children (MOFFC), Tinton Falls, NJ for an autism education, training, and support services program, including the purchase of information technology and equipment	400,000	Smith (NJ)
Department of Health and Human Services	Administration for Community Living	The Rosalynn Carter Institute for Caregivers, Americus, GA for expanding and increasing awareness of programs for caregivers	1,020,047	Bishop (GA)
Department of Health and Human Services	Administration for Community Living	The University of Texas at San Antonio, San Antonio, TX for an evaluation and research center to improve access to care and quality of life outcomes for individuals living with disabilities	492,370	Castro (TX)
Department of Health and Human Services	Administration for Community Living	Wesley Community Services, Inc., Johnston, IA for expanding access to and delivery of senior services, including the purchase of equipment	1,322,415	Axne
Department of Health and Human Services	Administration for Community Living	West Bloomfield Parks and Recreation Commission, West Bloomfield, MI for social workers and expansion of social services for seniors	85,000	Stevens
Department of Health and Human Services	Administration for Community Living	Westchester Residential Opportunities, Inc., White Plains, NY for home repairs and modifications to support aging in place and enable healthy living	500,000	Jones
Department of Health and Human Services	Administration for Community Living	Yellow House Community Services, Inc., Middlebury, VT for housing and services for individuals with disabilities	250,000	Welch

Department of Health and Human Services	Administration for Community Living	YWCA Greater Los Angeles, Los Angeles, CA for expanding senior empowerment services	375,000	Roybal-Allard
Department of Health and Human Services	Health Resources and Services Administration	Abide Women's Health Services, Dallas, TX for facilities and equipment	290,261	Johnson (TX)
Department of Health and Human Services	Health Resources and Services Administration	About Sojourners with Healing Hearts, West Palm Beach, FL for a cancer screening initiative	167,500	Cherfilus-McCormick
Department of Health and Human Services	Health Resources and Services Administration	Adapt, Inc., Roseburg, OR for facilities and equipment	1,000,000	DeFazio
Department of Health and Human Services	Health Resources and Services Administration	Adult & Teen Challenge USA, Ozark, MO for facilities and equipment	750,000	Long
Department of Health and Human Services	Health Resources and Services Administration	AdventHealth Durand, West Durand, WI for facilities and equipment	916,000	Kind
Department of Health and Human Services	Health Resources and Services Administration	AdventHealth for Children, Orlando, FL for facilities and equipment	1,000,000	Murphy (FL)
Department of Health and Human Services	Health Resources and Services Administration	Adventist Health/Central Valley Network, Hanford, CA for equipment	1,250,000	Valadao
Department of Health and Human Services	Health Resources and Services Administration	Adventist HealthCare Fort Washington Medical Center, Inc., Fort Washington, MD for facilities and equipment	1,000,000	Hoyer
Department of Health and Human Services	Health Resources and Services Administration	Adventist Healthcare Inc., Gaithersburg, MD for facilities and equipment	500,000	Raskin
Department of Health and Human Services	Health Resources and Services Administration	Advocate Health and Hospitals Corporation, Downers Grove, IL for facilities and equipment	2,940,000	Newman
Department of Health and Human Services	Health Resources and Services Administration	Advocates for a Health Community DBA Jordan Valley Community Health Center, Springfield, MO for facilities	2,000,000	Long
Department of Health and Human Services	Health Resources and Services Administration	Advocates Inc., Framingham, MA for facilities and equipment	500,000	Clark (MA)
Department of Health and Human Services	Health Resources and Services Administration	Alivio Medical Center, Chicago, IL for facilities and equipment	3,000,000	García (IL)
Department of Health and Human Services	Health Resources and Services Administration	Allegheny Health Network, Pittsburgh, PA for facilities and equipment	1,400,000	Lamb

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	AltaMed Health Services, Los Angeles, CA for equipment	255,000	Gomez
Department of Health and Human Services	Health Resources and Services Administration	AltaMed Health Services, Los Angeles, CA for equipment and operational costs	2,346,186	Barragan
Department of Health and Human Services	Health Resources and Services Administration	AMAAD Institute, Los Angeles, CA for facilities and equipment	935,000	Waters
Department of Health and Human Services	Health Resources and Services Administration	American Indian Health & Family Services of Southeastern Michigan, Inc., Detroit, MI for facilities and equipment	1,500,000	Tlaib
Department of Health and Human Services	Health Resources and Services Administration	Americana Community Center Inc., Louisville, KY for facilities and equipment	2,000,000	Yarmuth
Department of Health and Human Services	Health Resources and Services Administration	Anna Maria College, Paxton, MA for facilities and equipment	1,000,000	McGovern
Department of Health and Human Services	Health Resources and Services Administration	APLA Able Arts, Long Beach, CA for facilities and equipment	500,000	Lowenthal
Department of Health and Human Services	Health Resources and Services Administration	Arts and Services for the Disabled, Inc. dba Able ARTS Work, Long Beach, CA for facilities and equipment	980,000	Lowenthal
Department of Health and Human Services	Health Resources and Services Administration	ARUP Laboratories, Inc., Salt Lake City, UT for facilities	3,000,000	Stewart
Department of Health and Human Services	Health Resources and Services Administration	Ashtabula County Medical Center, Ashtabula, OH for equipment	3,000,000	Joyce (OH)
Department of Health and Human Services	Health Resources and Services Administration	Asian American Drug Abuse Prevention, Inc., Los Angeles, CA for facilities and equipment	2,230,000	Bass
Department of Health and Human Services	Health Resources and Services Administration	Asian American Health Coalition-HOPE Clinic, Houston, TX for equipment and operational costs for an oral health program	1,300,000	Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	Aspire Health Partners, Orlando, FL for facilities and equipment	310,000	Murphy (FL)
Department of Health and Human Services	Health Resources and Services Administration	Association for Individual Development, Aurora, IL for facilities and equipment	3,000,000	Krishnamoorthi

Department of Health and Human Services	Health Resources and Services Administration	Atlantic Health System, Morristown, NJ for facilities and equipment	1,000,000	Sherrill
Department of Health and Human Services	Health Resources and Services Administration	Auburn Community Hospital, Auburn, NY for facilities and equipment	2,000,000	Katko
Department of Health and Human Services	Health Resources and Services Administration	Aunt Martha's Health and Wellness, Olympia Fields, IL for facilities and equipment	450,000	Underwood
Department of Health and Human Services	Health Resources and Services Administration	Aurora Community Mental Health Center, Aurora, CO for facilities and equipment	2,000,000	Crow
Department of Health and Human Services	Health Resources and Services Administration	Ballad Health, Johnson City, TN for facilities	605,000	Griffith
Department of Health and Human Services	Health Resources and Services Administration	Ballad Health, Johnson City, TN for facilities	500,000	Harshbarger
Department of Health and Human Services	Health Resources and Services Administration	Banyan Community Health Center, Miami, FL for facilities	2,500,000	Salazar
Department of Health and Human Services	Health Resources and Services Administration	Baptist Health Deaconess Madisonville, Inc., Madisonville, KY for facilities and equipment	515,000	Comer
Department of Health and Human Services	Health Resources and Services Administration	Barton Hose Company No 1. Inc., Barton, MD for facilities and equipment	1,875,000	Trone
Department of Health and Human Services	Health Resources and Services Administration	Bay Area Community Health, Fremont, CA for equipment	700,000	Swalwell
Department of Health and Human Services	Health Resources and Services Administration	Bay Area Community Health, San Jose, CA for facilities and equipment	1,000,000	Lofgren
Department of Health and Human Services	Health Resources and Services Administration	Bay County Health Department, Bay City, MI for facilities and equipment	2,000,000	Kildee
Department of Health and Human Services	Health Resources and Services Administration	Baylor Scott & White Medical Center—Round Rock, Round Rock, TX for facilities and equipment	3,000,000	Carter (TX)
Department of Health and Human Services	Health Resources and Services Administration	Beloved Community Family Wellness Center, Chicago, IL for facilities and equipment	2,000,000	Rush
Department of Health and Human Services	Health Resources and Services Administration	Beth Israel Deaconess Hospital—Plymouth, Inc., Plymouth, MA for facilities and equipment	2,000,000	Keating

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Block Island Health Services, New Shoreham, RI for facilities and equipment	2,000,000	Langevin
Department of Health and Human Services	Health Resources and Services Administration	Bobby Benson Center, Kahuku, HI for facilities and equipment	1,200,000	Kahele
Department of Health and Human Services	Health Resources and Services Administration	Bon Secours Charity Health System, Suffern, NY for facilities and equipment	1,000,000	Jones
Department of Health and Human Services	Health Resources and Services Administration	Boone Memorial Hospital, Inc., Madison, WV for facilities and equipment	3,000,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	Bread for the City, Washington, DC for facilities and equipment	3,000,000	Norton
Department of Health and Human Services	Health Resources and Services Administration	Brockton Neighborhood Health Center, Brockton, MA for facilities and equipment	1,000,000	Lynch
Department of Health and Human Services	Health Resources and Services Administration	Bronx Community Health Network, Bronx, NY for facilities and equipment	2,001,503	Bowman
Department of Health and Human Services	Health Resources and Services Administration	Brooks County Independent School District, Falfurrias, TX for facilities and equipment	1,500,000	Gonzalez, Vicente
Department of Health and Human Services	Health Resources and Services Administration	Brownsville Community Development Corporation, Brooklyn, NY for facilities and equipment	2,200,000	Clarke (NY)
Department of Health and Human Services	Health Resources and Services Administration	Cabell Huntington Hospital, Inc., Huntington, WV for facilities	3,000,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	California State University, San Bernardino, CA for facilities and equipment	2,000,000	Aguilar
Department of Health and Human Services	Health Resources and Services Administration	CalvertHealth Medical Center, Prince Frederick, MD for facilities and equipment	950,000	Hoyer

Department of Health and Human Services	Health Resources and Services Administration	Cambridge Public Health Commission (dba Cambridge Health Alliance), Cambridge, MA for facilities and equipment	1,000,000	Clark (MA)
Department of Health and Human Services	Health Resources and Services Administration	Campbell City School District, Campbell, OH for facilities and equipment	2,000,000	Ryan
Department of Health and Human Services	Health Resources and Services Administration	Caridad Center, Inc., Boynton Beach, FL for facilities and equipment	1,000,000	Frankel, Lois
Department of Health and Human Services	Health Resources and Services Administration	Cedar Riverside People's Center, Minneapolis, MN for facilities and equipment	1,000,000	Omar
Department of Health and Human Services	Health Resources and Services Administration	Center for Addiction Treatment, Cincinnati, OH for facilities	500,000	Chabot
Department of Health and Human Services	Health Resources and Services Administration	Centerstone, Bradenton, FL for facilities and equipment	1,200,000	Buchanan
Department of Health and Human Services	Health Resources and Services Administration	Central Pennsylvania Institute of Science and Technology, Bellefonte, PA for facilities	2,000,000	Thompson (PA)
Department of Health and Human Services	Health Resources and Services Administration	Central Piedmont Community College, Charlotte, NC for facilities and equipment	575,000	Adams
Department of Health and Human Services	Health Resources and Services Administration	Central Vermont Medical Center, Berlin, VT for facilities and equipment	735,560	Welch
Department of Health and Human Services	Health Resources and Services Administration	Central Washington University, Ellensburg, WA for facilities and equipment	1,000,000	Schrier
Department of Health and Human Services	Health Resources and Services Administration	CentraState Medical Center, Inc. , Freehold, NJ for equipment	615,000	Smith (NJ)
Department of Health and Human Services	Health Resources and Services Administration	Centro del Barrio, Inc., San Antonio, TX for facilities and equipment	1,000,000	Castro (TX)
Department of Health and Human Services	Health Resources and Services Administration	Centro Hispano Daniel Torres Inc., Reading, PA for facilities and equipment	635,713	Houlahan
Department of Health and Human Services	Health Resources and Services Administration	Charles River Community Health Center, Waltham, MA for an electronic health records initiative	247,000	Clark (MA)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Charlotte Community Health Clinic, Inc., Charlotte, NC for facilities and equipment	600,000	Adams
Department of Health and Human Services	Health Resources and Services Administration	Chattanooga-Hamilton County Hospital Authority d/b/a Erlanger Health System, Chattanooga, TN for facilities and equipment	2,000,000	Fleischmann
Department of Health and Human Services	Health Resources and Services Administration	Cherry Creek School District, Greenwood Village, CO for facilities and equipment	1,500,000	Crow
Department of Health and Human Services	Health Resources and Services Administration	Cherry Hill Free Clinic, Cherry Hill, NJ for facilities and equipment	440,905	Norcross
Department of Health and Human Services	Health Resources and Services Administration	Children's Health Clinical Operations, Dallas, TX for facilities and equipment	1,000,000	Allred, Veasey
Department of Health and Human Services	Health Resources and Services Administration	Children's Hospital Los Angeles, Los Angeles, CA for equipment	1,500,000	Garcia (CA)
Department of Health and Human Services	Health Resources and Services Administration	Children's Clinic dba TCC Family Health, Long Beach, CA for facilities and equipment	575,000	Lowenthal
Department of Health and Human Services	Health Resources and Services Administration	Children's Health Clinical Operations, Dallas, TX for equipment	1,000,000	Van Duyne
Department of Health and Human Services	Health Resources and Services Administration	Children's Health of Orange County, Orange, CA for facilities and equipment	1,000,000	Correa
Department of Health and Human Services	Health Resources and Services Administration	Children's Hospital Medical Center of Akron, OH for facilities and equipment	2,000,000	Ryan
Department of Health and Human Services	Health Resources and Services Administration	Chinatown Service Center, Monterey Park, CA for equipment	215,000	Chu
Department of Health and Human Services	Health Resources and Services Administration	Chinese Culture and Community Service Center, Inc., Gaithersburg, MD for facilities and equipment	1,000,000	Trone
Department of Health and Human Services	Health Resources and Services Administration	Chiricahua Community Health Centers, Inc., Douglas, AZ for equipment	983,265	Kirkpatrick

Department of Health and Human Services	Health Resources and Services Administration	ChristianaCare Health System, Wilmington, DE for a nutrition program for pregnant women	900,000	Blunt Rochester
Department of Health and Human Services	Health Resources and Services Administration	CHRISTUS Ochsner Health Southwestern Louisiana — St. Patrick Hospital, Lake Charles, LA for facilities	1,000,000	Higgins (LA)
Department of Health and Human Services	Health Resources and Services Administration	CHRISTUS St. Frances Cabrini Hospital, Alexandria, LA for facilities and equipment	775,000	Letlow
Department of Health and Human Services	Health Resources and Services Administration	Cincinnati Children's Hospital Medical Center, Cincinnati, OH for equipment	630,000	Chabot
Department of Health and Human Services	Health Resources and Services Administration	City of Albuquerque, NM for facilities and equipment	2,200,000	Stansbury
Department of Health and Human Services	Health Resources and Services Administration	City of Berea, KY for equipment	350,000	Barr
Department of Health and Human Services	Health Resources and Services Administration	City of Greenville, MS for facilities and equipment	2,000,000	Thompson (MS)
Department of Health and Human Services	Health Resources and Services Administration	City of Guin, AL for facilities	150,000	Aderholt
Department of Health and Human Services	Health Resources and Services Administration	City of Hope National Medical Center, Duarte, CA for equipment	150,000	Garcia (CA)
Department of Health and Human Services	Health Resources and Services Administration	City of Houston—Houston Health Department, Houston, TX for a vision health program	1,000,000	Jackson Lee
Department of Health and Human Services	Health Resources and Services Administration	City of West Hollywood, CA for facilities and equipment	300,000	Schiff
Department of Health and Human Services	Health Resources and Services Administration	Clay County Healthcare Authority, Ashland, AL for facilities	1,500,000	Rogers (AL)
Department of Health and Human Services	Health Resources and Services Administration	Cleveland Clinic, Cleveland, OH for equipment	905,000	Gonzalez (OH)
Department of Health and Human Services	Health Resources and Services Administration	Cleveland Clinic, Cleveland, OH for facilities and equipment	615,000	Joyce (OH)
Department of Health and Human Services	Health Resources and Services Administration	Clinica Msr. Oscar A. Romero, Los Angeles, CA for facilities and equipment	1,000,000	Gomez
Department of Health and Human Services	Health Resources and Services Administration	Cold Spring Harbor Laboratory, Cold Spring Harbor, NY for equipment and operational costs	1,000,000	Suozzi

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	College of Southern Nevada, North Las Vegas Campus, North Las Vegas, NV for facilities and equipment	750,000	Horsford
Department of Health and Human Services	Health Resources and Services Administration	CommuniCare Health Centers, West Sacramento, CA for an electronic health records initiative	1,500,000	Matsui
Department of Health and Human Services	Health Resources and Services Administration	Community Bridges, Inc., Mesa, AZ for facilities and equipment	1,000,000	Gallego
Department of Health and Human Services	Health Resources and Services Administration	Community Care Clinic of Franklin, Inc., Franklin, NC for facilities	575,000	Cawthorn
Department of Health and Human Services	Health Resources and Services Administration	Community Consolidated School District 21, Wheeling, IL for facilities and equipment	1,000,000	Schneider
Department of Health and Human Services	Health Resources and Services Administration	Community Foundation of Greater Muscatine, Muscatine, IA for facilities	3,000,000	Miller-Meeks
Department of Health and Human Services	Health Resources and Services Administration	Community Health Partnership, San Jose, CA for facilities and equipment	175,000	Lofgren
Department of Health and Human Services	Health Resources and Services Administration	Community Medical Centers, Stockton, CA for facilities and equipment	500,000	Harder (CA), McNerney
Department of Health and Human Services	Health Resources and Services Administration	Community Medical Centers, Stockton, CA for facilities and equipment	950,000	Harder (CA)
Department of Health and Human Services	Health Resources and Services Administration	Community Regional Medical Center, Fresno, CA for facilities and equipment	1,500,000	Costa
Department of Health and Human Services	Health Resources and Services Administration	Compass Health, Inc., St. Peters, MO for facilities	1,000,000	Luetkemeyer
Department of Health and Human Services	Health Resources and Services Administration	Comprehensive Community Action, Inc., Cranston, RI for facilities and equipment	1,000,000	Langevin
Department of Health and Human Services	Health Resources and Services Administration	Connecticut Hospice, Inc., Branford, CT for facilities and equipment	1,940,000	DeLauro

Department of Health and Human Services	Health Resources and Services Administration	Connecticut Institute For Communities, Inc., Danbury, CT for facilities and equipment	2,000,000	Hayes
Department of Health and Human Services	Health Resources and Services Administration	Cook County Health, Chicago, IL for facilities and equipment	1,000,000	Krishnamoorthi
Department of Health and Human Services	Health Resources and Services Administration	Cooperman Barnabas Medical Center, Livingston, NJ for facilities and equipment	1,000,000	Sherrill
Department of Health and Human Services	Health Resources and Services Administration	Cornerstone Family Healthcare, Cornwall, NY for facilities and equipment	2,800,000	Maloney, Sean Patrick
Department of Health and Human Services	Health Resources and Services Administration	Cortland County, NY for facilities and equipment	2,995,000	Tenney
Department of Health and Human Services	Health Resources and Services Administration	County of Bernalillo, Albuquerque, NM for facilities and equipment	422,031	Stansbury
Department of Health and Human Services	Health Resources and Services Administration	County of Clark, Las Vegas, NV for equipment	1,330,000	Lee (NV)
Department of Health and Human Services	Health Resources and Services Administration	County of Clark, Las Vegas, NV for facilities and equipment	1,600,000	Titus
Department of Health and Human Services	Health Resources and Services Administration	County of Culpeper, VA for facilities and equipment	324,494	Spanberger
Department of Health and Human Services	Health Resources and Services Administration	County of Delaware, Media, PA for an electronic health records initiative	1,750,000	Scanlon
Department of Health and Human Services	Health Resources and Services Administration	County of Fairfax, VA for facilities and equipment	1,700,000	Beyer
Department of Health and Human Services	Health Resources and Services Administration	County of Lane, Eugene, OR for facilities and equipment	1,500,000	DeFazio
Department of Health and Human Services	Health Resources and Services Administration	County of Montgomery, Rockville, MD for facilities and equipment	3,000,000	Raskin
Department of Health and Human Services	Health Resources and Services Administration	County of Northampton, Easton, PA for facilities and equipment	1,000,000	Wild
Department of Health and Human Services	Health Resources and Services Administration	County of Oakland, Pontiac, MI for facilities and equipment	1,200,000	Stevens
Department of Health and Human Services	Health Resources and Services Administration	County of Orange, Santa Ana, CA for facilities and equipment	3,000,000	Correa
Department of Health and Human Services	Health Resources and Services Administration	County of Riverside—Riverside University Health System, Moreno Valley, CA for facilities and equipment	1,000,000	Takano

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	County of Riverside—Riverside University Health System, Riverside, CA for facilities and equipment	1,000,000	Ruiz
Department of Health and Human Services	Health Resources and Services Administration	County of San Mateo, CA for an electronic health records initiative	1,000,000	Speier
Department of Health and Human Services	Health Resources and Services Administration	County of Taos, NM for facilities and equipment	2,200,000	Leger Fernandez
Department of Health and Human Services	Health Resources and Services Administration	County of Wake, Raleigh, NC for facilities and equipment	2,000,000	Ross
Department of Health and Human Services	Health Resources and Services Administration	Covenant Community Care, Inc., Detroit, MI for facilities and equipment	500,000	Tlaib
Department of Health and Human Services	Health Resources and Services Administration	Cowlitz Indian Tribe, Longview, WA for facilities	765,000	Herrera Beutler
Department of Health and Human Services	Health Resources and Services Administration	Cowlitz Indian Tribe, Longview, WA for facilities and equipment	1,000,000	Smith (WA)
Department of Health and Human Services	Health Resources and Services Administration	Crouse Health, Syracuse, NY for facilities and equipment	1,010,000	Katko
Department of Health and Human Services	Health Resources and Services Administration	Cullman Regional Medical Center, Inc., Cullman, AL for equipment	1,585,000	Aderholt
Department of Health and Human Services	Health Resources and Services Administration	Cumberland University, Lebanon, TN for equipment	750,000	Rose
Department of Health and Human Services	Health Resources and Services Administration	Denver Health and Hospital Authority, Denver, CO for facilities and equipment	2,200,000	DeGette
Department of Health and Human Services	Health Resources and Services Administration	Desert AIDS Project, Palm Springs, CA for facilities and equipment	2,000,000	Ruiz
Department of Health and Human Services	Health Resources and Services Administration	Division of Infectious Diseases, University of Miami Miller School of Medicine, Miami, FL for facilities and equipment	500,000	Deutch
Department of Health and Human Services	Health Resources and Services Administration	Downtown Emergency Service Center, Seattle, WA for facilities and equipment	985,000	Jayapal

Department of Health and Human Services	Health Resources and Services Administration	Doylestown Health Foundation D.B.A. Doylestown Health, Doylestown, PA for facilities and equipment	1,000,000	Fitzpatrick
Department of Health and Human Services	Health Resources and Services Administration	Duncan Regional Hospital, Inc., Duncan, OK for facilities and equipment	750,000	Cole
Department of Health and Human Services	Health Resources and Services Administration	Duquesne University, Pittsburgh, PA for facilities and equipment	2,200,000	Doyle, Michael F.
Department of Health and Human Services	Health Resources and Services Administration	East Bay Community Action Program, Newport, RI for facilities and equipment	513,600	Cicilline
Department of Health and Human Services	Health Resources and Services Administration	East Tennessee Children's Hospital, Knoxville, TN for facilities and equipment	2,500,000	Burchett
Department of Health and Human Services	Health Resources and Services Administration	Easterseals of Oak Hill, Hartford, CT for facilities and equipment	1,874,000	Courtney
Department of Health and Human Services	Health Resources and Services Administration	Edward M. Kennedy Community Health Center, Inc., Worcester, MA for facilities and equipment	1,000,000	Auchincloss
Department of Health and Human Services	Health Resources and Services Administration	Edward M. Kennedy Health Center, Inc., Boston, MA for facilities and equipment	3,000,000	McGovern
Department of Health and Human Services	Health Resources and Services Administration	Eisner Health, Los Angeles, CA for facilities and equipment	610,000	Barragan
Department of Health and Human Services	Health Resources and Services Administration	El Centro de Corazon, Houston, TX for facilities and equipment	3,000,000	Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	El Paso Children's Hospital, El Paso, TX for facilities and equipment	595,000	Escobar
Department of Health and Human Services	Health Resources and Services Administration	El Proyecto del Barrio Inc., Winnetka, CA for facilities and equipment	1,000,000	Sherman
Department of Health and Human Services	Health Resources and Services Administration	Ellis County Coalition for Health Options, Inc., dba Hope Clinic, Waxahachie, TX for facilities and equipment	3,000,000	Ellzey
Department of Health and Human Services	Health Resources and Services Administration	Erie Family Health Centers, Chicago, IL for facilities and equipment	1,173,900	García (IL)
Department of Health and Human Services	Health Resources and Services Administration	Escambia County Health Care Authority dba Atmore Community Hospital, Atmore, AL for equipment	655,000	Carl

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Fair Haven Community Health Clinic, Inc., New Haven, CT for facilities and equipment	3,000,000	DeLauro
Department of Health and Human Services	Health Resources and Services Administration	Family Centers Inc., Stamford, CT for facilities and equipment	1,000,000	Himes
Department of Health and Human Services	Health Resources and Services Administration	Family Christian Health Center, Harvey, IL for equipment and operational costs	353,441	Kelly (IL)
Department of Health and Human Services	Health Resources and Services Administration	Family Health Services Corporation, Twin Falls, ID for facilities	1,550,000	Simpson
Department of Health and Human Services	Health Resources and Services Administration	Ferd & Gladys Alpert Jewish Family & Children's Service of Palm Beach County, Inc., West Palm Beach, FL for facilities and equipment	700,000	Frankel, Lois
Department of Health and Human Services	Health Resources and Services Administration	Figgers Foundation, Lauderhill, FL for a telehealth initiative	2,200,000	Cherfilus-McCormick
Department of Health and Human Services	Health Resources and Services Administration	Finkelstein Memorial Library, Spring Valley, NY for facilities and equipment	2,000,000	Jones
Department of Health and Human Services	Health Resources and Services Administration	First Nations Community HealthSource, Albuquerque, NM for facilities and equipment	1,000,000	Stansbury
Department of Health and Human Services	Health Resources and Services Administration	Flaget Memorial Hospital Foundation, Bardstown, KY for equipment	635,000	Guthrie
Department of Health and Human Services	Health Resources and Services Administration	Florida International University, Miami, FL for equipment	3,000,000	Gimenez
Department of Health and Human Services	Health Resources and Services Administration	Florida State University, Tallahassee, FL for facilities and equipment	2,490,000	Dunn
Department of Health and Human Services	Health Resources and Services Administration	Franciscan Missionaries of Our Lady University, Baton Rouge, LA for facilities	1,935,000	Graves (LA)
Department of Health and Human Services	Health Resources and Services Administration	Frederick County Government, Frederick, MD for equipment	698,083	Trone

Department of Health and Human Services	Health Resources and Services Administration	Freedom Rain Incorporated dba The Lovelady Center, Birmingham, AL for facilities and equipment	2,000,000	Sewell
Department of Health and Human Services	Health Resources and Services Administration	Fresno Center, Fresno, CA for facilities and equipment	1,500,000	Costa
Department of Health and Human Services	Health Resources and Services Administration	Friends of Youth, Kirkland, WA for facilities and equipment	1,000,000	DelBene
Department of Health and Human Services	Health Resources and Services Administration	Friendship House, Scranton, PA for facilities and equipment	1,500,000	Cartwright
Department of Health and Human Services	Health Resources and Services Administration	Gardner Family Health Network, Incorporated, Alviso, CA for facilities and equipment	500,000	Khanna
Department of Health and Human Services	Health Resources and Services Administration	Gardner Family Health Network, Incorporated, San Jose, CA for facilities and equipment	1,000,000	Lofgren
Department of Health and Human Services	Health Resources and Services Administration	Garfield Health Center, Monterey Park, CA for facilities and equipment	480,000	Chu
Department of Health and Human Services	Health Resources and Services Administration	Garrett Regional Medical Center, Oakland, MD, for an electronic health records initiative	650,000	Trone
Department of Health and Human Services	Health Resources and Services Administration	Gateway Community Health Center, Inc., Laredo, TX for facilities and equipment	1,997,000	Cuellar
Department of Health and Human Services	Health Resources and Services Administration	George Corley Wallace State Community College, Demopolis, AL for facilities and equipment	1,143,018	Sewell
Department of Health and Human Services	Health Resources and Services Administration	George Mason University, Fairfax, VA for equipment	820,000	Wexton
Department of Health and Human Services	Health Resources and Services Administration	George Washington University, Washington, DC for facilities and equipment	1,190,000	Norton
Department of Health and Human Services	Health Resources and Services Administration	Germanna Community College Educational Foundation Inc., Locust Grove, VA for facilities and equipment	251,000	Spanberger
Department of Health and Human Services	Health Resources and Services Administration	Gillette Children's Specialty Healthcare, St. Paul, MN for facilities and equipment	1,500,000	McCollum
Department of Health and Human Services	Health Resources and Services Administration	Grace Health, Battle Creek, MI for facilities	525,000	Meijer

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Grand View Hospital d/b/a Grand View Health, Sellersville, PA for facilities and equipment	1,000,000	Fitzpatrick
Department of Health and Human Services	Health Resources and Services Administration	Grant County Public Hospital District No 1, dba Samaritan Healthcare, Moses Lake, WA for facilities and equipment	2,500,000	Newhouse
Department of Health and Human Services	Health Resources and Services Administration	Great Basin College, Elko, NV for facilities and equipment	940,000	Amodei
Department of Health and Human Services	Health Resources and Services Administration	Great Salt Plains Health Center, Inc., Cherokee, OK for facilities and equipment	2,180,000	Lucas
Department of Health and Human Services	Health Resources and Services Administration	Greater Baden Medical Services, Inc., Brandywine, MD for facilities and equipment	3,000,000	Brown (MD)
Department of Health and Human Services	Health Resources and Services Administration	Greene County Hospital and Nursing Home, Eutaw, AL for facilities and equipment	521,100	Sewell
Department of Health and Human Services	Health Resources and Services Administration	Grover C. Dils Medical Center, Caliente, NV for facilities and equipment	3,000,000	Horsford
Department of Health and Human Services	Health Resources and Services Administration	Gundersen Tri-County Hospital, Whitehall, WI for facilities and equipment	1,000,000	Kind
Department of Health and Human Services	Health Resources and Services Administration	H. Lee Moffitt Cancer Center and Research Institute, Inc., Tampa, FL for facilities and equipment	3,000,000	Bilirakis
Department of Health and Human Services	Health Resources and Services Administration	H. Lee Moffitt Cancer Center and Research Institute, Inc., Tampa, FL for facilities and equipment	1,000,000	Castor (FL)
Department of Health and Human Services	Health Resources and Services Administration	Hackensack Meridian Health, Edison, NJ for facilities and equipment	1,000,000	Pascrell
Department of Health and Human Services	Health Resources and Services Administration	Hamakua-Kohala Health Center, Honokaa, HI for facilities and equipment	2,000,000	Kahele

Department of Health and Human Services	Health Resources and Services Administration	Hamilton Community Health Network, Flint, MI for facilities and equipment	1,000,000	Kildee
Department of Health and Human Services	Health Resources and Services Administration	Harris County Precinct 2, Houston, TX for facilities and equipment	3,000,000	Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	Havana Community Development Corp., Inc., Havana, FL for facilities and equipment	1,967,328	Lawson (FL)
Department of Health and Human Services	Health Resources and Services Administration	Health and Hospital Corporation of Marion County, Indianapolis, IN for facilities and equipment	1,385,487	Carson
Department of Health and Human Services	Health Resources and Services Administration	Health Care Authority Corporation of the City of Thomasville, AL for facilities and equipment	1,000,000	Sewell
Department of Health and Human Services	Health Resources and Services Administration	Health Service Alliance-Montclair Community Health Center, Montclair, CA for facilities and equipment	300,000	Torres (CA)
Department of Health and Human Services	Health Resources and Services Administration	Health Unit on Davidson Avenue (The HUDA Clinic), Detroit, MI for facilities and equipment	281,200	Tlaib
Department of Health and Human Services	Health Resources and Services Administration	HealthFirst Family Center, Franklin, NH for facilities and equipment	450,000	Kuster
Department of Health and Human Services	Health Resources and Services Administration	HealthPoint, Renton, WA for facilities and equipment	2,000,000	DelBene
Department of Health and Human Services	Health Resources and Services Administration	HealthRIGHT 360, San Francisco, CA for facilities and equipment	2,500,000	Pelosi
Department of Health and Human Services	Health Resources and Services Administration	Healthy Mothers, Healthy Babies Coalition of Palm Beach County, Inc., Greenacres, FL for a doula training program	305,313	Cherfilus-McCormick
Department of Health and Human Services	Health Resources and Services Administration	Henderson County Rural Health Center, Inc., dba Eagle View Community Health System, Oquawka, IL for health clinic operational costs	517,783	Bustos
Department of Health and Human Services	Health Resources and Services Administration	Hendry County, LaBelle, FL for facilities and equipment	700,000	Diaz-Balart
Department of Health and Human Services	Health Resources and Services Administration	Henry J. Austin Health Center, Trenton, NJ for a mobile health unit and staffing	813,600	Watson Coleman

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Henry Mayo Newhall Hospital Foundation, Valencia, CA for equipment	1,115,000	Garcia (CA)
Department of Health and Human Services	Health Resources and Services Administration	Heritage Heights at Lake Chelan, WA for facilities and equipment	800,000	Schrier
Department of Health and Human Services	Health Resources and Services Administration	Highlands Hospital dba Penn Highlands Connellsville (PHCV), a subsidiary of Penn Highlands Healthcare (PHH), Connellsville, PA for facilities	1,000,000	Reschenthaler
Department of Health and Human Services	Health Resources and Services Administration	Hillsdale Community Health Center, Hillsdale, MI for equipment	345,000	Walberg
Department of Health and Human Services	Health Resources and Services Administration	His Branches, Inc., Rochester, NY for facilities and equipment	819,312	Morelle
Department of Health and Human Services	Health Resources and Services Administration	Howard Brown Health, Chicago, IL for facilities and equipment	1,110,400	Quigley
Department of Health and Human Services	Health Resources and Services Administration	Hyndman Area Health Center, Inc, Bedford, PA for facilities and equipment	425,000	Joyce (PA)
Department of Health and Human Services	Health Resources and Services Administration	I. M. Sulzbacher Center for the Homeless, Inc., Jacksonville, FL for facilities and equipment	2,000,000	Rutherford
Department of Health and Human Services	Health Resources and Services Administration	Illinois College of Optometry, Chicago, IL for facilities and equipment	445,000	Rush
Department of Health and Human Services	Health Resources and Services Administration	Illinois Community College District #519 (Highland Community College), Freeport, IL for equipment	300,000	Bustos
Department of Health and Human Services	Health Resources and Services Administration	Illinois State University, Mennonite College of Nursing, Normal, IL for facilities and equipment	2,000,000	LaHood
Department of Health and Human Services	Health Resources and Services Administration	Inner City Health Center, Denver, CO for facilities and equipment	183,486	DeGette
Department of Health and Human Services	Health Resources and Services Administration	Interfaith Medical Center Campus, Brooklyn, NY for facilities and equipment	3,000,000	Jeffries

Department of Health and Human Services	Health Resources and Services Administration	J. Paul Jones Hospital, Camden, AL for facilities and equipment	595,041	Sewell
Department of Health and Human Services	Health Resources and Services Administration	Jackson Parish Hospital, Jonesboro, LA for facilities and equipment	2,000,000	Letlow
Department of Health and Human Services	Health Resources and Services Administration	Jamaica Hospital Medical Center, Jamaica, NY for facilities and equipment	1,905,000	Meeks
Department of Health and Human Services	Health Resources and Services Administration	Jamaica Hospital Medical Center, Jamaica, NY for facilities and equipment	2,400,000	Meeks
Department of Health and Human Services	Health Resources and Services Administration	Jawonio Inc., New City, NY for facilities and equipment	1,300,000	Jones
Department of Health and Human Services	Health Resources and Services Administration	Jersey Community Hospital District, Jerseyville, IL for facilities and equipment	2,000,000	Davis, Rodney
Department of Health and Human Services	Health Resources and Services Administration	Jessie Trice Community Health System, Inc., Miami, FL for facilities and equipment	3,000,000	Wilson (FL)
Department of Health and Human Services	Health Resources and Services Administration	Jewish Community Free Clinic, Santa Rosa, CA for an electronic health records initiative	200,000	Huffman
Department of Health and Human Services	Health Resources and Services Administration	Jewish Foundation for Group Homes, Rockville, MD for facilities and equipment	750,000	Raskin
Department of Health and Human Services	Health Resources and Services Administration	Joseph P. Addabbo Family Health Center, Inc., New York, NY for facilities and equipment	325,000	Meeks
Department of Health and Human Services	Health Resources and Services Administration	Josselyn Center, Northfield, IL for facilities and equipment	1,000,000	Schneider
Department of Health and Human Services	Health Resources and Services Administration	Jurupa Unified, Jurupa Valley, CA for facilities and equipment	1,623,000	Takano
Department of Health and Human Services	Health Resources and Services Administration	Kern County Hospital Authority, Bakersfield, CA for equipment	3,000,000	Valadao
Department of Health and Human Services	Health Resources and Services Administration	Kern County Hospital Authority, Bakersfield, CA for facilities and equipment	3,000,000	Valadao
Department of Health and Human Services	Health Resources and Services Administration	Keryx Ministries, Inc., Macon, GA for facilities and equipment	400,000	Bishop (GA)
Department of Health and Human Services	Health Resources and Services Administration	Keystone Valley Fire Department, Parkesburg, PA for equipment	29,385	Houlahan

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Kids' Community Clinic of Burbank, CA for facilities and equipment	1,200,000	Schiff
Department of Health and Human Services	Health Resources and Services Administration	KidsPeace, Orefield, PA for facilities and equipment	1,000,000	Wild
Department of Health and Human Services	Health Resources and Services Administration	King Lunalilo Trust and Home, Honolulu, HI for facilities and equipment	1,740,550	Case
Department of Health and Human Services	Health Resources and Services Administration	Kings County Hospital Center, Brooklyn, NY for facilities and equipment	2,200,000	Clarke (NY)
Department of Health and Human Services	Health Resources and Services Administration	Klingberg Family Centers, Incorporated, New Britain, CT for facilities and equipment	1,000,000	Hayes
Department of Health and Human Services	Health Resources and Services Administration	La Maestra Family Clinic Inc., San Diego, CA for facilities and equipment	751,681	Jacobs (CA)
Department of Health and Human Services	Health Resources and Services Administration	Lake County Free Clinic, Painesville, OH for equipment	100,000	Joyce (OH)
Department of Health and Human Services	Health Resources and Services Administration	Lakewood Community Services Corporation, Lakewood, NJ for facilities and equipment	1,000,000	Smith (NJ)
Department of Health and Human Services	Health Resources and Services Administration	Lana'i Community Health Center, Lana'i City, HI for facilities and equipment	1,538,000	Kahele
Department of Health and Human Services	Health Resources and Services Administration	Lansing Fire Department, Lansing, MI for facilities and equipment	1,000,000	Slotkin
Department of Health and Human Services	Health Resources and Services Administration	LaSalle General Hospital, Jena, LA for facilities	1,065,000	Letlow
Department of Health and Human Services	Health Resources and Services Administration	Lawrence General Hospital, Lawrence, MA for facilities and equipment	1,000,000	Trahan
Department of Health and Human Services	Health Resources and Services Administration	Le Bonheur Children's Hospital, Memphis, TN for facilities and equipment	970,000	Cohen

Department of Health and Human Services	Health Resources and Services Administration	Legacy Community Health, Houston, TX for an electronic health records initiative	1,000,000	Green (TX)
Department of Health and Human Services	Health Resources and Services Administration	Legacy Community Health, Houston, TX for facilities and equipment	300,000	Garcia (TX)
Department of Health and Human Services	Health Resources and Services Administration	Leyden Family Service & Mental Health Center, Hoffman Estates, IL for facilities and equipment	266,059	Krishnamoorthi
Department of Health and Human Services	Health Resources and Services Administration	LifeCare Alliance, Columbus, OH for facilities and equipment	975,000	Beatty
Department of Health and Human Services	Health Resources and Services Administration	Lighthouse Youth Services, Inc., Cincinnati, OH for facilities	1,850,000	Wenstrup
Department of Health and Human Services	Health Resources and Services Administration	Lions Eye Institute for Transplant and Research Foundation, Tampa, FL for facilities and equipment	1,000,000	Castor (FL)
Department of Health and Human Services	Health Resources and Services Administration	Livingston County Emergency Management Services, Howell, MI for equipment	1,169,950	Slotkin
Department of Health and Human Services	Health Resources and Services Administration	Loma Linda University Medical Center- Murrieta, Murrieta, CA for facilities and equipment	2,000,000	Calvert
Department of Health and Human Services	Health Resources and Services Administration	Long Island Jewish Forest Hills, NY for facilities and equipment	1,000,000	Meng
Department of Health and Human Services	Health Resources and Services Administration	Los Angeles County Fire Department, Los Angeles, CA for facilities and equipment	201,834	Torres (CA)
Department of Health and Human Services	Health Resources and Services Administration	Louisiana Children's Medical Center, New Orleans, LA for facilities and equipment	2,000,000	Carter (LA)
Department of Health and Human Services	Health Resources and Services Administration	Louisiana State University Health Sciences Center—New Orleans, LA for facilities and equipment	2,350,000	Carter (LA)
Department of Health and Human Services	Health Resources and Services Administration	Loveland Fire Rescue Authority, Loveland, CO for facilities and equipment	500,000	Neguse
Department of Health and Human Services	Health Resources and Services Administration	Lower Bucks Hospital, Bristol, PA for facilities and equipment	1,200,000	Fitzpatrick
Department of Health and Human Services	Health Resources and Services Administration	Lower Elwha Tribal Community, Port Angeles, WA for facilities and equipment	1,911,875	Kilmer

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	LTSC Community Development Corporation, Los Angeles, CA for facilities and equipment	1,000,000	Schiff
Department of Health and Human Services	Health Resources and Services Administration	Lynn Community Health Center, Lynn, MA for facilities and equipment	1,000,000	Moulton
Department of Health and Human Services	Health Resources and Services Administration	Madison County Fiscal Court, Richmond, KY for facilities and equipment	390,000	Barr
Department of Health and Human Services	Health Resources and Services Administration	Main Line Hospitals, Inc., Radnor, PA for facilities and equipment	1,000,000	Scanlon
Department of Health and Human Services	Health Resources and Services Administration	Maine Department of Defense, Veterans and Emergency Management, Augusta, ME for facilities and equipment, and operational costs for a rural health project	3,000,000	Golden
Department of Health and Human Services	Health Resources and Services Administration	MaineHealth dba Western Maine Health/Stephens Memorial Hospital, Norway, ME for facilities and equipment	1,642,000	Golden
Department of Health and Human Services	Health Resources and Services Administration	Makah Indian Tribe, Neah Bay, WA for facilities and equipment	3,000,000	Kilmer
Department of Health and Human Services	Health Resources and Services Administration	Marian Regional Medical Center, Santa Maria, CA for facilities and equipment	1,000,000	Carbajal
Department of Health and Human Services	Health Resources and Services Administration	Marshall University Research Corporation, Huntington, WV for facilities and equipment	3,000,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	Mary Free Bed Rehabilitation Hospital, Grand Rapids, MI for facilities and equipment	3,000,000	Meijer
Department of Health and Human Services	Health Resources and Services Administration	Matthew Walker Comprehensive Health Center Inc., Nashville, TN for facilities and equipment	480,000	Cooper
Department of Health and Human Services	Health Resources and Services Administration	McLaren Central Michigan, Grand Blanc, MI for facilities and equipment	850,000	Moolenaar

Department of Health and Human Services	Health Resources and Services Administration	MedStar Curtis National Hand Center, Baltimore, MD for facilities and equipment	1,500,000	Ruppersberger
Department of Health and Human Services	Health Resources and Services Administration	MedStar St. Mary's Hospital, Leonardtown, MD for facilities and equipment	975,000	Hoyer
Department of Health and Human Services	Health Resources and Services Administration	Melvin & Claire Levine Jewish Residential and Family Service, West Palm Beach, FL for facilities	825,000	Mast
Department of Health and Human Services	Health Resources and Services Administration	Metropolitan Government of Nashville and Davidson County, Nashville, TN for facilities and equipment	2,200,000	Cooper
Department of Health and Human Services	Health Resources and Services Administration	Mid-Coast Health Net Inc. dba Knox Clinic, Rockland, ME for facilities and equipment	2,105,000	Pingree
Department of Health and Human Services	Health Resources and Services Administration	Mid-State Health Center, Plymouth, NH for facilities and equipment	750,000	Kuster
Department of Health and Human Services	Health Resources and Services Administration	Mid-Valley Healthcare, Inc., Lebanon, OR for facilities and equipment	1,000,000	DeFazio
Department of Health and Human Services	Health Resources and Services Administration	Milwaukee Health Services, Inc., Milwaukee, WI for facilities and equipment	2,983,000	Moore (WI)
Department of Health and Human Services	Health Resources and Services Administration	Molokai Community Health Center, Kaunakakai, HI for facilities and equipment	1,664,000	Kahele
Department of Health and Human Services	Health Resources and Services Administration	Morehead State University, Morehead, KY for equipment	3,000,000	Rogers (KY)
Department of Health and Human Services	Health Resources and Services Administration	Morehouse School of Medicine, Atlanta, GA for facilities and equipment	950,000	Williams (GA)
Department of Health and Human Services	Health Resources and Services Administration	MossRehab-Albert Einstein Healthcare Network, Elkins Park, PA for facilities and equipment	210,000	Dean
Department of Health and Human Services	Health Resources and Services Administration	Mount Sinai Hospital, Chicago, IL for facilities and equipment	2,000,000	Davis, Danny K.
Department of Health and Human Services	Health Resources and Services Administration	Mountain Park Health Center, Phoenix, AZ for facilities and equipment	3,000,000	Gallego

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	MRIGlobal, Kansas City, MO for facilities and equipment	1,000,000	Cleaver
Department of Health and Human Services	Health Resources and Services Administration	MyMichigan Medical Center Midland, Midland, MI for facilities	2,000,000	Moolenaar
Department of Health and Human Services	Health Resources and Services Administration	Native American Community Clinic, Minneapolis, MN for facilities and equipment	1,000,000	Omar
Department of Health and Human Services	Health Resources and Services Administration	Native American Health Center, Inc., Oakland, CA for facilities and equipment	1,000,000	Lee (CA)
Department of Health and Human Services	Health Resources and Services Administration	NATIVE HEALTH, Inc., Phoenix, AZ for facilities and equipment	650,000	Stanton
Department of Health and Human Services	Health Resources and Services Administration	Natrona County, Casper, WY for facilities and equipment	1,500,000	Cheney
Department of Health and Human Services	Health Resources and Services Administration	Navajo Nation Division of Social Services, Window Rock, AZ for facilities and equipment	3,000,000	Leger Fernandez
Department of Health and Human Services	Health Resources and Services Administration	Navajo Nation Division of Social Services, Window Rock, AZ for facilities and equipment	2,000,000	O'Halleran
Department of Health and Human Services	Health Resources and Services Administration	Near North Health Service Corporation, Chicago, IL for facilities and equipment	2,000,000	Davis, Danny K.
Department of Health and Human Services	Health Resources and Services Administration	Nehalem Bay Health District, Wheeler, OR for facilities and equipment	1,000,000	Schrader
Department of Health and Human Services	Health Resources and Services Administration	Neighborhood Health Association of Toledo, Inc., Toledo, OH for facilities and equipment	1,000,000	Kaptur
Department of Health and Human Services	Health Resources and Services Administration	Neighborhood Healthcare Inc, Menifee, CA for equipment	575,000	Calvert
Department of Health and Human Services	Health Resources and Services Administration	Neighborhood Medical Center, Incorporated, Tallahassee, FL for facilities and equipment	1,650,000	Lawson (FL)

Department of Health and Human Services	Health Resources and Services Administration	New Destiny Treatment Center, Clinton, OH for facilities	1,500,000	Gonzalez (OH)
Department of Health and Human Services	Health Resources and Services Administration	New Directions for Youth, Inc., North Hollywood, CA for facilities and equipment	1,000,000	Cardenas
Department of Health and Human Services	Health Resources and Services Administration	New England College, Henniker, NH for facilities and equipment	2,000,000	Kuster
Department of Health and Human Services	Health Resources and Services Administration	New Paths, Inc., Flint, MI for facilities and equipment	1,000,000	Kildee
Department of Health and Human Services	Health Resources and Services Administration	New York City Health and Hospitals—Lincoln Medical and Mental Health Center, Bronx, NY for facilities and equipment	3,000,000	Torres (NY)
Department of Health and Human Services	Health Resources and Services Administration	New York City Health and Hospitals Corporation, New York, NY for facilities and equipment	2,000,000	Velazquez
Department of Health and Human Services	Health Resources and Services Administration	New York City Health and Hospitals/Elmhurst, Queens, NY for facilities and equipment	1,000,000	Meng
Department of Health and Human Services	Health Resources and Services Administration	New York Community Hospital, Brooklyn, NY for facilities and equipment	2,200,000	Clarke (NY)
Department of Health and Human Services	Health Resources and Services Administration	New York Medical College, Valhalla, NY for facilities and equipment	1,900,000	Jones
Department of Health and Human Services	Health Resources and Services Administration	Newark Community Health Centers, Inc. , Newark, NJ for facilities and equipment	1,000,000	Payne
Department of Health and Human Services	Health Resources and Services Administration	Newport County Community Mental Health Center Inc., Middletown, RI for facilities and equipment	1,000,000	Cicilline
Department of Health and Human Services	Health Resources and Services Administration	Next Steps of O'Connor Foundation dba Next Steps Chicago, Chicago, IL for facilities and equipment	645,695	Newman
Department of Health and Human Services	Health Resources and Services Administration	NextStep Orlando, Inc., Altamonte Springs, FL for equipment	533,499	Murphy (FL)
Department of Health and Human Services	Health Resources and Services Administration	Nicholas H. Noyes Memorial Hospital, Dansville, NY for equipment	1,500,000	Jacobs (NY)
Department of Health and Human Services	Health Resources and Services Administration	Niscasa, Round Lake, IL for facilities and equipment	2,100,000	Schneider

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	North Broward Hospital District dba Broward Health, Fort Lauderdale, FL for facilities and equipment	3,000,000	Cherfilus-McCormick
Department of Health and Human Services	Health Resources and Services Administration	North Carolina Central University, Durham, NC for equipment	643,750	Price (NC)
Department of Health and Human Services	Health Resources and Services Administration	North Central Michigan College, Petoskey, MI for facilities and equipment	2,000,000	Bergman
Department of Health and Human Services	Health Resources and Services Administration	North Memorial Health Care, Robbinsdale, MN for facilities and equipment	1,000,000	Phillips
Department of Health and Human Services	Health Resources and Services Administration	Northeast Iowa Community College, Peosta, IA for equipment	375,000	Hinson
Department of Health and Human Services	Health Resources and Services Administration	Northeast Valley Health Corporation, San Fernando, CA for facilities and equipment	1,655,000	Cardenas
Department of Health and Human Services	Health Resources and Services Administration	Northern Marianas College, Saipan, NP for facilities and equipment	1,000,000	Sablan
Department of Health and Human Services	Health Resources and Services Administration	Northern Nevada HOPES, Reno, NV for facilities and equipment	2,000,000	Amodei
Department of Health and Human Services	Health Resources and Services Administration	Northwest Indian College, Bellingham, WA for facilities and equipment	2,000,000	DelBene
Department of Health and Human Services	Health Resources and Services Administration	Northwest Medical Foundation Tillamook, OR for facilities and equipment	1,000,000	Schrader
Department of Health and Human Services	Health Resources and Services Administration	Northwest Technical Institute, Springdale, AR for facilities	2,000,000	Womack
Department of Health and Human Services	Health Resources and Services Administration	NYU Langone Health, New York, NY for equipment	2,000,000	Malliotakis
Department of Health and Human Services	Health Resources and Services Administration	Odyssey House Louisiana Inc., New Orleans, LA for facilities and equipment	1,000,000	Carter (LA)

Department of Health and Human Services	Health Resources and Services Administration	Oklahoma Blood Institute, Oklahoma City, OK for facilities and equipment	1,250,000	Bice (OK)
Department of Health and Human Services	Health Resources and Services Administration	Oklahoma Medical Research Foundation, Oklahoma City, OK for equipment	1,755,000	Bice (OK)
Department of Health and Human Services	Health Resources and Services Administration	Oklahoma Medical Research Foundation, Oklahoma City, OK for facilities and equipment	2,000,000	Cole
Department of Health and Human Services	Health Resources and Services Administration	Olathe Fire Department Administration, Olathe, KS for facilities and equipment	660,000	Davids (KS)
Department of Health and Human Services	Health Resources and Services Administration	OLE Health, Napa, CA for equipment, for an electronic health records initiative	1,796,139	Thompson (CA)
Department of Health and Human Services	Health Resources and Services Administration	Oneida Health Systems Inc., Oneida, NY for facilities and equipment	1,000,000	Tenney
Department of Health and Human Services	Health Resources and Services Administration	Orange County Board of County Commissioners, Orlando, FL for facilities and equipment	239,059	Murphy (FL)
Department of Health and Human Services	Health Resources and Services Administration	Orange County Health Authority (dba CalOptima), Orange, CA for equipment	2,000,000	Kim (CA)
Department of Health and Human Services	Health Resources and Services Administration	Orange County Health Authority, Orange, CA for a health information technology initiative	1,000,000	Correa
Department of Health and Human Services	Health Resources and Services Administration	Oregon Association of Relief Nurseries, Newberg, OR for facilities and equipment	5,055,844	Bonamici, Schrader
Department of Health and Human Services	Health Resources and Services Administration	Oregon Health & Science University, Portland, OR for facilities and equipment	800,000	Blumenauer
Department of Health and Human Services	Health Resources and Services Administration	Ozark Tri-County Healthcare Consortium, DBA ACCESS Family Care, Neosho, MO for facilities and equipment	1,500,000	Long
Department of Health and Human Services	Health Resources and Services Administration	Park West Health System, Baltimore, MD for facilities and equipment	1,000,000	Mfume

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Parkland College, Champaign, IL for facilities and equipment	320,000	Davis, Rodney
Department of Health and Human Services	Health Resources and Services Administration	People Coordinated Services of Southern California, Los Angeles, CA for facilities and equipment	1,162,000	Bass
Department of Health and Human Services	Health Resources and Services Administration	People's Community Clinic, Austin, TX for an electronic health records initiative	850,000	Doggett
Department of Health and Human Services	Health Resources and Services Administration	Personal Enrichment through Mental Health Services, Inc., Pinellas Park, FL for facilities	2,000,000	Bilirakis
Department of Health and Human Services	Health Resources and Services Administration	Perspectives Inc., St. Louis Park, MN for facilities and equipment	3,000,000	Omar
Department of Health and Human Services	Health Resources and Services Administration	Pikeville Medical Center, Inc., Pikeville, KY for facilities and equipment	3,000,000	Rogers (KY)
Department of Health and Human Services	Health Resources and Services Administration	Plymouth Housing, Seattle, WA for equipment	1,000,000	Smith (WA)
Department of Health and Human Services	Health Resources and Services Administration	Portsmouth Community Health Center, Inc., dba Hampton Roads Community Health Center, Portsmouth, VA for facilities and equipment	807,137	Scott (VA)
Department of Health and Human Services	Health Resources and Services Administration	Potomac Valley Hospital, Keyser, WV for facilities and equipment	1,100,000	McKinley
Department of Health and Human Services	Health Resources and Services Administration	Power4STL, St. Louis, MO for facilities and equipment	3,000,000	Bush
Department of Health and Human Services	Health Resources and Services Administration	Presbyterian Hospital DBA Novant Health Presbyterian Medical Center, Charlotte, NC for facilities and equipment	216,200	Adams
Department of Health and Human Services	Health Resources and Services Administration	Presbyterian Villages of Michigan, Southfield, MI for facilities and equipment	140,000	Bergman
Department of Health and Human Services	Health Resources and Services Administration	Presbyterian Villages of Michigan, Southfield, MI for facilities and equipment	115,000	Moolenaar

Department of Health and Human Services	Health Resources and Services Administration	Primary Care Health Services, Inc., Pittsburgh, PA for facilities and equipment	2,200,000	Doyle, Michael F.
Department of Health and Human Services	Health Resources and Services Administration	Prince William County Government, Prince William, VA for facilities and equipment	2,000,000	Connolly
Department of Health and Human Services	Health Resources and Services Administration	Project Angel Food, Los Angeles, CA for facilities and equipment	913,500	Schiff
Department of Health and Human Services	Health Resources and Services Administration	Promise Fund of Florida, Inc., Palm Beach, FL for equipment	900,100	Wasserman Schultz
Department of Health and Human Services	Health Resources and Services Administration	Promise Fund of Florida, Inc., Palm Beach, FL for facilities and equipment	894,100	Cherfilus-McCormick
Department of Health and Human Services	Health Resources and Services Administration	Promise Fund of Florida, Inc., Palm Beach, FL for facilities and equipment	951,500	Frankel, Lois
Department of Health and Human Services	Health Resources and Services Administration	Providence Holy Cross Medical Center, Mission Hills, CA for facilities and equipment	750,000	Cardenas
Department of Health and Human Services	Health Resources and Services Administration	Rappahannock Area Health District, Fredericksburg, VA for facilities and equipment	400,000	Spanberger
Department of Health and Human Services	Health Resources and Services Administration	Rappahannock-Rapidan Community Services, Culpeper, VA for facilities and equipment	1,000,000	Spanberger
Department of Health and Human Services	Health Resources and Services Administration	Red Oak Behavioral Health, Akron, OH for facilities and equipment	2,000,000	Ryan
Department of Health and Human Services	Health Resources and Services Administration	Redwoods Rural Health Center, Redway, CA for facilities and equipment	775,000	Huffman
Department of Health and Human Services	Health Resources and Services Administration	Regional One Health, Memphis, TN for facilities and equipment	2,000,000	Cohen
Department of Health and Human Services	Health Resources and Services Administration	Research Institute at Nationwide Children's Hospital, Columbus, OH for facilities and equipment	1,000,000	Balderson
Department of Health and Human Services	Health Resources and Services Administration	Resources for Human Development, Philadelphia, PA for facilities and equipment	1,000,000	Scanlon

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Riverside Community Health Foundation, Riverside, CA for facilities and equipment	2,000,000	Takano
Department of Health and Human Services	Health Resources and Services Administration	Riverside Medical Center, Kankakee, IL for facilities and equipment	1,000,000	Kelly (IL)
Department of Health and Human Services	Health Resources and Services Administration	Roanoke Chowan Community Health Center, Ahoskie, NC for facilities and equipment	1,300,000	Butterfield
Department of Health and Human Services	Health Resources and Services Administration	Roanoke College, Salem, VA for equipment	505,000	Griffith
Department of Health and Human Services	Health Resources and Services Administration	Rockland Community College, Suffern, NY for facilities and equipment	3,000,000	Jones
Department of Health and Human Services	Health Resources and Services Administration	Roxbury Volunteer Emergency Services, Inc., New York, NY for equipment	257,000	Meeks
Department of Health and Human Services	Health Resources and Services Administration	Rutgers Biomedical and Health Sciences, Newark, NJ for facilities and equipment	950,650	Payne
Department of Health and Human Services	Health Resources and Services Administration	Sacramento Native American Health Center, Sacramento, CA for facilities and equipment	1,000,000	Matsui
Department of Health and Human Services	Health Resources and Services Administration	Saint Anselm College, Manchester, NH for facilities and equipment	2,200,000	Pappas
Department of Health and Human Services	Health Resources and Services Administration	Saint Anthony Hospital, Chicago, IL for facilities and equipment	1,000,000	García (IL)
Department of Health and Human Services	Health Resources and Services Administration	Saint Francis University, Loretto, PA for equipment	500,000	Joyce (PA)
Department of Health and Human Services	Health Resources and Services Administration	Saint Xavier University, Chicago, IL for facilities and equipment	106,885	Newman
Department of Health and Human Services	Health Resources and Services Administration	San Francisco Community Clinic Consortium, San Francisco, CA for facilities and equipment	2,200,000	Pelosi
Department of Health and Human Services	Health Resources and Services Administration	San Gorgonio Memorial Hospital, Banning, CA for equipment	452,000	Ruiz

Department of Health and Human Services	Health Resources and Services Administration	San Joaquin Health Centers, Stockton, CA for facilities and equipment	1,810,929	McNerney
Department of Health and Human Services	Health Resources and Services Administration	San Juan County, Monticello, UT for cancer screening	515,000	Curtis
Department of Health and Human Services	Health Resources and Services Administration	Sea Mar Community Health Centers, Seattle, WA for facilities and equipment	2,200,000	Smith (WA)
Department of Health and Human Services	Health Resources and Services Administration	Seattle Indian Health Board, Seattle, WA for facilities and equipment	3,000,000	Jayapal
Department of Health and Human Services	Health Resources and Services Administration	Self Help Movement, Inc., Philadelphia, PA for facilities and equipment	1,500,000	Boyle, Brendan F.
Department of Health and Human Services	Health Resources and Services Administration	Seton Hall University, South Orange, NJ for facilities and equipment	1,140,000	Pascrell
Department of Health and Human Services	Health Resources and Services Administration	Shands Jacksonville Medical Center, Inc., Jacksonville, FL for facilities and equipment	2,000,000	Rutherford
Department of Health and Human Services	Health Resources and Services Administration	Shepherd's Hope, Winter Park, FL for facilities and equipment, including equipment related to telehealth	395,500	Demings
Department of Health and Human Services	Health Resources and Services Administration	Siena College, Loudonville, NY for facilities and equipment	496,541	Tonko
Department of Health and Human Services	Health Resources and Services Administration	Sight For All United, Struthers, OH for equipment	550,000	Ryan
Department of Health and Human Services	Health Resources and Services Administration	Sinclair Community College, Dayton, OH for facilities and equipment	2,000,000	Turner
Department of Health and Human Services	Health Resources and Services Administration	Singing River Health System, Ocean Springs, MS for facilities and equipment	2,800,000	Palazzo
Department of Health and Human Services	Health Resources and Services Administration	Siskin Hospital for Physical Rehabilitation, Inc., Chattanooga, TN for facilities and equipment	2,500,000	Fleischmann
Department of Health and Human Services	Health Resources and Services Administration	Sisters of Charity Hospital of Buffalo, New York, Cheektowaga, NY for facilities and equipment	2,377,172	Higgins (NY)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Solano County Public Health Department's Family Health Services, Fairfield, CA for an electronic health records initiative	1,000,000	Garamendi
Department of Health and Human Services	Health Resources and Services Administration	South Boston Community Health Center, Inc., South Boston, MA for facilities and equipment	2,000,000	Lynch
Department of Health and Human Services	Health Resources and Services Administration	South Central Family Health Center, Cudahy, CA for facilities and equipment	707,414	Roybal-Allard
Department of Health and Human Services	Health Resources and Services Administration	South Shore Hospital Corporation, Chicago, IL for facilities and equipment	2,000,000	Kelly (IL)
Department of Health and Human Services	Health Resources and Services Administration	South Ward Alliance dba South Ward Promise Neighborhood, Newark, NJ for facilities and equipment	2,000,000	Payne
Department of Health and Human Services	Health Resources and Services Administration	Southeast Council on Alcoholism and Drug Dependence, Inc., Lebanon, CT for facilities and equipment	915,000	Courtney
Department of Health and Human Services	Health Resources and Services Administration	Southwest Community Health Center, Inc., Bridgeport, CT for facilities and equipment	2,000,000	Himes
Department of Health and Human Services	Health Resources and Services Administration	Southwestern Vermont Medical Center, Bennington, VT for facilities and equipment	250,000	Welch
Department of Health and Human Services	Health Resources and Services Administration	SSM Health—St. Mary's Hospital—St. Louis, MO for facilities and equipment	1,000,000	Bush
Department of Health and Human Services	Health Resources and Services Administration	St. Catherine Hospital, Inc., East Chicago, IN for equipment	1,500,000	Mrvan
Department of Health and Human Services	Health Resources and Services Administration	St. Francis Medical Center, Monroe, LA for equipment	2,000,000	Letlow
Department of Health and Human Services	Health Resources and Services Administration	St. John's Episcopal Hospital, Episcopal Health Services Inc., Far Rockaway, NY for facilities and equipment	3,000,000	Meeks

Department of Health and Human Services	Health Resources and Services Administration	St. John's Riverside Hospital, Yonkers, NY for facilities and equipment	1,000,000	Bowman
Department of Health and Human Services	Health Resources and Services Administration	St. Joseph Regional Health Network, Reading, PA for facilities and equipment	1,000,000	Meuser
Department of Health and Human Services	Health Resources and Services Administration	St. Joseph's Medical Center, Stockton, CA for facilities and equipment	4,000,000	Harder (CA), McNerney
Department of Health and Human Services	Health Resources and Services Administration	State University of New York Upstate Medical University, Syracuse, NY for facilities and equipment	900,000	Katko
Department of Health and Human Services	Health Resources and Services Administration	Stockbridge Community Schools, Stockbridge, MI for facilities and equipment	2,500,000	Slotkin
Department of Health and Human Services	Health Resources and Services Administration	Sun River Health, Inc. dba Hudson River HealthCare, Peekskill, NY for facilities and equipment	2,000,000	Maloney, Sean Patrick
Department of Health and Human Services	Health Resources and Services Administration	Sun River Health, Peekskill, NY for facilities and equipment	1,800,000	Jeffries
Department of Health and Human Services	Health Resources and Services Administration	Susannah's House, Inc., Knoxville, TN for facilities	500,000	Burchett
Department of Health and Human Services	Health Resources and Services Administration	TCC Family Health, Long Beach, CA for facilities and equipment	375,000	Barragan
Department of Health and Human Services	Health Resources and Services Administration	Tennyson Center for Children, Denver, CO for facilities and equipment	1,000,000	DeGette
Department of Health and Human Services	Health Resources and Services Administration	Texas A&M University College of Dentistry, Dallas, TX for an oral health care initiative	940,000	Johnson (TX)
Department of Health and Human Services	Health Resources and Services Administration	Texas A&M University- San Antonio, San Antonio, TX for equipment	1,945,000	Gonzales, Tony
Department of Health and Human Services	Health Resources and Services Administration	Texas Children's Hospital, Houston, TX for facilities and equipment	2,000,000	Green (TX)
Department of Health and Human Services	Health Resources and Services Administration	Texas Tech University Health Science Center (TTUHSC) Odessa, Odessa, TX for equipment	2,600,000	Pfluger
Department of Health and Human Services	Health Resources and Services Administration	Texas Tech University Health Sciences Center El Paso, TX for an initiative related to health information technology and telehealth	3,000,000	Escobar

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Texas Tech University Health Sciences Center, Dallas, TX for facilities and equipment	2,000,000	Johnson (TX)
Department of Health and Human Services	Health Resources and Services Administration	The Floating Hospital, Inc., Long Island City, NY for facilities and equipment	1,040,489	Maloney, Carolyn B.
Department of Health and Human Services	Health Resources and Services Administration	The Foodbank, Inc., Dayton, OH for facilities	2,000,000	Turner
Department of Health and Human Services	Health Resources and Services Administration	The Good Samaritan Hospital of Cincinnati, OH for equipment	590,000	Chabot
Department of Health and Human Services	Health Resources and Services Administration	TidalHealth Nanticoke, Seaford, DE for facilities and equipment	1,000,000	Blunt Rochester
Department of Health and Human Services	Health Resources and Services Administration	Town of Geraldine, AL for facilities and equipment	375,000	Aderholt
Department of Health and Human Services	Health Resources and Services Administration	Township of Brick, NJ for facilities and equipment	250,000	Kim (NJ)
Department of Health and Human Services	Health Resources and Services Administration	Township of Edison, NJ for facilities and equipment	3,000,000	Pallone
Department of Health and Human Services	Health Resources and Services Administration	Township of Mount Olive, Budd Lake, NJ for facilities and equipment	1,982,500	Malinowski
Department of Health and Human Services	Health Resources and Services Administration	Tri-Area Community Health, Laurel Fork, VA for facilities	600,000	Griffith
Department of Health and Human Services	Health Resources and Services Administration	Trinity Health System, Steubenville, OH for equipment	2,000,000	Johnson (OH)
Department of Health and Human Services	Health Resources and Services Administration	Tri-State Memorial Hospital, Clarkston, WA for equipment	2,500,000	Rodgers (WA)
Department of Health and Human Services	Health Resources and Services Administration	Tucson Indian Center, Tucson, AZ for facilities and equipment	588,059	Grijalva
Department of Health and Human Services	Health Resources and Services Administration	UMass Memorial Health—HealthAlliance—Clinton Hospital, Leominster, MA for equipment	450,000	Trahan
Department of Health and Human Services	Health Resources and Services Administration	UMass Memorial Medical Center, Worcester, MA for facilities and equipment	1,000,000	McGovern

Department of Health and Human Services	Health Resources and Services Administration	Union Community Health Center, Inc., Bronx, NY for facilities and equipment	675,000	Torres (NY)
Department of Health and Human Services	Health Resources and Services Administration	United Neighborhood Health Services dba Neighborhood Health, Nashville, TN for facilities and equipment	750,000	Cooper
Department of Health and Human Services	Health Resources and Services Administration	University at Buffalo, NY for facilities and equipment	933,800	Higgins (NY)
Department of Health and Human Services	Health Resources and Services Administration	University Community Health Services, Inc., Nashville, TN for facilities and equipment	2,000,000	Cooper
Department of Health and Human Services	Health Resources and Services Administration	University Health System (UHS) d/b/a University of Tennessee Medical Center, Knoxville, TN for facilities and equipment	1,250,000	Fleischmann
Department of Health and Human Services	Health Resources and Services Administration	University Health System (UHS) d/b/a University of Tennessee Medical Center, Knoxville, TN for facilities and equipment	750,000	Fleischmann
Department of Health and Human Services	Health Resources and Services Administration	University Health System (UHS), d/b/a/ University of Tennessee Medical Center, Knoxville, TN for facilities and equipment	1,000,000	Burchett
Department of Health and Human Services	Health Resources and Services Administration	University Hospital, Newark, NJ for facilities and equipment	3,000,000	Payne
Department of Health and Human Services	Health Resources and Services Administration	University Hospitals Cleveland Medical Center, Cleveland, OH for facilities and equipment	855,000	Gonzalez (OH)
Department of Health and Human Services	Health Resources and Services Administration	University Hospitals, Cleveland, OH for facilities and equipment	1,145,520	Brown (OH)
Department of Health and Human Services	Health Resources and Services Administration	University Hospitals, Cleveland, OH for facilities and equipment	1,500,000	Joyce (OH)
Department of Health and Human Services	Health Resources and Services Administration	University Muslim Medical Association Inc. (UMMA Community Clinic), Huntington Park, CA for equipment	158,000	Roybal-Allard
Department of Health and Human Services	Health Resources and Services Administration	University of California, San Diego, La Jolla, CA for facilities and equipment	1,095,000	Jacobs (CA), Vargas
Department of Health and Human Services	Health Resources and Services Administration	University of Hawaii—Office of Strategic Health Initiatives, Honolulu, HI for facilities and equipment	1,000,000	Case

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	University of Kansas Medical Center, Kansas City, KS for facilities and equipment	2,594,226	Davids (KS)
Department of Health and Human Services	Health Resources and Services Administration	University of Kansas Medical Center, Kansas City, KS for facilities and equipment	2,956,507	Davids (KS)
Department of Health and Human Services	Health Resources and Services Administration	University of Kansas Medical Center, Kansas City, KS for facilities and equipment	1,000,000	Davids (KS)
Department of Health and Human Services	Health Resources and Services Administration	University of Louisville, KY for facilities and equipment	2,000,000	Yarmuth
Department of Health and Human Services	Health Resources and Services Administration	University of Massachusetts Boston, MA for facilities and equipment	3,000,000	Lynch
Department of Health and Human Services	Health Resources and Services Administration	University of Miami Leonard M. Miller School of Medicine, Miami, FL for facilities and equipment	500,000	Wasserman Schultz
Department of Health and Human Services	Health Resources and Services Administration	University of Miami, Miami, FL for equipment	800,000	Gimenez
Department of Health and Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, Jackson, MS for facilities and equipment	2,000,000	Guest
Department of Health and Human Services	Health Resources and Services Administration	University of Nevada Las Vegas, NV for facilities and equipment	1,000,000	Lee (NV)
Department of Health and Human Services	Health Resources and Services Administration	University of Rochester, NY for facilities and equipment	1,000,000	Morelle
Department of Health and Human Services	Health Resources and Services Administration	University of South Alabama, Mobile, AL for equipment	1,500,000	Carl
Department of Health and Human Services	Health Resources and Services Administration	University of South Florida, Sarasota, FL for facilities and equipment	2,000,000	Buchanan
Department of Health and Human Services	Health Resources and Services Administration	University of South Florida, Tampa, FL for facilities and equipment	1,000,000	Castor (FL)

Department of Health and Human Services	Health Resources and Services Administration	University of Texas at Dallas, Richardson, TX for facilities and equipment	1,500,000	Allred
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Health Science Center at Houston, TX for facilities and equipment	1,000,000	Jackson Lee
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Health Science Center at San Antonio, TX for facilities and equipment	1,000,000	Castro (TX)
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Rio Grande Valley, Edinburg, TX for facilities and equipment	1,000,000	Gonzalez, Vicente
Department of Health and Human Services	Health Resources and Services Administration	University of Texas School of Public Health San Antonio, TX for facilities and equipment	1,000,000	Castro (TX)
Department of Health and Human Services	Health Resources and Services Administration	University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment	1,500,000	Allred
Department of Health and Human Services	Health Resources and Services Administration	University of Toledo, OH for equipment	1,000,000	Kaptur
Department of Health and Human Services	Health Resources and Services Administration	University of Utah, Salt Lake City, UT for facilities and equipment	3,000,000	Stewart
Department of Health and Human Services	Health Resources and Services Administration	University of Wisconsin-Madison, WI for facilities and equipment	1,000,000	Pocan
Department of Health and Human Services	Health Resources and Services Administration	UPMC Altoona, Altoona, PA for facilities	250,000	Joyce (PA)
Department of Health and Human Services	Health Resources and Services Administration	Urban Health Plan, Inc., Bronx, NY for facilities and equipment	2,106,950	Torres (NY)
Department of Health and Human Services	Health Resources and Services Administration	Urban Health Plan, Inc., Corona, NY for facilities and equipment	3,000,000	Ocasio-Cortez
Department of Health and Human Services	Health Resources and Services Administration	Valley Health Services, Inc., Herkimer, NY for facilities and equipment	2,000,000	Tenney
Department of Health and Human Services	Health Resources and Services Administration	Valley Health System, Winchester, VA for facilities and equipment	1,500,000	Wexton
Department of Health and Human Services	Health Resources and Services Administration	Valley Hospital, Ridgewood, NJ for facilities and equipment	608,860	Gottheimer
Department of Health and Human Services	Health Resources and Services Administration	Valparaiso University, Valparaiso, IN for facilities and equipment	1,000,000	Mrvan

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Van Buren County Hospital, Keosauqua, IA for equipment	1,845,000	Miller-Meeks
Department of Health and Human Services	Health Resources and Services Administration	Variety Care, Inc., Oklahoma City, OK for facilities and equipment	3,000,000	Cole
Department of Health and Human Services	Health Resources and Services Administration	Variety Children's Hospital DBA Nicklaus Children's Hospital, Miami, FL for equipment	450,000	Salazar
Department of Health and Human Services	Health Resources and Services Administration	Variety Children's Hospital DBA Nicklaus Children's Hospital, Miami, FL for facilities and equipment	1,000,000	Salazar
Department of Health and Human Services	Health Resources and Services Administration	Venice Family Clinic, Venice, CA for facilities and equipment	500,000	Lieu
Department of Health and Human Services	Health Resources and Services Administration	Vera French Community Mental Health Center, Davenport, IA for facilities	1,885,000	Miller-Meeks
Department of Health and Human Services	Health Resources and Services Administration	Via Care Community Health Center, East Los Angeles, CA for facilities and equipment	389,000	Roybal-Allard
Department of Health and Human Services	Health Resources and Services Administration	View Point Health, Lawrenceville, GA for facilities and equipment	900,000	Bourdeaux
Department of Health and Human Services	Health Resources and Services Administration	Virgin Islands Diabetes Center of Excellence, St. Croix, VI for facilities and equipment	995,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	Virgin Islands Fire Services, St. Thomas, VI for equipment	1,897,000	Plaskett
Department of Health and Human Services	Health Resources and Services Administration	Virtua Health, Camden, NJ for facilities and equipment	2,000,000	Norcross
Department of Health and Human Services	Health Resources and Services Administration	Virtua Health, Inc., Marlton, NJ for facilities and equipment	1,000,000	Kim (NJ)
Department of Health and Human Services	Health Resources and Services Administration	Vision Urbana, Inc., New York, NY for facilities and equipment	1,000,000	Nadler
Department of Health and Human Services	Health Resources and Services Administration	VNA Health Care, Aurora, IL for facilities and equipment	500,000	Foster, Underwood

Department of Health and Human Services	Health Resources and Services Administration	W.A. Foote Memorial Hospital, Inc., Jackson, MI for facilities and equipment	310,000	Walberg
Department of Health and Human Services	Health Resources and Services Administration	Waimanalo Health Center, Waimanalo, HI for facilities and equipment	2,000,000	Kahele
Department of Health and Human Services	Health Resources and Services Administration	WakeMed Health & Hospitals, Raleigh, NC for facilities and equipment	6,000,000	Price (NC), Ross
Department of Health and Human Services	Health Resources and Services Administration	Washington County Healthcare Authority, INC dba Washington County Hospital and Nursing Home, Chatom, AL for facilities	1,845,000	Carl
Department of Health and Human Services	Health Resources and Services Administration	Watts Healthcare Corporation, Los Angeles, CA for facilities and equipment	2,000,000	Waters
Department of Health and Human Services	Health Resources and Services Administration	Wayside House, Inc., Delray Beach, FL for facilities and equipment	1,000,000	Frankel, Lois
Department of Health and Human Services	Health Resources and Services Administration	Weber State University, Ogden, UT for facilities and equipment	1,500,000	Moore (UT)
Department of Health and Human Services	Health Resources and Services Administration	West County Health Centers, Inc., Guerneville, CA for facilities and equipment	901,575	Huffman
Department of Health and Human Services	Health Resources and Services Administration	West Virginia School of Osteopathic Medicine, Lewisburg, WV for facilities	325,000	Miller (WV)
Department of Health and Human Services	Health Resources and Services Administration	Westchester Sickle Cell Outreach, Inc., White Plains, NY for facilities and equipment	500,000	Jones
Department of Health and Human Services	Health Resources and Services Administration	Western Nevada College, Carson City, NV for facilities and equipment	2,000,000	Amodei
Department of Health and Human Services	Health Resources and Services Administration	White Memorial Community Health Center, Los Angeles, CA for facilities and equipment	1,000,000	Gomez
Department of Health and Human Services	Health Resources and Services Administration	Whitman County Public Hospital District Number 1–A, Pullman, WA for an electronic health records initiative	3,000,000	Rodgers (WA)
Department of Health and Human Services	Health Resources and Services Administration	Whitman-Walker Health, Washington, DC for equipment	250,000	Norton

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Health Resources and Services Administration	Wilmington Community Clinic, Wilmington, CA for facilities and equipment	200,000	Barragan
Department of Health and Human Services	Health Resources and Services Administration	Wilson Community College, Wilson, NC for facilities and equipment	3,000,000	Butterfield
Department of Health and Human Services	Health Resources and Services Administration	WINGS Program, Inc., Rolling Meadows, IL for facilities and equipment	200,000	Casten
Department of Health and Human Services	Health Resources and Services Administration	Winston-Salem State University, Winston-Salem, NC for facilities and equipment	1,342,840	Manning
Department of Health and Human Services	Health Resources and Services Administration	Wintersville Volunteer Fire Department, Wintersville, OH for facilities and equipment	110,000	Johnson (OH)
Department of Health and Human Services	Health Resources and Services Administration	Worry Free Community, Glendale Heights, IL for facilities and equipment	144,800	Casten
Department of Health and Human Services	Health Resources and Services Administration	Worry Free Community, Glendale Heights, IL for facilities and equipment	1,000,000	Newman
Department of Health and Human Services	Health Resources and Services Administration	Wyckoff Heights Medical Center, Brooklyn, NY for facilities and equipment	2,000,000	Velazquez
Department of Health and Human Services	Health Resources and Services Administration	YMCA of Central Florida, Orlando, FL for facilities and equipment	1,000,000	Demings
Department of Health and Human Services	Substance Use And Mental Health Services Administration	A Safe Haven Foundation, Chicago, IL for behavioral health, substance use disorder, and peer support services, including equipment	2,000,000	Davis, Danny K.
Department of Health and Human Services	Substance Use And Mental Health Services Administration	AABR, Inc., College Point, NY for behavioral health services and training, including equipment	382,174	Ocasio-Cortez

Department of Health and Human Services	Substance Use And Mental Health Services Administration	AboutFace-USA, Inc., Cumming, GA for mental health treatment and services for veterans, including equipment and wraparound services	1,280,000	Bourdeaux
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Alliance for Healthy Communities, Inc., New Port Richey, FL for a substance use prevention, treatment, and recovery services, and resources center, including the purchase of equipment	800,000	Bilirakis
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Amistad, Inc., Portland, ME for behavioral health services and recovery housing	535,000	Pingree
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Anaheim Community Foundation, Anaheim, CA for mental health and related support services	1,000,000	Correa
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Apna Ghar, Chicago, IL for a mobile mental health advocacy unit, including training	300,000	Schakowsky
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Arab-American Family Support Center, Brooklyn, NY for mental health services, including equipment	1,800,453	Velazquez
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Ashley Addiction Treatment Center, Havre de Grace, MD for behavioral health services and youth education programs	420,000	Ruppersberger
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Asian Health Services, Oakland, CA for mental health and wraparound services	1,000,000	Lee (CA)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Bay Area Community Health, San Jose, CA for behavioral health services	1,000,000	Lofgren
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Baylor College of Medicine, Houston, TX for substance use disorder services and treatment for people experiencing homelessness	1,000,000	Jackson Lee
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Baylor College of Medicine, Houston, TX to provide substance use disorder services and treatment, including minor facility repairs, improvements, and equipment	1,200,000	Garcia (TX)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Beit T'Shuvah, Los Angeles, CA for behavioral health, recovery, and other supportive services	301,649	Sherman

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Boys & Girls Clubs of Delaware, Wilmington, DE for mental health and supportive services	250,000	Blunt Rochester
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Boys & Girls Clubs of the Valley, Phoenix, AZ for the Whole Child Approach Program to provide mental health and other supportive services for children	1,000,000	Gallego
Department of Health and Human Services	Substance Use And Mental Health Services Administration	BPSOS Center for Community Advancement, Westminster, CA for behavioral health services and training	300,000	Lowenthal
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Cenikor Foundation, Waco, TX for a substance use treatment and recovery program, including behavioral health services and support services	640,000	Sessions
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Champions In Service, Pacoima, CA for mental health and supportive services	722,223	Cardenas
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Child and Family Agency of Southeastern CT, Inc., New London, CT for mental health and related services for youth, including equipment	693,437	Courtney
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Health Clinical Operations, Dallas, TX for training, education, and pediatric mental health services	915,000	Allred, Johnson (TX), Van Duyne
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Health Clinical Operations, Dallas, TX for youth behavioral health services and equipment	500,000	Allred, Van Duyne
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Hospital Colorado, Aurora, CO to enhance access to mental health care services, including training	668,313	Crow
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Children's Hospital of The King's Daughters, Norfolk, VA for mental health services and treatment, including outreach and programming	1,000,000	Scott (VA)

Department of Health and Human Services	Substance Use And Mental Health Services Administration	Chinese-American Planning Council, Inc., New York, NY for mental health services and treatment, outreach, education, and equipment	500,000	Nadler
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Austin, TX for substance use prevention, awareness, and education activities	2,000,420	Doggett
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Hermosa Beach, CA for mobile mental health crisis response teams	1,000,000	Lieu
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Monroe, WA for mental health crisis support services, including equipment	480,804	DelBene
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Moreno Valley, CA for the Homeless to Work program to provide behavioral health services, including equipment and outreach	1,000,000	Takano
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Norco, CA for a homelessness services program	800,000	Calvert
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of North Las Vegas, NV for a mental health crisis response unit	875,000	Horsford
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Pasadena, CA for the Pasadena Outreach Response Team to provide behavioral health and related services to people experiencing homelessness	900,000	Chu
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Pittsburg, PA for the Reaching Out On The Streets (ROOTS) Overdose and Support Teams to provide behavioral health services, including equipment	1,000,000	Doyle, Michael F.
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of San Fernando, CA for mental health crisis response services	800,000	Cardenas
Department of Health and Human Services	Substance Use And Mental Health Services Administration	City of Santa Monica, CA for behavioral health and other supportive services	1,500,000	Lieu
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Clark County, Nevada, Las Vegas, NV for behavioral health and other support services	1,709,594	Lee (NV)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Community Health Connections, Inc., Fitchburg, MA for youth mental health services and treatment, including training and equipment	2,500,000	Trahan
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Community Hero Action Group, King of Prussia, PA for the Black Health Matters initiative to provide mental health services, and other supportive services	450,000	Dean
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Community Medical Wellness Centers, USA, Long Beach, CA for behavioral health and substance use disorder services, including equipment	2,000,000	Lowenthal
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Compass LGBTQ Youth and Family Services, Lake Worth Beach, FL for behavioral health and wraparound services	523,345	Cherfilus-McCormick
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Contact Community Services, Inc., Syracuse, NY for a crisis call center upgrade, including the purchase of equipment and information technology	135,000	Katko
Department of Health and Human Services	Substance Use And Mental Health Services Administration	County of San Diego, CA for mobile behavioral health crisis response teams	4,480,000	Levin (CA), Peters
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Court Appointed Special Advocates Program, Inc. of Contra Costa, Concord, CA for mental health services for youth and education programming	600,000	DeSaulnier
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Douglas County, Castle Rock, CO for mental and behavioral health services and treatment, including technology	629,970	Crow
Department of Health and Human Services	Substance Use And Mental Health Services Administration	DuPage County Health Department, Wheaton, IL for mental health and substance use disorder services	1,000,000	Casten
Department of Health and Human Services	Substance Use And Mental Health Services Administration	East Bay Agency for Children, Oakland, CA for student and teacher mental health services and supportive services	477,000	Swalwell

Department of Health and Human Services	Substance Use And Mental Health Services Administration	El Futuro, Inc., Durham, NC for mental health training and curriculum development	192,371	Price (NC)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	EmblemHealth, Inc., New York, NY for mental health services, education, and other related activities	450,000	Clarke (NY)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Emory University, Atlanta, GA for a hospital-based violence intervention program to provide behavioral health services and wraparound services	500,000	Williams (GA)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Family and Children's Association, Garden City, NY for the Senior Safety Net Program to provide behavioral health and wraparound services, including equipment	790,817	Rice (NY)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Family and Children's Center Wisconsin, La Crosse, WI to expand behavioral health services, including outreach, education, equipment, and technology	450,000	Kind
Department of Health and Human Services	Substance Use And Mental Health Services Administration	FosterHope Sacramento, Sacramento, CA for mental health and associated support services	600,000	Bera
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Friends of the Children- Detroit, Detroit, MI for mental health and other supportive services, including training	150,000	Lawrence
Department of Health and Human Services	Substance Use And Mental Health Services Administration	GAAMHA Inc., Gardner, MA for behavioral health and supportive services	200,000	Trahan
Department of Health and Human Services	Substance Use And Mental Health Services Administration	George Mason University, Fairfax, VA for substance use services, treatment, and associated support services	1,037,519	Wexton
Department of Health and Human Services	Substance Use And Mental Health Services Administration	George Mason University, Fairfax, VA for youth mental health services, including training and equipment	943,983	Connolly
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Grafton City Hospital, Grafton, WV for a substance use treatment and recovery program, including the purchase of supplies, equipment, and information technology, and wraparound services	995,000	McKinley

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Harris County Public Health, Houston, TX for ACCESS Harris to provide behavioral health and wraparound services	1,000,000	Fletcher
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Harris County Public Health, Houston, TX for behavioral health and supportive services for parents and infants	1,431,174	Fletcher
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Healthier Kids Foundation, San Jose, CA for mental and behavioral health services for youth	644,000	Eshoo
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Hope for Heroes Horsemanship Center, Yelm, WA for suicide prevention and mental health awareness training and treatment programming, including postvention services	70,000	Strickland
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Hope of the Valley Rescue Mission, North Hills, CA for mental health and substance use disorder services	2,000,000	Sherman
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Ibn Sina Foundation, Inc., Houston, TX for mental health and substance use disorder services and treatment, including equipment	1,600,000	Green (TX)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Identity, Inc., Rockville, MD for the Encuentros program to provide mental health and supportive services, including curriculum and training	121,000	Raskin
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Indian Health Center of Santa Clara Valley, San Jose, CA for behavioral health and wraparound services	914,000	Lofgren
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Jewish Adoption and Family Care Options, Sunrise, FL for mental health and trauma prevention services	250,000	Deutch
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Julia Dyckman Andrus Memorial, Incorporated, Yonkers, NY to expand mental health services, including equipment	802,583	Bowman

Department of Health and Human Services	Substance Use And Mental Health Services Administration	LCH Health and Community Services, Oxford, PA for behavioral health services and treatment, including minor facility repairs and improvements	605,000	Houlahan
Department of Health and Human Services	Substance Use And Mental Health Services Administration	LIFE Camp, Inc., Jamaica, NY for mental health, grief counseling, and other supportive services	800,000	Meng
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Loma Linda University Medical Center, Loma Linda, CA for a mental health outreach demonstration program	542,597	Aguilar
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Long Island Council on Alcoholism and Drug Dependence, Inc., Westbury, NY for the Student Assistance Program 2.0 to provide mental health and substance use disorder services	150,000	Rice (NY)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Long Island Gay and Lesbian Youth, Inc., Hauppauge, NY for substance use prevention and mental health services for youth	500,000	Suozzi
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Maimonides Medical Center, Brooklyn, NY for behavioral health services, workforce training, and care coordination	1,650,000	Malliotakis, Nadler
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Massachusetts General Hospital Center for Immigrant Health, Boston, MA for mental health and supportive services	1,150,000	Pressley
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Massachusetts General Hospital, Boston, MA for behavioral health and supportive services for adults and youth	1,000,000	Lynch
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Mental Health Association, Inc., Springfield, MA for mental health services, including technology and equipment	513,000	Neal
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Minnesota Psychiatric Information and Outreach, St. Paul, MN for behavioral health educational materials, training, and peer support services	500,000	Phillips
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Mosaic Georgia, Inc., Duluth, GA for behavioral health workforce and equipment	1,027,200	Bourdeaux
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Muslim Community and Health Center, Milwaukee, WI to expand mental health services, including outreach and equipment	290,000	Moore (WI)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Substance Use And Mental Health Services Administration	National Runaway Switchboard, Chicago, IL for the Teen Suicide Prevention Line to provide mental health services, including technology, public awareness, training, and equipment	375,000	Quigley
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Nevada State College, Henderson, NV for behavioral health and support services, including technology and equipment	1,337,000	Lee (NV)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	New Age Services Corporation, Chicago, IL to expand substance use disorder and mental health services	600,000	Davis, Danny K.
Department of Health and Human Services	Substance Use And Mental Health Services Administration	New Mexico Human Services Department, Behavioral Health Services Division, Santa Fe, NM for mobile mental health crisis response teams	2,800,000	Stansbury
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Northville Township Police Department, Northville, MI to expand mobile crisis response and related services	135,359	Stevens
Department of Health and Human Services	Substance Use And Mental Health Services Administration	NYC Health + Hospitals/ Jacobi, Bronx, NY for the Stand Up to Violence program to provide youth mental health and substance use treatment services, and other support services	845,026	Ocasio-Cortez
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Ohio Fire and Emergency Services Foundation, Worthington, OH for a mental health training program	200,000	Joyce (OH)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Oklahoma Children's Hospital, Oklahoma City, OK for a behavioral health program, including the purchase of equipment and information technology	2,115,000	Cole
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Operation New Hope, Jacksonville, FL for mental health services and trainings	100,000	Lawson (FL)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Orange County Asian and Pacific Islander Community Alliance, Inc., Garden Grove, CA for mental health and supportive services	805,000	Lowenthal

Department of Health and Human Services	Substance Use And Mental Health Services Administration	Overdose Lifeline, Inc., Indianapolis, IN for Camp Mariposa-Aaron's Place Youth Prevention Program to provide behavioral health and related services to youth	87,000	Carson
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Partnership to End Addiction, New York, NY for telehealth and mobile behavioral health services, outreach, and awareness activities	293,000	Maloney, Carolyn B.
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Philadelphia Mural Arts Advocates, Philadelphia, PA for behavioral health and other support services	500,000	Boyle, Brendan F.
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Pinebrook Family Answers, Allentown, PA for suicide prevention and mental health services, including training, technology, and equipment	197,477	Wild
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Polk County, FL for behavioral health and mobile crisis services	1,000,000	Soto
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Primo Center for Women and Children, Chicago, IL for trauma-informed behavioral health and other supportive services	800,000	Davis, Danny K.
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Public Defender Association, Seattle, WA for behavioral health and wraparound services	1,500,000	Smith (WA)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	RefugeeOne, Chicago, IL for mental health and recovery support services for refugee communities, including training	546,859	Schakowsky
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Reimagining Justice Inc., Paterson, NJ for mental health and wraparound services	1,000,000	Pascrell
Department of Health and Human Services	Substance Use And Mental Health Services Administration	San Francisco General Hospital Foundation, San Francisco, CA for behavioral health programs and services	1,000,000	Pelosi
Department of Health and Human Services	Substance Use And Mental Health Services Administration	San Gabriel Valley Council of Governments, Alhambra, CA for mental health crisis response services and equipment	1,500,000	Chu
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Santa Cruz County Office of Education, Santa Cruz, CA for behavioral health services and treatment	1,000,000	Panetta

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Sheppard Pratt Health System, Inc., Baltimore, MD for mental health services and treatment, including equipment	1,500,000	Brown (MD)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Sheppard Pratt Health System, Inc., Baltimore, MD for the Zero Suicide Initiative to provide mental health services and treatment	1,000,000	Raskin
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Sheppard Pratt Health System, Inc., Hagerstown, MD to expand mental health services, including equipment	1,000,000	Trone
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Stanislaus County Behavioral Health and Recovery Services, Modesto, CA to expand mobile behavioral health crisis services	711,690	Harder (CA)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Temple University—Of The Commonwealth System of Higher Education, Philadelphia, PA for mental and behavioral health services to communities in crisis, including equipment	750,000	Evans
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Texas A&M Engineering Extension Service, College Station, TX for a mental health program for first responders	500,000	Nehls
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Texas State University, San Marcos, TX for mental health training, including equipment	1,000,000	Doggett
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Beebe Medical Foundation, Lewes, DE for a community harm reduction program to provide mental health and substance use disorder services	381,406	Blunt Rochester
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Center for Great Expectations, Somerset, NJ for mental health services and treatment	500,000	Watson Coleman
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Centre for Women, Inc., Tampa, FL for mental health and related services, including minor facility repairs and improvements	1,205,394	Castor (FL)

Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Institute for Family Health at 17th Street, New York, NY for substance use disorder services and treatment, including a mobile harm reduction unit	411,381	Maloney, Carolyn B.
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Marion and Aaron Gural JCC, Cedarhurst, NY for the Resilient Impactful Sustaining Empowerment Project to provide mental health and supportive services	300,000	Rice (NY)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Nemours Foundation, Jacksonville, FL for pediatric mental health therapists, trainings, and other support services	1,500,000	Blunt Rochester
Department of Health and Human Services	Substance Use And Mental Health Services Administration	The Welcome Project PA, Hatboro, PA for mental health services, case management, training, and wraparound services	226,500	Dean
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Turning Point Behavioral Health Care Center, Skokie, IL for the Living Room program to provide behavioral health crisis and supportive services	650,000	Schakowsky
Department of Health and Human Services	Substance Use And Mental Health Services Administration	UCAN, Chicago, IL for behavioral health and supportive services for youth, including equipment	95,000	Newman
Department of Health and Human Services	Substance Use And Mental Health Services Administration	United Way of Greater LaPorte County, Michigan City, IN for mental health and substance use disorder services, including community outreach and education	100,000	Mrvan
Department of Health and Human Services	Substance Use And Mental Health Services Administration	United Way of Will County, Joliet, IL for the Resilient Youth program to provide behavioral health services, including training	883,395	Foster
Department of Health and Human Services	Substance Use And Mental Health Services Administration	University of California, Davis, Sacramento, CA for behavioral health services and treatment, including technology	1,509,543	Matsui
Department of Health and Human Services	Substance Use And Mental Health Services Administration	University of North Carolina System, Chapel Hill, NC for mental health training and services	230,000	Adams
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Unlawful Narcotics Investigations, Treatment, and Education, Inc., London, KY for a substance use prevention, treatment, and recovery program, including the purchase of equipment and housing assistance, and education programming	1,400,000	Rogers (KY)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Health and Human Services	Substance Use And Mental Health Services Administration	UTOPIA Washington, Kent, WA for mental health and substance use disorder services, including training and equipment	500,000	Smith (WA)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Valley Health System, Winchester, VA for behavioral health training	500,000	Wexton
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Variety Boys and Girls Club of Queens, Inc., Astoria, NY for mental health and supportive services, including outreach	502,250	Ocasio-Cortez
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Washington State University, Spokane, WA for a mental and behavioral health services program for rural and underserved communities, including student stipends	500,000	Rodgers (WA)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Wendt Center for Loss and Healing, Washington, DC for behavioral health crisis response services	94,444	Norton
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Western Michigan University, Kalamazoo, MI for a mental and behavioral health initiative, including teacher and student stipends	1,820,000	Upton
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Wyandotte County Public Health Department, Kansas City, KS for mental and behavioral health services, including wraparound services	750,000	Davids (KS)
Department of Health and Human Services	Substance Use And Mental Health Services Administration	YMCA of Honolulu, HI for the Youth Wellness Program for Mental Health to provide mental health services, including equipment and technology	270,000	Case
Department of Health and Human Services	Substance Use And Mental Health Services Administration	Youth Shelter Program of Westchester, Mount Vernon, NY for the YouthHEAL Integrated Network project to provide behavioral health services, including equipment and training	1,600,000	Bowman

Department of Health and Human Services	Substance Use And Mental Health Services Administration	Youth Visionaries Youth Leadership Academy, San Bernardino, CA for the Empowering Youth Resilience and Promoting Social Emotional Healing project to provide mental health and other wrap-around services	733,533	Aguilar
Department of Health and Human Services	Substance Use And Mental Health Services Administration	YWCA Pierce County, Tacoma, WA for behavioral health and supportive services, including training	151,000	Kilmer
Department of Education	Elementary and Secondary Education	Abyssinian Development Corporation, New York, NY for SEL programming and professional development	1,000,000	Espaillat
Department of Education	Elementary and Secondary Education	Admiral Peary Area Vocational Technical School, Ebensburg, PA for an instructional program, including the purchase of equipment	1,005,000	Thompson (PA)
Department of Education	Elementary and Secondary Education	Adrienne Arsht Center Trust, Miami, FL for arts education through theater production and performance	500,000	Wilson (FL)
Department of Education	Elementary and Secondary Education	American Association of Caregiving Youth, Boca Raton, FL for supportive services for caregiving youth	491,000	Frankel, Lois
Department of Education	Elementary and Secondary Education	An Achievable Dream, Newport News, VA for student enrichment and academic support	1,594,355	Scott (VA)
Department of Education	Elementary and Secondary Education	Anaheim Union High School District, Anaheim, CA for a theater and performing arts program, including equipment and technology installation	2,000,000	Correa
Department of Education	Elementary and Secondary Education	Austin Independent School District, Austin, TX for outdoor learning experiences, including equipment and furniture for outdoor classrooms and exhibits	2,015,750	Doggett
Department of Education	Elementary and Secondary Education	Baldwin Union Free School District, Baldwin, NY for SEL programs	3,000,000	Rice (NY)
Department of Education	Elementary and Secondary Education	Beasley-Brown Community Development Corporation, San Antonio, TX for community-based learning centers	2,280,000	Cuellar
Department of Education	Elementary and Secondary Education	Best Buddies International, Baltimore, MD for school-based programs that promote inclusion	100,000	Hoyer

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Best Buddies International, Baltimore, MD for school-based programs that promote inclusion	100,000	Sarbanes
Department of Education	Elementary and Secondary Education	Best Buddies International, Houston, TX for inclusion support for students with disabilities	100,000	Jackson Lee
Department of Education	Elementary and Secondary Education	Big Brothers Big Sisters Lone Star, Irving, TX for a youth mentoring program	250,000	Nehls
Department of Education	Elementary and Secondary Education	Big Brothers Big Sisters of Essex, Hudson & Union Counties, Newark, NJ for mentoring and student support	1,000,000	Watson Coleman
Department of Education	Elementary and Secondary Education	Big Sister Association of Greater Boston, MA for student mentoring and enrichment	250,000	Pressley
Department of Education	Elementary and Secondary Education	Big Thought, Dallas, TX for out-of-school learning, digital credentialing, and learning systems	1,000,000	Allred
Department of Education	Elementary and Secondary Education	Birch Family Services, New York, NY for communication systems for nonverbal children and families	201,096	Ocasio-Cortez
Department of Education	Elementary and Secondary Education	Black Hawk College, Kewanee, IL for a manufacturing training program, including equipment	1,000,000	Bustos
Department of Education	Elementary and Secondary Education	Black Spectrum Theatre Co., Jamaica, NY for an African American history program	1,275,750	Meeks
Department of Education	Elementary and Secondary Education	Boys & Girls Club of Monmouth County, Asbury Park, NJ for trauma-informed interventions to address adverse childhood experiences	500,000	Pallone
Department of Education	Elementary and Secondary Education	Boys & Girls Clubs of Southern Nevada, Las Vegas, NV for STEM and SEL programs	750,000	Horsford

Department of Education	Elementary and Secondary Education	Boys & Girls Clubs of the Los Angeles Harbor, San Pedro, CA for developing a digital program for student support	1,000,000	Lieu
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Metro Atlanta, Chamblee, GA for academic enrichment and tutoring	400,861	Bourdeaux
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Metro Denver, CO for afterschool and summer programming	549,374	Perlmutter
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Metro Denver, CO for afterschool programs	1,212,062	Crow
Department of Education	Elementary and Secondary Education	Boys and Girls Club of Pharr, TX for equipment and supplies for youth development services	1,753,812	Gonzalez, Vicente
Department of Education	Elementary and Secondary Education	Boys and Girls Clubs of Benton Harbor, Benton Harbor, MI for educational, mentoring, and tutoring program	1,500,000	Upton
Department of Education	Elementary and Secondary Education	Breakthrough of Greater Philadelphia, PA for a teaching fellows program	500,000	Evans
Department of Education	Elementary and Secondary Education	Bridgewater State University, Bridgewater, MA for an aviation education program	1,358,000	Keating
Department of Education	Elementary and Secondary Education	Bristol Community College, Fall River, MA for workforce education access and credit programs	1,000,000	Keating
Department of Education	Elementary and Secondary Education	Brooklyn Bridge Park Conservancy, Brooklyn, NY for academic enrichment programs	1,025,000	Velazquez
Department of Education	Elementary and Secondary Education	Broward County Public Schools, Fort Lauderdale, FL for visual arts and computer science education, including equipment	525,000	Wasserman Schultz
Department of Education	Elementary and Secondary Education	Cambodia Town, Long Beach, CA for language access programs	56,950	Lowenthal
Department of Education	Elementary and Secondary Education	Cameron Community Ministries, Rochester, NY for afterschool and summer enrichment	200,000	Morelle
Department of Education	Elementary and Secondary Education	Cape Cod Community College, Barnstable, MA for a dental hygiene program	1,000,000	Keating

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Capitol Hill Arts Workshop, Washington, DC for youth engagement through arts education, including equipment	250,000	Norton
Department of Education	Elementary and Secondary Education	Career Technical Education Foundation Sonoma County, Santa Rosa, CA for whole-school transformation efforts	200,000	Huffman
Department of Education	Elementary and Secondary Education	Catholic Big Brothers and Big Sisters of Los Angeles, CA for a postsecondary student support program	500,000	Schiff
Department of Education	Elementary and Secondary Education	Centro Cultural Aztlan, San Antonio, TX for arts education	95,000	Castro (TX)
Department of Education	Elementary and Secondary Education	Chapman University, Orange, CA for computational clusters, lab infrastructure, and postsecondary research activities	2,200,000	Correa
Department of Education	Elementary and Secondary Education	Chicago Public Schools, Chicago, IL for arts education, including equipment and supplies	500,000	Newman
Department of Education	Elementary and Secondary Education	Chicago Public Schools, Chicago, IL for arts education, including equipment and supplies	500,000	Quigley
Department of Education	Elementary and Secondary Education	Chicago Public Schools, Chicago, IL for arts education, including equipment and supplies	500,000	Rush
Department of Education	Elementary and Secondary Education	Chinese American Social Services Center, Brooklyn, NY for academic and arts programs, including support for English learners	105,000	Nadler
Department of Education	Elementary and Secondary Education	City of Greenacres, FL for youth programs, services, and curricula, including technology	1,000,000	Frankel, Lois
Department of Education	Elementary and Secondary Education	City of Indianapolis Department of Parks and Recreation, Indianapolis, IN for an afterschool physical education enrichment program	1,000,000	Carson

Department of Education	Elementary and Secondary Education	City of Indianapolis Department of Parks and Recreation, Indianapolis, IN for arts and environmental education access in afterschool and summer learning settings	1,000,000	Carson
Department of Education	Elementary and Secondary Education	City School District of New Rochelle, NY for afterschool programs and summer learning	2,000,000	Bowman
Department of Education	Elementary and Secondary Education	Clayton State University, Morrow, GA for environmental studies research, including equipment and technology	750,000	Scott, David
Department of Education	Elementary and Secondary Education	Clearwater Marine Aquarium, Clearwater, FL for science education and a mobile classroom, including a vehicle	976,000	Crist
Department of Education	Elementary and Secondary Education	Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for language immersion curriculum and programming	311,939	Sablan
Department of Education	Elementary and Secondary Education	Connecticut Historical Society Museum and Library, Hartford, CT for civics education	1,000,000	Larson (CT)
Department of Education	Elementary and Secondary Education	CUNY Dominican Studies Institute, New York, NY for historical curricula and enrichment programs	809,092	Espaillat
Department of Education	Elementary and Secondary Education	Dance Institute of Washington, DC for arts education and dance training, including equipment	1,000,000	Norton
Department of Education	Elementary and Secondary Education	Dearborn Heights Libraries, Dearborn Heights, MI for student mobile library services, including a vehicle	206,000	Tlaib
Department of Education	Elementary and Secondary Education	Dr. Carter G. Woodson African American History Museum, St. Petersburg, FL for an African American history program, including technology	3,000,000	Crist
Department of Education	Elementary and Secondary Education	Drew Child Development Corporation, Lynwood, CA for an early childhood education program, including installation of an outdoor science lab and learning space	143,000	Barragan
Department of Education	Elementary and Secondary Education	El Paso Independent School District, El Paso, TX for afterschool enrichment and STEAM education	2,000,000	Escobar

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Empowering Success Now, Fontana, CA for afterschool and tutoring programs	532,500	Torres (CA)
Department of Education	Elementary and Secondary Education	Encompass: Resources for Learning, Rochester, NY for student academic and wraparound services, including transportation	700,000	Morelle
Department of Education	Elementary and Secondary Education	End Hunger Calvert County, Huntingtown, MD for a pre-apprentice skills program	300,000	Hoyer
Department of Education	Elementary and Secondary Education	Fairfax County, VA for early childhood development and learning	1,500,000	Connolly, Wexton
Department of Education	Elementary and Secondary Education	Fine Arts Work Center in Provincetown, MA for arts education and cultural programming for community development	400,000	Keating
Department of Education	Elementary and Secondary Education	Flint Institute of Science and History, Flint, MI for afterschool programs	1,905,421	Kildee
Department of Education	Elementary and Secondary Education	Food Literacy Center, Sacramento, CA for science and nutrition education, including the development of a student garden	1,050,000	Matsui
Department of Education	Elementary and Secondary Education	Foundation Communities, Austin, TX for learning center programs, including enrichment and literacy support	1,107,925	Doggett
Department of Education	Elementary and Secondary Education	Foundation for the Advancement of Music & Education, Bowie, MD for music education programs	750,000	Brown (MD)
Department of Education	Elementary and Secondary Education	Freeport Union Free School District, Freeport, NY for a college and career center, including equipment	173,923	Rice (NY)
Department of Education	Elementary and Secondary Education	Friendship Foundation, Redondo Beach, CA for inclusive programs for students with disabilities	1,000,000	Lieu

Department of Education	Elementary and Secondary Education	Georgia Institute of Technology, Atlanta, GA for educational services for children of military families, including the purchase of equipment	215,000	Carter (GA)
Department of Education	Elementary and Secondary Education	Girl Scouts of Eastern Missouri, St. Louis, MO for student mental health and anti-violence programs	70,000	Bush
Department of Education	Elementary and Secondary Education	Girl Scouts of Northeast Texas, Dallas, TX for programming to develop skills and competencies in STEM, leadership development, and financial empowerment	920,000	Johnson (TX)
Department of Education	Elementary and Secondary Education	Glen Ellyn School District 41, Glen Ellyn, IL for school-based mental health services for students and families	250,000	Casten
Department of Education	Elementary and Secondary Education	Grand Valley State University, Allendale, MI for a student development program, including the purchase of supplies and student stipends	1,000,000	Meijer
Department of Education	Elementary and Secondary Education	Greater New York Councils, Boy Scouts of America, New York, NY for a youth scouting program	50,000	Malliotakis
Department of Education	Elementary and Secondary Education	Guadalupe Cultural Arts Center, San Antonio, TX for student literacy programs and access to culturally relevant texts	102,250	Castro (TX)
Department of Education	Elementary and Secondary Education	Guilford County Schools, Greensboro, NC for wraparound services, academic supports, and learning hubs	2,200,000	Manning
Department of Education	Elementary and Secondary Education	Haitian Americans United for Progress, Hollis, NY for youth leadership and youth workforce programming	364,558	Meeks
Department of Education	Elementary and Secondary Education	Harris County Public Library, Houston, TX for student access to texts, including equipment	139,212	Fletcher
Department of Education	Elementary and Secondary Education	Hawaii Agriculture Foundation, Honolulu, HI for STEM programs that incorporate innovative agriculture technologies	372,000	Kahele
Department of Education	Elementary and Secondary Education	Henry County Board of Education, McDonough, GA for afterschool enrichment and STEM education	40,000	Scott, David

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Hillsborough County Public Schools, Tampa, FL for arts education	1,986,353	Castor (FL)
Department of Education	Elementary and Secondary Education	Hillsborough County Public Schools, Tampa, FL for career and technical education in construction and medical training, including equipment	1,000,000	Castor (FL)
Department of Education	Elementary and Secondary Education	Hispanic Counseling Center, Hempstead, NY for afterschool programming	128,468	Rice (NY)
Department of Education	Elementary and Secondary Education	Holocaust Memorial Center, Farmington Hills, MI for a Holocaust education program	605,000	Levin (MI)
Department of Education	Elementary and Secondary Education	Holocaust Memorial Center, Farmington Hills, MI for a Holocaust education program, including support for English learners and students with disabilities	550,000	Stevens
Department of Education	Elementary and Secondary Education	Houston Independent School District, Houston, TX for family and community engagement programs for students	1,975,000	Green (TX)
Department of Education	Elementary and Secondary Education	Houston Public Library, Houston, TX for digital literacy resources	2,000,347	Fletcher
Department of Education	Elementary and Secondary Education	Iowa Jobs for America's Graduates, Des Moines, IA for career pathways and counseling supports	250,000	Krishnamoorthi
Department of Education	Elementary and Secondary Education	Ivy Tech Community College, Indianapolis, IN for early childhood education programs, including furniture, minor repairs, and classroom upgrades	500,000	Carson
Department of Education	Elementary and Secondary Education	Jobs for Arizona's Graduates, Phoenix, AZ for targeted student support programs	167,700	Grijalva
Department of Education	Elementary and Secondary Education	Kennedy King Memorial Initiative, Indianapolis, IN for human rights education	100,000	Carson

Department of Education	Elementary and Secondary Education	Kennedy Krieger Institute, Baltimore, MD for services to students with disabilities	2,000,000	Hoyer
Department of Education	Elementary and Secondary Education	Kula No Na Poe Hawaii, Honolulu, HI for academic supports and wraparound services	1,800,000	Case
Department of Education	Elementary and Secondary Education	Lenape Regional High School District, Shamong, NJ for post-graduation student success programs	593,663	Kim (NJ)
Department of Education	Elementary and Secondary Education	Leo High School, Chicago, IL for a parent engagement center, including equipment and technology	250,000	Rush
Department of Education	Elementary and Secondary Education	LGBT Center of Greater Reading, PA for wraparound services and support for at-risk youth	113,520	Houlahan
Department of Education	Elementary and Secondary Education	LIFT, Detroit, MI for a manufacturing technician education program	1,250,000	Lawrence
Department of Education	Elementary and Secondary Education	Long Beach Day Nursery, Long Beach, CA for early childhood learning	250,000	Lowenthal
Department of Education	Elementary and Secondary Education	Long Beach Latino Civic Association, Long Beach, NY for student support, mentoring, and enrichment	50,000	Rice (NY)
Department of Education	Elementary and Secondary Education	Massachusetts Women of Color Coalition, Worcester, MA for a summer learning program	416,275	McGovern
Department of Education	Elementary and Secondary Education	Michigan's Own, Inc. dba—Michigan Heroes Museum, Frankenmuth, MI for curriculum, exhibit, website development, and educational programming, including information technology	215,000	Moolenaar
Department of Education	Elementary and Secondary Education	Milwaukee Public Library, Milwaukee, WI for child literacy programs	241,250	Moore (WI)
Department of Education	Elementary and Secondary Education	Monmouth College, Monmouth, IL for rural teacher preparation and development	750,000	Bustos
Department of Education	Elementary and Secondary Education	Museum of Science and Industry, Chicago, IL for STEM education, including teacher stipends	1,022,000	Quigley

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Museums at Mitchel Doing Business As Cradle of Aviation Museum, Garden City, NY for STEM education	75,000	Rice (NY)
Department of Education	Elementary and Secondary Education	NAACP—Hayward/South Alameda County, Hayward, CA for a parent engagement and student success program	285,000	Swalwell
Department of Education	Elementary and Secondary Education	National Aquarium, Baltimore, MD for STEM education and professional development	401,615	Ruppersberger
Department of Education	Elementary and Secondary Education	National Center for Families Learning, Louisville, KY for a family engagement and immersive technology program	500,000	Yarmuth
Department of Education	Elementary and Secondary Education	National Children's Museum, Washington, DC for student educational exhibits and programming	1,000,000	Norton
Department of Education	Elementary and Secondary Education	National World War II Museum, New Orleans, LA, for a historical education project, including technology and equipment	2,000,000	Carter (LA)
Department of Education	Elementary and Secondary Education	New York Hall of Science, Corona, NY for science programming for preschool students, including exhibits	750,000	Ocasio-Cortez
Department of Education	Elementary and Secondary Education	New York Sun Works, New York, NY for a hydroponic farm STEM program, including equipment	800,000	Torres (NY)
Department of Education	Elementary and Secondary Education	New York Sun Works, New York, NY for hydroponic STEM classrooms, including equipment	800,000	Clarke (NY)
Department of Education	Elementary and Secondary Education	New York Sun Works, New York, NY for hydroponic STEM education, including equipment	500,000	Jeffries
Department of Education	Elementary and Secondary Education	NH Jobs for America's Graduates, Manchester, NH for programs to develop student academic skills, including supplies and equipment	300,000	Pappas

Department of Education	Elementary and Secondary Education	Norwalk La-Mirada Unified School District, Norwalk, CA for career and technical education pathways, dual enrollment programs, and technology	2,200,000	Sanchez
Department of Education	Elementary and Secondary Education	Norwalk Public Schools, Norwalk, CT for marine science pathways	1,323,660	Himes
Department of Education	Elementary and Secondary Education	Ontario-Montclair School District, Ontario, CA for STEAM programs, including equipment and technology	272,077	Torres (CA)
Department of Education	Elementary and Secondary Education	Open Door Preschools, Austin, TX for preschool programs, including outdoor learning spaces, and wraparound supports for at-risk families	824,900	Doggett
Department of Education	Elementary and Secondary Education	Optimist Boys' Home & Ranch, Inc. dba Optimist Youth Homes & Family Services, Los Angeles, CA for a tutoring program	270,000	Garcia (CA)
Department of Education	Elementary and Secondary Education	Oregon Institute of Technology, Wilsonville, OR for a healthcare career pathways program	700,000	Schrader
Department of Education	Elementary and Secondary Education	Orlando Community & Youth Trust, Orlando, FL for student enrichment through dragon boating	100,000	Demings
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Inc., Jacksonville, FL for an educational services, counseling, and training program, including the purchase of equipment and information technology	500,000	Bilirakis
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Inc., Jacksonville, FL for curriculum, technology, and training program, including the purchase of information technology and equipment	500,000	Rutherford
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Jacksonville, FL for curriculum development and support services	500,000	Crist
Department of Education	Elementary and Secondary Education	Pace Center for Girls, Jacksonville, FL for student support programs, including SEL resources and technology	500,000	Lawson (FL)
Department of Education	Elementary and Secondary Education	Pascua Yaqui Tribe, Tucson, AZ for academic programs, curricula, and teacher development	862,813	Grijalva

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Penumbra Theatre, Saint Paul, MN for the development, testing, and implementation of curriculum	1,000,000	McCollum
Department of Education	Elementary and Secondary Education	Pima County School Superintendent's Office, Tucson, AZ for curricula, resources, and professional development	252,000	Grijalva
Department of Education	Elementary and Secondary Education	Pinellas County Education Foundation, Inc., Largo, FL for an early learning initiative, including teacher stipends	1,225,000	Bilirakis
Department of Education	Elementary and Secondary Education	Providence After School Alliance, Providence, RI for a summer learning STEAM program	350,000	Cicilline
Department of Education	Elementary and Secondary Education	Research Foundation of the City University of New York, Brooklyn, NY for a literacy program	191,160	Clarke (NY)
Department of Education	Elementary and Secondary Education	Riverside County Office of Education, Riverside, CA for early childhood education	1,000,000	Ruiz
Department of Education	Elementary and Secondary Education	Rock and Roll Hall of Fame and Museum, Cleveland, OH for arts education programs	1,000,000	Brown (OH)
Department of Education	Elementary and Secondary Education	Roosevelt Union Free School District, Roosevelt, NY for homework and tutoring support	525,000	Rice (NY)
Department of Education	Elementary and Secondary Education	San Diego State University, San Diego, CA for school-based behavioral health training and supports	524,972	Jacobs (CA)
Department of Education	Elementary and Secondary Education	Santa Ana College, Santa Ana, CA for CTE pathways to certificate and degree programs	2,000,000	Correa
Department of Education	Elementary and Secondary Education	Santa Clara County Office of Education, San Jose, CA for student broadband access, including equipment	1,000,000	Eshoo

Department of Education	Elementary and Secondary Education	School District of Borough of Morrisville, PA for a curriculum, instruction, and technology program, including the purchase of information technology and equipment	850,000	Fitzpatrick
Department of Education	Elementary and Secondary Education	School District of Osceola County, FL for a youth entrepreneurship program, including support for student internships, a vehicle, and capital for student businesses	953,000	Soto
Department of Education	Elementary and Secondary Education	Seed St. Louis, MO for STEM education programs	380,000	Bush
Department of Education	Elementary and Secondary Education	Seminole County Public Schools, Sanford, FL for high school health careers programs, including medical equipment	526,692	Murphy (FL)
Department of Education	Elementary and Secondary Education	Shedd Aquarium, Chicago, IL for STEAM education	595,025	Quigley
Department of Education	Elementary and Secondary Education	Soulsville Foundation, Memphis, TN for an afterschool music education program	1,150,000	Cohen
Department of Education	Elementary and Secondary Education	Soundscapes, Newport News, VA for expanding access to arts education, including a feasibility study for growth	677,000	Scott (VA)
Department of Education	Elementary and Secondary Education	South City Foundation, Tallahassee, FL for an early childhood education program, including technology upgrades	2,000,000	Lawson (FL)
Department of Education	Elementary and Secondary Education	Southland Career and Technical Education Center, Matteson, IL for classroom design and curricula for career and technical education programs	1,740,000	Kelly (IL)
Department of Education	Elementary and Secondary Education	Springfield Public Schools, Springfield, OR for a career and technical cosmetology program, including equipment	385,000	DeFazio
Department of Education	Elementary and Secondary Education	St. Louis Public Schools, St. Louis, MO for CTE programs in construction trades, including scholarships for technical college programs	252,713	Bush
Department of Education	Elementary and Secondary Education	Stars of New York Dance, Brooklyn, NY for arts education enrichment programs, including student scholarships	500,000	Jeffries

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Start Lighthouse, New York, NY for literacy and learning spaces in schools	205,500	Ocasio-Cortez
Department of Education	Elementary and Secondary Education	Strategic Human Services, Chicago, IL for communication and journalism education, including equipment	832,140	Davis, Danny K.
Department of Education	Elementary and Secondary Education	Tacoma Public School District, Tacoma, WA for career preparation and internship programs	555,000	Strickland
Department of Education	Elementary and Secondary Education	TECH CORPS, Columbus, OH for computer science education, including equipment	300,000	Ryan
Department of Education	Elementary and Secondary Education	Tennessee Technological University, Cookeville, TN for lending library programs, including purchase of supplies, information technology, and equipment	400,000	Rose
Department of Education	Elementary and Secondary Education	Texas A&M University San Antonio, TX for a mobile unit offering school-based autism services and educational supports	300,000	Castro (TX)
Department of Education	Elementary and Secondary Education	Texas State University — Round Rock, Round Rock, TX for a STEM educational and professional development program	1,000,000	Carter (TX)
Department of Education	Elementary and Secondary Education	The Bridge Teen Center, Orland Park, IL for afterschool programs	500,000	Newman
Department of Education	Elementary and Secondary Education	The Brotherhood Sister Sol, New York, NY for afterschool programs	1,000,000	Espaillat
Department of Education	Elementary and Secondary Education	The Center for the Innovative Training of Youth STEM NOLA, New Orleans, LA for STEM learning and career readiness programs, including equipment	2,000,000	Carter (LA)
Department of Education	Elementary and Secondary Education	The Garage Community and Youth Center, Avondale, PA for afterschool youth development programs, including a vehicle	100,000	Houlahan

Department of Education	Elementary and Secondary Education	The Noel Pointer Foundation, Brooklyn, NY for music instruction programs, including student scholarships	414,500	Jeffries
Department of Education	Elementary and Secondary Education	The Regents of the University of California; University of California San Diego, La Jolla, CA for summer math academies	1,125,360	Vargas
Department of Education	Elementary and Secondary Education	The West Virginia Chamber Foundation Corporation, Charleston, WV for a drop-out prevention and school-to-work transition program	200,000	Miller (WV)
Department of Education	Elementary and Secondary Education	Toledo Tomorrow, Toledo, OH for an early childhood reading program	1,050,000	Kaptur
Department of Education	Elementary and Secondary Education	Town of Randolph, MA for mobile library and STEM programming, including vehicle and equipment	524,000	Pressley
Department of Education	Elementary and Secondary Education	Trumbull County Educational Service Center, Niles, OH for STEM education, including equipment and technology	650,000	Ryan
Department of Education	Elementary and Secondary Education	United Way of Wyoming Valley, Wilkes-Barre, PA for wraparound services and academic supports, including pre-K tuition stipends	2,200,000	Cartwright
Department of Education	Elementary and Secondary Education	University of California Berkeley, CA for a social science research and postdoctoral pipeline program	1,000,000	Lee (CA)
Department of Education	Elementary and Secondary Education	University of Connecticut Health Center, Farmington, CT for K–12 STEM education programs	1,000,000	Hayes
Department of Education	Elementary and Secondary Education	University of Mississippi, University, MS for a professional development program and writing initiative	1,000,000	Kelly (MS)
Department of Education	Elementary and Secondary Education	University of Nebraska System, Lincoln, NE for a science, technology, engineering, and mathematics program	2,000,000	Bacon
Department of Education	Elementary and Secondary Education	University of Washington Bothell, WA for pathways toward environment and sustainability degree programs, including equipment	811,061	DelBene
Department of Education	Elementary and Secondary Education	Upper Darby Arts & Education Foundation, Drexel Hill, PA for creative arts programs for students with disabilities	115,000	Scanlon

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Elementary and Secondary Education	Virgin Islands Department of Education, St. Thomas, VI for electric vehicle classes, career and technical college programs, and STEM education	2,200,000	Plaskett
Department of Education	Elementary and Secondary Education	Washtenaw Community College, Ann Arbor, MI for an electric battery and charging station program, including equipment	1,000,000	Dingell
Department of Education	Elementary and Secondary Education	Waterbury Public Schools, Waterbury, CT for education technology equipment, including computers	2,265,000	Hayes
Department of Education	Elementary and Secondary Education	Watts Labor Community Action Committee, Los Angeles, CA for afterschool programming and arts education	922,000	Barragan
Department of Education	Elementary and Secondary Education	Waukegan to College, Waukegan, IL for mentoring, tutoring, and academic advising programs	315,000	Schneider
Department of Education	Elementary and Secondary Education	West Chester University, West Chester, PA for STEM education programs	715,770	Houlahan
Department of Education	Elementary and Secondary Education	Winston-Salem/Forsyth County Schools, Winston-Salem, NC for teacher academy programs	301,548	Manning
Department of Education	Elementary and Secondary Education	YMCA of Greater New York, NY for youth support and enrichment programs	1,000,000	Meeks
Department of Education	Elementary and Secondary Education	YMCA of Memphis and the Mid-South, Cordova, TN for educational programs before and after school	1,000,000	Cohen
Department of Education	Elementary and Secondary Education	YMCA of Metropolitan Chicago, IL for afterschool programs	666,366	Underwood
Department of Education	Elementary and Secondary Education	YMCA of Metropolitan Los Angeles, CA for empowerment learning pods	1,500,000	Gomez

Department of Education	Elementary and Secondary Education	YMCA of Metropolitan Los Angeles, Van Nuys, CA for STEAM and civics education	2,000,000	Cardenas
Department of Education	Higher Education	Adoption Rhode Island, Providence, RI for an adoption and foster care certificate program, including scholarships and equipment	201,639	Langevin
Department of Education	Higher Education	Agnes Scott College, Decatur, GA for digital skill building programs, including equipment	1,024,940	Williams (GA)
Department of Education	Higher Education	Albany Technical College, Albany, GA for allied health programs, including equipment, a vehicle, and scholarships	1,000,000	Bishop (GA)
Department of Education	Higher Education	Aliento Education Fund, Phoenix, AZ for first-generation college student access and success programs, including scholarships	300,000	Kirkpatrick
Department of Education	Higher Education	AltaSea at the Port of Los Angeles, San Pedro, CA for postsecondary ocean-based research, including equipment	1,000,000	Barragan
Department of Education	Higher Education	Alvernia University Reading Collegetowne, Reading, PA for a health science program, including equipment	2,000,000	Houlahan
Department of Education	Higher Education	Alvernia University, Reading, PA for the purchase of information technology and equipment	1,000,000	Meuser
Department of Education	Higher Education	Angelo State University, San Angelo, TX for equipment, scholarships, and stipends for an aviation degree program	2,000,000	Pfluger
Department of Education	Higher Education	Aquinas College, Grand Rapids, MI for a professional development and curriculum development for a teaching center	185,000	Meijer
Department of Education	Higher Education	Arkansas Tech University, Russellville, AR for purchase of lab equipment and technology for agricultural education program	730,000	Womack
Department of Education	Higher Education	AUC Consortium, Atlanta, GA for programs promoting career pathways into government service, including scholarships	2,000,000	Williams (GA)
Department of Education	Higher Education	Augusta University, Augusta, GA for a telemedicine education initiative, including the purchase of equipment and information technology	1,000,000	Carter (GA)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	Aurora University, Aurora, IL for an emerging technologies learning lab, including equipment	955,000	Foster
Department of Education	Higher Education	Austin Community College District, Austin, TX for the purchase of equipment	2,830,000	McCaul
Department of Education	Higher Education	Austin Community College, Austin, TX for cybersecurity training, including equipment	1,467,542	Doggett
Department of Education	Higher Education	Austin Independent School District for college and career preparation, including transportation	1,862,600	Doggett
Department of Education	Higher Education	Bay Path University, Longmeadow, MA for wraparound academic and student support services	1,000,000	Neal
Department of Education	Higher Education	Baylor University, Waco, TX for a cybersecurity program, including the purchase of equipment and information technology	1,500,000	Sessions
Department of Education	Higher Education	Birmingham-Southern College, Birmingham, AL for experimental learning and civic engagement	500,000	Sewell
Department of Education	Higher Education	Bluegrass Community and Technical College, Lexington, KY for a health professions program, including the purchase of equipment and supplies	1,570,000	Barr
Department of Education	Higher Education	Boys & Girls Club of the West Valley, Canoga Park, CA for after-school programs	450,000	Sherman
Department of Education	Higher Education	Cabrillo College, Aptos, CA for science learning, including learning lab furniture and equipment	163,539	Panetta
Department of Education	Higher Education	California State University—Stanislaus, Turlock, CA for a mental health workforce program, including scholarships	1,681,720	Harder (CA)

Department of Education	Higher Education	California State University Channel Islands, Camarillo, CA for a cybersecurity degree program, including equipment	550,800	Brownley
Department of Education	Higher Education	California State University, Northridge, CA for arts, media, and communications programs, including equipment	1,000,000	Sherman
Department of Education	Higher Education	Campbellsville University, Campbellsville, KY for information technology and equipment upgrades	950,000	Comer
Department of Education	Higher Education	Chabot—Las Positas Community College District, Dublin, CA for student support programs	1,000,000	Swalwell
Department of Education	Higher Education	Chicago State University, Chicago, IL for communication and media career development programs, including equipment	1,600,000	Rush
Department of Education	Higher Education	City College of New York, NY for an infrastructure workforce training program and center	2,200,000	Espaillat
Department of Education	Higher Education	City Colleges of Chicago Malcom X College, Chicago, IL for an emergency medical technician student success program, including equipment	1,000,000	Davis, Danny K.
Department of Education	Higher Education	Coahoma Community College, Clarksdale, MS for campus safety, including equipment	1,664,100	Thompson (MS)
Department of Education	Higher Education	Collaborative for Higher Education Shared Services, Santa Fe, NM for a cybersecurity shared services program	2,000,000	Leger Fernandez
Department of Education	Higher Education	Connecticut Historical Society Museum and Library, Hartford, CT for the use of community history in postsecondary education, including equipment	1,000,000	Larson (CT)
Department of Education	Higher Education	Contra Costa Community College District, Martinez, CA for an open educational resources project	1,000,000	DeSaulnier
Department of Education	Higher Education	CUNY Mexican Studies Institute, Bronx, NY for a literacy and language skills program	1,246,080	Espaillat

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	CUNY York College, Queens, NY for geology and environmental science programs, including student stipends and equipment	1,267,500	Meeks
Department of Education	Higher Education	CUNY York College, Queens, NY for pharmaceutical science workforce training, including equipment	850,000	Meeks
Department of Education	Higher Education	Cyber Security Range at Union Station, Springfield, MA for a cybersecurity program, including equipment	3,000,000	Neal
Department of Education	Higher Education	Cypress College, Cypress, CA for veteran and military-connected student pathways, including equipment	500,000	Lowenthal
Department of Education	Higher Education	Dallas College, Dallas, TX for a teaching residency apprenticeship program, including stipends	500,000	Allred, Johnson (TX)
Department of Education	Higher Education	Davenport University, Grand Rapids, MI for a dual language education program	1,325,000	Meijer
Department of Education	Higher Education	Davenport University, Grand Rapids, MI for a teacher training program, including scholarships	760,000	Meijer
Department of Education	Higher Education	Desert Research Institute, Las Vegas, NV for partnerships between STEM and education majors, including scholarships	1,000,000	Lee (NV)
Department of Education	Higher Education	Dominican Women's Development Center, New York, NY for after-school, STEM education, and postsecondary access programs	1,000,000	Espaillat
Department of Education	Higher Education	East Central College, Union, MO for the purchase of distance learning equipment	1,000,000	Luetkemeyer
Department of Education	Higher Education	Eastern Gateway Community College, Steubenville, OH for electric vehicle technology training, including installation of equipment and technology	914,000	Ryan

Department of Education	Higher Education	Eckerd College, St. Petersburg, FL for a marine science laboratory space, including the installation of equipment	1,000,000	Crist
Department of Education	Higher Education	Edmonds College, Lynnwood, WA for marine and AI robotics pathways programs, including equipment	1,300,000	Larsen (WA)
Department of Education	Higher Education	Elgin Community College, Elgin, IL for a mechatronics certificate program, including equipment	936,000	Krishnamoorthi
Department of Education	Higher Education	Elms College, Chicopee, MA for social sciences and education curriculum and programming, including scholarships and equipment	1,000,000	Neal
Department of Education	Higher Education	Emory University, Atlanta, GA for a nursing apprenticeship program, including stipends	500,000	McBath
Department of Education	Higher Education	Folsom Lake College, Folsom, CA for a prison and reentry program	950,000	Bera
Department of Education	Higher Education	FoodTEC, Newburgh, NY for a workforce development program, including scholarships for daycare facilities	1,125,000	Maloney, Sean Patrick
Department of Education	Higher Education	Franklin Pierce University, Rindge, NH for rural health care education and training, including technology and equipment	825,000	Kuster
Department of Education	Higher Education	George Mason University, Fairfax, VA for a cybersecurity and IT modernization program	1,000,000	Connolly
Department of Education	Higher Education	Georgia State University, Atlanta, GA for programs to expand access to postsecondary education, including English language proficiency support	400,000	Johnson (GA)
Department of Education	Higher Education	Glendale College Foundation, Glendale, CA for student basic needs support, including rental assistance	1,250,000	Schiff
Department of Education	Higher Education	Goodwin University, East Hartford, CT for a mobile manufacturing and nursing program, including equipment and scholarships	2,200,000	Larson (CT)
Department of Education	Higher Education	Goucher College, Towson, MD for life and health sciences teaching labs, including equipment	1,255,800	Ruppersberger

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	Grambling State University, Grambling, LA for a cybersecurity initiative, including scholarships, stipends and purchase of equipment	2,500,000	Letlow
Department of Education	Higher Education	Hamline University, Saint Paul, MN for academic internship programs, including student stipends	1,000,000	McCollum
Department of Education	Higher Education	Hampton University, Hampton, VA for an allied health services and workforce development program	2,200,000	Scott (VA)
Department of Education	Higher Education	Harper College Aviation Maintenance Program, Palatine, IL for an aviation technical training program, including scholarships and equipment	500,000	Krishnamoorthi
Department of Education	Higher Education	Harris County Public Library, Houston, TX for college and career guidance programs	578,000	Fletcher
Department of Education	Higher Education	Hispanic Federation, Orlando, FL for college preparatory support for middle and high school students, including equipment	200,000	Demings
Department of Education	Higher Education	Hostos Community College of the City University of New York, The Bronx, NY, for community college articulation agreement support	1,000,000	Torres (NY)
Department of Education	Higher Education	Hudson County Community College, Jersey City, NJ for technological enhancements to student learning, including equipment	2,200,000	Sires
Department of Education	Higher Education	Hudson Valley Community College, Troy, NY for STEM and healthcare workforce development	2,065,000	Tonko
Department of Education	Higher Education	Husson University, Bangor, ME for science laboratory programming, including equipment	725,491	Golden

Department of Education	Higher Education	Joan B Kroc School of Peace Studies at the University of San Diego, CA for a research lab program to combat violence, including scholarships	580,000	Jacobs (CA)
Department of Education	Higher Education	Johnson & Wales University, Providence, RI for cybersecurity training for teachers, including stipends	1,012,000	Langevin
Department of Education	Higher Education	Kirkwood Community College, Cedar Rapids, IA for the purchase of aviation information technology and equipment	360,000	Hinson
Department of Education	Higher Education	Lehman College of the City University of New York, Bronx, NY for a digital equity initiative, including technology	500,000	Torres (NY)
Department of Education	Higher Education	Local 212 MATC Believe in Students FAST Fund, Milwaukee, WI for financial assistance to low-income students	250,000	Moore (WI)
Department of Education	Higher Education	Loisaida, New York, NY for an environmental and community science program	300,000	Velazquez
Department of Education	Higher Education	Los Angeles Community College District, Los Angeles, CA for mobile work-based workforce programs, including equipment	1,000,000	Bass
Department of Education	Higher Education	Los Angeles Mission College, Sylmar, CA for allied health programs and STEM services, including equipment	2,000,000	Cardenas
Department of Education	Higher Education	Louisiana Delta Community College, Monroe, LA for a health science and education program, including scholarships, purchase of equipment, and support services	1,555,000	Letlow
Department of Education	Higher Education	Louisiana State University of Alexandria, Alexandria, LA for a teacher education program, including scholarships and tuition reimbursement	990,000	Letlow
Department of Education	Higher Education	Manor College, Jenkintown, PA for wraparound services, advising, and basic needs supports for at-risk student populations, including scholarships	1,275,667	Dean
Department of Education	Higher Education	Maria College, Albany, NY for nursing programs, including technology and equipment	770,088	Tonko

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	Marquette University, Milwaukee, WI for college readiness and STEM pipeline services	799,500	Moore (WI)
Department of Education	Higher Education	Maryville College, Maryville, TN for a STEM project, including scholarships, stipends, and purchase of equipment	645,000	Burchett
Department of Education	Higher Education	Marywood University, Scranton, PA for healthcare workforce expansion programs, including equipment and scholarships	2,607,464	Cartwright
Department of Education	Higher Education	Mass. Bay Community College, Wellesley, MA for a center for health sciences, early education, and human services, including equipment	400,000	Clark (MA)
Department of Education	Higher Education	Massachusetts College of Liberal Arts, North Adams, MA for a nursing program, including equipment	620,000	Neal
Department of Education	Higher Education	McLennan Community College, Waco, TX for the purchase of information technology and equipment for healthcare training programs	1,100,000	Sessions
Department of Education	Higher Education	Mid-America Christian University, Oklahoma City, OK for the purchase of STEM lab equipment	555,000	Cole
Department of Education	Higher Education	Middlesex College, Edison, NJ for adult and justice-impacted learner support, including equipment	1,000,000	Pallone
Department of Education	Higher Education	Midlands Technical College, Columbia, SC for a skilled trades training program, including equipment	1,000,000	Clyburn
Department of Education	Higher Education	MiraCosta Community College District, Oceanside, CA for accelerated skills-based training, including equipment	1,000,000	Levin (CA)
Department of Education	Higher Education	Modesto Junior College, Modesto, CA for regional fire science training programs, including equipment	2,000,000	Harder (CA)

Department of Education	Higher Education	Montgomery County Community College, Blue Bell, PA for early college programs, including equipment and tuition support	100,000	Dean
Department of Education	Higher Education	Moorpark College, Moorpark, CA for a work-based learning cybersecurity program	300,000	Brownley
Department of Education	Higher Education	Moraine Valley Community College, Palos Hills, IL for non-destructive testing training, including equipment	500,000	Newman
Department of Education	Higher Education	Nevada State College, Henderson, NV for a career advancement and training center, including equipment	1,624,294	Lee (NV)
Department of Education	Higher Education	Nevada State College, Henderson, NV for a nursing program, including equipment and scholarships	611,968	Lee (NV)
Department of Education	Higher Education	New Hampshire Technical Institute, Concord, NH for dental training program modernization, including equipment	767,000	Kuster
Department of Education	Higher Education	Niagara University, NY for study and research in scientific disciplines, including equipment and materials	750,000	Higgins (NY)
Department of Education	Higher Education	Nichols College, Dudley, MA for an intelligent business automation program, including equipment	680,000	Neal
Department of Education	Higher Education	Normandale Community College, Bloomington, MN for health sciences education	188,875	Phillips
Department of Education	Higher Education	Northampton County Community College, Bethlehem, PA for healthcare and workforce development programs, including equipment	2,729,288	Wild
Department of Education	Higher Education	Northeastern University, Boston, MA for an associate's to master's degree accelerator program	1,000,000	Pressley
Department of Education	Higher Education	Northern Illinois University, DeKalb, IL for microchip research and training, including equipment	1,500,000	Underwood
Department of Education	Higher Education	Northern Virginia Community College, Annandale, VA for a diesel technology certificate program, including equipment	685,000	Wexton

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	Northern Virginia Community College, Annandale, VA for a nursing program, including equipment	2,200,000	Connolly
Department of Education	Higher Education	Nova Southeastern University, Fort Lauderdale, FL for a spatial computing and robotics program, including equipment and technology	2,000,000	Deutch
Department of Education	Higher Education	Nova Southeastern University, Fort Lauderdale, FL for cybersecurity research, including equipment and technology	2,500,000	Wasserman Schultz
Department of Education	Higher Education	Oklahoma State University—Oklahoma City, Oklahoma City, OK for an education program, including the purchase of equipment and information technology	3,000,000	Bice (OK)
Department of Education	Higher Education	Oxnard College, Oxnard, CA for faculty professional development	628,600	Brownley
Department of Education	Higher Education	Palm Beach State College, Lake Worth, FL for an artificial intelligence workforce development program, including equipment and technology	1,000,000	Frankel, Lois
Department of Education	Higher Education	Pasadena Community College District, Pasadena, CA for a family resource center, including equipment	500,000	Chu
Department of Education	Higher Education	Pierce College, Woodland Hills, CA for biotech baccalaureate programs	2,000,000	Sherman
Department of Education	Higher Education	Pima Community College District, Tucson, AZ for a building and construction technology program, including equipment	1,000,000	Kirkpatrick
Department of Education	Higher Education	Pima County Community College District, Tucson, AZ for a building and construction technology program, including equipment	1,000,000	Grijalva

Department of Education	Higher Education	Prairie State College, Chicago Heights, IL for a dental hygiene program, including enhancements and the installation of equipment	1,000,000	Kelly (IL)
Department of Education	Higher Education	Prairie View A&M University, Prairie View, TX for the purchase of science and engineering lab equipment	2,400,000	McCaul
Department of Education	Higher Education	Ready to Succeed, Santa Monica, CA for support for college-going foster youth, including scholarships	1,000,000	Lieu
Department of Education	Higher Education	Research Foundation of the City University of New York, Brooklyn, NY for a pre-law program	534,982	Clarke (NY)
Department of Education	Higher Education	Research Foundation of the City University of New York, NY for a learning hub for the study of history and culture, including equipment and space furnishings	792,000	Espaillat
Department of Education	Higher Education	Riverside Community College District, Riverside, CA for a military articulation platform expansion, including the purchase of equipment and information technology	3,000,000	Calvert
Department of Education	Higher Education	Riverside Community College District, Riverside, CA for career training programs	3,000,000	Takano
Department of Education	Higher Education	Rust College, Holly Springs, MS for a leadership development program, including scholarships	500,000	Kelly (MS)
Department of Education	Higher Education	Rutgers University-Camden, NJ for community partnership centers	1,404,800	Norcross
Department of Education	Higher Education	Saint Augustine's University, Raleigh, NC for public health education, including equipment	490,000	Ross
Department of Education	Higher Education	Salt Lake Community College, Salt Lake City, UT for an educational program, including student scholarships	390,000	Owens
Department of Education	Higher Education	San Diego Community College District, San Diego, CA for centers to support LGBT students	1,200,000	Jacobs (CA)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	San Diego Community College District, San Diego, CA for student support services for DACA recipients	1,200,000	Vargas
Department of Education	Higher Education	San Joaquin Delta College, Stockton, CA for nursing programs, including equipment and technology for simulation labs	3,800,000	Harder (CA), McNerney
Department of Education	Higher Education	Santa Clarita Community College District — College of the Canyons, Santa Clarita, CA for the purchase of robotics equipment	1,000,000	Garcia (CA)
Department of Education	Higher Education	Seminole State College of Florida, Sanford, FL for a fire science program, including equipment	404,114	Murphy (FL)
Department of Education	Higher Education	Siena Heights University, Adrian, MI for student scholarships and the purchase of lab equipment	1,000,000	Walberg
Department of Education	Higher Education	Simmons College of Kentucky, Louisville, KY for academic support programs, including equipment	602,500	Yarmuth
Department of Education	Higher Education	Snead State Community College, Boaz, AL for the purchase of information technology and equipment	1,000,000	Aderholt
Department of Education	Higher Education	Social Enterprise Center, Albuquerque, NM for computing infrastructure and workforce development, including scholarships	1,500,000	Stansbury
Department of Education	Higher Education	St. Francis College, Brooklyn, NY for nursing programs, including equipment	1,500,000	Velazquez
Department of Education	Higher Education	St. Joseph's College New York, Brooklyn, NY for a cybersecurity lab program, including equipment installation, furnishings, and refurbishments	754,000	Jeffries
Department of Education	Higher Education	Stevens Institute of Technology, Hoboken, NJ for computer science programs, including equipment	960,000	Sires

Department of Education	Higher Education	Sustainable Cities Institute, Eugene, OR for a sustainability and student support program	1,156,695	DeFazio
Department of Education	Higher Education	Tennessee Technological University, Cookeville, TN for the purchase of equipment	3,000,000	Rose
Department of Education	Higher Education	Texas A&M International University, Laredo, TX for a center to combat human trafficking, including equipment and technology	1,000,000	Cuellar
Department of Education	Higher Education	Texas A&M Transportation Institute, Bryan, TX for an electric vehicle program, including the purchase of equipment	1,600,000	Sessions
Department of Education	Higher Education	Texas A&M University, College Station, TX for a forensic science education program, including student support for fellowships and internships and the purchase of equipment	1,500,000	McCaul
Department of Education	Higher Education	Texas A&M University-Commerce, Dallas, TX for a teacher certification program, including scholarships	516,614	Allred
Department of Education	Higher Education	Texas Wesleyan University, Fort Worth, TX for STEM education programs, including lab equipment	1,439,695	Veasey
Department of Education	Higher Education	The National Veteran Memorial and Museum Operating Corporation, Columbus, OH for graduate-level instruction to veterans, including scholarships	204,800	Beatty
Department of Education	Higher Education	The Ohio State University, Columbus, OH for a quantum network research program, including the purchase of equipment and information technology	1,045,000	Carey
Department of Education	Higher Education	The University of North Georgia, Dahlonega, GA for a teacher candidate residency program, including equipment and stipends	399,952	Bourdeaux
Department of Education	Higher Education	The University of Texas at Dallas, Richardson, TX for semiconductor workforce development programs, including equipment infrastructure and scholarships	3,000,000	Allred
Department of Education	Higher Education	Towson University, Towson, MD for a teacher workforce pipeline program	950,000	Ruppersberger, Sarbanes

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	University of California Riverside, CA for agricultural innovation programs	1,000,000	Takano
Department of Education	Higher Education	University of California, Davis, CA for wildfire smoke research, including equipment	1,205,967	Thompson (CA)
Department of Education	Higher Education	University of California-San Diego, La Jolla, CA for pipelines into STEM careers	2,160,000	Peters
Department of Education	Higher Education	University of Central Florida, Orlando, FL for academic research on Puerto Rico	500,000	Soto
Department of Education	Higher Education	University of Colorado Anschutz Medical Center, Aurora, CO for a rural public health certificate program, including student project support	783,580	Crow
Department of Education	Higher Education	University of Colorado Anschutz Medical Center, Aurora, CO for an injury and violence prevention center, including scholarships	460,584	Crow
Department of Education	Higher Education	University of Georgia College of Agricultural and Environmental Sciences, Athens, GA for a poultry science program, including equipment	1,000,000	Scott, David
Department of Education	Higher Education	University of Hawaii—Office of Strategic Health Initiatives, Honolulu, HI for an indigenous data science hub	1,000,000	Case
Department of Education	Higher Education	University of La Verne, CA for a mental health practitioner program, including equipment	2,200,000	Napolitano
Department of Education	Higher Education	University of Maryland Global Campus, Adelphi, MD for a peer tutoring program, including technology	246,000	Hoyer
Department of Education	Higher Education	University of Nevada Las Vegas, NV for advanced sports research, including equipment	3,000,000	Lee (NV)

Department of Education	Higher Education	University of New Hampshire, Durham, NH for child study and development education	1,000,000	Pappas
Department of Education	Higher Education	University of North Alabama, Florence, AL for new program development, including the purchase of equipment	500,000	Aderholt
Department of Education	Higher Education	University of North Florida, Jacksonville, FL for information technology equipment	750,000	Rutherford
Department of Education	Higher Education	University of North Florida, Jacksonville, FL for the purchase of information technology and equipment, including associated software	375,000	Rutherford
Department of Education	Higher Education	University of South Florida, Sarasota, FL for a cybersecurity program, including the purchase of information technology	2,000,000	Steube
Department of Education	Higher Education	University of the District of Columbia, Washington, DC for a math teacher training institute, including equipment	1,000,000	Norton
Department of Education	Higher Education	University of Wisconsin — Madison, WI for STEM education programs	1,000,000	Pocan
Department of Education	Higher Education	Utah System of Higher Education, Salt Lake City, UT for the purchase of equipment and supplies to expand healthcare training programs	1,250,000	Owens
Department of Education	Higher Education	Utah Tech University, St. George, UT for a science training program, including purchase of equipment and teacher stipends	790,000	Stewart
Department of Education	Higher Education	Valdosta State University, Valdosta, GA for an online educational degree program, including purchase of information technology	750,000	Carter (GA)
Department of Education	Higher Education	Vida Mobile Clinic, Granada Hills, CA for programs to support prehealth postsecondary students, including student stipends	1,350,000	Cardenas
Department of Education	Higher Education	Virginia Commonwealth University, Richmond, VA for pipelines into STEM professions, including scholarships	1,073,550	McEachin

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding]

Agency	Account	Project	House Amount	House Requestors
Department of Education	Higher Education	Virginia Foundation for Community College Education, Richmond, VA for early childhood educator development programs, including scholarships	254,910	Wexton
Department of Education	Higher Education	Virginia State University, Petersburg, VA for broadband improvement, including equipment	2,200,000	McEachin
Department of Education	Higher Education	Virginia Union University, Richmond, VA for cybersecurity programming, including installation and reconfiguration of equipment	2,000,000	McEachin
Department of Education	Higher Education	Wake Technical Community College, Raleigh, NC for electric vehicle technical training, including equipment	939,041	Ross
Department of Education	Higher Education	Wayne County Community College District, Detroit, MI for an automotive electrification and testing program	212,400	Lawrence
Department of Education	Higher Education	Western Kentucky University, Bowling Green, KY for the purchase of applied research and technology equipment	460,000	Guthrie
Department of Education	Higher Education	Western University of Health Sciences, Ontario, CA for health career student support programs	100,000	Torres (CA)
Department of Education	Higher Education	Western Washington University, Bellingham, WA for a food security program, including furnishing a longhouse with equipment	450,000	Larsen (WA)
Department of Education	Higher Education	Westfield State University, Westfield, MA for a nursing and health sciences program, including equipment	1,000,000	Neal
Department of Education	Higher Education	William Paterson University, Wayne, NJ for student support, including scholarships	1,000,000	Sherrill

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the transfers [of unexpended balances] included in the accompanying bill:

TITLE I

Language is included under "Job Corps" permitting the transfer of funds for Job Corps Center construction, rehabilitation, and acquisition to meet the operational needs of Job Corps Centers or to achieve administrative efficiencies.

Language is included under "State Unemployment Insurance and Employment Services Operations" which provides for the transfer of funds to "Office of Disability Employment Policy."

Language is included under "Special Benefits" which provides for the transfer of such sums as necessary from the "Postal Service" account.

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Office of Workers" Compensation Program, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Office of Inspector General."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of the Treasury."

Language is included under "Departmental Management, Salaries and Expenses" authorizing the transfer of funds available for program evaluation to any other account within the Department to carry out evaluation activities.

A general provision is included permitting up to one percent of any discretionary appropriation to be transferred between a program, project, or activity of the Department of Labor, provided that no such program, project, or activity is increased by more than three percent by any such transfer.

A general provision is included that provides for the transfer of funds from the "Employment and Training Administration" for technical assistance services to grantees to "Program Administration". The provision does not apply to section 171 of the WIOA. The general provision also authorizes the transfer of up 0.5 percent of each discretionary appropriation for "Employment and Training Administration" to carry out program integrity activities subject to certain limitations related to "Job Corps."

A general provision is included that provides for the transfer of up to 0.75 percent of appropriated funds to carry out program evaluations of "Training and Employment Services", "Job Corps", "Community Service Employment for Older Americans," "State Unemployment Insurance and Employment Service Operations", "Employee Benefits Security Administration", "Office of Workers' Compensation Programs", "Wage and Hour Division", "Office of Federal Contract Compliance Programs", "Office of Labor-Management

Standards", "Occupational Safety and Health Administration", "Mine Safety and Health Administration", "Office of Disability Employment Policy", funding made available to the "Bureau of International Labor Affairs" and "Women's Bureau" within the Departmental Management, Salaries and Expenses" account, and "Veterans Employment and Training" for use by the Office of the Chief Evaluation Officer.

TITLE II

Language is included under "Centers for Disease Control and Prevention, Buildings and Facilities" to allow the transfer of prior year unobligated Individual Learning Account funds to be transferred to this account to carry out the purpose of this account.

Language is included under "Centers for Disease Control and Prevention, CDC-Wide Activities and Program Support" for funds to be transferred to and merged with the Infectious Disease Rapid Response Reserve Fund.

Language is included under "National Institutes of Health, Office of the Director" to transfer $5,000,000 to the "Office of Inspector General" for oversight of grant programs and operations of NIH.

Language is included under "National Institutes of Health, Innovation Account" to allow the transfer of funds to other Institutes and Centers to support activities authorized in the 21st Century Cures Act (PL 114–255).

Language is included under "Administration for Community Living, Aging and Disability Services Programs" for transfer to the Secretary of Agriculture to carryout section 311 of the Older Americans Act of 1965.

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the "Department of Health and Human Services", provided that no appropriation account is increased by more than three percent by such transfer.

A general provision is included that allows the transfer of up to three percent among the institutes and centers of the "National Institutes of Health" from amounts identified as pertaining to the human immunodeficiency virus.

A general provision is included that allows the transfer of funding determined to be related to the human immunodeficiency virus to the "Office of AIDS Research".

A general provision is included that transfers one percent of the amount made available for "National Research Service Awards" at the "National Institutes of Health" to the "Health Resources and Services Administration".

A general provision is included to direct the transfer of the "Prevention and Public Health Fund" as specified in the committee report accompanying this Act.

A general provision is included that allows the transfer of funding related to research on opioid misuse, opioid alternatives, pain management, and substance use disorder treatment between the institutes and centers of the "National Institute of Health".

TITLE III

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appro-

priation accounts of the Department of Education, provided that no appropriation account is increased by more than three percent by such transfer.

TITLE IV

Language is included under Payment to the National Service Trust authorizing the transfer of funds from the "Corporation for National and Community Service, Operating Expenses" to support the activities of national service participants.

Language is included under "Social Security Administration" authorizing the transfer funds from the Social Security Administration's "Limitation on Administration Expenses" account to be available for purposes of the Office of Inspector General.

TITLE V

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriation to accounts corresponding to current appropriations.

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):

PUBLIC HEALTH SERVICE ACT

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TITLE II—ADMINISTRATION AND MISCELLANEOUS PROVISIONS

PART A—ADMINISTRATION

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PAY AND ALLOWANCES

SEC. 208. (a)(1) Commissioned officers of the Regular Corps and Ready Reserve Corps shall be entitled to receive such pay and allowances as are now or may hereafter be authorized by law.

(2) For provisions relating to the receipt of special pay by commissioned officers of the Regular Corps and Ready Reserve Corps while on active duty, see section 303a(b) or 373 of title 37, United States Code.

(b) Commissioned officers on active duty, and retired officers entitled to retired pay pursuant to section 210(g)(3), section 211 or section 221(a), shall be permitted to purchase supplies from the Army, Navy, Air Force, and Marine Corps at the same price as is charged officers thereof.

(c) Members of the National Advisory Health Council and members of other national advisory or review councils or committees established under this Act, including members of the Technical Electronic Product Radiation Safety Standards Committee and the

Board of Regents of the National Library of Medicine, but excluding ex officio members, while attending conferences or meetings of their respective councils or committees or while otherwise serving at the request of the Secretary shall be entitled to receive compensation at rates to be fixed by the Secretary, but at rates not exceeding the daily equivalent of the rate specified at the time of such service for grade GS–18 of the General Schedule, including traveltime; and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5 of the United States Code for persons in the Government service employed intermittently.

(d) Field employees of the Service, except those employed on a per diem or fee basis, who render part-time duty and are also subject to call at any time for services not contemplated in their regular part-time employment, may be paid annual compensation for such part-time duty and, in addition, such fees for such other services as the Surgeon General may determine; but in no case shall the total paid to any such employee for any fiscal year exceed the amount of the minimum annual salary rate of the classification grade of the employee.

(e) Any civilian employee of the Service who is employed at the Gillis W. Long Hansen's Disease Center on the date of the enactment of the Consolidated Omnibus Budget Reconciliation Act of 1985 shall be entitled to receive, in addition to any compensation to which the employee may otherwise be entitled and for so long as the employee remains employed at the Center, an amount equal to one-fourth of such compensation.

(f) Individuals appointed under subsection (g) shall have included in their fellowships such stipends or allowances, including travel and subsistence expenses, as the Surgeon General may deem necessary to procure qualified fellows.

(g) The Secretary is authorized to establish and fix the compensation for, within the Public Health Service, not more than one hundred and seventy-nine positions, of which not less than one hundred and fifteen shall be for the National Institutes of Health, not less than five shall be for the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders* for individuals engaged in research on alcohol and alcoholism, not less than ten shall be for the National Center for Health Services Research, not less than twelve shall be for the National Center for Health Statistics, and not less than seven shall be for the National Center for Health Care Technology, in the professional, scientific, and executive service, each such position being established to effectuate those research and development activities of the Public Health Service which require the services of specially qualified scientific, professional, and administrative personnel: *Provided,* That the rates of compensation for positions established pursuant to the provisions of this subsection shall not be less than the minimum rate of grade 16 of the General Schedule of the Classification Act of 1949, as amended, nor more than (1) the highest rate of grade 18 of the General Schedule of such Act, or (2) in the case of two such positions, the rate specified, at the time the service in the position is performed, for level II of the Executive Schedule (5 U.S.C. 5313); and such rates of compensation for all

positions included in this proviso shall be subject to the approval of the Civil Service Commission. Positions created pursuant to this subsection shall be included in the classified civil service of the United States, but appointments to such positions shall be made without competitive examination upon approval of the proposed appointee's qualifications by the Civil Service Commission or such officers or agents as it may designate for this purpose.

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART B—FEDERAL-STATE COOPERATION

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SEC. 317G. FELLOWSHIP AND TRAINING PROGRAMS.

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish fellowship and training programs to be conducted by such Centers to train individuals to develop skills in epidemiology, surveillance, laboratory analysis, and other disease detection and prevention methods. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in local, State, national, and international efforts toward the prevention and control of diseases, injuries, and disabilities. Such fellowships and training may be administered through the use of either appointment or nonappointment procedures. *The Secretary may, no later than 120 days after the end of an individual's participation in such a fellowship or training program, and without regard to those provisions of title 5, United States Code, governing appointments in the competitive service, appoint a participant in such a fellowship or training program to a term or permanent position in the Centers for Disease Control and Prevention.*

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TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

SEC. 401. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

(a) RELATION TO PUBLIC HEALTH SERVICE.—The National Institutes of Health is an agency of the Service.

(b) NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—The following agencies of the National Institutes of Health are national research institutes or national centers:

(1) The National Cancer Institute.

(2) The National Heart, Lung, and Blood Institute.

(3) The National Institute of Diabetes and Digestive and Kidney Diseases.

(4) The National Institute of Arthritis and Musculoskeletal and Skin Diseases.

(5) The National Institute on Aging.

(6) The National Institute of Allergy and Infectious Diseases.

(7) The Eunice Kennedy Shriver National Institute of Child Health and Human Development.

(8) The National Institute of Dental and Craniofacial Research.

(9) The National Eye Institute.

(10) The National Institute of Neurological Disorders and Stroke.

(11) The National Institute on Deafness and Other Communication Disorders.

(12) The [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*.

(13) The [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*.

(14) The National Institute of Mental Health.

(15) The National Institute of General Medical Sciences.

(16) The National Institute of Environmental Health Sciences.

(17) The National Institute of Nursing Research.

(18) The National Institute of Biomedical Imaging and Bioengineering.

(19) The National Human Genome Research Institute.

(20) The National Library of Medicine.

(21) The National Center for Advancing Translational Sciences.

(22) The John E. Fogarty International Center for Advanced Study in the Health Sciences.

(23) The National Center for Complementary and IntegrativeHealth.

(24) The National Institute on Minority Health and Health Disparities.

(25) Any other national center that, as an agency separate from any national research institute, was established within the National Institutes of Health as of the day before the date of the enactment of the National Institutes of Health Reform Act of 2006.

(c) DIVISION OF PROGRAM COORDINATION, PLANNING, AND STRATEGIC INITIATIVES.—

(1) IN GENERAL.—Within the Office of the Director of the National Institutes of Health, there shall be a Division of Program Coordination, Planning, and Strategic Initiatives (referred to in this subsection as the "Division").

(2) OFFICES WITHIN DIVISION.—

(A) OFFICES.—The following offices are within the Division: The Office of AIDS Research, the Office of Research on Women's Health, the Office of Behavioral and Social Sciences Research, the Office of Disease Prevention, the Office of Dietary Supplements, and any other office located within the Office of the Director of NIH as of the day before the date of the enactment of the National Institutes of Health Reform Act of 2006. In addition to such offices, the Director of NIH may establish within the Division such additional offices or other administrative units as the Director determines to be appropriate.

(B) AUTHORITIES.—Each office in the Division—

(i) shall continue to carry out the authorities that were in effect for the office before the date of enactment referred to in subparagraph (A); and

(ii) shall, as determined appropriate by the Director of NIH, support the Division with respect to the authorities described in section 402(b)(7).

(d) ORGANIZATION.—

(1) NUMBER OF INSTITUTES AND CENTERS.—In the National Institutes of Health, the number of national research institutes and national centers may not exceed a total of 27, including any such institutes or centers established under authority of paragraph (2) or under authority of this title as in effect on the day before the date of the enactment of the National Institutes of Health Reform Act of 2006.

(2) REORGANIZATION OF INSTITUTES.—

(A) IN GENERAL.—The Secretary may establish in the National Institutes of Health one or more additional national research institutes to conduct and support research, training, health information, and other programs with respect to any particular disease or groups of diseases or any other aspect of human health if—

(i) the Secretary determines that an additional institute is necessary to carry out such activities; and

(ii) the additional institute is not established before the expiration of 180 days after the Secretary has provided the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate written notice of the determination made under clause (i) with respect to the institute.

(B) ADDITIONAL AUTHORITY.—The Secretary may reorganize the functions of any national research institute and may abolish any national research institute if the Secretary determines that the institute is no longer required. A reorganization or abolition may not take effect under this paragraph before the expiration of 180 days after the Secretary has provided the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate written notice of the reorganization or abolition.

(3) REORGANIZATION OF OFFICE OF DIRECTOR.—Notwithstanding subsection (c), the Director of NIH may, after a series of public hearings, and with the approval of the Secretary, reorganize the offices within the Office of the Director, including the addition, removal, or transfer of functions of such offices, and the establishment or termination of such offices, if the Director determines that the overall management and operation of programs and activities conducted or supported by such offices would be more efficiently carried out under such a reorganization.

(4) INTERNAL REORGANIZATION OF INSTITUTES AND CENTERS.—Notwithstanding any conflicting provisions of this title, the director of a national research institute or a national center may, after a series of public hearings and with the approval of the Director of NIH, reorganize the divisions, centers, or

other administrative units within such institute or center, including the addition, removal, or transfer of functions of such units, and the establishment or termination of such units, if the director of such institute or center determines that the overall management and operation of programs and activities conducted or supported by such divisions, centers, or other units would be more efficiently carried out under such a reorganization.

(e) SCIENTIFIC MANAGEMENT REVIEW BOARD FOR PERIODIC ORGANIZATIONAL REVIEWS.—

(1) IN GENERAL.—Not later than 60 days after the date of the enactment of the National Institutes of Health Reform Act of 2006, the Secretary shall establish an advisory council within the National Institutes of Health to be known as the Scientific Management Review Board (referred to in this subsection as the "Board").

(2) DUTIES.—

(A) REPORTS ON ORGANIZATIONAL ISSUES.—The Board shall provide advice to the appropriate officials under subsection (d) regarding the use of the authorities established in paragraphs (2), (3), and (4) of such subsection to reorganize the National Institutes of Health (referred to in this subsection as "organizational authorities"). Not less frequently than once each 7 years, the Board shall—

(i) determine whether and to what extent the organizational authorities should be used; and

(ii) issue a report providing the recommendations of the Board regarding the use of the authorities and the reasons underlying the recommendations.

(B) CERTAIN RESPONSIBILITIES REGARDING REPORTS.—The activities of the Board with respect to a report under subparagraph (A) shall include the following:

(i) Reviewing the research portfolio of the National Institutes of Health (referred to in this subsection as "NIH") in order to determine the progress and effectiveness and value of the portfolio and the allocation among the portfolio activities of the resources of NIH.

(ii) Determining pending scientific opportunities, and public health needs, with respect to research within the jurisdiction of NIH.

(iii) For any proposal for organizational changes to which the Board gives significant consideration as a possible recommendation in such report—

(I) analyzing the budgetary and operational consequences of the proposed changes;

(II) taking into account historical funding and support for research activities at national research institutes and centers that have been established recently relative to national research institutes and centers that have been in existence for more than two decades;

(III) estimating the level of resources needed to implement the proposed changes;

(IV) assuming the proposed changes will be made and making a recommendation for the allo-

cation of the resources of NIH among the national research institutes and national centers; and

(V) analyzing the consequences for the progress of research in the areas affected by the proposed changes.

(C) CONSULTATION.—In carrying out subparagraph (A), the Board shall consult with—

(i) the heads of national research institutes and national centers whose directors are not members of the Board;

(ii) other scientific leaders who are officers or employees of NIH and are not members of the Board;

(iii) advisory councils of the national research institutes and national centers;

(iv) organizations representing the scientific community; and

(v) organizations representing patients.

(3) COMPOSITION OF BOARD.—The Board shall consist of the Director of NIH, who shall be a permanent nonvoting member on an ex officio basis, and an odd number of additional members, not to exceed 21, all of whom shall be voting members. The voting members of the Board shall be the following:

(A) Not fewer than 9 officials who are directors of national research institutes or national centers. The Secretary shall designate such officials for membership and shall ensure that the group of officials so designated includes directors of—

(i) national research institutes whose budgets are substantial relative to a majority of the other institutes;

(ii) national research institutes whose budgets are small relative to a majority of the other institutes;

(iii) national research institutes that have been in existence for a substantial period of time without significant organizational change under subsection (d);

(iv) as applicable, national research institutes that have undergone significant organization changes under such subsection, or that have been established under such subsection, other than national research institutes for which such changes have been in place for a substantial period of time; and

(v) national centers.

(B) Members appointed by the Secretary from among individuals who are not officers or employees of the United States. Such members shall include—

(i) individuals representing the interests of public or private institutions of higher education that have historically received funds from NIH to conduct research; and

(ii) individuals representing the interests of private entities that have received funds from NIH to conduct research or that have broad expertise regarding how the National Institutes of Health functions, exclusive of private entities to which clause (i) applies.

(4) CHAIR.—The Chair of the Board shall be selected by the Secretary from among the members of the Board appointed under paragraph (3)(B). The term of office of the Chair shall be 2 years.

(5) MEETINGS.—

(A) IN GENERAL.—The Board shall meet at the call of the Chair or upon the request of the Director of NIH, but not fewer than 5 times with respect to issuing any particular report under paragraph (2)(A). The location of the meetings of the Board is subject to the approval of the Director of NIH.

(B) PARTICULAR FORUMS.—Of the meetings held under subparagraph (A) with respect to a report under paragraph (2)(A)—

(i) one or more shall be directed toward the scientific community to address scientific needs and opportunities related to proposals for organizational changes under subsection (d), or as the case may be, related to a proposal that no such changes be made; and

(ii) one or more shall be directed toward consumer organizations to address the needs and opportunities of patients and their families with respect to proposals referred to in clause (i).

(C) AVAILABILITY OF INFORMATION FROM FORUMS.—For each meeting under subparagraph (B), the Director of NIH shall post on the Internet site of the National Institutes of Health a summary of the proceedings.

(6) COMPENSATION; TERM OF OFFICE.—The provisions of subsections (b)(4) and (c) of section 406 apply with respect to the Board to the same extent and in the same manner as such provisions apply with respect to an advisory council referred to in such subsections, except that the reference in such subsection (c) to 4 years regarding the term of an appointed member is deemed to be a reference to 5 years.

(7) REPORTS.—

(A) RECOMMENDATIONS FOR CHANGES.—Each report under paragraph (2)(A) shall be submitted to—

(i) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives;

(ii) the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate;

(iii) the Secretary; and

(iv) officials with organizational authorities, other than any such official who served as a member of the Board with respect to the report involved.

(B) AVAILABILITY TO PUBLIC.—The Director of NIH shall post each report under paragraph (2) on the Internet site of the National Institutes of Health.

(C) REPORT ON BOARD ACTIVITIES.—Not later than 18 months after the date of the enactment of the National Institutes of Health Reform Act of 2006, the Board shall submit to the committees specified in subparagraph (A) a report describing the activities of the Board.

(f) ORGANIZATIONAL CHANGES PER RECOMMENDATION OF SCIENTIFIC MANAGEMENT REVIEW BOARD.—

(1) IN GENERAL.—With respect to an official who has organizational authorities within the meaning of subsection (e)(2)(A), if a recommendation to the official for an organizational change is made in a report under such subsection, the official shall, except as provided in paragraphs (2), (3), and (4) of this subsection, make the change in accordance with the following:

(A) Not later than 100 days after the report is submitted under subsection (e)(7)(A), the official shall initiate the applicable public process required in subsection (d) toward making the change.

(B) The change shall be fully implemented not later than the expiration of the 3-year period beginning on the date on which such process is initiated.

(2) INAPPLICABILITY TO CERTAIN REORGANIZATIONS.—Paragraph (1) does not apply to a recommendation made in a report under subsection (e)(2)(A) if the recommendation is for—

(A) an organizational change under subsection (d)(2) that constitutes the establishment, termination, or consolidation of one or more national research institutes or national centers; or

(B) an organizational change under subsection (d)(3).

(3) OBJECTION BY DIRECTOR OF NIH.—

(A) IN GENERAL.—Paragraph (1) does not apply to a recommendation for an organizational change made in a report under subsection (e)(2)(A) if, not later than 90 days after the report is submitted under subsection (e)(7)(A), the Director of NIH submits to the committees specified in such subsection a report providing that the Director objects to the change, which report includes the reasons underlying the objection.

(B) SCOPE OF OBJECTION.—For purposes of subparagraph (A), an objection by the Director of NIH may be made to the entirety of a recommended organizational change or to 1 or more aspects of the change. Any aspect of a change not objected to by the Director in a report under subparagraph (A) shall be implemented in accordance with paragraph (1).

(4) CONGRESSIONAL REVIEW.—An organizational change under subsection (d)(2) that is initiated pursuant to paragraph (1) shall be carried out by regulation in accordance with the procedures for substantive rules under section 553 of title 5, United States Code. A rule under the preceding sentence shall be considered a major rule for purposes of chapter 8 of such title (relating to congressional review of agency rulemaking).

(g) DEFINITIONS.—For purposes of this title:

(1) The term "Director of NIH" means the Director of the National Institutes of Health.

(2) The terms "national research institute" and "national center" mean an agency of the National Institutes of Health that is—

(A) listed in subsection (b) and not terminated under subsection (d)(2)(A); or

(B) established by the Director of NIH under such subsection.

(h) REFERENCES TO NIH.—For purposes of this title, a reference to the National Institutes of Health includes its agencies.

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PART C—SPECIFIC PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

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Subpart 14—[National Institute on Alcohol Abuse and Alcoholism] ***National Institute on Alcohol Effects and Alcohol-Associated Disorders***

PURPOSE OF INSTITUTE

SEC. 464H. (a) IN GENERAL.—The general purpose of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders* (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the [prevention of alcohol abuse] *prevention of alcohol misuse* and the [treatment of alcoholism] *treatment of alcohol-associated disorders*.

(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of [alcohol abuse and alcoholism] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*. In carrying out the program, the Director of the Institute is authorized to—

(1) collect and disseminate through publications and other appropriate means (including the development of curriculum materials), information as to, and the practical application of, the research and other activities under the program;

(2) make available research facilities of the Public Health Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and to individuals for such research projects as are recommended by the [National Advisory Council on Alcohol Abuse and Alcoholism] *National Advisory Council on Alcohol Effects and Alcohol-Associated Disorders*, giving special consideration to projects relating to—

(A) the relationship between [alcohol abuse and domestic violence] *alcohol misuse and domestic violence*,

(B) the effects of alcohol use during pregnancy,

(C) the impact of [alcoholism and alcohol abuse] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* on the family, the workplace, and systems for the delivery of health services,

(D) the relationship between the [abuse of alcohol] *misuse of alcohol* and other drugs,

[(E) the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages,]*ERR08***ERR03**ERR02

*(E) the effect of social pressures, legal requirements regarding the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages on the incidence of alcohol misuse, alcohol use disorder, and other alcohol-associated disorders,*ERR08***ERR03**ERR02*

(F) the interrelationship between alcohol use and other health problems,

(G) the comparison of the cost and effectiveness of various treatment methods for [alcoholism and alcohol abuse] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* and the effectiveness of prevention and intervention programs for [alcoholism and alcohol abuse] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*, and

(H) [alcoholism and alcohol abuse] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* among women;

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) promote the coordination of research programs conducted by the Institute, and similar programs conducted by the [National Institute of Drug Abuse] *National Institute on Drugs and Addiction* and by other departments, agencies, organizations, and individuals, including all National Institutes of Health research activities which are or may be related to the problems of individuals suffering from alcoholism or alcohol abuse or those of their families or the [impact of alcohol abuse] *impact of alcohol misuse* on other health problems;

(6) conduct an intramural program of biomedical, behavioral, epidemiological, and social research, including research into the most effective means of treatment and service delivery, and including research involving human subjects, which is—

(A) located in an institution capable of providing all necessary medical care for such human subjects, including complete 24-hour medical diagnostic services by or under the supervision of physicians, acute and intensive medical care, including 24-hour emergency care, psychiatric care, and such other care as is determined to be necessary for individuals suffering from [alcoholism and alcohol abuse] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*; and

(B) associated with an accredited medical or research training institution;

(7) for purposes of study, admit and treat at institutions, hospitals, and stations of the Public Health Service, persons not otherwise eligible for such treatment;

(8) provide to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, tech-

nical advice and assistance on the application of statistical and other scientific research methods to experiments, studies, and surveys in health and medical fields;

(9) enter into contracts under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5); and

(10) adopt, upon recommendation of the [National Advisory Council on Alcohol Abuse and Alcoholism] *National Advisory Council on Alcohol Effects and Alcohol-Associated Disorders*, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

ASSOCIATE DIRECTOR FOR PREVENTION

SEC. 464I. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of [alcohol abuse and alcoholism] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in alcohol abuse and alcoholism or the prevention of such.

(b) BIENNIAL REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

NATIONAL ALCOHOL RESEARCH CENTER

SEC. 464J. (a) The Secretary acting through the Institute may designate National Alcohol Research Centers for the purpose of interdisciplinary research relating to alcoholism and other biomedical, behavioral, and social issues related to alcoholism and alcohol abuse. No entity may be designated as a Center unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facili-

ties) to carry out the research plan contained in the application,

(C) the applicant has facilities and personnel to provide training in the prevention and treatment of [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*;

(E) the applicant has the capacity to conduct courses on [alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* and research on [alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*.

(b) The Secretary shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase of any land or the purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by section 701(1). The Secretary shall include in the grants made under this section for fiscal year beginning after September 30, 1981, a grant to a designated Center for research on the effects of alcohol on the elderly.

Subpart 15—National Institute on Drug Abuse

PURPOSE OF INSTITUTE

SEC. 464L. (a) IN GENERAL.—The general purpose of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of [drug abuse] *drug use* and the [treatment of drug abusers] *treatment of drug addiction*.

(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of [drug abuse] *drug use*. In carrying out the program, the Director of the Institute shall give special consideration to projects relating to [drug abuse] *drug use* among women (particularly with respect to pregnant women).

(c) COLLABORATION.—The Director of the Institute shall collaborate with the [Substance Abuse and Mental Health Services Ad-

ministration] *Substance Use And Mental Health Services Administration* in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

ASSOCIATE DIRECTOR FOR PREVENTION

SEC. 464M. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of [drug abuse] *drug use*. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in [drug abuse] *drug use* and the [prevention of such abuse] *prevention of such use*.

(b) REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

[DRUG ABUSE RESEARCH CENTERS] *DRUGS AND ADDICTION RESEARCH CENTERS*

SEC. 464N. (a) AUTHORITY.—The Director of the Institute may designate [National Drug Abuse Research Centers] *National Drugs and Addiction Research Centers* for the purpose of interdisciplinary research relating to [drug abuse] *drug use* and other biomedical, behavioral, and social issues related to [drug abuse] *drug use*. No entity may be designated as a Center unless an application therefore has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on [drug abuse] *drug use* and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application;

(C) the applicant has facilities and personnel to provide training in the prevention and [treatment of drug abuse] *treatment of drug addiction*;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on [drug abuse] *drug use*;

(E) the applicant has the capacity to conduct courses on [drug abuse] *drug use* problems and research on [drug abuse] *drug use* for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to [drug abuse] *drug use*.

(b) GRANTS.—The Director of the Institute shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase of any land or the purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by section 701(1).

(c) [DRUG ABUSE AND ADDITION RESEARCH] *DRUGS AND ADDICTION RESEARCH CENTERS*.—

(1) GRANTS OR COOPERATIVE AGREEMENTS.—The Director of the Institute may make grants or enter into cooperative agreements to expand the current and ongoing interdisciplinary research and clinical trials with treatment centers of the [National Drug Abuse Treatment Clinical Trials Network] *National Drug Addiction Treatment Clinical Trials Network* relating to [drug abuse] *drug use* and addiction, including related biomedical, behavioral, and social issues.

(2) USE OF FUNDS.—Amounts made available under a grant or cooperative agreement under paragraph (1) for [drug abuse] *drug use* and addiction may be used for research and clinical trials relating to—

(A) the effects of [drug abuse] *drug use* on the human body, including the brain;

(B) the addictive nature of drugs and how such effects differ with respect to different individuals;

(C) the connection between [drug abuse] *drug use* and mental health;

(D) the identification and evaluation of the most effective methods of prevention of [drug abuse] *drug use* and addiction;

(E) the identification and development of the most effective methods of treatment of drug addiction, including pharmacological treatments;

(F) risk factors for [drug abuse] *drug use*;

(G) effects of [drug abuse] *drug use* and addiction on pregnant women and their fetuses; and

(H) cultural, social, behavioral, neurological, and psychological [reasons that individuals abuse drugs, or refrain from abusing drugs] *reasons that individuals use drugs or refrain from using drugs*.

(3) RESEARCH RESULTS.—The Director shall promptly disseminate research results under this subsection to Federal, State, and local entities involved in combating [drug abuse] *drug use* and addiction.

OFFICE ON AIDS

SEC. 464O. The Director of the Institute shall establish within the Institute an Office on AIDS. The Office shall be responsible for

the coordination of research and determining the direction of the Institute with respect to AIDS research related to—

(1) primary prevention of the spread of HIV, including transmission via [drug abuse] *drug use*;

(2) [drug abuse] *drug use* services research; and

(3) other matters determined appropriate by the Director.

MEDICATION DEVELOPMENT PROGRAM

SEC. 464P. (a) ESTABLISHMENT.—There is established in the Institute a Medication Development Program through which the Director of such Institute shall—

(1) conduct periodic meetings with the Commissioner of Food and Drugs to discuss measures that may facilitate the approval process of [drug abuse treatments] *drug addiction treatments*;

(2) encourage and promote (through grants, contracts, international collaboration, or otherwise) expanded research programs, investigations, experiments, community trials, and studies, into the development and use of medications to treat drug addiction;

(3) establish or provide for the establishment of research facilities;

(4) report on the activities of other relevant agencies relating to the development and use of pharmacotherapeutic treatments for drug addiction;

(5) collect, analyze, and disseminate data useful in the development and use of pharmacotherapeutic treatments for drug addiction and collect, catalog, analyze, and disseminate through international channels, the results of such research;

(6) directly or through grants, contracts, or cooperative agreements, support training in the fundamental sciences and clinical disciplines related to the pharmacotherapeutic [treatment of drug abuse] *treatment of drug addiction*, including the use of training stipends, fellowships, and awards where appropriate; and

(7) coordinate the activities conducted under this section with related activities conducted within the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, the National Institute of Mental Health, and other appropriate institutes and shall consult with the Directors of such Institutes.

(b) DUTIES.—In carrying out the activities described in subsection (a), the Director of the Institute—

(1) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section;

(2) shall make grants to or enter into contracts and cooperative agreements with individuals and public and private entities to further the goals of the program;

(3) may, in accordance with section 496, and in consultation with the [National Advisory Council on Drug Abuse] *National Advisory Council on Drugs and Addiction*, acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic research centers, laboratories, and other necessary facilities and equipment, and such other real or personal property as the Director determines necessary, and may, in consultation with

such Advisory Council, make grants for the construction or renovation of facilities to carry out the purposes of this section;

(4) may accept voluntary and uncompensated services;

(5) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

(6) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Institute and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

(c) REPORT.—

(1) IN GENERAL.—Not later than December 31, 1992, and each December 31 thereafter, the Director of the Institute shall submit to the Office of National Drug Control Policy established under section 1002 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1501) a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this section.

(2) NATIONAL DRUG CONTROL STRATEGY.—The Director of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1005 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1504).

(d) DEFINITION.—For purposes of this section, the term "pharmacotherapeutics" means medications used to treat the symptoms and [disease of drug abuse] *disease of drug addiction*, including medications to—

(1) block the effects of [abused drugs] *addictive drugs*;

(2) reduce the craving for [abused drugs] *addictive drugs*;

(3) moderate or eliminate withdrawal symptoms;

(4) block or reverse the toxic effect of [abused drugs] *addictive drugs*; or

(5) prevent relapse in persons who have been detoxified from [drugs of abuse] *drugs of addiction*.

Subpart 16—National Institute of Mental Health

PURPOSE OF INSTITUTE

SEC. 464R. (a) IN GENERAL.—The general purpose of the National Institute of Mental Health (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the cause, diagnosis, treatment, control and prevention of mental illness.

(b) RESEARCH PROGRAM.—The research program established under this subpart shall include support for biomedical and behavioral neuroscience and shall be designed to further the treatment and prevention of mental illness, the promotion of mental health, and the study of the psychological, social and legal factors that influence behavior.

(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* in focusing the services research activities

of the Institute and in disseminating the results of such research to health professionals and the general public.

(d) INFORMATION WITH RESPECT TO SUICIDE.—

(1) IN GENERAL.—The Director of the Institute shall—

(A) develop and publish information with respect to the causes of suicide and the means of preventing suicide; and

(B) make such information generally available to the public and to health professionals.

(2) YOUTH SUICIDE.—Information described in paragraph (1) shall especially relate to suicide among individuals under 24 years of age.

(e) ASSOCIATE DIRECTOR FOR SPECIAL POPULATIONS.—

(1) IN GENERAL.—The Director of the Institute shall designate an Associate Director for Special Populations.

(2) DUTIES.—The Associate Director for Special Populations shall—

(A) develop and coordinate research policies and programs to assure increased emphasis on the mental health needs of women and minority populations;

(B) support programs of basic and applied social and behavioral research on the mental health problems of women and minority populations;

(C) study the effects of discrimination on institutions and individuals, including majority institutions and individuals;

(D) support and develop research designed to eliminate institutional discrimination; and

(E) provide increased emphasis on the concerns of women and minority populations in training programs, service delivery programs, and research endeavors of the Institute.

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PART H—GENERAL PROVISIONS

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COLLABORATIVE USE OF CERTAIN HEALTH SERVICES RESEARCH FUNDS

SEC. 494A. The Secretary shall ensure that amounts made available under subparts 14, 15 and 16 of part C for health services research relating to [alcohol abuse and alcoholism] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*, [drug abuse] *drug use* and mental health be used collaboratively, as appropriate, and in consultation with the Agency for Health Care Policy Research.

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TITLE V— [SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION] *SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION*

PART A—ORGANIZATION AND GENERAL AUTHORITIES

SEC. 501. [SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION] *SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION.*

(a) ESTABLISHMENT.—The [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* [(hereafter referred to in this title as the "Administration")] *(hereafter referred to in this title as "SAMHSA" or the "Administration")* is an agency of the Service.

(b) CENTERS.—The following Centers are agencies of the Administration:

(1) The [Center for Substance Abuse Treatment] *Center for Substance Use Services*.

(2) The [Center for Substance Abuse Prevention] *Center for Substance Use Prevention Services*.

(3) The Center for Mental Health Services.

(c) ASSISTANT SECRETARY AND DEPUTY ASSISTANT SECRETARY.—

(1) ASSISTANT SECRETARY.—The Administration shall be headed by an official to be known as the Assistant Secretary for Mental Health and Substance Use (hereinafter in this title referred to as the "Assistant Secretary") who shall be appointed by the President, by and with the advice and consent of the Senate.

(2) DEPUTY ASSISTANT SECRETARY.—The Assistant Secretary, with the approval of the Secretary, may appoint a Deputy Assistant Secretary and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

(d) AUTHORITIES.—The Secretary, acting through the Assistant Secretary, shall—

(1) supervise the functions of the Centers of the Administration in order to assure that the programs carried out through each such Center receive appropriate and equitable support and that there is cooperation among the Centers in the implementation of such programs;

(2) establish and implement, through the respective Centers, a comprehensive program to improve the provision of treatment and related services to individuals with respect to substance use disorders and mental illness and to improve prevention services, promote mental health and protect the legal rights of individuals with mental illnesses and individuals with substance use disorders;

(3) carry out the administrative and financial management, policy development and planning, evaluation, knowledge dissemination, and public information functions that are required for the implementation of this title;

(4) assure that the Administration conduct and coordinate demonstration projects, evaluations, and service system assessments and other activities necessary to improve the avail-

ability and quality of treatment, prevention and related services;

(5) support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance use disorder goals and model programs;

(6) in cooperation with the National Institutes of Health, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, develop educational materials and intervention strategies to reduce the risks of HIV, hepatitis, tuberculosis, and other communicable diseases among individuals with mental or substance use disorders, and to develop appropriate mental health services for individuals with such diseases or disorders;

(7) coordinate Federal policy with respect to the provision of treatment services for substance use disorders, including services that utilize drugs or devices approved or cleared by the Food and Drug Administration for the treatment of substance use disorders;

(8) conduct programs, and assure the coordination of such programs with activities of the National Institutes of Health and the Agency for Healthcare Research and Quality, as appropriate, to evaluate the process, outcomes and community impact of prevention and treatment services and systems of care in order to identify the manner in which such services can most effectively be provided;

(9) collaborate with the Director of the National Institutes of Health in the development and maintenance of a system by which the relevant research findings of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, the National Institute of Mental Health, and, as appropriate, the Agency for Healthcare Research and Quality are disseminated to service providers in a manner designed to improve the delivery and effectiveness of prevention, treatment, and recovery support services and are appropriately incorporated into programs carried out by the Administration;

(10) encourage public and private entities that provide health insurance to provide benefits for substance use disorder and mental health services;

(11) work with relevant agencies of the Department of Health and Human Services on integrating mental health promotion and substance use disorder prevention with general health promotion and disease prevention and integrating mental and substance use disorders treatment services with physical health treatment services;

(12) monitor compliance by hospitals and other facilities with the requirements of sections 542 and 543;

(13) with respect to grant programs authorized under this title or part B of title XIX, or grant programs otherwise funded by the Administration—

(A) require that all grants that are awarded for the provision of services are subject to performance and outcome evaluations;

(B) ensure that the director of each Center of the Administration consistently documents the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;

(C) require that all grants that are awarded to entities other than States are awarded only after the State in which the entity intends to provide services—

(i) is notified of the pendency of the grant application; and

(ii) is afforded an opportunity to comment on the merits of the application; and

(D) inform a State when any funds are awarded through such a grant to any entity within such State;

(14) assure that services provided with amounts appropriated under this title are provided bilingually, if appropriate;

(15) improve coordination among prevention programs, treatment facilities and nonhealth care systems such as employers, labor unions, and schools, and encourage the adoption of employee assistance programs and student assistance programs;

(16) maintain a clearinghouse for substance use disorder information, including evidence-based and promising best practices for prevention, treatment, and recovery support services for individuals with mental and substance use disorders, to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment providers, and the general public;

(17) in collaboration with the National Institute on Aging, and in consultation with the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders* and the National Institute of Mental Health, as appropriate, promote and evaluate substance use disorder services for older Americans in need of such services, and mental health services for older Americans who are seriously mentally ill;

(18) promote the coordination of service programs conducted by other departments, agencies, organizations and individuals that are or may be related to the problems of individuals suffering from mental illness or substance abuse, including liaisons with the Social Security Administration, Centers for Medicare & Medicaid Services, and other programs of the Department, as well as liaisons with the Department of Education, Department of Justice, and other Federal Departments and offices, as appropriate;

(19) consult with State, local, and tribal governments, nongovernmental entities, and individuals with mental illness, particularly adults with a serious mental illness, children with a serious emotional disturbance, and the family members of such adults and children, with respect to improving community-based and other mental health services;

(20) collaborate with the Secretary of Defense and the Secretary of Veterans Affairs to improve the provision of mental and substance use disorder services provided by the Department of Defense and the Department of Veterans Affairs to members of the Armed Forces, veterans, and the family mem-

bers of such members and veterans, including through the provision of services using the telehealth capabilities of the Department of Defense and the Department of Veterans Affairs;

(21) collaborate with the heads of relevant Federal agencies and departments, States, communities, and nongovernmental experts to improve mental and substance use disorders services for chronically homeless individuals, including by designing strategies to provide such services in supportive housing;

(22) work with States and other stakeholders to develop and support activities to recruit and retain a workforce addressing mental and substance use disorders;

(23) collaborate with the Attorney General and representatives of the criminal justice system to improve mental and substance use disorders services for individuals who have been arrested or incarcerated;

(24) after providing an opportunity for public input, set standards for grant programs under this title for mental and substance use disorders services and prevention programs, which standards may address—

(A) the capacity of the grantee to implement the award;

(B) requirements for the description of the program implementation approach;

(C) the extent to which the grant plan submitted by the grantee as part of its application must explain how the grantee will reach the population of focus and provide a statement of need, which may include information on how the grantee will increase access to services and a description of measurable objectives for improving outcomes;

(D) the extent to which the grantee must collect and report on required performance measures; and

(E) the extent to which the grantee is proposing to use evidence-based practices; and

(25) advance, through existing programs, the use of performance metrics, including those based on the recommendations on performance metrics from the Assistant Secretary for Planning and Evaluation under section 6021(d) of the Helping Families in Mental Health Crisis Reform Act of 2016.

(e) ASSOCIATE ADMINISTRATOR FOR ALCOHOL PREVENTION AND TREATMENT POLICY.—

(1) IN GENERAL.—There may be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Assistant Secretary may delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the [Center for Substance Abuse Prevention] *Center for Substance Use Prevention Services*, the [Center for Substance Abuse Treatment] *Center for Substance Use Services* and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also may ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the [Center for Substance Abuse Prevention] *Center for Substance Use Prevention Services* addresses

the Healthy People 2010 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.

(2) PLAN.—

(A) The Assistant Secretary, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall develop, and periodically review and as appropriate revise, a plan for programs and policies to treat and prevent alcoholism and alcohol abuse. The plan shall be developed (and reviewed and revised) in collaboration with the Directors of the Centers of the Administration and in consultation with members of other Federal agencies and public and private entities.

(B) Not later than 1 year after the date of the enactment of the ADAMHA Reorganization Act, the Assistant Secretary shall submit to the Congress the first plan developed under subparagraph (A).

(3) REPORT.—

(A) Not less than once during each 2 years, the Assistant Secretary, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall prepare a report describing the alcoholism and alcohol abuse prevention and treatment programs undertaken by the Administration and its agencies, and the report shall include a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

(B) Each report under subparagraph (A) shall include a description of any revisions in the plan under paragraph (2) made during the preceding 2 years.

(C) Each report under subparagraph (A) shall be submitted to the Assistant Secretary for inclusion in the biennial report under subsection (m).

(f) ASSOCIATE ADMINISTRATOR FOR WOMEN'S SERVICES.—

(1) APPOINTMENT.—The Assistant Secretary, with the approval of the Secretary, shall appoint an Associate Administrator for Women's Services who shall report directly to the Assistant Secretary.

(2) DUTIES.—The Associate Administrator appointed under paragraph (1) shall—

(A) establish a committee to be known as the Coordinating Committee for Women's Services (hereafter in this subparagraph referred to as the "Coordinating Committee"), which shall be composed of the Directors of the agencies of the Administration (or the designees of the Directors);

(B) acting through the Coordinating Committee, with respect to women's substance abuse and mental health services—

(i) identify the need for such services, and make an estimate each fiscal year of the funds needed to adequately support the services;

(ii) identify needs regarding the coordination of services;

(iii) encourage the agencies of the Administration to support such services; and

(iv) assure that the unique needs of minority women, including Native American, Hispanic, African-American and Asian women, are recognized and addressed within the activities of the Administration; and

(C) establish an advisory committee to be known as the Advisory Committee for Women's Services, which shall be composed of not more than 10 individuals, a majority of whom shall be women, who are not officers or employees of the Federal Government, to be appointed by the Assistant Secretary from among physicians, practitioners, treatment providers, and other health professionals, whose clinical practice, specialization, or professional expertise includes a significant focus on women's substance abuse and mental health conditions, that shall—

(i) advise the Associate Administrator on appropriate activities to be undertaken by the agencies of the Administration with respect to women's substance abuse and mental health services, including services which require a multidisciplinary approach;

(ii) collect and review data, including information provided by the Secretary (including the material referred to in paragraph (3)), and report biannually to the Assistant Secretary regarding the extent to which women are represented among senior personnel, and make recommendations regarding improvement in the participation of women in the workforce of the Administration; and

(iii) prepare, for inclusion in the biennial report required pursuant to subsection (m), a description of activities of the Committee, including findings made by the Committee regarding—

(I) the extent of expenditures made for women's substance abuse and mental health services by the agencies of the Administration; and

(II) the estimated level of funding needed for substance abuse and mental health services to meet the needs of women;

(D) improve the collection of data on women's health by—

(i) reviewing the current data at the Administration to determine its uniformity and applicability;

(ii) developing standards for all programs funded by the Administration so that data are, to the extent practicable, collected and reported using common reporting formats, linkages and definitions; and

(iii) reporting to the Assistant Secretary a plan for incorporating the standards developed under clause (ii) in all Administration programs and a plan to assure that the data so collected are accessible to health professionals, providers, researchers, and members of the public; and

(E) shall establish, maintain, and operate a program to provide information on women's substance abuse and mental health services.

(3) STUDY.—

(A) The Secretary, acting through the Assistant Secretary for Personnel, shall conduct a study to evaluate the extent to which women are represented among senior personnel at the Administration.

(B) Not later than 90 days after the date of the enactment of the ADAMHA Reorganization Act, the Assistant Secretary for Personnel shall provide the Advisory Committee for Women's Services with a study plan, including the methodology of the study and any sampling frames. Not later than 180 days after such date of enactment, the Assistant Secretary shall prepare and submit directly to the Advisory Committee a report concerning the results of the study conducted under subparagraph (A).

(C) The Secretary shall prepare and provide to the Advisory Committee for Women's Services any additional data as requested.

(4) OFFICE.—Nothing in this subsection shall be construed to preclude the Secretary from establishing within the Substance Abuse and Mental Health Administration an Office of Women's Health.

(5) DEFINITION.—For purposes of this subsection, the term "women's substance abuse and mental health conditions", with respect to women of all age, ethnic, and racial groups, means all aspects of substance abuse and mental illness—

(A) unique to or more prevalent among women; or

(B) with respect to which there have been insufficient services involving women or insufficient data.

(g) CHIEF MEDICAL OFFICER.—

(1) IN GENERAL.—The Assistant Secretary, with the approval of the Secretary, shall appoint a Chief Medical Officer to serve within the Administration.

(2) ELIGIBLE CANDIDATES.—The Assistant Secretary shall select the Chief Medical Officer from among individuals who—

(A) have a doctoral degree in medicine or osteopathic medicine;

(B) have experience in the provision of mental or substance use disorder services;

(C) have experience working with mental or substance use disorder programs;

(D) have an understanding of biological, psychosocial, and pharmaceutical treatments of mental or substance use disorders; and

(E) are licensed to practice medicine in one or more States.

(3) DUTIES.—The Chief Medical Officer shall—

(A) serve as a liaison between the Administration and providers of mental and substance use disorders prevention, treatment, and recovery services;

(B) assist the Assistant Secretary in the evaluation, organization, integration, and coordination of programs operated by the Administration;

(C) promote evidence-based and promising best practices, including culturally and linguistically appropriate practices, as appropriate, for the prevention and treatment of, and recovery from, mental and substance use disorders, including serious mental illness and serious emotional disturbances;

(D) participate in regular strategic planning with the Administration;

(E) coordinate with the Assistant Secretary for Planning and Evaluation to assess the use of performance metrics to evaluate activities within the Administration related to mental and substance use disorders; and

(F) coordinate with the Assistant Secretary to ensure mental and substance use disorders grant programs within the Administration consistently utilize appropriate performance metrics and evaluation designs.

(h) SERVICES OF EXPERTS.—

(1) IN GENERAL.—The Assistant Secretary may obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of service) the services of not more than 20 experts or consultants who have professional qualifications. Such experts and consultants shall be obtained for the Administration and for each of its agencies.

(2) COMPENSATION AND EXPENSES.—

(A) Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a), 5724a(c), and 5726(c) of title 5, United States Code.

(B) Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1), unless and until the expert or consultant agrees in writing to complete the entire period of assignment or one year, whichever is shorter, unless separated or reassigned for reasons beyond the control of the expert or consultant that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a debt of the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

(i) PEER REVIEW GROUPS.—The Assistant Secretary shall, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates, establish such peer review groups and program advisory committees as are needed to carry out the requirements of this title and appoint and pay members of such groups, except that officers and employees of the United States shall not receive additional compensation for services as members of such groups. The Federal Ad-

visory Committee Act shall not apply to the duration of a peer review group appointed under this subsection.

(j) VOLUNTARY SERVICES.—The Assistant Secretary may accept voluntary and uncompensated services.

(k) ADMINISTRATION.—The Assistant Secretary shall ensure that programs and activities assigned under this title to the Administration are fully administered by the respective Centers to which such programs and activities are assigned.

(l) STRATEGIC PLAN.—

(1) IN GENERAL.—Not later than September 30, 2018, and every 4 years thereafter, the Assistant Secretary shall develop and carry out a strategic plan in accordance with this subsection for the planning and operation of activities carried out by the Administration, including evidence-based programs.

(2) COORDINATION.—In developing and carrying out the strategic plan under this subsection, the Assistant Secretary shall take into consideration the findings and recommendations of the Assistant Secretary for Planning and Evaluation under section 6021(d) of the Helping Families in Mental Health Crisis Reform Act of 2016 and the report of the Interdepartmental Serious Mental Illness Coordinating Committee under section 6031 of such Act.

(3) PUBLICATION OF PLAN.—Not later than September 30, 2018, and every 4 years thereafter, the Assistant Secretary shall—

(A) submit the strategic plan developed under paragraph (1) to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate; and

(B) post such plan on the Internet website of the Administration.

(4) CONTENTS.—The strategic plan developed under paragraph (1) shall—

(A) identify strategic priorities, goals, and measurable objectives for mental and substance use disorders activities and programs operated and supported by the Administration, including priorities to prevent or eliminate the burden of mental and substance use disorders;

(B) identify ways to improve the quality of services for individuals with mental and substance use disorders, and to reduce homelessness, arrest, incarceration, violence, including self-directed violence, and unnecessary hospitalization of individuals with a mental or substance use disorder, including adults with a serious mental illness or children with a serious emotional disturbance;

(C) ensure that programs provide, as appropriate, access to effective and evidence-based prevention, diagnosis, intervention, treatment, and recovery services, including culturally and linguistically appropriate services, as appropriate, for individuals with a mental or substance use disorder;

(D) identify opportunities to collaborate with the Health Resources and Services Administration to develop or improve—

(i) initiatives to encourage individuals to pursue careers (especially in rural and underserved areas and with rural and underserved populations) as psychiatrists, including child and adolescent psychiatrists, psychologists, psychiatric nurse practitioners, physician assistants, clinical social workers, certified peer support specialists, licensed professional counselors, or other licensed or certified mental health or substance use disorder professionals, including such professionals specializing in the diagnosis, evaluation, or treatment of adults with a serious mental illness or children with a serious emotional disturbance; and

(ii) a strategy to improve the recruitment, training, and retention of a workforce for the treatment of individuals with mental or substance use disorders, or co-occurring disorders;

(E) identify opportunities to improve collaboration with States, local governments, communities, and Indian tribes and tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act); and

(F) specify a strategy to disseminate evidence-based and promising best practices related to prevention, diagnosis, early intervention, treatment, and recovery services related to mental illness, particularly for adults with a serious mental illness and children with a serious emotional disturbance, and for individuals with a substance use disorder.

(m) BIENNIAL REPORT CONCERNING ACTIVITIES AND PROGRESS.—Not later than September 30, 2020, and every 2 years thereafter, the Assistant Secretary shall prepare and submit to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate, and post on the Internet website of the Administration, a report containing at a minimum—

(1) a review of activities conducted or supported by the Administration, including progress toward strategic priorities, goals, and objectives identified in the strategic plan developed under subsection (l);

(2) an assessment of programs and activities carried out by the Assistant Secretary, including the extent to which programs and activities under this title and part B of title XIX meet identified goals and performance measures developed for the respective programs and activities;

(3) a description of the progress made in addressing gaps in mental and substance use disorders prevention, treatment, and recovery services and improving outcomes by the Administration, including with respect to serious mental illnesses, serious emotional disturbances, and co-occurring disorders;

(4) a description of the manner in which the Administration coordinates and partners with other Federal agencies and de-

partments related to mental and substance use disorders, including activities related to—

(A) the implementation and dissemination of research findings into improved programs, including with respect to how advances in serious mental illness and serious emotional disturbance research have been incorporated into programs;

(B) the recruitment, training, and retention of a mental and substance use disorders workforce;

(C) the integration of mental disorder services, substance use disorder services, and physical health services;

(D) homelessness; and

(E) veterans;

(5) a description of the manner in which the Administration promotes coordination by grantees under this title, and part B of title XIX, with State or local agencies; and

(6) a description of the activities carried out under section 501A(e), with respect to mental and substance use disorders, including—

(A) the number and a description of grants awarded;

(B) the total amount of funding for grants awarded;

(C) a description of the activities supported through such grants, including outcomes of programs supported; and

(D) information on how the National Mental Health and Substance Use Policy Laboratory is consulting with the Assistant Secretary for Planning and Evaluation and collaborating with the ⟦Center for Substance Abuse Treatment⟧ *Center for Substance Use Services*, the ⟦Center for Substance Abuse Prevention⟧ *Center for Substance Use Prevention Services*, the Center for Behavioral Health Statistics and Quality, and the Center for Mental Health Services to carry out such activities; and

(7) recommendations made by the Assistant Secretary for Planning and Evaluation under section 6021 of the Helping Families in Mental Health Crisis Reform Act of 2016 to improve programs within the Administration, and actions taken in response to such recommendations to improve programs within the Administration.

The Assistant Secretary may meet reporting requirements established under this title by providing the contents of such reports as an addendum to the biennial report established under this subsection, notwithstanding the timeline of other reporting requirements in this title. Nothing in this subsection shall be construed to alter the content requirements of such reports or authorize the Assistant Secretary to alter the timeline of any such reports to be less frequent than biennially, unless as specified in this title.

(n) APPLICATIONS FOR GRANTS AND CONTRACTS.—With respect to awards of grants, cooperative agreements, and contracts under this title, the Assistant Secretary, or the Director of the Center involved, as the case may be, may not make such an award unless—

(1) an application for the award is submitted to the official involved;

(2) with respect to carrying out the purpose for which the award is to be provided, the application provides assurances of compliance satisfactory to such official; and

(3) the application is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the official determines to be necessary to carry out the purpose for which the award is to be provided.

(o) EMERGENCY RESPONSE.—

(1) IN GENERAL.—Notwithstanding section 504 and except as provided in paragraph (2), the Secretary may use not to exceed 2.5 percent of all amounts appropriated under this title for a fiscal year to make noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities.

(2) EXCEPTIONS.—Amounts appropriated under part C shall not be subject to paragraph (1).

(3) EMERGENCIES.—The Secretary shall establish criteria for determining that a substance abuse or mental health emergency exists and publish such criteria in the Federal Register prior to providing funds under this subsection.

(4) EMERGENCY RESPONSE.—Amounts made available for carrying out this subsection shall remain available through the end of the fiscal year following the fiscal year for which such amounts are appropriated.

(p) LIMITATION ON THE USE OF CERTAIN INFORMATION.—No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section 505 may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.

(q) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of providing grants, cooperative agreements, and contracts under this section, there are authorized to be appropriated $25,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

SEC. 501A. NATIONAL MENTAL HEALTH AND SUBSTANCE USE POLICY LABORATORY.

(a) IN GENERAL.—There shall be established within the Administration a National Mental Health and Substance Use Policy Laboratory (referred to in this section as the "Laboratory").

(b) RESPONSIBILITIES.—The Laboratory shall—

(1) continue to carry out the authorities and activities that were in effect for the Office of Policy, Planning, and Innovation as such Office existed prior to the date of enactment of the Helping Families in Mental Health Crisis Reform Act of 2016;

(2) identify, coordinate, and facilitate the implementation of policy changes likely to have a significant effect on mental health, mental illness, recovery supports, and the prevention and treatment of substance use disorder services;

(3) work with the Center for Behavioral Health Statistics and Quality to collect, as appropriate, information from grant-

ees under programs operated by the Administration in order to evaluate and disseminate information on evidence-based practices, including culturally and linguistically appropriate services, as appropriate, and service delivery models;

(4) provide leadership in identifying and coordinating policies and programs, including evidence-based programs, related to mental and substance use disorders;

(5) periodically review programs and activities operated by the Administration relating to the diagnosis or prevention of, treatment for, and recovery from, mental and substance use disorders to—

(A) identify any such programs or activities that are duplicative;

(B) identify any such programs or activities that are not evidence-based, effective, or efficient; and

(C) formulate recommendations for coordinating, eliminating, or improving programs or activities identified under subparagraph (A) or (B) and merging such programs or activities into other successful programs or activities;

(6) issue and periodically update information for entities applying for grants or cooperative agreements from the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* in order to—

(A) encourage the implementation and replication of evidence-based practices; and

(B) provide technical assistance to applicants for funding, including with respect to justifications for such programs and activities; and

(7) carry out other activities as deemed necessary to continue to encourage innovation and disseminate evidence-based programs and practices.

(c) EVIDENCE-BASED PRACTICES AND SERVICE DELIVERY MODELS.—

(1) IN GENERAL.—In carrying out subsection (b)(3), the Laboratory—

(A) may give preference to models that improve—

(i) the coordination between mental health and physical health providers;

(ii) the coordination among such providers and the justice and corrections system; and

(iii) the cost effectiveness, quality, effectiveness, and efficiency of health care services furnished to adults with a serious mental illness, children with a serious emotional disturbance, or individuals in a mental health crisis; and

(B) may include clinical protocols and practices that address the needs of individuals with early serious mental illness.

(2) CONSULTATION.—In carrying out this section, the Laboratory shall consult with—

(A) the Chief Medical Officer appointed under section 501(g);

(B) representatives of the National Institute of Mental Health, the [National Institute on Drug Abuse] *National*

Institute on Drugs and Addiction, and the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, on an ongoing basis;

(C) other appropriate Federal agencies;

(D) clinical and analytical experts with expertise in psychiatric medical care and clinical psychological care, health care management, education, corrections health care, and mental health court systems, as appropriate; and

(E) other individuals and agencies as determined appropriate by the Assistant Secretary.

(d) DEADLINE FOR BEGINNING IMPLEMENTATION.—The Laboratory shall begin implementation of this section not later than January 1, 2018.

(e) PROMOTING INNOVATION.—

(1) IN GENERAL.—The Assistant Secretary, in coordination with the Laboratory, may award grants to States, local governments, Indian tribes or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), educational institutions, and nonprofit organizations to develop evidence-based interventions, including culturally and linguistically appropriate services, as appropriate, for—

(A) evaluating a model that has been scientifically demonstrated to show promise, but would benefit from further applied development, for—

(i) enhancing the prevention, diagnosis, intervention, and treatment of, and recovery from, mental illness, serious emotional disturbances, substance use disorders, and co-occurring illness or disorders; or

(ii) integrating or coordinating physical health services and mental and substance use disorders services; and

(B) expanding, replicating, or scaling evidence-based programs across a wider area to enhance effective screening, early diagnosis, intervention, and treatment with respect to mental illness, serious mental illness, serious emotional disturbances, and substance use disorders, primarily by—

(i) applying such evidence-based programs to the delivery of care, including by training staff in effective evidence-based treatments; or

(ii) integrating such evidence-based programs into models of care across specialties and jurisdictions.

(2) CONSULTATION.—In awarding grants under this subsection, the Assistant Secretary shall, as appropriate, consult with the Chief Medical Officer, appointed under section 501(g), the advisory councils described in section 502, the National Institute of Mental Health, the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, and the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, as appropriate.

(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated—

(A) to carry out paragraph (1)(A), $7,000,000 for the period of fiscal years 2018 through 2020; and

(B) to carry out paragraph (1)(B), $7,000,000 for the period of fiscal years 2018 through 2020.

ADVISORY COUNCILS

SEC. 502. (a) APPOINTMENT.—

(1) IN GENERAL.—The Secretary shall appoint an advisory council for—

(A) the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*;

(B) the [Center for Substance Abuse Treatment] *Center for Substance Use Services*;

(C) the [Center for Substance Abuse Prevention] *Center for Substance Use Prevention Services*; and

(D) the Center for Mental Health Services.

Each such advisory council shall advise, consult with, and make recommendations to the Secretary and the Assistant Secretary or Director of the Administration or Center for which the advisory council is established concerning matters relating to the activities carried out by and through the Administration or Center and the policies respecting such activities.

(2) FUNCTION AND ACTIVITIES.—An advisory council—

(A)(i) may on the basis of the materials provided by the organization respecting activities conducted at the organization, make recommendations to the Assistant Secretary or Director of the Administration or Center for which it was established respecting such activities;

(ii) shall review applications submitted for grants and cooperative agreements for activities for which advisory council approval is required under section 504(d)(2) and recommend for approval applications for projects that show promise of making valuable contributions to the Administration's mission; and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the organization;

(B) may collect, by correspondence or by personal investigation, information as to studies and services that are being carried on in the United States or any other country as to the diseases, disorders, or other aspects of human health with respect to which the organization was established and with the approval of the Assistant Secretary or Director, whichever is appropriate, make such information available through appropriate publications for the benefit of public and private health entities and health professions personnel and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b) MEMBERSHIP.—

(1) IN GENERAL.—Each advisory council shall consist of nonvoting ex officio members and not more than 12 members to be appointed by the Secretary under paragraph (3).

(2) EX OFFICIO MEMBERS.—The ex officio members of an advisory council shall consist of—

(A) the Secretary;

(B) the Assistant Secretary;

(C) the Director of the Center for which the council is established;

(D) the Under Secretary for Health of the Department of Veterans Affairs;

(E) the Assistant Secretary for Defense for Health Affairs (or the designates of such officers);

(F) the Chief Medical Officer, appointed under section 501(g);

(G) the Director of the National Institute of Mental Health for the advisory councils appointed under subsections (a)(1)(A) and (a)(1)(D);

(H) the Director of the ⟦National Institute on Drug Abuse⟧ *National Institute on Drugs and Addiction* for the advisory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C);

(I) the Director of the ⟦National Institute on Alcohol Abuse and Alcoholism⟧ *National Institute on Alcohol Effects and Alcohol-Associated Disorders* for the advisory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C); and

(J) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) APPOINTED MEMBERS.—Individuals shall be appointed to an advisory council under paragraph (1) as follows:

(A) Nine of the members shall be appointed by the Secretary from among the leading representatives of the health disciplines (including public health and behavioral and social sciences) relevant to the activities of the Administration or Center for which the advisory council is established.

(B) Three of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, public relations, law, health policy economics, or management.

(C) Not less than half of the members of the advisory council appointed under subsection (a)(1)(D)—

(i) shall—

(I) have a medical degree;

(II) have a doctoral degree in psychology; or

(III) have an advanced degree in nursing or social work from an accredited graduate school or be a certified physician assistant; and

(ii) shall specialize in the mental health field.

(D) Not less than half of the members of the advisory councils appointed under subsections (a)(1)(B) and (a)(1)(C)—

(i) shall—

(I) have a medical degree;

(II) have a doctoral degree; or

(III) have an advanced degree in nursing, public health, behavioral or social sciences, or social work from an accredited graduate school or be a certified physician assistant; and

(ii) shall have experience in the provision of substance use disorder services or the development and implementation of programs to prevent substance misuse.

(4) COMPENSATION.—Members of an advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The remaining members of an advisory council shall receive, for each day (including travel time) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent to the annual rate in effect for grade GS–18 of the General Schedule.

(c) TERMS OF OFFICE.—

(1) IN GENERAL.—The term of office of a member of an advisory council appointed under subsection (b) shall be 4 years, except that any member appointed to fill a vacancy for an unexpired term shall serve for the remainder of such term. The Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members not all expire in the same year. A member of an advisory council may serve after the expiration of such member's term until a successor has been appointed and taken office.

(2) REAPPOINTMENTS.—A member who has been appointed to an advisory council for a term of 4 years may not be reappointed to an advisory council during the 2-year period beginning on the date on which such 4-year term expired.

(3) TIME FOR APPOINTMENT.—If a vacancy occurs in an advisory council among the members under subsection (b), the Secretary shall make an appointment to fill such vacancy within 90 days from the date the vacancy occurs.

(d) CHAIR.—The Secretary shall select a member of an advisory council to serve as the chair of the council. The Secretary may so select an individual from among the appointed members, or may select the Assistant Secretary or the Director of the Center involved. The term of office of the chair shall be 2 years.

(e) MEETINGS.—An advisory council shall meet at the call of the chairperson or upon the request of the Assistant Secretary or Director of the Administration or Center for which the advisory council is established, but in no event less than 2 times during each fiscal year. The location of the meetings of each advisory council shall be subject to the approval of the Assistant Secretary or Director of Administration or Center for which the council was established.

(f) EXECUTIVE SECRETARY AND STAFF.—The Assistant Secretary or Director of the Administration or Center for which the advisory council is established shall designate a member of the staff of the Administration or Center for which the advisory council is established to serve as the Executive Secretary of the advisory council. The Assistant Secretary or Director shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Assistant Secretary or Director shall provide orientation and training for new members of

the advisory council to provide for their effective participation in the functions of the advisory council.

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PART B—CENTERS AND PROGRAMS

Subpart 1—Center for Substance Abuse Treatment

[CENTER FOR SUBSTANCE ABUSE TREATMENT] *CENTER FOR SUBSTANCE USE SERVICES*

SEC. 507. (a) ESTABLISHMENT.—There is established in the Administration a [Center for Substance Abuse Treatment] *Center for Substance Use Services* (hereafter in this section referred to as the "Center"). The Center shall be headed by a Director (hereafter in this section referred to as the "Director") appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance use disorders or in the evaluation of substance use disorder treatment systems.

(b) DUTIES.—The Director of the Center shall—

(1) administer the substance use disorder treatment block grant program authorized in section 1921;

(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

(3) collaborate with the Attorney General to develop programs to provide substance use disorder treatment services to individuals who have had contact with the Justice system, especially adolescents;

(4) collaborate with the Director of the [Center for Substance Abuse Prevention] *Center for Substance Use Prevention Services* in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who illicitly use drugs intravenously;

(5) collaborate with the Director of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, with the Director of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

(6) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Centers for Medicare & Medicaid Services to promote the increased integration into the mainstream of the health care system of the United States of programs for providing treatment services;

(7) evaluate plans submitted by the States pursuant to section 1932(a)(6) in order to determine whether the plans adequately provide for the availability, allocation, and effectiveness of treatment services;

(8) sponsor regional workshops on improving the quality and availability of treatment services;

(9) provide technical assistance to public and nonprofit private entities that provide treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants or contracts;

(10) carry out activities to educate individuals on the need for establishing treatment facilities within their communities;

(11) encourage public and private entities that provide health insurance to provide benefits for outpatient treatment services and other nonhospital-based treatment services;

(12) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, which shall be carried out through grants, contracts, or cooperative agreements provided to public or nonprofit private entities;

(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;

(14) work with States, providers, and individuals in recovery, and their families, to promote the expansion of recovery support services and systems of care oriented toward recovery;

(15) in cooperation with the Secretary, implement and disseminate, as appropriate, the recommendations in the report entitled "Protecting Our Infants Act: Final Strategy" issued by the Department of Health and Human Services in 2017; and

(16) in cooperation with relevant stakeholders, and through public-private partnerships, encourage education about substance use disorders for pregnant women and health care providers who treat pregnant women and babies.

(c) GRANTS AND CONTRACTS.—In carrying out the duties established in subsection (b), the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.

RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

SEC. 508. (a) IN GENERAL.—The Director of the [Center for Substance Abuse Treatment] *Center for Substance Use Services* (referred to in this section as the "Director") shall provide awards of grants, including the grants under subsection (r), cooperative agreements or contracts to public and nonprofit private entities for the purpose of providing to pregnant and postpartum women treatment for substance use disorders through programs in which, during the course of receiving treatment—

(1) the women reside in or receive outpatient treatment services from facilities provided by the programs;

(2) the minor children of the women reside with the women in such facilities, if the women so request; and

(3) the services described in subsection (d) are available to or on behalf of the women.

(b) AVAILABILITY OF SERVICES FOR EACH PARTICIPANT.—A funding agreement for an award under subsection (a) for an applicant is that, in the program operated pursuant to such subsection—

(1) treatment services and each supplemental service will be available through the applicant, either directly or through agreements with other public or nonprofit private entities; and

(2) the services will be made available to each woman admitted to the program and her children.

(c) INDIVIDUALIZED PLAN OF SERVICES.—A funding agreement for an award under subsection (a) for an applicant is that—

(1) in providing authorized services for an eligible woman pursuant to such subsection, the applicant will, in consultation with the women, prepare an individualized plan for the provision of services for the woman and her children; and

(2) treatment services under the plan will include—

(A) individual, group, and family counseling, as appropriate, regarding substance use disorders; and

(B) follow-up services to assist the woman in preventing a relapse into such a disorder.

(d) REQUIRED SUPPLEMENTAL SERVICES.—In the case of an eligible woman, the services referred to in subsection (a)(3) are as follows:

(1) Prenatal and postpartum health care.

(2) Referrals for necessary hospital services.

(3) For the infants and children of the woman—

(A) pediatric health care, including treatment for any perinatal effects of a maternal substance use disorder and including screenings regarding the physical and mental development of the infants and children;

(B) counseling and other mental health services, in the case of children; and

(C) comprehensive social services.

(4) Providing therapeutic, comprehensive child care for children during the periods in which the woman is engaged in therapy or in other necessary health and rehabilitative activities.

(5) Training in parenting.

(6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.

(7) Counseling on domestic violence and sexual abuse.

(8) Counseling on obtaining employment, including the importance of graduating from a secondary school.

(9) Reasonable efforts to preserve and support the family unit of the woman, including promoting the appropriate involvement of parents and others, and counseling the children of the woman.

(10) Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the woman and the children of the woman.

(11) Case management services, including—

(A) assessing the extent to which authorized services are appropriate for the woman and any child of such woman;

(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner;

(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services; and

(D) family reunification with children in kinship or foster care arrangements, where safe and appropriate.

(e) MINIMUM QUALIFICATIONS FOR RECEIPT OF AWARD.—

(1) CERTIFICATION BY RELEVANT STATE AGENCY.—With respect to the principal agency of the State involved that administers programs relating to substance use disorders, the Director may make an award under subsection (a) to an applicant only if the agency has certified to the Director that—

(A) the applicant has the capacity to carry out a program described in subsection (a);

(B) the plans of the applicant for such a program are consistent with the policies of such agency regarding the treatment of substance use disorders; and

(C) the applicant, or any entity through which the applicant will provide authorized services, meets all applicable State licensure or certification requirements regarding the provision of the services involved.

(2) STATUS AS MEDICAID PROVIDER.—

(A) IN GENERAL.—Subject to subparagraphs (B) and (C), the Director may make an award under subsection (a) only if, in the case of any authorized service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State involved—

(i) the applicant for the award will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

(ii) the applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement plan and is qualified to receive such payments.

(B) WAIVER OF PARTICIPATION AGREEMENTS.—

(i) IN GENERAL.—In the case of an entity making an agreement pursuant to subparagraph (A)(ii) regarding the provision of services, the requirement established in such subparagraph regarding a participation agreement shall be waived by the Director if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

(ii) DONATIONS.—A determination by the Director of whether an entity referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

(C) NONAPPLICATION OF CERTAIN REQUIREMENTS.—With respect to any authorized service that is available pursuant to the State plan described in subparagraph (A), the requirements established in such subparagraph shall not apply to the provision of any such service by an institution for mental diseases to an individual who has attained 21

years of age and who has not attained 65 years of age. For purposes of the preceding sentence, the term "institution for mental diseases" has the meaning given such term in section 1905(i) of the Social Security Act.

(f) REQUIREMENT OF MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs of the program to be carried out by an applicant pursuant to subsection (a), a funding agreement for an award under such subsection is that the applicant will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

(A) for the first fiscal year for which the applicant receives payments under an award under such subsection, is not less than $1 for each $9 of Federal funds provided in the award;

(B) for any second such fiscal year, is not less than $1 for each $9 of Federal funds provided in the award; and

(C) for any subsequent such fiscal year, is not less than $1 for each $3 of Federal funds provided in the award.

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(g) OUTREACH.—A funding agreement for an award under subsection (a) for an applicant is that the applicant will provide outreach services in the community involved to identify women who have a substance use disorder and to encourage the women to undergo treatment for such disorder.

(h) ACCESSIBILITY OF PROGRAM; CULTURAL CONTEXT OF SERVICES.—A funding agreement for an award under subsection (a) for an applicant is that—

(1) the program operated pursuant to such subsection will be operated at a location that is accessible to low-income pregnant and postpartum women; and

(2) authorized services will be provided in the language and the cultural context that is most appropriate.

(i) CONTINUING EDUCATION.—A funding agreement for an award under subsection (a) is that the applicant involved will provide for continuing education in treatment services for the individuals who will provide treatment in the program to be operated by the applicant pursuant to such subsection.

(j) IMPOSITION OF CHARGES.—A funding agreement for an award under subsection (a) for an applicant is that, if a charge is imposed for the provision of authorized services to or on behalf of an eligible woman, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income of the woman involved; and

(3) will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of the Office of Management and Budget

and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

(k) REPORTS TO DIRECTOR.—A funding agreement for an award under subsection (a) is that the applicant involved will submit to the Director a report—

(1) describing the utilization and costs of services provided under the award;

(2) specifying the number of women served, the number of infants served, and the type and costs of services provided; and

(3) providing such other information as the Director determines to be appropriate.

(l) REQUIREMENT OF APPLICATION.—The Director may make an award under subsection (a) only if an application for the award is submitted to the Director containing such agreements, and the application is in such form, is made in such manner, and contains such other agreements and such assurances and information as the Director determines to be necessary to carry out this section.

(m) ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall give priority to an applicant that agrees to use the award for a program serving an area that is a rural area, an area designated under section 332 by the Secretary as a health professional shortage area, or an area determined by the Director to have a shortage of family-based substance use disorder treatment options.

(n) DURATION OF AWARD.—The period during which payments are made to an entity from an award under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed to establish a limitation on the number of awards under such subsection that may be made to an entity.

(o) EVALUATIONS; DISSEMINATION OF FINDINGS.—The Director shall, directly or through contract, provide for the conduct of evaluations of programs carried out pursuant to subsection (a). The Director shall disseminate to the States the findings made as a result of the evaluations.

(p) REPORTS TO CONGRESS.—Not later than October 1, 1994, the Director shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing programs carried out pursuant to this section (other than subsection (r)). Every 2 years thereafter, the Director shall prepare a report describing such programs carried out during the preceding 2 years, and shall submit the report to the Assistant Secretary for inclusion in the biennial report under section 501(m). Each report under this subsection shall include a summary of any evaluations conducted under subsection (m) during the period with respect to which the report is prepared.

(q) DEFINITIONS.—For purposes of this section:

(1) The term "authorized services" means treatment services and supplemental services.

(2) The term "eligible woman" means a woman who has been admitted to a program operated pursuant to subsection (a).

(3) The term "funding agreement", with respect to an award under subsection (a), means that the Director may make the award only if the applicant makes the agreement involved.

(4) The term "treatment services" means treatment for a substance use disorder, including the counseling and services described in subsection (c)(2).

(5) The term "supplemental services" means the services described in subsection (d).

(r) PILOT PROGRAM FOR STATE SUBSTANCE ABUSE AGENCIES.—

(1) IN GENERAL.—From amounts made available under subsection (s), the Director of the [Center for Substance Abuse Treatment] *Center for Substance Use Services* shall carry out a pilot program under which competitive grants are made by the Director to State substance abuse agencies—

(A) to enhance flexibility in the use of funds designed to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

(B) to help State substance abuse agencies address identified gaps in services furnished to such women along the continuum of care, including services provided to women in nonresidential-based settings; and

(C) to promote a coordinated, effective, and efficient State system managed by State substance abuse agencies by encouraging new approaches and models of service delivery.

(2) REQUIREMENTS.—In carrying out the pilot program under this subsection, the Director shall—

(A) require State substance abuse agencies to submit to the Director applications, in such form and manner and containing such information as specified by the Director, to be eligible to receive a grant under the program;

(B) identify, based on such submitted applications, State substance abuse agencies that are eligible for such grants;

(C) require services proposed to be furnished through such a grant to support family-based treatment and other services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

(D) not require that services furnished through such a grant be provided solely to women that reside in facilities;

(E) not require that grant recipients under the program make available through use of the grant all the services described in subsection (d); and

(F) consider not applying the requirements described in paragraphs (1) and (2) of subsection (f) to an applicant, depending on the circumstances of the applicant.

(3) REQUIRED SERVICES.—

(A) IN GENERAL.—The Director shall specify a minimum set of services required to be made available to eligible women through a grant awarded under the pilot program under this subsection. Such minimum set of services—

(i) shall include the services requirements described in subsection (c) and be based on the recommendations submitted under subparagraph (B); and

(ii) may be selected from among the services described in subsection (d) and include other services as appropriate.

(B) STAKEHOLDER INPUT.—The Director shall convene and solicit recommendations from stakeholders, including State substance abuse agencies, health care providers, persons in recovery from substance abuse, and other appropriate individuals, for the minimum set of services described in subparagraph (A).

(4) DURATION.—The pilot program under this subsection shall not exceed 5 years.

(5) EVALUATION AND REPORT TO CONGRESS.—

(A) IN GENERAL.—The Director of the Center for Behavioral Health Statistics and Quality shall evaluate the pilot program at the conclusion of the first grant cycle funded by the pilot program.

(B) REPORT.—The Director of the Center for Behavioral Health Statistics and Quality, in coordination with the Director of the ⟦Center for Substance Abuse Treatment⟧ *Center for Substance Use Services* shall submit to the relevant committees of jurisdiction of the House of Representatives and the Senate a report on the evaluation under subparagraph (A). The report shall include, at a minimum—

(i) outcomes information from the pilot program, including any resulting reductions in the use of alcohol and other drugs;

(ii) engagement in treatment services;

(iii) retention in the appropriate level and duration of services;

(iv) increased access to the use of medications approved by the Food and Drug Administration for the treatment of substance use disorders in combination with counseling; and

(v) other appropriate measures.

(C) RECOMMENDATION.—The report under subparagraph (B) shall include a recommendation by the Director of the ⟦Center for Substance Abuse Treatment⟧ *Center for Substance Use Services* as to whether the pilot program under this subsection should be extended.

(6) STATE SUBSTANCE ABUSE AGENCIES DEFINED.—For purposes of this subsection, the term "State substance abuse agency" means, with respect to a State, the agency in such State that manages the Substance Abuse Prevention and Treatment Block Grant under part B of title XIX.

(s) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $29,931,000 for each of fiscal years 2019 through 2023. Of the amounts made available for a year pursuant to the previous sentence to carry out this section, not more than 25 percent of such amounts shall be made available for such year to carry out subsection (r), other than paragraph (5) of such subsection. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (r) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than

the amount made available to carry out this section for fiscal year 2016.

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ACTION BY NATIONAL INSTITUTE ON DRUG ABUSE AND STATES CONCERNING MILITARY FACILITIES

SEC. 513. (a) [CENTER FOR SUBSTANCE ABUSE TREATMENT] *CENTER FOR SUBSTANCE USE SERVICES*.—The Director of the [Center for Substance Abuse Treatment] *Center for Substance Use Services* shall—

(1) coordinate with the agencies represented on the Commission on Alternative Utilization of Military Facilities the utilization of military facilities or parts thereof, as identified by such Commission, established under the National Defense Authorization Act of 1989, that could be utilized or renovated to house nonviolent persons for drug treatment purposes;

(2) notify State agencies responsible for the oversight of drug abuse treatment entities and programs of the availability of space at the installations identified in paragraph (1); and

(3) assist State agencies responsible for the oversight of drug abuse treatment entities and programs in developing methods for adapting the installations described in paragraph (1) into residential treatment centers.

(b) STATES.—With regard to military facilities or parts thereof, as identified by the Commission on Alternative Utilization of Military Facilities established under section 3042 of the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988, that could be utilized or renovated to house nonviolent persons for drug treatment purposes, State agencies responsible for the oversight of drug abuse treatment entities and programs shall—

(1) establish eligibility criteria for the treatment of individuals at such facilities;

(2) select treatment providers to provide drug abuse treatment at such facilities;

(3) provide assistance to treatment providers selected under paragraph (2) to assist such providers in securing financing to fund the cost of the programs at such facilities; and

(4) establish, regulate, and coordinate with the military official in charge of the facility, work programs for individuals receiving treatment at such facilities.

(c) RESERVATION OF SPACE.—Prior to notifying States of the availability of space at military facilities under subsection (a)(2), the Director may reserve space at such facilities to conduct research or demonstration projects.

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Subpart 2—Center for Substance Abuse Prevention

[CENTER FOR SUBSTANCE ABUSE PREVENTION] *CENTER FOR SUBSTANCE USE PREVENTION SERVICES*

SEC. 515. (a) There is established in the Administration a [Center for Substance Abuse Prevention] *Center for Substance Use Pre-*

vention Services (hereafter referred to in this part as the "Prevention Center"). The Prevention Center shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

(b) The Director of the Prevention Center shall—

(1) sponsor regional workshops on the prevention of drug and alcohol abuse through the reduction of risk and the promotion of resiliency;

(2) coordinate the findings of research sponsored by agencies of the Service on the prevention of drug and alcohol abuse;

(3) collaborate with the Director of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the Director of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, and States to promote the study of substance abuse prevention and the dissemination and implementation of research findings that will improve the delivery and effectiveness of substance abuse prevention activities;

(4) develop effective drug and alcohol abuse prevention literature (including educational information on the effects of drugs abused by individuals, including drugs that are emerging as abused drugs);

(5) in cooperation with the Secretary of Education, assure the widespread dissemination of prevention materials among States, political subdivisions, and school systems;

(6) support clinical training programs for health professionals who provide substance use and misuse prevention and treatment services and other health professionals involved in illicit drug use education and prevention;

(7) in cooperation with the Director of the Centers for Disease Control and Prevention, develop and disseminate educational materials to increase awareness for individuals at greatest risk for substance use disorders to prevent the transmission of communicable diseases, such as HIV, hepatitis, tuberculosis, and other communicable diseases;

(8) conduct training, technical assistance, data collection, and evaluation activities of programs supported under the Drug Free Schools and Communities Act of 1986;

(9) support the development of model, innovative, community-based programs that reduce the risk of alcohol and drug abuse among young people and promote resiliency;

(10) collaborate with the Attorney General of the Department of Justice to develop programs to prevent drug abuse among high risk youth;

(11) prepare for distribution documentary films and public service announcements for television and radio to educate the public, especially adolescent audiences, concerning the dangers to health resulting from the consumption of alcohol and drugs and, to the extent feasible, use appropriate private organizations and business concerns in the preparation of such announcements;

(12) develop and support innovative demonstration programs designed to identify and deter the improper use or abuse of an-

abolic steroids by students, especially students in secondary schools;

(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;

(14) assist and support States in preventing illicit drug use, including emerging illicit drug use issues; and

(15) in consultation with relevant stakeholders and in collaboration with the Director of the Centers for Disease Control and Prevention, develop educational materials for clinicians to use with pregnant women for shared decision making regarding pain management and the prevention of substance use disorders during pregnancy.

(c) The Director may make grants and enter into contracts and cooperative agreements in carrying out subsection (b).

(d) The Director of the Prevention Center shall establish a national data base providing information on programs for the prevention of substance abuse. The data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private entities.

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SEC. 519B. PROGRAMS TO REDUCE UNDERAGE DRINKING.

(a) DEFINITIONS.—For purposes of this section:

(1) The term "alcohol beverage industry" means the brewers, vintners, distillers, importers, distributors, and retail or online outlets that sell or serve beer, wine, and distilled spirits.

(2) The term "school-based prevention" means programs, which are institutionalized, and run by staff members or school-designated persons or organizations in any grade of school, kindergarten through 12th grade.

(3) The term "youth" means persons under the age of 21.

(4) The term "IOM report" means the report released in September 2003 by the National Research Council, Institute of Medicine, and entitled "Reducing Underage Drinking: A Collective Responsibility".

(b) SENSE OF CONGRESS.—It is the sense of the Congress that:

(1) A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the Federal portion of that effort, as well as Federal support for State activities.

(2) The Secretary of Health and Human Services shall continue to conduct research and collect data on the short and long-range impact of alcohol use and abuse upon adolescent brain development and other organ systems.

(3) States and communities, including colleges and universities, are encouraged to adopt comprehensive prevention approaches, including—

(A) evidence-based screening, programs and curricula;

(B) brief intervention strategies;

(C) consistent policy enforcement; and

(D) environmental changes that limit underage access to alcohol.

(4) Public health groups, consumer groups, and the alcohol beverage industry should continue and expand evidence-based efforts to prevent and reduce underage drinking.

(5) The entertainment industries have a powerful impact on youth, and they should use rating systems and marketing codes to reduce the likelihood that underage audiences will be exposed to movies, recordings, or television programs with unsuitable alcohol content.

(6) The National Collegiate Athletic Association, its member colleges and universities, and athletic conferences should affirm a commitment to a policy of discouraging alcohol use among underage students and other young fans.

(7) Alcohol is a unique product and should be regulated differently than other products by the States and Federal Government. States have primary authority to regulate alcohol distribution and sale, and the Federal Government should support and supplement these State efforts. States also have a responsibility to fight youth access to alcohol and reduce underage drinking. Continued State regulation and licensing of the manufacture, importation, sale, distribution, transportation and storage of alcoholic beverages are clearly in the public interest and are critical to promoting responsible consumption, preventing illegal access to alcohol by persons under 21 years of age from commercial and non-commercial sources, maintaining industry integrity and an orderly marketplace, and furthering effective State tax collection.

(c) INTERAGENCY COORDINATING COMMITTEE; ANNUAL REPORT ON STATE UNDERAGE DRINKING PREVENTION AND ENFORCEMENT ACTIVITIES.—

(1) INTERAGENCY COORDINATING COMMITTEE ON THE PREVENTION OF UNDERAGE DRINKING.—

(A) IN GENERAL.—The Secretary, in collaboration with the Federal officials specified in subparagraph (B), shall formally establish and enhance the efforts of the interagency coordinating committee, that began operating in 2004, focusing on underage drinking (referred to in this subsection as the "Committee").

(B) OTHER AGENCIES.—The officials referred to in paragraph (1) are the Secretary of Education, the Attorney General, the Secretary of Transportation, the Secretary of the Treasury, the Secretary of Defense, the Surgeon General, the Director of the Centers for Disease Control and Prevention, the Director of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, the Assistant Secretary for Mental Health and Substance Use, the Director of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the Assistant Secretary for Children and Families, the Director of the Office of National Drug Control Policy, the Administrator of the National Highway Traffic Safety Administration, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Chairman of the Federal Trade Commis-

sion, and such other Federal officials as the Secretary of Health and Human Services determines to be appropriate.

(C) CHAIR.—The Secretary of Health and Human Services shall serve as the chair of the Committee.

(D) DUTIES.—The Committee shall guide policy and program development across the Federal Government with respect to underage drinking, provided, however, that nothing in this section shall be construed as transferring regulatory or program authority from an Agency to the Coordinating Committee.

(E) CONSULTATIONS.—The Committee shall actively seek the input of and shall consult with all appropriate and interested parties, including States, public health research and interest groups, foundations, and alcohol beverage industry trade associations and companies.

(F) ANNUAL REPORT.—

(i) IN GENERAL.—The Secretary, on behalf of the Committee, shall annually submit to the Congress a report that summarizes—

(I) all programs and policies of Federal agencies designed to prevent and reduce underage drinking;

(II) the extent of progress in preventing and reducing underage drinking nationally;

(III) data that the Secretary shall collect with respect to the information specified in clause (ii); and

(IV) such other information regarding underage drinking as the Secretary determines to be appropriate.

(ii) CERTAIN INFORMATION.—The report under clause (i) shall include information on the following:

(I) Patterns and consequences of underage drinking as reported in research and surveys such as, but not limited to Monitoring the Future, Youth Risk Behavior Surveillance System, the National Survey on Drug Use and Health, and the Fatality Analysis Reporting System.

(II) Measures of the availability of alcohol from commercial and non-commercial sources to underage populations.

(III) Measures of the exposure of underage populations to messages regarding alcohol in advertising and the entertainment media as reported by the Federal Trade Commission.

(IV) Surveillance data, including information on the onset and prevalence of underage drinking, consumption patterns and the means of underage access. The Secretary shall develop a plan to improve the collection, measurement and consistency of reporting Federal underage alcohol data.

(V) Any additional findings resulting from research conducted or supported under subsection (f).

(VI) Evidence-based best practices to prevent and reduce underage drinking and provide treatment services to those youth who need them.

(2) ANNUAL REPORT ON STATE UNDERAGE DRINKING PREVENTION AND ENFORCEMENT ACTIVITIES.—

(A) IN GENERAL.—The Secretary shall, with input and collaboration from other appropriate Federal agencies, States, Indian tribes, territories, and public health, consumer, and alcohol beverage industry groups, annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.

(B) STATE PERFORMANCE MEASURES.—

(i) IN GENERAL.—The Secretary shall develop, in consultation with the Committee, a set of measures to be used in preparing the report on best practices.

(ii) CATEGORIES.—In developing these measures, the Secretary shall consider categories including, but not limited to:

(I) Whether or not the State has comprehensive anti-underage drinking laws such as for the illegal sale, purchase, attempt to purchase, consumption, or possession of alcohol; illegal use of fraudulent ID; illegal furnishing or obtaining of alcohol for an individual under 21 years; the degree of strictness of the penalties for such offenses; and the prevalence of the enforcement of each of these infractions.

(II) Whether or not the State has comprehensive liability statutes pertaining to underage access to alcohol such as dram shop, social host, and house party laws, and the prevalence of enforcement of each of these laws.

(III) Whether or not the State encourages and conducts comprehensive enforcement efforts to prevent underage access to alcohol at retail outlets, such as random compliance checks and shoulder tap programs, and the number of compliance checks within alcohol retail outlets measured against the number of total alcohol retail outlets in each State, and the result of such checks.

(IV) Whether or not the State encourages training on the proper selling and serving of alcohol for all sellers and servers of alcohol as a condition of employment.

(V) Whether or not the State has policies and regulations with regard to direct sales to consumers and home delivery of alcoholic beverages.

(VI) Whether or not the State has programs or laws to deter adults from purchasing alcohol for minors; and the number of adults targeted by these programs.

(VII) Whether or not the State has programs targeted to youths, parents, and caregivers to

deter underage drinking; and the number of individuals served by these programs.

(VIII) Whether or not the State has enacted graduated drivers licenses and the extent of those provisions.

(IX) The amount that the State invests, per youth capita, on the prevention of underage drinking, further broken down by the amount spent on—

(aa) compliance check programs in retail outlets, including providing technology to prevent and detect the use of false identification by minors to make alcohol purchases;

(bb) checkpoints and saturation patrols that include the goal of reducing and deterring underage drinking;

(cc) community-based, school-based, and higher-education-based programs to prevent underage drinking;

(dd) underage drinking prevention programs that target youth within the juvenile justice and child welfare systems; and

(ee) other State efforts or programs as deemed appropriate.

(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection $1,000,000 for each of the fiscal years 2018 through 2022.

(d) NATIONAL MEDIA CAMPAIGN TO PREVENT UNDERAGE DRINKING.—

(1) SCOPE OF THE CAMPAIGN.—The Secretary shall continue to fund and oversee the production, broadcasting, and evaluation of the national adult-oriented media public service campaign if the Secretary determines that such campaign is effective in achieving the media campaign's measurable objectives.

(2) REPORT.—The Secretary shall provide a report to the Congress annually detailing the production, broadcasting, and evaluation of the campaign referred to in paragraph (1), and to detail in the report the effectiveness of the campaign in reducing underage drinking, the need for and likely effectiveness of an expanded adult-oriented media campaign, and the feasibility and the likely effectiveness of a national youth-focused media campaign to combat underage drinking.

(3) CONSULTATION REQUIREMENT.—In carrying out the media campaign, the Secretary shall direct the entity carrying out the national adult-oriented media public service campaign to consult with interested parties including both the alcohol beverage industry and public health and consumer groups. The progress of this consultative process is to be covered in the report under paragraph (2).

(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection, $1,000,000 for each of the fiscal years 2018 through 2022.

(e) INTERVENTIONS.—

(1) COMMUNITY-BASED COALITION ENHANCEMENT GRANTS TO PREVENT UNDERAGE DRINKING.—

(A) AUTHORIZATION OF PROGRAM.—The Assistant Secretary for Mental Health and Substance Use, in consultation with the Director of the Office of National Drug Control Policy, shall award, if the Assistant Secretary determines that the Department of Health and Human Services is not currently conducting activities that duplicate activities of the type described in this subsection, "enhancement grants" to eligible entities to design, test, evaluate and disseminate effective strategies to maximize the effectiveness of community-wide approaches to preventing and reducing underage drinking. This subsection is subject to the availability of appropriations.

(B) PURPOSES.—The purposes of this paragraph are to—

(i) prevent and reduce alcohol use among youth in communities throughout the United States;

(ii) strengthen collaboration among communities, the Federal Government, and State, local, and tribal governments;

(iii) enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth;

(iv) serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community that first demonstrates a long-term commitment to reducing alcohol use among youth;

(v) disseminate to communities timely information regarding state-of-the-art practices and initiatives that have proven to be effective in preventing and reducing alcohol use among youth; and

(vi) enhance, not supplant, effective local community initiatives for preventing and reducing alcohol use among youth.

(C) APPLICATION.—An eligible entity desiring an enhancement grant under this paragraph shall submit an application to the Assistant Secretary at such time, and in such manner, and accompanied by such information as the Assistant Secretary may require. Each application shall include—

(i) a complete description of the entity's current underage alcohol use prevention initiatives and how the grant will appropriately enhance the focus on underage drinking issues; or

(ii) a complete description of the entity's current initiatives, and how it will use this grant to enhance those initiatives by adding a focus on underage drinking prevention.

(D) USES OF FUNDS.—Each eligible entity that receives a grant under this paragraph shall use the grant funds to carry out the activities described in such entity's application submitted pursuant to subparagraph (C). Grants under this paragraph shall not exceed $50,000 per year and may not exceed four years.

(E) SUPPLEMENT NOT SUPPLANT.—Grant funds provided under this paragraph shall be used to supplement, not

supplant, Federal and non-Federal funds available for carrying out the activities described in this paragraph.

(F) EVALUATION.—Grants under this paragraph shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on recipients of drug free community grants.

(G) DEFINITIONS.—For purposes of this paragraph, the term "eligible entity" means an organization that is currently receiving or has received grant funds under the Drug-Free Communities Act of 1997 (21 U.S.C. 1521 et seq.).

(H) ADMINISTRATIVE EXPENSES.—Not more than 6 percent of a grant under this paragraph may be expended for administrative expenses.

(I) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this paragraph $5,000,000 for each of the fiscal years 2018 through 2022.

(2) GRANTS DIRECTED AT PREVENTING AND REDUCING ALCOHOL ABUSE AT INSTITUTIONS OF HIGHER EDUCATION.—

(A) AUTHORIZATION OF PROGRAM.—The Secretary shall award grants to eligible entities to enable the entities to prevent and reduce the rate of underage alcohol consumption including binge drinking among students at institutions of higher education.

(B) APPLICATIONS.—An eligible entity that desires to receive a grant under this paragraph shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require. Each application shall include—

(i) a description of how the eligible entity will work to enhance an existing, or where none exists to build a, statewide coalition;

(ii) a description of how the eligible entity will target underage students in the State;

(iii) a description of how the eligible entity intends to ensure that the statewide coalition is actually implementing the purpose of this section and moving toward indicators described in subparagraph (D);

(iv) a list of the members of the statewide coalition or interested parties involved in the work of the eligible entity;

(v) a description of how the eligible entity intends to work with State agencies on substance abuse prevention and education;

(vi) the anticipated impact of funds provided under this paragraph in preventing and reducing the rates of underage alcohol use;

(vii) outreach strategies, including ways in which the eligible entity proposes to—

(I) reach out to students and community stakeholders;

(II) promote the purpose of this paragraph;

(III) address the range of needs of the students and the surrounding communities; and

(IV) address community norms for underage students regarding alcohol use; and

(viii) such additional information as required by the Secretary.

(C) USES OF FUNDS.—Each eligible entity that receives a grant under this paragraph shall use the grant funds to carry out the activities described in such entity's application submitted pursuant to subparagraph (B).

(D) ACCOUNTABILITY.—On the date on which the Secretary first publishes a notice in the Federal Register soliciting applications for grants under this paragraph, the Secretary shall include in the notice achievement indicators for the program authorized under this paragraph. The achievement indicators shall be designed—

(i) to measure the impact that the statewide coalitions assisted under this paragraph are having on the institutions of higher education and the surrounding communities, including changes in the number of incidents of any kind in which students have abused alcohol or consumed alcohol while under the age of 21 (including violations, physical assaults, sexual assaults, reports of intimidation, disruptions of school functions, disruptions of student studies, mental health referrals, illnesses, or deaths);

(ii) to measure the quality and accessibility of the programs or information offered by the eligible entity; and

(iii) to provide such other measures of program impact as the Secretary determines appropriate.

(E) SUPPLEMENT NOT SUPPLANT.—Grant funds provided under this paragraph shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this paragraph.

(F) DEFINITIONS.—For purposes of this paragraph:

(i) ELIGIBLE ENTITY.—The term "eligible entity" means a State, institution of higher education, or nonprofit entity.

(ii) INSTITUTION OF HIGHER EDUCATION.—The term "institution of higher education" has the meaning given the term in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a)).

(iii) SECRETARY.—The term "Secretary" means the Secretary of Education.

(iv) STATE.—The term "State" means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

(v) STATEWIDE COALITION.—The term "statewide coalition" means a coalition that—

(I) includes, but is not limited to—

(aa) institutions of higher education within a State; and

(bb) a nonprofit group, a community underage drinking prevention coalition, or another substance abuse prevention group within a State; and

(II) works toward lowering the alcohol abuse rate by targeting underage students at institutions of higher education throughout the State and in the surrounding communities.

(vi) SURROUNDING COMMUNITY.—The term "surrounding community" means the community—

(I) that surrounds an institution of higher education participating in a statewide coalition;

(II) where the students from the institution of higher education take part in the community; and

(III) where students from the institution of higher education live in off-campus housing.

(G) ADMINISTRATIVE EXPENSES.—Not more than 5 percent of a grant under this paragraph may be expended for administrative expenses.

(H) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this paragraph $5,000,000 for fiscal year 2007, and $5,000,000 for each of the fiscal years 2008 through 2010.

(f) ADDITIONAL RESEARCH.—

(1) ADDITIONAL RESEARCH ON UNDERAGE DRINKING.—

(A) IN GENERAL.—The Secretary shall, subject to the availability of appropriations, collect data, and conduct or support research that is not duplicative of research currently being conducted or supported by the Department of Health and Human Services, on underage drinking, with respect to the following:

(i) Comprehensive community-based programs or strategies and statewide systems to prevent and reduce underage drinking, across the underage years from early childhood to age 21, including programs funded and implemented by government entities, public health interest groups and foundations, and alcohol beverage companies and trade associations.

(ii) Annually obtain and report more precise information than is currently collected on the scope of the underage drinking problem and patterns of underage alcohol consumption, including improved knowledge about the problem and progress in preventing, reducing and treating underage drinking; as well as information on the rate of exposure of youth to advertising and other media messages encouraging and discouraging alcohol consumption.

(iii) Compiling information on the involvement of alcohol in unnatural deaths of persons ages 12 to 20 in the United States, including suicides, homicides, and unintentional injuries such as falls, drownings, burns, poisonings, and motor vehicle crash deaths.

(B) CERTAIN MATTERS.—The Secretary shall carry out activities toward the following objectives with respect to underage drinking:

(i) Obtaining new epidemiological data within the national or targeted surveys that identify alcohol use and attitudes about alcohol use during pre- and early adolescence, including harm caused to self or others as

a result of adolescent alcohol use such as violence, date rape, risky sexual behavior, and prenatal alcohol exposure.

(ii) Developing or identifying successful clinical treatments for youth with alcohol problems.

(C) PEER REVIEW.—Research under subparagraph (A) shall meet current Federal standards for scientific peer review.

(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection $3,000,000 for each of the fiscal years 2018 through 2022

(g) REDUCING UNDERAGE DRINKING THROUGH SCREENING AND BRIEF INTERVENTION.—

(1) GRANTS TO PEDIATRIC HEALTH CARE PROVIDERS TO REDUCE UNDERAGE DRINKING.—The Assistant Secretary may make grants to eligible entities to increase implementation of practices for reducing the prevalence of alcohol use among individuals under the age of 21, including college students.

(2) PURPOSES.—Grants under this subsection shall be made to improve—

(A) screening children and adolescents for alcohol use;

(B) offering brief interventions to children and adolescents to discourage such use;

(C) educating parents about the dangers of, and methods of discouraging, such use;

(D) diagnosing and treating alcohol use disorders; and

(E) referring patients, when necessary, to other appropriate care.

(3) USE OF FUNDS.—An entity receiving a grant under this subsection may use such funding for the purposes identified in paragraph (2) by—

(A) providing training to health care providers;

(B) disseminating best practices, including culturally and linguistically appropriate best practices, as appropriate, and developing and distributing materials; and

(C) supporting other activities, as determined appropriate by the Assistant Secretary.

(4) APPLICATION.—To be eligible to receive a grant under this subsection, an entity shall submit an application to the Assistant Secretary at such time, and in such manner, and accompanied by such information as the Assistant Secretary may require. Each application shall include—

(A) a description of the entity;

(B) a description of activities to be completed;

(C) a description of how the services specified in paragraphs (2) and (3) will be carried out and the qualifications for providing such services; and

(D) a timeline for the completion of such activities.

(5) DEFINITIONS.—For the purpose of this subsection:

(A) BRIEF INTERVENTION.—The term "brief intervention" means, after screening a patient, providing the patient with brief advice and other brief motivational enhancement techniques designed to increase the insight of the patient regarding the patient's alcohol use, and any realized

or potential consequences of such use, to effect the desired related behavioral change.

(B) CHILDREN AND ADOLESCENTS.—The term "children and adolescents" means any person under 21 years of age.

(C) ELIGIBLE ENTITY.—The term "eligible entity" means an entity consisting of pediatric health care providers and that is qualified to support or provide the activities identified in paragraph (2).

(D) PEDIATRIC HEALTH CARE PROVIDER.—The term "pediatric health care provider" means a provider of primary health care to individuals under the age of 21 years.

(E) SCREENING.—The term "screening" means using validated patient interview techniques to identify and assess the existence and extent of alcohol use in a patient.

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PART G—SERVICES PROVIDED THROUGH RELIGIOUS ORGANIZATIONS

SEC. 581. APPLICABILITY TO DESIGNATED PROGRAMS.

(a) DESIGNATED PROGRAMS.—Subject to subsection (b), this part applies to discretionary and formula grant programs administered by the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* that make awards of financial assistance to public or private entities for the purpose of carrying out activities to prevent or treat substance abuse (in this part referred to as a "designated program"). Designated programs include the program under subpart II of part B of title XIX (relating to formula grants to the States).

(b) LIMITATION.—This part does not apply to any award of financial assistance under a designated program for a purpose other than the purpose specified in subsection (a).

(c) DEFINITIONS.—For purposes of this part (and subject to subsection (b)):

(1) The term "designated program" has the meaning given such term in subsection (a).

(2) The term "financial assistance" means a grant, cooperative agreement, or contract.

(3) The term "program beneficiary" means an individual who receives program services.

(4) The term "program participant" means a public or private entity that has received financial assistance under a designated program.

(5) The term "program services" means treatment for substance abuse, or preventive services regarding such abuse, provided pursuant to an award of financial assistance under a designated program.

(6) The term "religious organization" means a nonprofit religious organization.

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TITLE XIX—BLOCK GRANTS

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PART B—BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

Subpart I—Block Grants for Community Mental Health Services

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SEC. 1918. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) STATES.—

(1) DETERMINATION UNDER FORMULA.—Subject to subsection (b), the Secretary shall determine the amount of the allotment required in section 1911 for a State for a fiscal year in accordance with the following formula:

$$A \quad \left(\frac{X}{U} \right)$$

(2) DETERMINATION OF TERM "A".—For purposes of paragraph (1), the term "A" means the difference between—

(A) the amount appropriated under section 1920(a) for allotments under section 1911 for the fiscal year involved; and

(B) an amount equal to 1.5 percent of the amount referred to in subparagraph (A).

(3) DETERMINATION OF TERM "U".—For purposes of paragraph (1), the term "U" means the sum of the respective terms "X" determined for the States under paragraph (4).

(4) DETERMINATION OF TERM "X".—For purposes of paragraph (1), the term "X" means the product of—

(A) an amount equal to the product of—

(i) the term "P", as determined for the State involved under paragraph (5); and

(ii) the factor determined under paragraph (8) for the State; and

(B) the greater of—

(i) 0.4; and

(ii) an amount equal to an amount determined for the State in accordance with the following formula:

$$1 - .35 \quad \left(\frac{R\%}{P\%} \right)$$

(5) DETERMINATION OF TERM "P".—

(A) For purposes of paragraph (4), the term "P" means the sum of—

(i) an amount equal to the product of 0.107 and the number of individuals in the State who are between 18 and 24 years of age (inclusive);

(ii) an amount equal to the product of 0.166 and the number of individuals in the State who are between 25 and 44 years of age (inclusive);

(iii) an amount equal to the product of 0.099 and the number of individuals in the State who are between 45 and 64 years of age (inclusive); and

(iv) an amount equal to the product of 0.082 and the number of individuals in the State who are 65 years of age or older.

(B) With respect to data on population that is necessary for purposes of making a determination under subparagraph (A), the Secretary shall use the most recent data that is available from the Secretary of Commerce pursuant to the decennial census and pursuant to reasonable estimates by such Secretary of changes occurring in the data in the ensuing period.

(6) DETERMINATION OF TERM "R%".—

(A) For purposes of paragraph (4), the term "R%", except as provided in subparagraph (D), means the percentage constituted by the ratio of the amount determined under subparagraph (B) for the State involved to the amount determined under subparagraph (C).

(B) The amount determined under this subparagraph for the State involved is the quotient of—

(i) the most recent 3-year arithmetic mean of the total taxable resources of the State, as determined by the Secretary of the Treasury; divided by

(ii) the factor determined under paragraph (8) for the State.

(C) The amount determined under this subparagraph is the sum of the respective amounts determined for the States under subparagraph (B) (including the District of Columbia).

(D)(i) In the case of the District of Columbia, for purposes of paragraph (4), the term "R%" means the percentage constituted by the ratio of the amount determined under clause (ii) for such District to the amount determined under clause (iii).

(ii) The amount determined under this clause for the District of Columbia is the quotient of—

(I) the most recent 3-year arithmetic mean of total personal income in such District, as determined by the Secretary of Commerce; divided by

(II) the factor determined under paragraph (8) for the District.

(iii) The amount determined under this clause is the sum of the respective amounts determined for the States (including the District of Columbia) by making, for each State, the same determination as is described in clause (ii) for the District of Columbia.

(7) DETERMINATION OF TERM "P%".—For purposes of paragraph (4), the term "P%" means the percentage constituted by the ratio of the term "P" determined under paragraph (5) for the State involved to the sum of the respective terms "P" determined for the States.

(8) DETERMINATION OF CERTAIN FACTOR.—

(A) The factor determined under this paragraph for the State involved is a factor whose purpose is to adjust the

amount determined under clause (i) of paragraph (4)(A), and the amounts determined under each of subparagraphs (B)(i) and (D)(ii)(I) of paragraph (6), to reflect the differences that exist between the State and other States in the costs of providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance.

(B) Subject to subparagraph (C), the factor determined under this paragraph and in effect for the fiscal year involved shall be determined according to the methodology described in the report entitled "Adjusting the Alcohol, Drug Abuse and Mental Health Services Block Grant Allocations for Poverty Populations and Cost of Service", dated March 30, 1990, and prepared by Health Economics Research, a corporation, pursuant to a contract with the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*.

(C) The factor determined under this paragraph for the State involved may not for any fiscal year be greater than 1.1 or less than 0.9.

(D)(i) Not later than October 1, 1992, the Secretary, after consultation with the Comptroller General, shall in accordance with this section make a determination for each State of the factor that is to be in effect for the State under this paragraph. The factor so determined shall remain in effect through fiscal year 1994, and shall be recalculated every third fiscal year thereafter.

(ii) After consultation with the Comptroller General, the Secretary shall, through publication in the Federal Register, periodically make such refinements in the methodology referred to in subparagraph (B) as are consistent with the purpose described in subparagraph (A).

(b) MINIMUM ALLOTMENTS FOR STATES.—With respect to fiscal year 2000, and subsequent fiscal years, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under such section for fiscal year 1998.

(c) TERRITORIES.—

(1) DETERMINATION UNDER FORMULA.—Subject to paragraphs (2) and (4), the amount of an allotment under section 1911 for a territory of the United States for a fiscal year shall be the product of—

(A) an amount equal to the amounts reserved under paragraph (3) for the fiscal year; and

(B) a percentage equal to the quotient of—

(i) the civilian population of the territory, as indicated by the most recently available data; divided by

(ii) the aggregate civilian population of the territories of the United States, as indicated by such data.

(2) MINIMUM ALLOTMENT FOR TERRITORIES.—The amount of an allotment under section 1911 for a territory of the United States for a fiscal year shall be the greater of—

(A) the amount determined under paragraph (1) for the territory for the fiscal year;

(B) $50,000; and

(C) with respect to fiscal years 1993 and 1994, an amount equal to 20.6 percent of the amount received by the territory from allotments made pursuant to this part for fiscal year 1992.

(3) RESERVATION OF AMOUNTS.—The Secretary shall each fiscal year reserve for the territories of the United States 1.5 percent of the amounts appropriated under section 1920(a) for allotments under section 1911 for the fiscal year.

(4) AVAILABILITY OF DATA ON POPULATION.—With respect to data on the civilian population of the territories of the United States, if the Secretary determines for a fiscal year that recent such data for purposes of paragraph (1)(B) do not exist regarding a territory, the Secretary shall for such purposes estimate the civilian population of the territory by modifying the data on the territory to reflect the average extent of change occurring during the ensuing period in the population of all territories with respect to which recent such data do exist.

(5) APPLICABILITY OF CERTAIN PROVISIONS.—For purposes of subsection (a), the term "State" does not include the territories of the United States.

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Subpart II—Block Grants for Prevention and Treatment of Substance Abuse

SEC. 1921. FORMULA GRANTS TO STATES.

(a) IN GENERAL.—For the purpose described in subsection (b), the Secretary, acting through the [Center for Substance Abuse Treatment] *Center for Substance Use Services*, shall make an allotment each fiscal year for each State in an amount determined in accordance with section 1933. The Secretary shall make a grant to the State of the allotment made for the State for the fiscal year if the State submits to the Secretary an application in accordance with section 1932.

(b) AUTHORIZED ACTIVITIES.—A funding agreement for a grant under subsection (a) is that, subject to section 1931, the State involved will expend the grant only for the purpose of carrying out the plan developed in accordance with section 1932(b) and for planning, carrying out, and evaluating activities to prevent and treat substance use disorders and for related activities authorized in section 1924.

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SEC. 1932. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN.

(a) IN GENERAL.—For purposes of section 1921, an application for a grant under such section for a fiscal year is in accordance with this section if, subject to subsection (c)—

(1) the application is received by the Secretary not later than October 1 of the fiscal year for which the State is seeking funds;

(2) the application contains each funding agreement that is described in this subpart or subpart III for such a grant (other than any such agreement that is not applicable to the State);

(3) the agreements are made through certification from the chief executive officer of the State;

(4) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary;

(5) the application contains the report required in section 1942(a);

(6)(A) the application contains a plan in accordance with subsection (b) and the plan is approved by the Secretary; and

(B) the State provides assurances satisfactory to the Secretary that the State complied with the provisions of the plan under subparagraph (A) that was approved by the Secretary for the most recent fiscal year for which the State received a grant under section 1921; and

(7) the application (including the plan under paragraph (6)) is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subpart.

(b) STATE PLAN.—

(1) IN GENERAL.—In order for a State to be in compliance with subsection (a)(6), the State shall submit to the Secretary a plan that, at a minimum, includes the following:

(A) A description of the State's system of care that—

(i) identifies the single State agency responsible for the administration of the program, including any third party who administers substance use disorder services and is responsible for complying with the requirements of the grant;

(ii) provides information on the need for substance use disorder prevention and treatment services in the State, including estimates on the number of individuals who need treatment, who are pregnant women, women with dependent children, individuals with a co-occurring mental health and substance use disorder, persons who inject drugs, and persons who are experiencing homelessness;

(iii) provides aggregate information on the number of individuals in treatment within the State, including the number of such individuals who are pregnant women, women with dependent children, individuals with a co-occurring mental health and substance use disorder, persons who inject drugs, and persons who are experiencing homelessness;

(iv) provides a description of the system that is available to provide services by modality, including the provision of recovery support services;

(v) provides a description of the State's comprehensive statewide prevention efforts, including the number of individuals being served in the system, target populations, and priority needs, and provides a description of the amount of funds from the prevention set-aside expended on primary prevention;

(vi) provides a description of the financial resources available;

(vii) describes the existing substance use disorders workforce and workforce trained in treating co-occurring substance use and mental disorders;

(viii) includes a description of how the State promotes evidence-based practices; and

(ix) describes how the State integrates substance use disorder services and primary health care, which in the case of those individuals with co-occurring mental health and substance use disorders may include providing both mental health and substance use disorder services in primary care settings or providing primary and specialty care services in community-based mental health and substance use disorder service settings.

(B) The establishment of goals and objectives for the period of the plan, including targets and milestones that are intended to be met, and the activities that will be undertaken to achieve those targets.

(C) A description of how the State will comply with each funding agreement for a grant under section 1921 that is applicable to the State, including a description of the manner in which the State intends to expend grant funds.

(2) MODIFICATIONS.—

(A) AUTHORITY OF SECRETARY.—As a condition; of making a grant under section 1921 to a State for a fiscal year, the Secretary may require that the State modify any provision of the plan submitted by the State under subsection (a)(6) (including provisions on priorities in carrying out authorized activities). If the Secretary approves the plan and makes the grant to the State for the fiscal year, the Secretary may not during such year require the State to modify the plan.

(B) STATE REQUEST FOR MODIFICATION.—If the State determines that a modification to such plan is necessary, the State may request the Secretary to approve the modification. Any such modification shall be in accordance with paragraph (1) and section 1941.

(3) AUTHORITY OF [CENTER FOR SUBSTANCE ABUSE PREVENTION] *CENTER FOR SUBSTANCE USE PREVENTION SERVICES*.—With respect to plans submitted by the States under subsection (a)(6), including any modification under paragraph (2), the Secretary, acting through the Director of the [Center for Substance Abuse Prevention] *Center for Substance Use Prevention Services*, shall review and approve or disapprove the provisions of the plans that relate to prevention activities.

(c) WAIVERS REGARDING CERTAIN TERRITORIES.—In the case of any territory of the United States except Puerto Rico, the Secretary may waive such provisions of this subpart and subpart III as the Secretary determines to be appropriate, other than the provisions of section 1931.

(d) ISSUANCE OF REGULATIONS; PRECONDITION TO MAKING GRANTS.—

(1) REGULATIONS.—Not later than August 25, 1992, the Secretary, acting as appropriate through the Director of the Center for Treatment Improvement or the Director of the [Center

for Substance Abuse Prevention] *Center for Substance Use Prevention Services*, shall by regulation establish standards specifying the circumstances in which the Secretary will consider an application for a grant under section 1921 to be in accordance with this section.

(2) ISSUANCE AS PRECONDITION TO MAKING GRANTS.—The Secretary may not make payments under any grant under section 1921 for fiscal year 1993 on or after January 1, 1993, unless the Secretary has issued standards under paragraph (1).

(e) WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.—

(1) IN GENERAL.—Upon the request of a State, the Secretary may waive the requirements of all or part of the sections described in paragraph (2) using objective criteria established by the Secretary by regulation after consultation with the States and other interested parties including consumers and providers.

(2) SECTIONS.—The sections described in paragraph (1) are sections 1922(b), 1923, 1924 and 1928.

(3) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) and inform the State of that decision not later than 120 days after the date on which the request and all the information needed to support the request are submitted.

(4) ANNUAL REPORTING REQUIREMENT.—The Secretary shall annually report to the general public on the States that receive a waiver under this subsection.

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SEC. 1935. FUNDING.

(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, subpart III and section 505(d) with respect to substance abuse, and section 515(d), there are authorized to be appropriated $1,858,079,000 for each of fiscal years 2018 through 2022..

(b) ALLOCATIONS FOR TECHNICAL ASSISTANCE, NATIONAL DATA BASE, DATA COLLECTION, AND PROGRAM EVALUATIONS.—

(1) IN GENERAL.—

(A) For the purpose of carrying out section 1948(a) with respect to substance abuse, section 515(d), and the purposes specified in subparagraphs (B) and (C), the Secretary shall obligate 5 percent of the amounts appropriated under subsection (a) each fiscal year.

(B) The purpose specified in this subparagraph is the collection of data in this paragraph is carrying out sections 505(d) and 1971 with respect to substance abuse.

(C) The purpose specified in this subparagraph is the conduct of evaluations of authorized activities to determine methods for improving the availability and quality of such activities.

(2) ACTIVITIES OF [CENTER FOR SUBSTANCE ABUSE PREVENTION] *CENTER FOR SUBSTANCE USE PREVENTION SERVICES*.—Of the amounts reserved under paragraph (1) for a fiscal year, the Secretary, acting through the Director of the [Center for Substance Abuse Prevention] *Center for Substance Use Prevention Services*, shall obligate 20 percent for carrying out paragraph

(1)(C), section 1948(a) with respect to prevention activities, and section 515(d).

(3) CORE DATA SET.—A State that receives a new grant, contract, or cooperative agreement from amounts available to the Secretary under paragraph (1), for the purposes of improving the data collection, analysis and reporting capabilities of the State, shall be required, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States.

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COMPREHENSIVE SMOKING EDUCATION ACT

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SMOKING RESEARCH, EDUCATION, AND INFORMATION

SEC. 3. (a) The Secretary of Health and Human Services (hereinafter in this section referred to as the "Secretary") shall establish and carry out a program to inform the public of any dangers to human health presented by cigarette smoking. In canning out such program, the Secretary shall—

(1) conduct and support research on the effect of cigarette smoking on human health and develop materials for informing the public of such effect;

(2) coordinate all research and educational programs and other activities within the Department of Health and Human Services (hereinafter in this section referred to as the "Department") which relate to the effect of cigarette smoking on human health and coordinate, through the Interagency Committee on Smoking and Health (established under subsection (b)), such activities with similar activities of other Federal agencies and of private agencies;

(3) establish and maintain a liaison with appropriate private entities, other Federal agencies, and State and local public agencies respecting activities relating to the effect of cigarette smoking on human health;

(4) collect, analyze, and disseminate (through publications, bibliographies, and otherwise) information, studies, and other data relating to the effect of cigarette smoking on human health, and develop standards, criteria, and methodologies for improved information programs related to smoking and health;

(5) compile and make available information on State and local laws relating to the use and consumption of cigarettes; and

(6) undertake any other additional information and research activities which the Secretary determines necessary and appropriate to carry out this section.

(b)(1) To carry out the activities described in paragraphs (2) and (3) of subsection (a) there is established an Interagency Committee on Smoking and Health. The Committee shall be composed of—

(A) members appointed by the Secretary from appropriate institutes and agencies of the Department, which may include the National Cancer Institute, the National Heart, Lung, and

Blood Institute, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention;

(B) at least one member appointed from the Federal Trade Commission, the Department of Education, the Department of Labor, and any other Federal agency designated by the Secretary, the appointment of whom shall be made by the head of the entity from which the member is appointed; and

(C) five members appointed by the Secretary from physicians and scientists who represent private entities involved in informing the public about the health effects of smoking.

The Secretary shall designate the chairman of the Committee.

(2) While away from their homes or regular places of business in the performance of services for the Committee, members of the Committee shall be allowed travel expenses, including per diem in lieu of subsistance, in the manner provided by sections 5702 and 5703 of title 5 of the United States Code.

(3) The Secretary shall make available to the Committee such staff, information, and other assistance as it may require to carry out its activities effectively.

(c) The Secretary shall transmit a report to Congress not later than January 1, 1986, and biennially thereafter which shall contain—

(1) an overview and assessment of Federal activities undertaken to inform the public of the health consequences of smoking and the extent of public knowledge of such consequences,

(2) a description of the Secretary's and Committee's activities under subsection (a),

(3) information regarding the activities of the private sector taken in response to the effects of smoking on health, and

(4) such recommendations as the Secretary may consider appropriate.

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COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

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TITLE I—PREVENTION AND EDUCATION

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SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT GRANTS TO ADDRESS LOCAL DRUG CRISES.

(a) DEFINITIONS.—In this section:

(1) ADMINISTRATOR.—The term "Administrator" means the Administrator of the Substance Abuse and Mental Health Services Administration.

(2) DIRECTOR.—The term "Director" means the Director of the Office of National Drug Control Policy.

(3) DRUG-FREE COMMUNITIES ACT OF 1997.—The term "Drug-Free Communities Act of 1997" means chapter 2 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1521 et seq.).

(4) ELIGIBLE ENTITY.—The term "eligible entity" means an organization that—

(A) on or before the date of submitting an application for a grant under this section, receives or has received a grant under the Drug-Free Communities Act of 1997; and

(B) has documented, using local data, rates of abuse of opioids or methamphetamines at levels that are—

(i) significantly higher than the national average as determined by the Secretary (including appropriate consideration of the results of the Monitoring the Future Survey published by the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* and the National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration); or

(ii) higher than the national average, as determined by the Secretary (including appropriate consideration of the results of the surveys described in clause (i)), over a sustained period of time.

(5) EMERGING DRUG ABUSE ISSUE.—The term "emerging drug abuse issue" means a substance use disorder within an area involving—

(A) a sudden increase in demand for particular drug abuse treatment services relative to previous demand; and

(B) a lack of resources in the area to address the emerging problem.

(6) LOCAL DRUG CRISIS.—The term "local drug crisis" means, with respect to the area served by an eligible entity—

(A) a sudden increase in the abuse of opioids or methamphetamines, as documented by local data;

(B) the abuse of prescription medications, specifically opioids or methamphetamines, that is significantly higher than the national average, over a sustained period of time, as documented by local data; or

(C) a sudden increase in opioid-related deaths, as documented by local data.

(7) OPIOID.—The term "opioid" means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

(b) PROGRAM AUTHORIZED.—The Director, in coordination with the Administrator, may make grants to eligible entities to implement comprehensive community-wide strategies that address local drug crises and emerging drug abuse issues within the area served by the eligible entity.

(c) APPLICATION.—

(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit an application to the Director at such time, in such manner, and accompanied by such information as the Director may require.

(2) CRITERIA.—As part of an application for a grant under this section, the Director shall require an eligible entity to submit a detailed, comprehensive, multisector plan for addressing the local drug crisis or emerging drug abuse issue within the area served by the eligible entity.

(d) USE OF FUNDS.—An eligible entity shall use a grant received under this section—

(1) for programs designed to implement comprehensive community-wide prevention strategies to address the local drug crisis in the area served by the eligible entity, in accordance with the plan submitted under subsection (c)(2);

(2) to obtain specialized training and technical assistance from the organization funded under section 4 of Public Law 107-82 (21 U.S.C. 1521 note); and

(3) for programs designed to implement comprehensive community-wide strategies to address emerging drug abuse issues in the community.

(e) SUPPLEMENT NOT SUPPLANT.—An eligible entity shall use Federal funds received under this section only to supplement the funds that would, in the absence of those Federal funds, be made available from other Federal and non-Federal sources for the activities described in this section, and not to supplant those funds.

(f) EVALUATION.—A grant under this section shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on the recipient of a grant under the Drug-Free Communities Act of 1997, and may also include an evaluation of the effectiveness at reducing abuse of opioids or methamphetamines.

(g) LIMITATION ON ADMINISTRATIVE EXPENSES.—Not more than 8 percent of the amounts made available to carry out this section for a fiscal year may be used to pay for administrative expenses.

(h) DELEGATION AUTHORITY.—The Director may enter into an interagency agreement with the Administrator to delegate authority for the execution of grants and for such other activities as may be necessary to carry out this section.

(i) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $5,000,000 for each of fiscal years 2017 through 2021.

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PUBLIC LAW 92-255

AN ACT To establish a Special Action Office for Drug Abuse Prevention and to concentrate the resources of the Nation against the problem of drug abuse.

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TITLE IV—OTHER FEDERAL PROGRAMS

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§ 406. Additional drug abuse prevention functions of the Secretary of Health and Human Services.

(b) After December 31, 1974, the Secretary shall carry out his functions under subsection (a) through the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*.

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§ 410. Grants and contracts for the demonstration of new and more effective prevention, treatment, and rehabilitation programs.

(a) The Secretary acting through the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, may make grants to and enter into contracts with individuals and public and private nonprofit entities—

(1) to provide training seminars, educational programs, and technical assistance for the development, demonstration, and evaluation of drug abuse prevention, treatment, and rehabilitation programs; and

(2) to conduct demonstration and evaluation projects, with a high priority on prevention and early intervention projects and on identifying new and more effective drug abuse prevention, treatment, and rehabilitation programs.

In the implementation of his authority under this section, the Secretary shall accord a high priority to applications for grants or contracts for primary prevention programs. For purposes of the preceding sentence, primary prevention programs include programs designed to discourage persons from beginning drug abuse. To the extent that appropriations authorized under this section are used to fund treatment services, the Secretary shall not limit such funding to treatment for opiate abuse, but shall also provide support for treatment for nonopiate drug abuse including polydrug abuse. Furthermore, nothing shall prevent the use of funds provided under this section for programs and projects aimed at the prevention, treatment, and rehabilitation of alcohol abuse and alcoholism as well as drug abuse.

(b) There are authorized to be appropriated $25,000,000 for the fiscal year ending June 30, 1972; $65,000,000 for the fiscal year ending June 30, 1973; $100,000,000 for the fiscal year ending June 30, 1974; $160,000,000 for each of the fiscal years ending June 30, 1975 and June 30, 1976; $40,000,000 for the period July 1, 1976, through September 30, 1976; and $160,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978, to carry out this section. For the fiscal year ending September 30, 1979, there is authorized to be appropriated (1) $153,000,000 for grants and contracts under paragraphs (3) and (6) of subsection (a) for drug abuse treatment programs, and (2) $24,000,000 for grants and contracts under such subsection for other programs and activities. For grants and contracts under paragraphs (3) and (6) of subsection (a) for drug abuse treatment programs there is authorized to be appropriated $149,000,000 for the fiscal year ending September 30, 1980, and $155,000,000 for the fiscal year ending September 30, 1981; and for grants and contracts under such subsection for other programs and activities there is authorized to be appropriated $20,000,000 for the fiscal year ending September 30,

1980, and $30,000,000 for the fiscal year ending September 30, 1981. Of the funds appropriated under the preceding sentence for the fiscal year ending September 30, 1980, at least 7 percent of the funds shall be obligated for grants and contracts for primary prevention and intervention programs designed to discourage individuals, particularly those in high risk populations, from abusing drugs; and of the funds appropriated under the preceding sentence for the next fiscal year, at least 10 percent of the funds shall be obligated for such grants and contracts. For carrying out the purposes of this section, there are authorized to be appropriated $15,000,000 for the fiscal year ending September 30, 1982. Of the funds appropriated under the preceding sentence, at least 25 per centum of the funds shall be obligated for grants and contracts for primary prevention and intervention programs designed to discourage individuals, particularly individuals in high risk populations, from abusing drugs.

(c)(1) In carrying out this section, the Secretary shall require coordination of all applications for programs in a State and shall not give precedence to public agencies over private agencies, institutions, and organizations, or to State agencies over local agencies.

(2) Each applicant within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency (if any) responsible for the administration of drug abuse prevention activities. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects pending and approved and to any State comprehensive plan for treatment and prevention of drug abuse. The State shall furnish the applicant a copy of any such evaluation. A State if it so desires may, in writing, waive its rights under this paragraph.

(3) Approval of any application for a grant or contract under this section by the Secretary, including the earmarking of financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria that

(A) provide that the activities and services for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

(B) provide for such methods of administration as are necessary for the proper and efficient operation of such programs or projects; and

(C) provide for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant.

(4) Each applicant within a State, upon filing its application with the Secretary for a grant or contract to provide treatment or rehabilitation services shall provide a proposed performance standard or standards, to measure, or research protocol to determine, the effectiveness of such treatment or rehabilitation program or project.

(d) The Secretary shall encourage the submission of and give special consideration to applications under this section to programs and projects aimed at underserved populations such as racial and ethnic minorities, Native Americans (including Native Hawaiians

and Native American Pacific Islanders, youth, the elderly, women, handicapped individuals, and families of drug abusers.

(e) Payment under grants or contracts under this section may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

(f) Projects and programs for which grants and contracts are made or entered into under this section shall, in the case of prevention and treatment services, seek to (1) be responsive to special requirements of handicapped individuals in receiving such services; (2) whenever possible, be community based, insure care of good quality in general community care facilities and under health insurance plans, and be integrated with, and provide for the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals; (3) where a substantial number of the individuals in the population served by the project or program are of limited English-speaking ability (A) utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals and develop a plan and make arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and (B) identify an individual who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English speaking ability and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences; and (4) where appropriate, utilize existing community resources (including community mental health centers).

(g)(1) No grant may be made under this section to a State or to any entity within the government of a State unless the grant application has been duly authorized by the chief executive officer of such State.

(2) No grant or contract may be made under this section for a period in excess of five years.

(3)(A) The amount of any grant or contract under this section may not exceed 100 per centum of the cost of carrying out the grant or contract in the first fiscal year for which the grant or contract is made under this section, 80 per centum of such cost in the second fiscal year for which the grant or contract is made under this section, 70 per centum of such cost in the third fiscal year for which the grant or contract is made under this section, and 60 per centum of such cost in each of the fourth and fifth fiscal years for which the grant or contract is made under this section.

(B) For purposes of this paragraph, no grant or contract shall be considered to have been made under this section for a fiscal year ending before September 30, 1981.

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§ 412. National Drug Abuse Training Center.

(a) The Director shall establish a National Drug Abuse Training Center (hereinafter in this section referred to as the "Center") to develop, conduct, and support a full range of training programs relating to drug abuse prevention functions. The Director shall consult with the National Advisory Council for Drug Abuse Prevention regarding the general policies of the Center. The Director may su-

pervise the operation of the Center initially, but shall transfer the supervision of the operation of the Center to the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* not later than December 31, 1974.

(b) The Center shall conduct or arrange for training programs, seminars, meetings, conferences, and other related activities, including the furnishing of training and educational materials for use by others.

(c) The services and facilities of the Center shall, in accordance with regulations prescribed by the Director, be available to (1) Federal, State, and local government officials, and their respective staffs, (2) medical and paramedical personnel, and educators, and (3) other persons, including drug dependent persons, requiring training or education in drug abuse prevention.

(d)(1) For the purpose of carrying out this section, there are authorized to be appropriated $1,000,000 for the fiscal year ending June 30, 1972, $3,000,000 for the fiscal year ending June 30, 1973, $5,000,000 for the fiscal year ending June 30, 1974, and $6,000,000 for the fiscal year ending June 30, 1975.

(2) Sums appropriated under this subsection shall remain available for obligation or expenditure in the fiscal year for which appropriated and in the fiscal year next following.

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OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Omnibus Crime Control and Safe Streets Act of 1968".

TITLE I—JUSTICE SYSTEM IMPROVEMENT

* * * * * * *

PART FF—OFFENDER REENTRY AND COMMUNITY SAFETY

SEC. 2976. ADULT AND JUVENILE OFFENDER STATE AND LOCAL REENTRY DEMONSTRATION PROJECTS.

(a) GRANT AUTHORIZATION.—The Attorney General shall make grants to States, local governments, territories, or Indian tribes, or any combination thereof (in this section referred to as an "eligible entity"), in partnership with interested persons (including Federal corrections and supervision agencies), service providers, and nonprofit organizations for the purpose of strategic planning and implementation of adult and juvenile offender reentry projects.

(b) ADULT OFFENDER REENTRY DEMONSTRATION PROJECTS.—Funds for adult offender demonstration projects may be expended for—

(1) providing offenders in prisons, jails, or juvenile facilities with educational, literacy, vocational, and job placement services to facilitate re-entry into the community;

(2) providing substance abuse treatment and services (including providing a full continuum of substance abuse treatment services that encompasses outpatient and comprehensive residential services and recovery);

(3) providing coordinated supervision and comprehensive services for offenders upon release from prison, jail, or a juvenile facility, including housing and mental and physical health care to facilitate re-entry into the community, or reentry courts, and which, to the extent applicable, are provided by community-based entities (including coordinated reentry veteran-specific services for eligible veterans);

(4) providing programs that—

(A) encourage offenders to develop safe, healthy, and responsible family relationships and parent-child relationships; and

(B) involve the entire family unit in comprehensive reentry services (as appropriate to the safety, security, and well-being of the family and child);

(5) encouraging the involvement of prison, jail, or juvenile facility mentors in the reentry process and enabling those mentors to remain in contact with offenders while in custody and after reentry into the community;

(6) providing victim-appropriate services, encouraging the timely and complete payment of restitution and fines by offenders to victims, and providing services such as security and counseling to victims upon release of offenders;

(7) protecting communities against dangerous offenders by using validated assessment tools to assess the risk factors of returning inmates and developing or adopting procedures to ensure that dangerous felons are not released from prison prematurely; and

(8) promoting employment opportunities consistent with the Transitional Jobs strategy (as defined in section 4 of the Second Chance Act of 2007 (34 U.S.C. 60502)).

(c) JUVENILE OFFENDER REENTRY DEMONSTRATION PROJECTS.—Funds for the juvenile offender reentry demonstration projects may be expended for any activity described in subsection (b).

(d) COMBINED GRANT APPLICATION; PRIORITY CONSIDERATION.—

(1) IN GENERAL.—The Attorney General shall develop a procedure to allow applicants to submit a single application for a planning grant under subsection (e) and an implementation grant under subsection (f).

(2) PRIORITY CONSIDERATION.—The Attorney General shall give priority consideration to grant applications under subsections (e) and (f) that include a commitment by the applicant to partner with a local evaluator to identify and analyze data that will—

(A) enable the grantee to target the intended offender population; and

(B) serve as a baseline for purposes of the evaluation.

(e) PLANNING GRANTS.—

(1) IN GENERAL.—Except as provided in paragraph (3), the Attorney General may make a grant to an eligible entity of not more than $75,000 to develop a strategic, collaborative plan for

an adult or juvenile offender reentry demonstration project as described in subsection (h) that includes—

(A) a budget and a budget justification;

(B) a description of the outcome measures that will be used to measure the effectiveness of the program in promoting public safety and public health;

(C) the activities proposed;

(D) a schedule for completion of the activities described in subparagraph (C); and

(E) a description of the personnel necessary to complete the activities described in subparagraph (C).

(2) MAXIMUM TOTAL GRANTS AND GEOGRAPHIC DIVERSITY.—

(A) MAXIMUM AMOUNT.—The Attorney General may not make initial planning grants and implementation grants to 1 eligible entity in a total amount that is more than a $1,000,000.

(B) GEOGRAPHIC DIVERSITY.—The Attorney General shall make every effort to ensure equitable geographic distribution of grants under this section and take into consideration the needs of underserved populations, including rural and tribal communities.

(3) PERIOD OF GRANT.—A planning grant made under this subsection shall be for a period of not longer than 1 year, beginning on the first day of the month in which the planning grant is made.

(f) IMPLEMENTATION GRANTS.—

(1) APPLICATIONS.—An eligible entity desiring an implementation grant under this subsection shall submit to the Attorney General an application that—

(A) contains a reentry strategic plan as described in subsection (h), which describes the long-term strategy and incorporates a detailed implementation schedule, including the plans of the applicant to fund the program after Federal funding is discontinued;

(B) identifies the local government role and the role of governmental agencies and nonprofit organizations that will be coordinated by, and that will collaborate on, the offender reentry strategy of the applicant, and certifies the involvement of such agencies and organizations;

(C) describes the evidence-based methodology and outcome measures that will be used to evaluate the program funded with a grant under this subsection, and specifically explains how such measurements will provide valid measures of the impact of that program; and

(D) describes how the project could be broadly replicated if demonstrated to be effective.

(2) REQUIREMENTS.—The Attorney General may make a grant to an applicant under this subsection only if the application—

(A) reflects explicit support of the chief executive officer, or their designee, of the State, unit of local government, territory, or Indian tribe applying for a grant under this subsection;

(B) provides discussion of the role of Federal corrections, State corrections departments, community corrections

agencies, juvenile justice systems, and tribal or local jail systems in ensuring successful reentry of offenders into their communities;

(C) provides evidence of collaboration with State, local, or tribal government agencies overseeing health, housing, child welfare, education, substance abuse, victims services, and employment services, and with local law enforcement agencies;

(D) provides a plan for analysis of the statutory, regulatory, rules-based, and practice-based hurdles to reintegration of offenders into the community;

(E) includes the use of a State, local, territorial, or tribal task force, described in subsection (i), to carry out the activities funded under the grant;

(F) provides a plan for continued collaboration with a local evaluator as necessary to meeting the requirements under subsection (h); and

(G) demonstrates that the applicant participated in the planning grant process or engaged in comparable planning for the reentry project.

(3) PRIORITY CONSIDERATIONS.—The Attorney General shall give priority to grant applications under this subsection that best—

(A) focus initiative on geographic areas with a disproportionate population of offenders released from prisons, jails, and juvenile facilities;

(B) include—

(i) input from nonprofit organizations, in any case where relevant input is available and appropriate to the grant application;

(ii) consultation with crime victims and offenders who are released from prisons, jails, and juvenile facilities;

(iii) coordination with families of offenders;

(iv) input, where appropriate, from the juvenile justice coordinating council of the region;

(v) input, where appropriate, from the reentry coordinating council of the region; or

(vi) input, where appropriate, from other interested persons;

(C) demonstrate effective case assessment and management abilities in order to provide comprehensive and continuous reentry, including—

(i) planning for prerelease transitional housing and community release that begins upon admission for juveniles and jail inmates, and, as appropriate, for prison inmates, depending on the length of the sentence;

(ii) establishing prerelease planning procedures to ensure that the eligibility of an offender for Federal, tribal, or State benefits upon release is established prior to release, subject to any limitations in law, and to ensure that offenders obtain all necessary referrals for reentry services, including assistance identifying and securing suitable housing; or

(iii) delivery of continuous and appropriate mental health services, drug treatment, medical care, job training and placement, educational services, vocational services, and any other service or support needed for reentry;

(D) review the process by which the applicant adjudicates violations of parole, probation, or supervision following release from prison, jail, or a juvenile facility, taking into account public safety and the use of graduated, community-based sanctions for minor and technical violations of parole, probation, or supervision (specifically those violations that are not otherwise, and independently, a violation of law);

(E) provide for an independent evaluation of reentry programs that include, to the maximum extent possible, random assignment and controlled studies to determine the effectiveness of such programs;

(F) target moderate and high-risk offenders for reentry programs through validated assessment tools; or

(G) target offenders with histories of homelessness, substance abuse, or mental illness, including a prerelease assessment of the housing status of the offender and behavioral health needs of the offender with clear coordination with mental health, substance abuse, and homelessness services systems to achieve stable and permanent housing outcomes with appropriate support service.

(4) PERIOD OF GRANT.—A grant made under this subsection shall be effective for a 2-year period—

(A) beginning on the date on which the planning grant awarded under subsection (e) concludes; or

(B) in the case of an implementation grant awarded to an eligible entity that did not receive a planning grant, beginning on the date on which the implementation grant is awarded.

(g) USES OF GRANT FUNDS.—

(1) FEDERAL SHARE.—

(A) IN GENERAL.—The Federal share of a grant received under this section may not exceed 50 percent of the project funded under such grant.

(B) IN-KIND CONTRIBUTIONS.—

(i) IN GENERAL.—Subject to clause (ii), the recipient of a grant under this section may meet the matching requirement under subparagraph (A) by making in-kind contributions of goods or services that are directly related to the purpose for which such grant was awarded.

(ii) MAXIMUM PERCENTAGE.—Not more than 50 percent of the amount provided by a recipient of a grant under this section to meet the matching requirement under subparagraph (A) may be provided through in-kind contributions under clause (i).

(2) SUPPLEMENT NOT SUPPLANT.—Federal funds received under this section shall be used to supplement, not supplant, non-Federal funds that would otherwise be available for the activities funded under this section.

(h) REENTRY STRATEGIC PLAN.—

(1) IN GENERAL.—As a condition of receiving financial assistance under subsection (f), each application shall develop a comprehensive reentry strategic plan that—

(A) contains a plan to assess inmate reentry needs and measurable annual and 3-year performance outcomes;

(B) uses, to the maximum extent possible, randomly assigned and controlled studies, or rigorous quasi-experimental studies with matched comparison groups, to determine the effectiveness of the program funded with a grant under subsection (f); and

(C) includes as a goal of the plan to reduce the rate of recidivism for offenders released from prison, jail or a juvenile facility with funds made available under subsection (f).

(2) LOCAL EVALUATOR.—A partnership with a local evaluator described in subsection (d)(2) shall require the local evaluator to use the baseline data and target population characteristics developed under a subsection (e) planning grant to derive a target goal for recidivism reduction during the 3-year period beginning on the date of implementation of the program.

(3) COORDINATION.—In developing a reentry plan under this subsection, an applicant shall coordinate with communities and stakeholders, including persons in the fields of public safety, juvenile and adult corrections, housing, health, education, substance abuse, children and families, victims services, employment, and business and members of nonprofit organizations that can provide reentry services.

(4) MEASUREMENTS OF PROGRESS.—Each reentry plan developed under this subsection shall measure the progress of the applicant toward increasing public safety by reducing rates of recidivism and enabling released offenders to transition successfully back into their communities.

(i) REENTRY TASK FORCE.—

(1) IN GENERAL.—As a condition of receiving financial assistance under subsection (f), each applicant shall establish or empower a Reentry Task Force, or other relevant convening authority, to—

(A) examine ways to pool resources and funding streams to promote lower recidivism rates for returning offenders and minimize the harmful effects of offenders' time in prison, jail, or a juvenile facility on families and communities of offenders by collecting data and best practices in offender reentry from demonstration grantees and other agencies and organizations; and

(B) provide the analysis described in subsection (f)(2)(D).

(2) MEMBERSHIP.—The task force or other authority under this subsection shall be comprised of—

(A) relevant State, Tribal, territorial, or local leaders; and

(B) representatives of relevant—

(i) agencies;

(ii) service providers;

(iii) nonprofit organizations; and

(iv) stakeholders.

(j) STRATEGIC PERFORMANCE OUTCOMES.—

(1) IN GENERAL.—Each applicant for an implementation grant under subsection (f) shall identify in the reentry strategic plan developed under subsection (h), specific performance outcomes relating to the long-term goals of increasing public safety and reducing recidivism.

(2) PERFORMANCE OUTCOMES.—The performance outcomes identified under paragraph (1) shall include, with respect to offenders released back into the community—

(A) reduction in recidivism rates, which shall be reported in accordance with the measure selected by the Director of the Bureau of Justice Statistics under section 234(c)(2) of the Second Chance Act of 2007;

(B) reduction in crime;

(C) increased employment and education opportunities;

(D) reduction in violations of conditions of supervised release;

(E) increased payment of child support, where appropriate;

(F) increased number of staff trained to administer reentry services;

(G) increased proportion of individuals served by the program among those eligible to receive services;

(H) increased number of individuals receiving risk screening needs assessment, and case planning services;

(I) increased enrollment in, and completion of treatment services, including substance abuse and mental health services among those assessed as needing such services;

(J) increased enrollment in and degrees earned from educational programs, including high school, GED, vocational training, and college education;

(K) increased number of individuals obtaining and retaining employment;

(L) increased number of individuals obtaining and maintaining housing;

(M) increased self-reports of successful community living, including stability of living situation and positive family relationships;

(N) reduction in drug and alcohol use; and

(O) reduction in recidivism rates for individuals receiving reentry services after release, as compared to either baseline recidivism rates in the jurisdiction of the grantee or recidivism rates of the control or comparison group.

(3) OTHER OUTCOMES.—A grantee under this section may include in the reentry strategic plan developed under subsection (h) other performance outcomes that increase the success rates of offenders who transition from prison, jails, or juvenile facilities, including a cost-benefit analysis to determine the cost effectiveness of the reentry program.

(4) COORDINATION.—A grantee under subsection (f) shall coordinate with communities and stakeholders about the selection of performance outcomes identified by the applicant, and shall consult with the Attorney General for assistance with data collection and measurement activities as provided for in the grant application materials.

(5) REPORT.—Each grantee under subsection (f) shall submit to the Attorney General an annual report that—

(A) identifies the progress of the grantee toward achieving its strategic performance outcomes; and

(B) describes other activities conducted by the grantee to increase the success rates of the reentry population, such as programs that foster effective risk management and treatment programming, offender accountability, and community and victim participation.

(k) PERFORMANCE MEASUREMENT.—

(1) IN GENERAL.—The Attorney General, in consultation with grantees under subsection (f), shall—

(A) identify primary and secondary sources of information to support the measurement of the performance indicators identified under subsection (f);

(B) identify sources and methods of data collection in support of performance measurement required under subsection (f);

(C) provide to all grantees technical assistance and training on performance measures and data collection for purposes of subsection (f); and

(D) consult with the Substance Abuse and Mental Health Services Administration and the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* on strategic performance outcome measures and data collection for purposes of subsection (f) relating to substance abuse and mental health.

(2) COORDINATION.—The Attorney General shall coordinate with other Federal agencies to identify national and other sources of information to support performance measurement of grantees.

(3) STANDARDS FOR ANALYSIS.—Any statistical analysis of population data conducted pursuant to this section shall be conducted in accordance with the Federal Register Notice dated October 30, 1997, relating to classification standards.

(l) FUTURE ELIGIBILITY.—To be eligible to receive a grant under this section in any fiscal year after the fiscal year in which a grantee receives a grant under this section, a grantee shall submit to the Attorney General such information as is necessary to demonstrate that—

(1) the grantee has adopted a reentry plan that reflects input from nonprofit organizations, in any case where relevant input is available and appropriate to the grant application;

(2) the reentry plan of the grantee includes performance measures to assess progress of the grantee toward a 10 percent reduction in the rate of recidivism over a 2-year period beginning on the date on which the most recent implementation grant is made to the grantee under subsection (f);

(3) the grantee will coordinate with the Attorney General, nonprofit organizations (if relevant input from nonprofit organizations is available and appropriate), and other experts regarding the selection and implementation of the performance measures described in subsection (k); and

(4) the grantee has made adequate progress, as determined by the Attorney General, toward reducing the rate of recidi-

vism by 10 percent during the 2-year period described in paragraph (2).

(m) NATIONAL ADULT AND JUVENILE OFFENDER REENTRY RESOURCE CENTER.—

(1) AUTHORITY.—The Attorney General may, using amounts made available to carry out this subsection, make a grant to an eligible organization to provide for the establishment of a National Adult and Juvenile Offender Reentry Resource Center.

(2) ELIGIBLE ORGANIZATION.—An organization eligible for the grant under paragraph (1) is any national nonprofit organization approved by the Interagency Task Force on Federal Programs and Activities Relating to the Reentry of Offenders Into the Community, that provides technical assistance and training to, and has special expertise and broad, national-level experience in, offender reentry programs, training, and research.

(3) USE OF FUNDS.—The organization receiving a grant under paragraph (1) shall establish a National Adult and Juvenile Offender Reentry Resource Center to—

(A) provide education, training, and technical assistance for States, tribes, territories, local governments, service providers, nonprofit organizations, and corrections institutions;

(B) collect data and best practices in offender reentry from demonstration grantees and others agencies and organizations;

(C) develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes;

(D) disseminate information to States and other relevant entities about best practices, policy standards, and research findings;

(E) develop and implement procedures to assist relevant authorities in determining when release is appropriate and in the use of data to inform the release decision;

(F) develop and implement procedures to identify efficiently and effectively those violators of probation, parole, or supervision following release from prison, jail, or a juvenile facility who should be returned to prisons, jails, or juvenile facilities and those who should receive other penalties based on defined, graduated sanctions;

(G) collaborate with the Interagency Task Force on Federal Programs and Activities Relating to the Reentry of Offenders Into the Community, and the Federal Resource Center for Children of Prisoners;

(H) develop a national reentry research agenda; and

(I) establish a database to enhance the availability of information that will assist offenders in areas including housing, employment, counseling, mentoring, medical and mental health services, substance abuse treatment, transportation, and daily living skills.

(4) LIMIT.—Of amounts made available to carry out this section, not more than 4 percent of the authorized level shall be available to carry out this subsection.

(n) ADMINISTRATION.—Of amounts made available to carry out this section—

(1) not more than 2 percent of the authorized level shall be available for administrative expenses in carrying out this section; and

(2) not more than 2 percent of the authorized level shall be made available to the National Institute of Justice to evaluate the effectiveness of the demonstration projects funded under this section, using a methodology that—

(A) includes, to the maximum extent feasible, random assignment of offenders (or entities working with such persons) to program delivery and control groups; and

(B) generates evidence on which reentry approaches and strategies are most effective.

(o) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated $35,000,000 for each of fiscal years 2019 through 2023.

(2) LIMITATION; EQUITABLE DISTRIBUTION.—

(A) LIMITATION.—Of the amount made available to carry out this section for any fiscal year, not more than 3 percent or less than 2 percent may be used for technical assistance and training.

(B) EQUITABLE DISTRIBUTION.—The Attorney General shall ensure that grants awarded under this section are equitably distributed among the geographical regions and between urban and rural populations, including Indian Tribes, consistent with the objective of reducing recidivism among criminal offenders.

(p) DEFINITION.—In this section, the term "reentry court" means a program that—

(1) monitors juvenile and adult eligible offenders reentering the community;

(2) provides continual judicial supervision;

(3) provides juvenile and adult eligible offenders reentering the community with coordinated and comprehensive reentry services and programs, such as—

(A) drug and alcohol testing and assessment for treatment;

(B) assessment for substance abuse from a substance abuse professional who is approved by the State or Indian tribe and licensed by the appropriate entity to provide alcohol and drug addiction treatment, as appropriate;

(C) substance abuse treatment, including medication-assisted treatment, from a provider that is approved by the State or Indian tribe, and licensed, if necessary, to provide medical and other health services;

(D) health (including mental health) services and assessment;

(E) aftercare and case management services that—

(i) facilitate access to clinical care and related health services; and

(ii) coordinate with such clinical care and related health services; and

(F) any other services needed for reentry;

(4) convenes community impact panels, victim impact panels, or victim impact educational classes;

(5) provides and coordinates the delivery of community services to juvenile and adult eligible offenders, including—

(A) housing assistance;

(B) education;

(C) job training;

(D) conflict resolution skills training;

(E) batterer intervention programs; and

(F) other appropriate social services; and

(6) establishes and implements graduated sanctions and incentives.

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SECTION 7361 OF TITLE 5, UNITED STATES CODE

§ 7361. Drug abuse

(a) The Office of Personnel Management shall be responsible for developing, in cooperation with the President, with the Secretary of Health and Human Services (acting through the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*), and with other agencies, and in accordance with applicable provisions of this subchapter, appropriate prevention, treatment, and rehabilitation programs and services for drug abuse among employees. Such agencies are encouraged to extend, to the extent feasible, such programs and services to the families of employees and to employees who have family members who are drug abusers. Such programs and services shall make optimal use of existing governmental facilities, services, and skills.

(b) Section 527 of the Public Health Service Act (42 U.S.C. 290ee–3), relating to confidentiality of records, and any regulations prescribed thereunder, shall apply with respect to records maintained for the purpose of carrying out this section.

(c) Each agency shall, with respect to any programs or services provided by such agency, submit such written reports as the Office may require in connection with any report required under section 7363 of this title.

(d) For the purpose of this section, the term "agency" means an Executive agency.

SECTION 303 OF CONTROLLED SUBSTANCES ACT

REGISTRATION REQUIREMENTS

SEC. 303. (a) The Attorney General shall register an applicant to manufacture controlled substances in schedule I or II if he determines that such registration is consistent with the public interest and with United States obligations under international treaties, conventions, or protocols in effect on the effective date of this part. In determining the public interest, the following factors shall be considered:

(1) maintenance of effective controls against diversion of particular controlled substances and any controlled substance in

schedule I or II compounded therefrom into other than legitimate medical, scientific, research, or industrial channels, by limiting the importation and bulk manufacture of such controlled substances to a number of establishments which can produce an adequate and uninterrupted supply of these substances under adequately competitive conditions for legitimate medical, scientific, research, and industrial purposes;

(2) compliance with applicable State and local law;

(3) promotion of technical advances in the art of manufacturing these substances and the development of new substances;

(4) prior conviction record of applicant under Federal and State laws relating to the manufacture, distribution, or dispensing of such substances;

(5) past experience in the manufacture of controlled substances, and the existence in the establishment of effective control against diversion; and

(6) such other factors as may be relevant to and consistent with the public health and safety.

(b) The Attorney General shall register an applicant to distribute a controlled substance in schedule I or II unless he determines that the issuance of such registration is inconsistent with the public interest. In determining the public interest, the following factors shall be considered:

(1) maintenance of effective controls against diversion of particular controlled substances into other than legitimate medical, scientific, and industrial channels;

(2) compliance with applicable State and local law;

(3) prior conviction record of applicant under Federal or State laws relating to the manufacture, distribution, or dispensing of such substances;

(4) past experience in the distribution of controlled substances; and

(5) such other factors as may be relevant to and consistent with the public health and safety.

(c) Registration granted under subsections (a) and (b) of this section shall not entitle a registrant to (1) manufacture or distribute controlled substances in schedule I or II other than those specified in the registration, or (2) manufacture any quantity of those controlled substances in excess of the quota assigned pursuant to section 306.

(d) The Attorney General shall register an applicant to manufacture controlled substances in schedule III, IV, or V, unless he determines that the issuance of such registration is inconsistent with the public interest. In determining the public interest, the following factors shall be considered:

(1) maintenance of effective controls against diversion of particular controlled substances and any controlled substance in schedule III, IV, or V compounded therefrom into other than legitimate medical, scientific, or industrial channels;

(2) compliance with applicable State and local law;

(3) promotion of technical advances in the art of manufacturing these substances and the development of new substances;

(4) prior conviction record of applicant under Federal or State laws relating to the manufacture, distribution, or dispensing of such substances;

(5) past experience in the manufacture, distribution, and dispensing of controlled substances, and the existence in the establishment of effective controls against diversion; and

(6) such other factors as may be relevant to and consistent with the public health and safety.

(e) The Attorney General shall register an applicant to distribute controlled substances in schedule III, IV, or V, unless he determines that the issuance of such registration is inconsistent with the public interest. In determining the public interest, the following factors shall be considered:

(1) maintenance of effective controls against diversion of particular controlled substances into other than legitimate medical, scientific, and industrial channels;

(2) compliance with applicable State and local law;

(3) prior conviction record of applicant under Federal or State laws relating to the manufacture, distribution, or dispensing of such substances;

(4) past experience in the distribution of controlled substances; and

(5) such other factors as may be relevant to and consistent with the public health and safety.

(f) The Attorney General shall register practitioners (including pharmacies, as distinguished from pharmacists) to dispense, or conduct research with, controlled substances in schedule II, III, IV, or V and shall modify the registrations of pharmacies so registered to authorize them to dispense controlled substances by means of the Internet, if the applicant is authorized to dispense, or conduct research with respect to, controlled substances under the laws of the State in which he practices. The Attorney General may deny an application for such registration or such modification of registration if the Attorney General determines that the issuance of such registration or modification would be inconsistent with the public interest. In determining the public interest, the following factors shall be considered:

(1) The recommendation of the appropriate State licensing board or professional disciplinary authority.

(2) The applicant's experience in dispensing, or conducting research with respect to controlled substances.

(3) The applicant's conviction record under Federal or State laws relating to the manufacture, distribution, or dispensing of controlled substances.

(4) Compliance with applicable State, Federal, or local laws relating to controlled substances.

(5) Such other conduct which may threaten the public health and safety.

Separate registration under this part for practitioners engaging in research with controlled substances in schedule II, III, IV, or V, who are already registered under this part in another capacity, shall not be required. Registration applications by practitioners wishing to conduct research with controlled substances in schedule I shall be referred to the Secretary, who shall determine the qualifications and competency of each practitioner requesting registra-

tion, as well as the merits of the research protocol. The Secretary, in determining the merits of each research protocol, shall consult with the Attorney General as to effective procedures to adequately safeguard against diversion of such controlled substances from legitimate medical or scientific use. Registration for the purpose of bona fide research with controlled substances in schedule I by a practitioner deemed qualified by the Secretary may be denied by the Attorney General only on a ground specified in section 304(a). Article 7 of the Convention on Psychotrophic Substances shall not be construed to prohibit, or impose additional restrictions upon, research involving drugs or other substances scheduled under the convention which is conducted in conformity with this subsection and other applicable provisions of this title.

(g)(1) Except as provided in paragraph (2), practitioners who dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment shall obtain annually a separate registration for that purpose. The Attorney General shall register an applicant to dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment (or both)—

(A) if the applicant is a practitioner who is determined by the Secretary to be qualified (under standards established by the Secretary) to engage in the treatment with respect to which registration is sought;

(B) if the Attorney General determines that the applicant will comply with standards established by the Attorney General respecting (i) security of stocks of narcotic drugs for such treatment, and (ii) the maintenance of records (in accordance with section 307) on such drugs; and

(C) if the Secretary determines that the applicant will comply with standards established by the Secretary (after consultation with the Attorney General) respecting the quantities of narcotic drugs which may be provided for unsupervised use by individuals in such treatment.

(2)(A) Subject to subparagraphs (D) and (J), the requirements of paragraph (1) are waived in the case of the dispensing (including the prescribing), by a practitioner, of narcotic drugs in schedule III, IV, or V or combinations of such drugs if the practitioner meets the conditions specified in subparagraph (B) and the narcotic drugs or combinations of such drugs meet the conditions specified in subparagraph (C).

(B) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to a practitioner are that, before the initial dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for maintenance or detoxification treatment, the practitioner submit to the Secretary a notification of the intent of the practitioner to begin dispensing the drugs or combinations for such purpose, and that the notification contain the following certifications by the practitioner:

(i) The practitioner is a qualifying practitioner (as defined in subparagraph (G)).

(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the capacity to provide directly, by referral, or in such other manner as determined by the Secretary—

(I) all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including for maintenance, detoxification, overdose reversal, and relapse prevention; and

(II) appropriate counseling and other appropriate ancillary services.

(iii)(I) The total number of such patients of the practitioner at any one time will not exceed the applicable number. Except as provided in subclause (II), the applicable number is 30.

(II) The applicable number is—

(aa) 100 if, not sooner than 1 year after the date on which the practitioner submitted the initial notification, the practitioner submits a second notification to the Secretary of the need and intent of the practitioner to treat up to 100 patients;

(bb) 100 if the practitioner holds additional credentialing, as defined in section 8.2 of title 42, Code of Federal Regulations (or successor regulations);

(cc) 100 if the practitioner provides medication-assisted treatment (MAT) using covered medications (as such terms are defined in section 8.2 of title 42, Code of Federal Regulations (or successor regulations)) in a qualified practice setting (as described in section 8.615 of title 42, Code of Federal Regulations (or successor regulations)); or

(dd) 275 if the practitioner meets the requirements specified in sections 8.610 through 8.655 of title 42, Code of Federal Regulations (or successor regulations).

(III) The Secretary may by regulation change such applicable number.

(IV) The Secretary may exclude from the applicable number patients to whom such drugs or combinations of drugs are directly administered by the qualifying practitioner in the office setting.

(C) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to narcotic drugs in schedule III, IV, or V or combinations of such drugs are as follows:

(i) The drugs or combinations of drugs have, under the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act, been approved for use in maintenance or detoxification treatment.

(ii) The drugs or combinations of drugs have not been the subject of an adverse determination. For purposes of this clause, an adverse determination is a determination published in the Federal Register and made by the Secretary, after consultation with the Attorney General, that the use of the drugs or combinations of drugs for maintenance or detoxification treatment requires additional standards respecting the qualifications of practitioners to provide such treatment, or requires standards respecting the quantities of the drugs that may be provided for unsupervised use.

(D)(i) A waiver under subparagraph (A) with respect to a practitioner is not in effect unless (in addition to conditions under subparagraphs (B) and (C)) the following conditions are met:

(I) The notification under subparagraph (B) is in writing and states the name of the practitioner.

(II) The notification identifies the registration issued for the practitioner pursuant to subsection (f).

(III) If the practitioner is a member of a group practice, the notification states the names of the other practitioners in the practice and identifies the registrations issued for the other practitioners pursuant to subsection (f).

(ii) Upon receiving a determination from the Secretary under clause (iii) finding that a practitioner meets all requirements for a waiver under subparagraph (B), the Attorney General shall assign the practitioner involved an identification number under this paragraph for inclusion with the registration issued for the practitioner pursuant to subsection (f). The identification number so assigned shall be appropriate to preserve the confidentiality of patients for whom the practitioner has dispensed narcotic drugs under a waiver under subparagraph (A).

(iii) Not later than 45 days after the date on which the Secretary receives a notification under subparagraph (B), the Secretary shall make a determination of whether the practitioner involved meets all requirements for a waiver under subparagraph (B) and shall forward such determination to the Attorney General. If the Secretary fails to make such determination by the end of the such 45-day period, the Attorney General shall assign the practitioner an identification number described in clause (ii) at the end of such period.

(E)(i) If a practitioner is not registered under paragraph (1) and, in violation of the conditions specified in subparagraphs (B) through (D), dispenses narcotic drugs in schedule III, IV, or V or combinations of such drugs for maintenance treatment or detoxification treatment, the Attorney General may, for purposes of section 304(a)(4), consider the practitioner to have committed an act that renders the registration of the practitioner pursuant to subsection (f) to be inconsistent with the public interest.

(ii)(I) Upon the expiration of 45 days from the date on which the Secretary receives a notification under subparagraph (B), a practitioner who in good faith submits a notification under subparagraph (B) and reasonably believes that the conditions specified in subparagraphs (B) through (D) have been met shall, in dispensing narcotic drugs in schedule III, IV, or V or combinations of such drugs for maintenance treatment or detoxification treatment, be considered to have a waiver under subparagraph (A) until notified otherwise by the Secretary, except that such a practitioner may commence to prescribe or dispense such narcotic drugs for such purposes prior to the expiration of such 45-day period if it facilitates the treatment of an individual patient and both the Secretary and the Attorney General are notified by the practitioner of the intent to commence prescribing or dispensing such narcotic drugs.

(II) For purposes of subclause (I), the publication in the Federal Register of an adverse determination by the Secretary pursuant to subparagraph (C)(ii) shall (with respect to the narcotic drug or combination involved) be considered to be a notification provided by the Secretary to practitioners, effective upon the expiration of the 30-day period beginning on the date on which the adverse determination is so published.

(F)(i) With respect to the dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for mainte-

nance or detoxification treatment, a practitioner may, in his or her discretion, dispense such drugs or combinations for such treatment under a registration under paragraph (1) or a waiver under subparagraph (A) (subject to meeting the applicable conditions).

(ii) This paragraph may not be construed as having any legal effect on the conditions for obtaining a registration under paragraph (1), including with respect to the number of patients who may be served under such a registration.

(G) For purposes of this paragraph:

(i) The term "group practice" has the meaning given such term in section 1877(h)(4) of the Social Security Act.

(ii) The term "qualifying physician" means a physician who is licensed under State law and who meets one or more of the following conditions:

(I) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties.

(II) The physician holds an addiction certification or board certification from the American Society of Addiction Medicine or the American Board of Addiction Medicine.

(III) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

(IV) The physician has, with respect to the treatment and management of opiate-dependent patients, completed not less than 8 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause. Such training shall include—

(aa) opioid maintenance and detoxification;

(bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;

(cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

(ff) staffing roles and considerations;

(gg) diversion control; and

(hh) other best practices, as identified by the Secretary.

(V) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by the sponsor of such approved drug.

(VI) The physician has such other training or experience as the State medical licensing board (of the State in which the physician will provide maintenance or detoxification

treatment) considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients.

(VII) The physician has such other training or experience as the Secretary considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients. Any criteria of the Secretary under this subclause shall be established by regulation. Any such criteria are effective only for 3 years after the date on which the criteria are promulgated, but may be extended for such additional discrete 3-year periods as the Secretary considers appropriate for purposes of this subclause. Such an extension of criteria may only be effectuated through a statement published in the Federal Register by the Secretary during the 30-day period preceding the end of the 3-year period involved.

(VIII) The physician graduated in good standing from an accredited school of allopathic medicine or osteopathic medicine in the United States during the 5-year period immediately preceding the date on which the physician submits to the Secretary a written notification under subparagraph (B) and successfully completed a comprehensive allopathic or osteopathic medicine curriculum or accredited medical residency that—

(aa) included not less than 8 hours of training on treating and managing opioid-dependent patients; and

(bb) included, at a minimum—

(AA) the training described in items (aa) through (gg) of subclause (IV); and

(BB) training with respect to any other best practice the Secretary determines should be included in the curriculum, which may include training on pain management, including assessment and appropriate use of opioid and non-opioid alternatives.

(iii) The term "qualifying practitioner" means—

(I) a qualifying physician, as defined in clause (ii);

(II) a qualifying other practitioner, as defined in clause (iv), who is a nurse practitioner or physician assistant; or

(III) for the period beginning on October 1, 2018, and ending on October 1, 2023, a qualifying other practitioner, as defined in clause (iv), who is a clinical nurse specialist, certified registered nurse anesthetist, or certified nurse midwife.

(iv) The term "qualifying other practitioner" means a nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or physician assistant who satisfies each of the following:

(I) The nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or physician assistant is licensed under State law to prescribe schedule III, IV, or V medications for the treatment of pain.

(II) The nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or physician assistant has—

(aa) completed not fewer than 24 hours of initial training addressing each of the topics listed in clause

(ii)(IV) (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Nurses Credentialing Center, the American Psychiatric Association, the American Association of Nurse Practitioners, the American Academy of Physician Assistants, or any other organization that the Secretary determines is appropriate for purposes of this subclause; or

(bb) has such other training or experience as the Secretary determines will demonstrate the ability of the nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or physician assistant to treat and manage opiate-dependent patients.

(III) The nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or physician assistant is supervised by, or works in collaboration with, a qualifying physician, if the nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or physician assistant is required by State law to prescribe medications for the treatment of opioid use disorder in collaboration with or under the supervision of a physician.

The Secretary may, by regulation, revise the requirements for being a qualifying other practitioner under this clause.

(H)(i) In consultation with the Administrator of the Drug Enforcement Administration, the Administrator of the Substance Abuse and Mental Health Services Administration, the Director of the ⟦National Institute on Drug Abuse⟧ *National Institute on Drugs and Addiction*, and the Commissioner of Food and Drugs, the Secretary shall issue regulations (through notice and comment rulemaking) or issue practice guidelines to address the following:

(I) Approval of additional credentialing bodies and the responsibilities of additional credentialing bodies.

(II) Additional exemptions from the requirements of this paragraph and any regulations under this paragraph.

(III) Such other elements of the requirements under this paragraph as the Secretary determines necessary for purposes of implementing such requirements.

Nothing in such regulations or practice guidelines may authorize any Federal official or employee to exercise supervision or control over the practice of medicine or the manner in which medical services are provided.

(ii) Not later than 18 months after the date of enactment of the Opioid Use Disorder Treatment Expansion and Modernization Act, the Secretary shall update the treatment improvement protocol containing best practice guidelines for the treatment of opioid-dependent patients in office-based settings. The Secretary shall update such protocol in consultation with experts in opioid use disorder research and treatment.

(I) Notwithstanding section 708, nothing in this paragraph shall be construed to preempt any State law that—

(i) permits a qualifying practitioner to dispense narcotic drugs in schedule III, IV, or V, or combinations of such drugs, for maintenance or detoxification treatment in accordance with this paragraph to a total number of patients that is more than 30 or less than the total number applicable to the qualifying practitioner under subparagraph (B)(iii)(II) if a State enacts a law modifying such total number and the Attorney General is notified by the State of such modification; or

(ii) requires a qualifying practitioner to comply with additional requirements relating to the dispensing of narcotic drugs in schedule III, IV, or V, or combinations of such drugs, including requirements relating to the practice setting in which the qualifying practitioner practices and education, training, and reporting requirements.

(h) The Attorney General shall register an applicant to distribute a list I chemical unless the Attorney General determines that registration of the applicant is inconsistent with the public interest. Registration under this subsection shall not be required for the distribution of a drug product that is exempted under clause (iv) or (v) of section 102(39)(A). In determining the public interest for the purposes of this subsection, the Attorney General shall consider—

(1) maintenance by the applicant of effective controls against diversion of listed chemicals into other than legitimate channels;

(2) compliance by the applicant with applicable Federal, State, and local law;

(3) any prior conviction record of the applicant under Federal or State laws relating to controlled substances or to chemicals controlled under Federal or State law;

(4) any past experience of the applicant in the manufacture and distribution of chemicals; and

(5) such other factors as are relevant to and consistent with the public health and safety.

(i)(1) For purposes of registration to manufacture a controlled substance under subsection (d) for use only in a clinical trial, the Attorney General shall register the applicant, or serve an order to show cause upon the applicant in accordance with section 304(c), not later than 180 days after the date on which the application is accepted for filing.

(2) For purposes of registration to manufacture a controlled substance under subsection (a) for use only in a clinical trial, the Attorney General shall, in accordance with the regulations issued by the Attorney General, issue a notice of application not later than 90 days after the application is accepted for filing. Not later than 90 days after the date on which the period for comment pursuant to such notice ends, the Attorney General shall register the applicant, or serve an order to show cause upon the applicant in accordance with section 304(c), unless the Attorney General has granted a hearing on the application under section 1008(i) of the Controlled Substances Import and Export Act.

(j) EMERGENCY MEDICAL SERVICES THAT ADMINISTER CONTROLLED SUBSTANCES.—

(1) REGISTRATION.—For the purpose of enabling emergency medical services professionals to administer controlled substances in schedule II, III, IV, or V to ultimate users receiving emergency medical services in accordance with the requirements of this subsection, the Attorney General—

(A) shall register an emergency medical services agency if the agency submits an application demonstrating it is authorized to conduct such activity under the laws of each State in which the agency practices; and

(B) may deny an application for such registration if the Attorney General determines that the issuance of such registration would be inconsistent with the requirements of this subsection or the public interest based on the factors listed in subsection (f).

(2) OPTION FOR SINGLE REGISTRATION.—In registering an emergency medical services agency pursuant to paragraph (1), the Attorney General shall allow such agency the option of a single registration in each State where the agency administers controlled substances in lieu of requiring a separate registration for each location of the emergency medical services agency.

(3) HOSPITAL-BASED AGENCY.—If a hospital-based emergency medical services agency is registered under subsection (f), the agency may use the registration of the hospital to administer controlled substances in accordance with this subsection without being registered under this subsection.

(4) ADMINISTRATION OUTSIDE PHYSICAL PRESENCE OF MEDICAL DIRECTOR OR AUTHORIZING MEDICAL PROFESSIONAL.—Emergency medical services professionals of a registered emergency medical services agency may administer controlled substances in schedule II, III, IV, or V outside the physical presence of a medical director or authorizing medical professional in the course of providing emergency medical services if the administration is—

(A) authorized by the law of the State in which it occurs; and

(B) pursuant to—

(i) a standing order that is issued and adopted by one or more medical directors of the agency, including any such order that may be developed by a specific State authority; or

(ii) a verbal order that is—

(I) issued in accordance with a policy of the agency; and

(II) provided by a medical director or authorizing medical professional in response to a request by the emergency medical services professional with respect to a specific patient—

(aa) in the case of a mass casualty incident; or

(bb) to ensure the proper care and treatment of a specific patient.

(5) DELIVERY.—A registered emergency medical services agency may deliver controlled substances from a registered lo-

cation of the agency to an unregistered location of the agency only if the agency—

(A) designates the unregistered location for such delivery; and

(B) notifies the Attorney General at least 30 days prior to first delivering controlled substances to the unregistered location.

(6) STORAGE.—A registered emergency medical services agency may store controlled substances—

(A) at a registered location of the agency;

(B) at any designated location of the agency or in an emergency services vehicle situated at a registered or designated location of the agency; or

(C) in an emergency medical services vehicle used by the agency that is—

(i) traveling from, or returning to, a registered or designated location of the agency in the course of responding to an emergency; or

(ii) otherwise actively in use by the agency under circumstances that provide for security of the controlled substances consistent with the requirements established by regulations of the Attorney General.

(7) NO TREATMENT AS DISTRIBUTION.—The delivery of controlled substances by a registered emergency medical services agency pursuant to this subsection shall not be treated as distribution for purposes of section 308.

(8) RESTOCKING OF EMERGENCY MEDICAL SERVICES VEHICLES AT A HOSPITAL.—Notwithstanding paragraph (13)(J), a registered emergency medical services agency may receive controlled substances from a hospital for purposes of restocking an emergency medical services vehicle following an emergency response, and without being subject to the requirements of section 308, provided all of the following conditions are satisfied:

(A) The registered or designated location of the agency where the vehicle is primarily situated maintains a record of such receipt in accordance with paragraph (9).

(B) The hospital maintains a record of such delivery to the agency in accordance with section 307.

(C) If the vehicle is primarily situated at a designated location, such location notifies the registered location of the agency within 72 hours of the vehicle receiving the controlled substances.

(9) MAINTENANCE OF RECORDS.—

(A) IN GENERAL.—A registered emergency medical services agency shall maintain records in accordance with subsections (a) and (b) of section 307 of all controlled substances that are received, administered, or otherwise disposed of pursuant to the agency's registration, without regard to subsection 307(c)(1)(B).

(B) REQUIREMENTS.—Such records—

(i) shall include records of deliveries of controlled substances between all locations of the agency; and

(ii) shall be maintained, whether electronically or otherwise, at each registered and designated location

of the agency where the controlled substances involved are received, administered, or otherwise disposed of.

(10) OTHER REQUIREMENTS.—A registered emergency medical services agency, under the supervision of a medical director, shall be responsible for ensuring that—

(A) all emergency medical services professionals who administer controlled substances using the agency's registration act in accordance with the requirements of this subsection;

(B) the recordkeeping requirements of paragraph (9) are met with respect to a registered location and each designated location of the agency;

(C) the applicable physical security requirements established by regulation of the Attorney General are complied with wherever controlled substances are stored by the agency in accordance with paragraph (6); and

(D) the agency maintains, at a registered location of the agency, a record of the standing orders issued or adopted in accordance with paragraph (9).

(11) REGULATIONS.—The Attorney General may issue regulations—

(A) specifying, with regard to delivery of controlled substances under paragraph (5)—

(i) the types of locations that may be designated under such paragraph; and

(ii) the manner in which a notification under paragraph (5)(B) must be made;

(B) specifying, with regard to the storage of controlled substances under paragraph (6), the manner in which such substances must be stored at registered and designated locations, including in emergency medical service vehicles; and

(C) addressing the ability of hospitals, emergency medical services agencies, registered locations, and designated locations to deliver controlled substances to each other in the event of—

(i) shortages of such substances;

(ii) a public health emergency; or

(iii) a mass casualty event.

(12) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed—

(A) to limit the authority vested in the Attorney General by other provisions of this title to take measures to prevent diversion of controlled substances; or

(B) to override the authority of any State to regulate the provision of emergency medical services consistent with this subsection.

(13) DEFINITIONS.—In this section:

(A) The term "authorizing medical professional" means an emergency or other physician, or another medical professional (including an advanced practice registered nurse or physician assistant)—

(i) who is registered under this Act;

(ii) who is acting within the scope of the registration; and

(iii) whose scope of practice under a State license or certification includes the ability to provide verbal orders.

(B) The term "designated location" means a location designated by an emergency medical services agency under paragraph (5).

(C) The term "emergency medical services" means emergency medical response and emergency mobile medical services provided outside of a fixed medical facility.

(D) The term "emergency medical services agency" means an organization providing emergency medical services, including such an organization that—

(i) is governmental (including fire-based and hospital-based agencies), nongovernmental (including hospital-based agencies), private, or volunteer-based;

(ii) provides emergency medical services by ground, air, or otherwise; and

(iii) is authorized by the State in which the organization is providing such services to provide emergency medical care, including the administering of controlled substances, to members of the general public on an emergency basis.

(E) The term "emergency medical services professional" means a health care professional (including a nurse, paramedic, or emergency medical technician) licensed or certified by the State in which the professional practices and credentialed by a medical director of the respective emergency medical services agency to provide emergency medical services within the scope of the professional's State license or certification.

(F) The term "emergency medical services vehicle" means an ambulance, fire apparatus, supervisor truck, or other vehicle used by an emergency medical services agency for the purpose of providing or facilitating emergency medical care and transport or transporting controlled substances to and from the registered and designated locations.

(G) The term "hospital-based" means, with respect to an agency, owned or operated by a hospital.

(H) The term "medical director" means a physician who is registered under subsection (f) and provides medical oversight for an emergency medical services agency.

(I) The term "medical oversight" means supervision of the provision of medical care by an emergency medical services agency.

(J) The term "registered emergency medical services agency" means—

(i) an emergency medical services agency that is registered pursuant to this subsection; or

(ii) a hospital-based emergency medical services agency that is covered by the registration of the hospital under subsection (f).

(K) The term "registered location" means a location that appears on the certificate of registration issued to an emergency medical services agency under this subsection

or subsection (f), which shall be where the agency receives controlled substances from distributors.

(L) The term "specific State authority" means a governmental agency or other such authority, including a regional oversight and coordinating body, that, pursuant to State law or regulation, develops clinical protocols regarding the delivery of emergency medical services in the geographic jurisdiction of such agency or authority within the State that may be adopted by medical directors.

(M) The term "standing order" means a written medical protocol in which a medical director determines in advance the medical criteria that must be met before administering controlled substances to individuals in need of emergency medical services.

(N) The term "verbal order" means an oral directive that is given through any method of communication including by radio or telephone, directly to an emergency medical services professional, to contemporaneously administer a controlled substance to individuals in need of emergency medical services outside the physical presence of the medical director or authorizing medical professional.

(k) In this section, the phrase "factors as may be relevant to and consistent with the public health and safety" means factors that are relevant to and consistent with the findings contained in section 101.

PUBLIC LAW 91-616

AN ACT To provide a comprehensive Federal program for the prevention and treatment of alcohol abuse and alcoholism.

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TITLE III—TECHNICAL ASSISTANCE AND FEDERAL GRANTS AND CONTRACTS

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PART B—PROJECTS GRANTS AND CONTRACTS

GRANTS AND CONTRACTS FOR THE DEMONSTRATION OF NEW AND MORE EFFECTIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION PROGRAMS

SEC. 311. (a) The Secretary, acting through the Institute, may make grants to public and nonprofit private entities and may enter into contracts with public and private entities and with individuals—

(1) to conduct demonstration and evaluation projects, with a high priority on prevention and early intervention projects in occupational and educational settings and on modified community living and work-care arrangements such as halfway houses, recovery homes, and supervised home care, and with particular emphasis on developing new and more effective alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs,

(2) to support projects of a demonstration value in developing methods for the effective coordination of all alcoholism treatment, training, prevention, and research resources available within a health service area established under section 1511 of the Public Health Service Act, and

(3) to provide education and training, which may include additional training to enable treatment personnel to meet certification requirements of public or private accreditation or licensure, or requirements of third-party payors,

for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics.

(b) Projects and programs for which grants and contracts are made under this section shall (1) be responsive to special requirements of handicapped individuals in receiving such services; (2) whenever possible, be community based, seek (in the case of prevention and treatment services) to insure care of good quality in general community care facilities and under health insurance plans, and be integrated with, and provide for the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals; (3) where a substantial number of the individuals in the population served by the project or program are of limited English-speaking ability, utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals and develop a plan and make arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and identify an individual employed by the project or program, or who is available to the project or program on a full-time basis, who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English-speaking ability and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences; and (4) where appropriate utilize existing community resources (including community mental health centers).

(c)(1) In administering this section, the Secretary shall require coordination of all applications for projects and programs in a State.

(2)(A) Each applicant from within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency responsible for the administration of alcohol abuse and alcoholism prevention, treatment, and rehabilitation activities. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project or program set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects and programs pending and approved and to any State comprehensive plan for treatment and prevention of alcohol abuse and alcoholism. The State shall furnish the applicant a copy of any such evaluation.

(B)(i) Except as provided in clause (ii), each application for a grant under this section shall be submitted by the Secretary to the [National Advisory Council on Alcohol Abuse and Alcoholism] *National Advisory Council on Alcohol Effects and Alcohol-Associated*

Disorders for its review. The Secretary may approve an application for a grant under this section only if it is recommended for approval by such Council.

(ii) Clause (i) shall not apply to an application for a grant under this section for a project or program for any period of 12 consecutive months for which period payments under such grant will be less than $250,000, if an application for a grant under this section for such project or program and for a period of time which includes such 12-month period has been submitted to, and approved by, the Secretary.

(3) Approval of any application for a grant or contract by the Secretary, including the earmarking or financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria established by the Secretary that—

(A) provides that the projects and programs for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

(B) provides for such methods of administration as are necessary for the proper and efficient operation of such programs and projects; and

(C) provides for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant.

(4) The Secretary shall encourage the submission of and give special consideration to applications under this section for programs and projects aimed at underserved populations such as racial and ethnic minorities, Native Americans (including Native Hawaiians and Native American Pacific Islanders), youth, the elderly, women, handicapped individuals, public inebriates, and families of alcoholics.

(5)(A) No grant may be made under this section to a State or to any entity within the government of a State unless the grant application has been duly authorized by the chief executive officer of such State.

(B) No grant or contract may be made under this section for a period in excess of five years.

(C)(i) The amount of any grant or contract under this section may not exceed 100 per centum of the cost of carrying out the grant or contract in the first fiscal year for which the grant or contract is made under this section, 80 per centum of such cost in the second fiscal year for which the grant or contract is made under this section, 70 per centum of such cost in the third fiscal year for which the grant or contract is made under this section, and 60 per centum of such cost in each of the fourth and fifth fiscal years for which the grant or contract is made under this section.

(ii) For purposes of this subparagraph, no grant or contract shall be considered to have been made under this section for a fiscal year ending before September 30, 1981.

(6) Each applicant, upon filing its application with the Secretary for a grant or contract to provide prevention or treatment services, shall provide a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such services.

(7) Nothing shall prevent the use of funds provided under this section for programs and projects aimed at the prevention, treat-

ment, or rehabilitation of drug abuse as well as alcohol abuse and alcoholism.

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PUBLIC LAW 99-570

AN ACT To strengthen Federal efforts to encourage foreign cooperation in eradicating illicit drug crops and in halting international drug traffic, to improve enforcement of Federal drug laws and enhance interdiction of illicit drug shipments, to provide strong Federal leadership in establishing effective drug abuse prevention and education programs, to expand Federal support for drug abuse treatment and rehabilitation efforts, and for other purposes.

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TITLE IV—DEMAND REDUCTION

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Subtitle C—Indians and Alaska Natives

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PART II—COORDINATION OF RESOURCES AND PROGRAMS

SEC. 4205. INTER-DEPARTMENTAL MEMORANDUM OF AGREEMENT.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of the Tribal Law and Order Act of 2010, the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall develop and enter into a Memorandum of Agreement which shall, among other things—

(1) determine and define the scope of the problem of alcohol and substance abuse for Indian tribes and their members and its financial and human costs, and specifically identify such problems affecting Indian youth,

(2) identify—

(A) the resources and programs of the Bureau of Indian Affairs, Office of Justice Programs, [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*, and Indian Health Service, and

(B) other Federal, tribal, State and local, and private resources and programs,

which would be relevant to a coordinated effort to combat alcohol and substance abuse among Indian people, including those programs and resources made available by this subtitle,

(3) develop and establish appropriate minimum standards for each agency's program responsibilities under the Memorandum of Agreement which may be—

(A) the existing Federal or State standards in effect, or

(B) in the absence of such standards, new standards which will be developed and established in consultation with Indian tribes,

(4) coordinate the Bureau of Indian Affairs, Department of Justice, [Substance Abuse and Mental Health Services Admin-

istration] *Substance Use And Mental Health Services Administration*, and Indian Health Service alcohol and substance abuse programs existing on the date of the enactment of this subtitle with programs or efforts established by this subtitle,

(5) delineate the responsibilities of the Bureau of Indian Affairs, Department of Justice, [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*, and the Indian Health Service to coordinate alcohol and substance abuse-related services at the central, area, agency, and service unit levels,

(6) direct Bureau of Indian Affairs agency and education superintendents, where appropriate, and the Indian Health Service service unit directors to cooperate fully with tribal requests made pursuant to section 4206, and

(7) provide for an annual review of such agreements by the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services.

(b) CHARACTER OF ACTIVITIES.—To the extent that there are new activities undertaken pursuant to this subtitle, those activities shall supplement, not supplant, activities, programs, and local actions that are ongoing on the date of the enactment of this subtitle. Such activities shall be undertaken in the manner least disruptive to tribal control, in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and local control, in accordance with section 1130 of the Education Amendments of 1978 (25 U.S.C. 2010).

(c) CONSULTATION.—The Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall, in developing the Memorandum of Agreement under subsection (a), consult with and solicit the comments of—

(1) interested Indian tribes,

(2) Indian individuals,

(3) Indian organizations, and

(4) professionals in the treatment of alcohol and substance abuse.

(d) PUBLICATION.—The Memorandum of Agreement under subsection (a) shall be submitted to Congress and published in the Federal Register not later than 130 days after the date of enactment of the Tribal Law and Order Act of 2010. At the same time as publication in the Federal Register, the Secretary of the Interior shall provide a copy of this subtitle and the Memorandum of Agreement under subsection (a) to each Indian tribe.

SEC. 4206. TRIBAL ACTION PLANS.

(a) IN GENERAL.—The governing body of any Indian tribe may, at its discretion, adopt a resolution for the establishment of a Tribal Action Plan to coordinate available resources and programs, including programs and resources made available by this subtitle, in an effort to combat alcohol and substance abuse among its members. Such resolution shall be the basis for the implementation of this subtitle and of the Memorandum of Agreement under section 4205.

(b) COOPERATION.—At the request of any Indian tribe pursuant to a resolution adopted under subsection (a), the Bureau of Indian Affairs agency and education superintendents, where appropriate,, the Office of Justice Programs, the [Substance Abuse and Mental

Health Services Administration] *Substance Use And Mental Health Services Administration*, and the Indian Health Service service unit director providing services to such tribe shall cooperate with the tribe in the development of a Tribal Action Plan to coordinate resources and programs relevant to alcohol and substance abuse prevention and treatment. Upon the development of such a plan, such superintendents and director, as directed by the Memorandum of Agreement established under section 4205, shall enter into an agreement with the tribe for the implementation of the Tribal Action Plan under subsection (a).

(c) PROVISIONS.—

(1) Any Tribal Action Plan entered into under subsection (b) shall provide for—

(A) the establishment of a Tribal Coordinating Committee which shall—

(i) at a minimum, have as members a tribal representative who shall serve as Chairman and the Bureau of Indian Affairs agency and education superintendents, where appropriate,, the Office of Justice Programs, the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*, and the Indian Health Service service unit director, or their representatives,

(ii) have primary responsibility for the implementation of the Tribal Action Plan,

(iii) have the responsibility for on-going review and evaluation of, and the making of recommendations to the tribe relating to, the Tribal Action Plan, and

(iv) have the responsibility for scheduling Federal, tribal or other personnel for training in the prevention and treatment of alcohol and substance abuse among Indians as provided under section 4228, and

(B) the incorporation of the minimum standards for those programs and services which it encompasses which shall be—

(i) the Federal or State standards as provided in section 4205(a)(3), or

(ii) applicable tribal standards, if such standards are no less stringent than the Federal or State standards.

(2) Any Tribal Action Plan may, among other things, provide for—

(A) an assessment of the scope of the problem of alcohol and substance abuse for the Indian tribe which adopted the resolution for the Plan,

(B) the identification and coordination of available resources and programs relevant to a program of alcohol and substance abuse prevention and treatment,

(C) the establishment and prioritization of goals and the efforts needed to meet those goals,

(D) the identification of the community and family roles in any of the efforts undertaken as part of the Tribal Action Plan,

(E) the establishment of procedures for amendment and revision of the plan as may be determined necessary by the Tribal Coordinating Committee, and

(F) an evaluation component to measure the success of efforts made.

(3) All Tribal Action Plans shall be updated every 2 years.

(d) GRANTS.—(1) The Secretary of the Interior may make grants to Indian tribes adopting a resolution pursuant to subsection (a) to provide technical assistance in the development of a Tribal Action Plan. The Secretary shall allocate funds based on need.

(2) There are authorized to be appropriated for grants under this subsection not more than $2,000,000 for the period of fiscal years 2011 through 2015.

(e) FEDERAL ACTION.—If any Indian tribe does not adopt a resolution as provided in subsection (a) within 90 days after the publication of the Memorandum of Agreement in the Federal Register as provided in section 4205, the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall require the Bureau of Indian Affairs agency and education superintendents, where appropriate, and the Indian Health Service service unit director serving such tribe to enter into an agreement to identify and coordinate available programs and resources to carry out the purposes of this subtitle for such tribe. After such an agreement has been entered into for a tribe such tribe may adopt a resolution under subsection (a).

(f)(1) The Secretary of the Interior may make grants to Indian tribes adopting a resolution pursuant to subsection (a) to implement and develop community and in-school training, education, and prevention programs on alcohol and substance abuse, fetal alcohol syndrome and fetal alcohol effect.

(2) Funds provided under this section may be used for, but are not limited to, the development and implementation of tribal programs for—

(A) youth employment;

(B) youth recreation;

(C) youth cultural activities;

(D) community awareness programs; and

(E) community training and education programs.

(3) There are authorized to be appropriated to carry out the provisions of this subsection $5,000,000 for fiscal years 2011 through 2015.

SEC. 4207. DEPARTMENTAL RESPONSIBILITY.

(a) IMPLEMENTATION.—The Secretary of the Interior, acting through the Bureau of Indian Affairs, the Attorney General, and the Secretary of Health and Human Services, acting through the Indian Health Service, shall bear equal responsibility for the implementation of this subtitle in cooperation with Indian tribes.

(b) OFFICE OF ALCOHOL AND SUBSTANCE ABUSE.—

(1) ESTABLISHMENT.—

(A) IN GENERAL.—To improve coordination among the Federal agencies and departments carrying out this subtitle, there is established within the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* an office, to be known as the "Office of Indian Alcohol and Substance Abuse" (referred to in this section as the "Office").

(B) DIRECTOR.—The director of the Office shall be appointed by the Administrator of the [Substance Abuse and

Mental Health Services Administration] *Substance Use And Mental Health Services Administration*—

(i) on a permanent basis; and

(ii) at a grade of not less than GS–15 of the General Schedule.

(2) RESPONSIBILITIES OF OFFICE.—In addition to other responsibilities which may be assigned to such Office, it shall be responsible for—

(A) coordinating with other agencies to monitor the performance and compliance of the relevant Federal programs in achieving the goals and purposes of this subtitle and the Memorandum of Agreement entered into under section 4205;

(B) serving as a point of contact for Indian tribes and the Tribal Coordinating Committees regarding the implementation of this subtitle, the Memorandum of Agreement, and any Tribal Action Plan established under section 4206; and

(C) not later than 1 year after the date of enactment of the Tribal Law and Order Act of 2010, developing, in coordination and consultation with tribal governments, a framework for interagency and tribal coordination that—

(i) establish the goals and other desired outcomes of this Act;

(ii) prioritizes outcomes that are aligned with the purposes of affected agencies;

(iii) provides guidelines for resource and information sharing;

(iv) provides technical assistance to the affected agencies to establish effective and permanent interagency communication and coordination; and

(v) determines whether collaboration is feasible, cost-effective, and within agency capability.

(3) APPOINTMENT OF EMPLOYEES.—The Administrator of the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* shall appoint such employees to work in the Office, and shall provide such funding, services, and equipment, as may be necessary to enable the Office to carry out the responsibilities under this subsection.

(c) INDIAN YOUTH PROGRAMS OFFICER.—

(1) There is established in the Office the position to be known as the Indian Youth Programs Officer. The Administrator of the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* shall appoint the Indian Youth Programs Officer.

(2) The position of Indian Youth Programs Officer shall be established on a permanent basis at no less than the grade of GS–14 of the General Schedule.

(3) In addition to other responsibilities which may be assigned to the Indian Youth Programs Officer relating to Indian youth, such Officer shall be responsible for—

(A) monitoring the performance and compliance of the applicable Federal programs in meeting the goals and pur-

poses of this subtitle and the Memorandum of Agreement entered into under section 4205 as they relate to Indian youth efforts, and

(B) providing advice and recommendations, including recommendations submitted by Indian tribes and Tribal Coordinating Committees, to the Director of the Office as they relate to Indian youth.

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SOCIAL SECURITY ACT

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TITLE XVIII—HEALTH INSURANCE FOR THE AGED AND DISABLED

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PART E—MISCELLANEOUS PROVISIONS

DEFINITIONS OF SERVICES, INSTITUTIONS, ETC.

SEC. 1861. For purposes of this title—

Spell of Illness

(a) The term "spell of illness" with respect to any individual means a period of consecutive days—

(1) beginning with the first day (not included in a previous spell of illness) (A) on which such individual is furnished inpatient hospital services, inpatient critical access hospital services or extended care services, and (B) which occurs in a month for which he is entitled to benefits under part A, and

(2) ending with the close of the first period of 60 consecutive days thereafter on each of which he is neither an inpatient of a hospital or critical access hospital nor an inpatient of a facility described in section 1819(a)(1) or subsection (y)(1).

Inpatient Hospital Services

(b) The term "inpatient hospital services" means the following items and services furnished to an inpatient of a hospital and (except as provided in paragraph (3)) by the hospital—

(1) bed and board;

(2) such nursing services and other related services, such use of hospital facilities, and such medical social services as are ordinarily furnished by the hospital for the care and treatment of inpatients, and such drugs, biologicals, supplies, appliances, and equipment, for use in the hospital, as are ordinarily furnished by such hospital for the care and treatment of inpatients; and

(3) such other diagnostic or therapeutic items or services, furnished by the hospital or by others under arrangements with them made by the hospital, as are ordinarily furnished to inpatients either by such hospital or by others under such arrangements;

excluding, however—

(4) medical or surgical services provided by a physician, resident, or intern, services described by subsection (s)(2)(K), certified nurse-midwife services, qualified psychologist services, and services of a certified registered nurse anesthetist; and

(5) the services of a private-duty nurse or other private-duty attendant.

Paragraph (4) shall not apply to services provided in a hospital by—

(6) an intern or a resident-in-training under a teaching program approved by the Council on Medical Education of the American Medical Association or, in the case of an osteopathic hospital, approved by the Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association, or, in the case of services in a hospital or osteopathic hospital by an intern or resident-in-training in the field of dentistry, approved by the Council on Dental Education of the American Dental Association, or in the case of services in a hospital or osteopathic hospital by an intern or resident-in-training in the field of podiatry, approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association; or

(7) a physician where the hospital has a teaching program approved as specified in paragraph (6), if (A) the hospital elects to receive any payment due under this title for reasonable costs of such services, and (B) all physicians in such hospital agree not to bill charges for professional services rendered in such hospital to individuals covered under the insurance program established by this title.

Inpatient Psychiatric Hospital Services

(c) The term "inpatient psychiatric hospital services" means inpatient hospital services furnished to an inpatient of a psychiatric hospital.

Supplier

(d) The term "supplier" means, unless the context otherwise requires, a physician or other practitioner, a facility, or other entity (other than a provider of services) that furnishes items or services under this title.

Hospital

(e) The term "hospital" (except for purposes of sections 1814(d), 1814(f), and 1835(b), subsection (a)(2) of this section, paragraph (7) of this subsection, and subsection (i) of this section) means an institution which—

(1) is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons;

(2) maintains clinical records on all patients;

(3) has bylaws in effect with respect to its staff of physicians;

(4) has a requirement that every patient with respect to whom payment may be made under this title must be under

the care of a physician, except that a patient receiving qualified psychologist services (as defined in subsection (ii)) may be under the care of a clinical psychologist with respect to such services to the extent permitted under State law;

(5) provides 24-hour nursing service rendered or supervised by a registered professional nurse, and has a licensed practical nurse or registered professional nurse on duty at all times; except that until January 1, 1979, the Secretary is authorized to waive the requirement of this paragraph for any one-year period with respect to any institution, insofar as such requirement relates to the provision of twenty-four-hour nursing service rendered or supervised by a registered professional nurse (except that in any event a registered professional nurse must be present on the premises to render or supervise the nursing service provided, during at least the regular daytime shift), where immediately preceding such one-year period he finds that—

(A) such institution is located in a rural area and the supply of hospital services in such area is not sufficient to meet the needs of individuals residing therein,

(B) the failure of such institution to qualify as a hospital would seriously reduce the availability of such services to such individuals, and

(C) such institution has made and continues to make a good faith effort to comply with this paragraph, but such compliance is impeded by the lack of qualified nursing personnel in such area;

(6)(A) has in effect a hospital utilization review plan which meets the requirements of subsection (k) and (B) has in place a discharge planning process that meets the requirements of subsection (ee);

(7) in the case of an institution in any State in which State or applicable local law provides for the licensing of hospitals, (A) is licensed pursuant to such law or (B) is approved, by the agency of such State or locality responsible for licensing hospitals, as meeting the standards established for such licensing;

(8) has in effect an overall plan and budget that meets the requirements of subsection (z); and

(9) meets such other requirements as the Secretary finds necessary in the interest of the health and safety of individuals who are furnished services in the institution.

For purposes of subsection (a)(2), such term includes any institution which meets the requirements of paragraph (1) of this subsection. For purposes of sections 1814(d) and 1835(b) (including determination of whether an individual received inpatient hospital services or diagnostic services for purposes of such sections), section 1814(f)(2), and subsection (i) of this section, such term includes any institution which (i) meets the requirements of paragraphs (5) and (7) of this subsection, (ii) is not primarily engaged in providing the services described in section 1861(j)(1)(A) and (iii) is primarily engaged in providing, by or under the supervision of individuals referred to in paragraph (1) of section 1861(r), to inpatients diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick

persons. For purposes of section 1814(f)(1), such term includes an institution which (i) is a hospital for purposes of sections 1814(d), 1814(f)(2), and 1835(b) and (ii) is accredited by a national accreditation body recognized by the Secretary under section 1865(a), or is accredited by or approved by a program of the country in which such institution is located if the Secretary finds the accreditation or comparable approval standards of such program to be essentially equivalent to those of such a national accreditation body.. Notwithstanding the preceding provisions of this subsection, such term shall not, except for purposes of subsection (a)(2), include any institution which is primarily for the care and treatment of mental diseases unless it is a psychiatric hospital (as defined in subsection (f)). The term "hospital" also includes a religious nonmedical health care institution (as defined in subsection (ss)(1)), but only with respect to items and services ordinarily furnished by such institution to inpatients, and payment may be made with respect to services provided by or in such an institution only to such extent and under such conditions, limitations, and requirements (in addition to or in lieu of the conditions, limitations, and requirements otherwise applicable) as may be provided in regulations consistent with section 1821. For provisions deeming certain requirements of this subsection to be met in the case of accredited institutions, see section 1865. The term "hospital" also includes a facility of fifty beds or less which is located in an area determined by the Secretary to meet the definition relating to a rural area described in subparagraph (A) of paragraph (5) of this subsection and which meets the other requirements of this subsection, except that—

(A) with respect to the requirements for nursing services applicable after December 31, 1978, such requirements shall provide for temporary waiver of the requirements, for such period as the Secretary deems appropriate, where (i) the facility's failure to fully comply with the requirements is attributable to a temporary shortage of qualified nursing personnel in the area in which the facility is located, (ii) a registered professional nurse is present on the premises to render or supervise the nursing service provided during at least the regular daytime shift, and (iii) the Secretary determines that the employment of such nursing personnel as are available to the facility during such temporary period will not adversely affect the health and safety of patients;

(B) with respect to the health and safety requirements promulgated under paragraph (9), such requirements shall be applied by the Secretary to a facility herein defined in such manner as to assure that personnel requirements take into account the availability of technical personnel and the educational opportunities for technical personnel in the area in which such facility is located, and the scope of services rendered by such facility; and the Secretary, by regulations, shall provide for the continued participation of such a facility where such personnel requirements are not fully met, for such period as the Secretary determines that (i) the facility is making good faith efforts to fully comply with the personnel requirements, (ii) the employment by the facility of such personnel as are available to the facility will not adversely affect the health and safety of

patients, and (iii) if the Secretary has determined that because of the facility's waiver under this subparagraph the facility should limit its scope of services in order not to adversely affect the health and safety of the facility's patients, the facility is so limiting the scope of services it provides; and

(C) with respect to the fire and safety requirements promulgated under paragraph (9), the Secretary (i) may waive, for such period as he deems appropriate, specific provisions of such requirements which if rigidly applied would result in unreasonable hardship for such a facility and which, if not applied, would not jeopardize the health and safety of patients, and (ii) may accept a facility's compliance with all applicable State codes relating to fire and safety in lieu of compliance with the fire and safety requirements promulgated under paragraph (9), if he determines that such State has in effect fire and safety codes, imposed by State law, which adequately protect patients.

The term "hospital" does not include, unless the context otherwise requires, a critical access hospital (as defined in section 1861(mm)(1)) or a rural emergency hospital (as defined in subsection (kkk)(2)).

Psychiatric Hospital

(f) The term "psychiatric hospital" means an institution which—

(1) is primarily engaged in providing, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons;

(2) satisfies the requirements of paragraphs (3) through (9) of subsection (e);

(3) maintains clinical records on all patients and maintains such records as the Secretary finds to be necessary to determine the degree and intensity of the treatment provided to individuals entitled to hospital insurance benefits under part A; and

(4) meets such staffing requirements as the Secretary finds necessary for the institution to carry out an active program of treatment for individuals who are furnished services in the institution.

In the case of an institution which satisfies paragraphs (1) and (2) of the preceding sentence and which contains a distinct part which also satisfies paragraphs (3) and (4) of such sentence, such distinct part shall be considered to be a "psychiatric hospital".

Outpatient Occupational Therapy Services

(g) The term "outpatient occupational therapy services" has the meaning given the term "outpatient physical therapy services" in subsection (p), except that "occupational" shall be substituted for "physical" each place it appears therein.

Extended Care Services

(h) The term "extended care services" means the following items and services furnished to an inpatient of a skilled nursing facility and (except as provided in paragraphs (3), (6) and (7)) by such skilled nursing facility—

(1) nursing care provided by or under the supervision of a registered professional nurse;

(2) bed and board in connection with the furnishing of such nursing care;

(3) physical or occupational therapy or speech-language pathology services furnished by the skilled nursing facility or by others under arrangements with them made by the facility;

(4) medical social services;

(5) such drugs, biologicals, supplies, appliances, and equipment, furnished for use in the skilled nursing facility, as are ordinarily furnished by such facility for the care and treatment of inpatients;

(6) medical services provided by an intern or resident-in-training of a hospital with which the facility has in effect a transfer agreement (meeting the requirements of subsection (l)), under a teaching program of such hospital approved as provided in the last sentence of subsection (b), and other diagnostic or therapeutic services provided by a hospital with which the facility has such an agreement in effect; and

(7) such other services necessary to the health of the patients as are generally provided by skilled nursing facilities, or by others under arrangements with them made by the facility;

excluding, however, any item or service if it would not be included under subsection (b) if furnished to an inpatient of a hospital.

Post-Hospital Extended Care Services

(i) The term "post-hospital extended care services" means extended care services furnished an individual after transfer from a hospital in which he was an inpatient for not less than 3 consecutive days before his discharge from the hospital in connection with such transfer. For purposes of the preceding sentence, items and services shall be deemed to have been furnished to an individual after transfer from a hospital, and he shall be deemed to have been an inpatient in the hospital immediately before transfer therefrom, if he is admitted to the skilled nursing facility (A) within 30 days after discharge from such hospital, or (B) within such time as it would be medically appropriate to begin an active course of treatment, in the case of an individual whose condition is such that skilled nursing facility care would not be medically appropriate within 30 days after discharge from a hospital; and an individual shall be deemed not to have been discharged from a skilled nursing facility if, within 30 days after discharge therefrom, he is admitted to such facility or any other skilled nursing facility.

Skilled Nursing Facility

(j) The term "skilled nursing facility" has the meaning given such term in section 1819(a).

Utilization Review

(k) A utilization review plan of a hospital or skilled nursing facility shall be considered sufficient if it is applicable to services furnished by the institution to individuals entitled to insurance benefits under this title and if it provides—

(1) for the review, on a sample or other basis, of admissions to the institution, the duration of stays therein, and the professional services (including drugs and biologicals) furnished, (A) with respect to the medical necessity of the services, and (B) for the purpose of promoting the most efficient use of available health facilities and services;

(2) for such review to be made by either (A) a staff committee of the institution composed of two or more physicians (of which at least two must be physicians described in subsection (r)(1) of this section), with or without participation of other professional personnel, or (B) a group outside the institution which is similarly composed and (i) which is established by the local medical society and some or all of the hospitals and skilled nursing facilities in the locality, or (ii) if (and for as long as) there has not been established such a group which serves such institution, which is established in such other manner as may be approved by the Secretary;

(3) for such review, in each case of inpatient hospital services or extended care services furnished to such an individual during a continuous period of extended duration, as of such days of such period (which may differ for different classes of cases) as may be specified in regulations, with such review to be made as promptly as possible, after each day so specified, and in no event later than one week following such day; and

(4) for prompt notification to the institution, the individual, and his attending physician of any finding (made after opportunity for consultation to such attending physician) by the physician members of such committee or group that any further stay in the institution is not medically necessary.

The review committee must be composed as provided in clause (B) of paragraph (2) rather than as provided in clause (A) of such paragraph in the case of any hospital or skilled nursing facility where, because of the small size of the institution, or (in the case of a skilled nursing facility) because of lack of an organized medical staff, or for such other reason or reasons as may be included in regulations, it is impracticable for the institution to have a properly functioning staff committee for the purposes of this subsection. If the Secretary determines that the utilization review procedures established pursuant to title XIX are superior in their effectiveness to the procedures required under this section, he may, to the extent that he deems it appropriate, require for purposes of this title that the procedures established pursuant to title XIX be utilized instead of the procedures required by this section.

Agreements for Transfer Between Skilled Nursing Facilities and Hospitals

(l) A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case the two institutions are under common control) by reason of a written undertaking by the person or body which controls them, there is reasonable assurance that—

(1) transfer of patients will be effected between the hospital and the skilled nursing facility whenever such transfer is medically appropriate as determined by the attending physician; and

(2) there will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between the institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.

Any skilled nursing facility which does not have such an agreement in effect, but which is found by a State agency (of the State in which such facility is situated) with which an agreement under section 1864 is in effect (or, in the case of a State in which no such agency has an agreement under section 1864, by the Secretary) to have attempted in good faith to enter into such an agreement with a hospital sufficiently close to the facility to make feasible the transfer between them of patients and the information referred to in paragraph (2), shall be considered to have such an agreement in effect if and for so long as such agency (or the Secretary, as the case may be) finds that to do so is in the public interest and essential to assuring extended care services for persons in the community who are eligible for payments with respect to such services under this title.

Home Health Services

(m) The term "home health services" means the following items and services furnished to an individual, who is under the care of a physician, a nurse practitioner or a clinical nurse specialist (as those terms are defined in subsection (aa)(5)), or a physician assistant (as defined in subsection (aa)(5)), by a home health agency or by others under arrangements with them made by such agency, under a plan (for furnishing such items and services to such individual) established and periodically reviewed by a physician, a nurse practitioner, a clinical nurse specialist, or a physician assistant, which items and services are, except as provided in paragraph (7), provided on a visiting basis in a place of residence used as such individual's home—

(1) part-time or intermittent nursing care provided by or under the supervision of a registered professional nurse;

(2) physical or occupational therapy or speech-language pathology services;

(3) medical social services under the direction of a physician, a nurse practitioner, a clinical nurse specialist, or a physician assistant;

(4) to the extent permitted in regulations, part-time or intermittent services of a home health aide who has successfully completed a training program approved by the Secretary;

(5) medical supplies (including catheters, catheter supplies, ostomy bags, and supplies related to ostomy care, and a covered osteoporosis drug (as defined in subsection (kk)), but excluding other drugs and biologicals) and durable medical equipment and applicable disposable devices (as defined in section 1834(s)(2)) while under such a plan;

(6) in the case of a home health agency which is affiliated or under common control with a hospital, medical services provided by an intern or resident-in-training of such hospital, under a teaching program of such hospital approved as provided in the last sentence of subsection (b); and

(7) any of the foregoing items and services which are provided on an outpatient basis, under arrangements made by the home health agency, at a hospital or skilled nursing facility, or at a rehabilitation center which meets such standards as may be prescribed in regulations, and—

(A) the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual in such place of residence, or

(B) which are furnished at such facility while he is there to receive any such item or service described in clause (A),

but not including transportation of the individual in connection with any such item or service;

excluding, however, any item or service if it would not be included under subsection (b) if furnished to an inpatient of a hospital and home infusion therapy (as defined in subsection (iii)(i)). For purposes of paragraphs (1) and (4), the term "part-time or intermittent services" means skilled nursing and home health aide services furnished any number of days per week as long as they are furnished (combined) less than 8 hours each day and 28 or fewer hours each week (or, subject to review on a case-by-case basis as to the need for care, less than 8 hours each day and 35 or fewer hours per week). For purposes of sections 1814(a)(2)(C) and 1835(a)(2)(A), "intermittent" means skilled nursing care that is either provided or needed on fewer than 7 days each week, or less than 8 hours of each day for periods of 21 days or less (with extensions in exceptional circumstances when the need for additional care is finite and predictable).

Durable Medical Equipment

(n) The term "durable medical equipment" includes iron lungs, oxygen tents, hospital beds, and wheelchairs (which may include a power-operated vehicle that may be appropriately used as a wheelchair, but only where the use of such a vehicle is determined to be necessary on the basis of the individual's medical and physical condition and the vehicle meets such safety requirements as the Secretary may prescribe) used in the patient's home (including an institution used as his home other than an institution that meets the requirements of subsection (e)(1) of this section or section 1819(a)(1)), whether furnished on a rental basis or purchased, and includes blood-testing strips and blood glucose monitors for individuals with diabetes without regard to whether the individual has Type I or Type II diabetes or to the individual's use of insulin (as determined under standards established by the Secretary in consultation with the appropriate organizations) and eye tracking and gaze interaction accessories for speech generating devices furnished to individuals with a demonstrated medical need for such accessories; except that such term does not include such equipment furnished by a supplier who has used, for the demonstration and use of specific equipment, an individual who has not met such minimum training standards as the Secretary may establish with respect to the demonstration and use of such specific equipment. With respect to a seat-lift chair, such term includes only the seat-lift mechanism and does not include the chair.

Home Health Agency

(o) The term "home health agency" means a public agency or private organization, or a subdivision of such an agency or organization, which—

(1) is primarily engaged in providing skilled nursing services and other therapeutic services;

(2) has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians, nurse practitioners or clinical nurse specialists (as those terms are defined in subsection (aa)(5)), certified nurse-midwives (as defined in subsection (gg)), or physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, physician assistant, assistants (as defined in subsection (aa)(5)) and one or more registered professional nurses, to govern the services (referred to in paragraph (1)) which it provides, and provides for supervision of such services by a physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, physician assistant, or registered professional nurse;

(3) maintains clinical records on all patients;

(4) in the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, (A) is licensed pursuant to such law, or (B) is approved, by the agency of such State or locality responsible for licensing agencies or organizations of this nature, as meeting the standards established for such licensing;

(5) has in effect an overall plan and budget that meets the requirements of subsection (z);

(6) meets the conditions of participation specified in section 1891(a) and such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization;

(7) provides the Secretary with a surety bond—

(A) in a form specified by the Secretary and in an amount that is not less than the minimum of $50,000; and

(B) that the Secretary determines is commensurate with the volume of payments to the home health agency; and

(8) meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary for the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program;

except that for purposes of part A such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases. The Secretary may waive the requirement of a surety bond under paragraph (7) in the case of an agency or organization that provides a comparable surety bond under State law.

Outpatient Physical Therapy Services

(p) The term "outpatient physical therapy services" means physical therapy services furnished by a provider of services, a clinic,

rehabilitation agency, or a public health agency, or by others under an arrangement with, and under the supervision of, such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient—

(1) who is under the care of a physician (as defined in paragraph (1), (3), or (4) of section 1861(r)), and

(2) with respect to whom a plan prescribing the type, amount, and duration of physical therapy services that are to be furnished such individual has been established by a physician (as so defined) or by a qualified physical therapist and is periodically reviewed by a physician (as so defined);

excluding, however—

(3) any item or service if it would not be included under subsection (b) if furnished to an inpatient of a hospital; and

(4) any such service—

(A) if furnished by a clinic or rehabilitation agency, or by others under arrangements with such clinic or agency, unless such clinic or rehabilitation agency—

(i) provides an adequate program of physical therapy services for outpatients and has the facilities and personnel required for such program or required for the supervision of such a program, in accordance with such requirements as the Secretary may specify,

(ii) has policies, established by a group of professional personnel, including one or more physicians (associated with the clinic or rehabilitation agency) and one or more qualified physical therapists, to govern the services (referred to in clause (i)) it provides,

(iii) maintains clinical records on all patients,

(iv) if such clinic or agency is situated in a State in which State or applicable local law provides for the licensing of institutions of this nature, (I) is licensed pursuant to such law, or (II) is approved by the agency of such State or locality responsible for licensing institutions of this nature, as meeting the standards established for such licensing; and

(v) meets such other conditions relating to the health and safety of individuals who are furnished services by such clinic or agency on an outpatient basis, as the Secretary may find necessary, and provides the Secretary on a continuing basis with a surety bond in a form specified by the Secretary and in an amount that is not less than $50,000, or

(B) if furnished by a public health agency, unless such agency meets such other conditions relating to health and safety of individuals who are furnished services by such agency on an outpatient basis, as the Secretary may find necessary.

The term "outpatient physical therapy services" also includes physical therapy services furnished an individual by a physical therapist (in his office or in such individual's home) who meets licensing and other standards prescribed by the Secretary in regulations, otherwise than under an arrangement with and under the supervision of a provider of services, clinic, rehabilitation agency, or public health agency, if the furnishing of such services meets such con-

ditions relating to health and safety as the Secretary may find necessary. In addition, such term includes physical therapy services which meet the requirements of the first sentence of this subsection except that they are furnished to an individual as an inpatient of a hospital or extended care facility. Nothing in this subsection shall be construed as requiring, with respect to outpatients who are not entitled to benefits under this title, a physical therapist to provide outpatient physical therapy services only to outpatients who are under the care of a physician or pursuant to a plan of care established by a physician. The Secretary may waive the requirement of a surety bond under paragraph (4)(A)(v) in the case of a clinic or agency that provides a comparable surety bond under State law.

Physicians' Services

(q) The term "physicians' services" means professional services performed by physicians, including surgery, consultation, and home, office, and institutional calls (but not including services described in subsection (b)(6)).

Physician

(r) The term "physician", when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1101(a)(7)), (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1814(a), 1832(a)(2)(F)(ii), and 1835 but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them, (4) a doctor of optometry, but only for purposes of subsection (p)(1) and with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or (5) a chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of sections 1861(s)(1) and 1861(s)(2)(A) and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of section 1862(a)(4) and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1862(a)(4)) are furnished.

Medical and Other Health Services

(s) The term "medical and other health services" means any of the following items or services:

(1) physicians' services;

(2)(A) services and supplies (including drugs and biologicals which are not usually self-administered by the patient) furnished as an incident to a physician's professional service, of kinds which are commonly furnished in physicians' offices and are commonly either rendered without charge or included in the physicians' bills (or would have been so included but for the application of section 1847B);

(B) hospital services (including drugs and biologicals which are not usually self-administered by the patient) incident to physicians' services rendered to outpatients and partial hospitalization services incident to such services;

(C) diagnostic services which are—

(i) furnished to an individual as an outpatient by a hospital or by others under arrangements with them made by a hospital, and

(ii) ordinarily furnished by such hospital (or by others under such arrangements) to its outpatients for the purpose of diagnostic study;

(D) outpatient physical therapy services, outpatient speech-language pathology services, and outpatient occupational therapy services;

(E) rural health clinic services and Federally qualified health center services;

(F) home dialysis supplies and equipment, self-care home dialysis support services, and institutional dialysis services and supplies, and, for items and services furnished on or after January 1, 2011, renal dialysis services (as defined in section 1881(b)(14)(B)), including such renal dialysis services furnished on or after January 1, 2017, by a renal dialysis facility or provider of services paid under section 1881(b)(14) to an individual with acute kidney injury (as defined in section 1834(r)(2));

(G) antigens (subject to quantity limitations prescribed in regulations by the Secretary) prepared by a physician, as defined in section 1861(r)(1), for a particular patient, including antigens so prepared which are forwarded to another qualified person (including a rural health clinic) for administration to such patient, from time to time, by or under the supervision of another such physician;

(H)(i) services furnished pursuant to a contract under section 1876 to a member of an eligible organization by a physician assistant or by a nurse practitioner (as defined in subsection (aa)(5)) and such services and supplies furnished as an incident to his service to such a member as would otherwise be covered under this part if furnished by a physician or as an incident to a physician's service; and

(ii) services furnished pursuant to a risk-sharing contract under section 1876(g) to a member of an eligible organization by a clinical psychologist (as defined by the Secretary) or by a clinical social worker (as defined in subsection (hh)(2)), and

such services and supplies furnished as an incident to such clinical psychologist's services or clinical social worker's services to such a member as would otherwise be covered under this part if furnished by a physician or as an incident to a physician's service;

(I) blood clotting factors, for hemophilia patients competent to use such factors to control bleeding without medical or other supervision, and items related to the administration of such factors, subject to utilization controls deemed necessary by the Secretary for the efficient use of such factors;

(J) prescription drugs used in immunosuppressive therapy furnished, to an individual who receives an organ transplant for which payment is made under this title;

(K)(i) services which would be physicians' services and services described in subsections (ww)(1) and (hhh) if furnished by a physician (as defined in subsection (r)(1)) and which are performed by a physician assistant (as defined in subsection (aa)(5)) under the supervision of a physician (as so defined) and which the physician assistant is legally authorized to perform by the State in which the services are performed, and such services and supplies furnished as incident to such services as would be covered under subparagraph (A) if furnished incident to a physician's professional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services,

(ii) services which would be physicians' services and services described in subsections (ww)(1) and (hhh) if furnished by a physician (as defined in subsection (r)(1)) and which are performed by a nurse practitioner or clinical nurse specialist (as defined in subsection (aa)(5)) working in collaboration (as defined in subsection (aa)(6)) with a physician (as defined in subsection (r)(1)) which the nurse practitioner or clinical nurse specialist is legally authorized to perform by the State in which the services are performed, and such services and supplies furnished as an incident to such services as would be covered under subparagraph (A) if furnished incident to a physician's professional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services;

(L) certified nurse-midwife services;

(M) qualified psychologist services;

(N) clinical social worker services (as defined in subsection (hh)(2));

(O) erythropoietin for dialysis patients competent to use such drug without medical or other supervision with respect to the administration of such drug, subject to methods and standards established by the Secretary by regulation for the safe and effective use of such drug, and items related to the administration of such drug;

(P) prostate cancer screening tests (as defined in subsection (oo));

(Q) an oral drug (which is approved by the Federal Food and Drug Administration) prescribed for use as an anticancer chemotherapeutic agent for a given indication, and containing an active ingredient (or ingredients), which is the same indica-

tion and active ingredient (or ingredients) as a drug which the carrier determines would be covered pursuant to subparagraph (A) or (B) if the drug could not be self-administered;

(R) colorectal cancer screening tests (as defined in subsection (pp));

(S) diabetes outpatient self-management training services (as defined in subsection (qq));

(T) an oral drug (which is approved by the Federal Food and Drug Administration) prescribed for use as an acute anti-emetic used as part of an anticancer chemotherapeutic regimen if the drug is administered by a physician (or as prescribed by a physician)—

(i) for use immediately before, at, or within 48 hours after the time of the administration of the anticancer chemotherapeutic agent; and

(ii) as a full replacement for the anti-emetic therapy which would otherwise be administered intravenously;

(U) screening for glaucoma (as defined in subsection (uu)) for individuals determined to be at high risk for glaucoma, individuals with a family history of glaucoma and individuals with diabetes;

(V) medical nutrition therapy services (as defined in subsection (vv)(1)) in the case of a beneficiary with diabetes or a renal disease who—

(i) has not received diabetes outpatient self-management training services within a time period determined by the Secretary;

(ii) is not receiving maintenance dialysis for which payment is made under section 1881; and

(iii) meets such other criteria determined by the Secretary after consideration of protocols established by dietitian or nutrition professional organizations;

(W) an initial preventive physical examination (as defined in subsection (ww));

(X) cardiovascular screening blood tests (as defined in subsection (xx)(1));

(Y) diabetes screening tests (as defined in subsection (yy));

(Z) intravenous immune globulin for the treatment of primary immune deficiency diseases in the home (as defined in subsection (zz));

(AA) ultrasound screening for abdominal aortic aneurysm (as defined in subsection (bbb)) for an individual—

(i) who receives a referral for such an ultrasound screening as a result of an initial preventive physical examination (as defined in section 1861(ww)(1));

(ii) who has not been previously furnished such an ultrasound screening under this title; and

(iii) who—

(I) has a family history of abdominal aortic aneurysm; or

(II) manifests risk factors included in a beneficiary category recommended for screening by the United States Preventive Services Task Force regarding abdominal aortic aneurysms;

(BB) additional preventive services (described in subsection (ddd)(1));

(CC) items and services furnished under a cardiac rehabilitation program (as defined in subsection (eee)(1)) or under a pulmonary rehabilitation program (as defined in subsection (fff)(1));

(DD) items and services furnished under an intensive cardiac rehabilitation program (as defined in subsection (eee)(4));

(EE) kidney disease education services (as defined in subsection (ggg));

(FF) personalized prevention plan services (as defined in subsection (hhh));

(GG) home infusion therapy (as defined in subsection (iii)(1)); and

(HH) opioid use disorder treatment services (as defined in subsection (jjj)).

(3) diagnostic X-ray tests (including tests under the supervision of a physician, furnished in a place of residence used as the patient's home, if the performance of such tests meets such conditions relating to health and safety as the Secretary may find necessary and including diagnostic mammography if conducted by a facility that has a certificate (or provisional certificate) issued under section 354 of the Public Health Service Act), diagnostic laboratory tests, and other diagnostic tests;

(4) X-ray, radium, and radioactive isotope therapy, including materials and services of technicians;

(5) surgical dressings, and splints, casts, and other devices used for reduction of fractures and dislocations;

(6) durable medical equipment;

(7) ambulance service where the use of other methods of transportation is contraindicated by the individual's condition, but, subject to section 1834(l)(14), only to the extent provided in regulations;

(8) prosthetic devices (other than dental) which replace all or part of an internal body organ (including colostomy bags and supplies directly related to colostomy care), including replacement of such devices, and including one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery with insertion of an intraocular lens;

(9) leg, arm, back, and neck braces, and artificial legs, arms, and eyes, including replacements if required because of a change in the patient's physical condition;

(10)(A) pneumococcal vaccine and its administration and, subject to section 4071(b) of the Omnibus Budget Reconciliation Act of 1987, influenza vaccine and its administration, and COVID–19 vaccine and its administration; and

(B) hepatitis B vaccine and its administration, furnished to an individual who is at high or intermediate risk of contracting hepatitis B (as determined by the Secretary under regulations);

(11) services of a certified registered nurse anesthetist (as defined in subsection (bb));

(12) subject to section 4072(e) of the Omnibus Budget Reconciliation Act of 1987, extra-depth shoes with inserts or cus-

tom molded shoes with inserts for an individual with diabetes, if—

(A) the physician who is managing the individual's diabetic condition (i) documents that the individual has peripheral neuropathy with evidence of callus formation, a history of pre-ulcerative calluses, a history of previous ulceration, foot deformity, or previous amputation, or poor circulation, and (ii) certifies that the individual needs such shoes under a comprehensive plan of care related to the individual's diabetic condition;

(B) the particular type of shoes are prescribed by a podiatrist or other qualified physician (as established by the Secretary); and

(C) the shoes are fitted and furnished by a podiatrist or other qualified individual (such as a pedorthist or orthotist, as established by the Secretary) who is not the physician described in subparagraph (A) (unless the Secretary finds that the physician is the only such qualified individual in the area);

(13) screening mammography (as defined in subsection (jj));

(14) screening pap smear and screening pelvic exam; and

(15) bone mass measurement (as defined in subsection (rr)).

No diagnostic tests performed in any laboratory, including a laboratory that is part of a rural health clinic, or a hospital (which, for purposes of this sentence, means an institution considered a hospital for purposes of section 1814(d)) shall be included within paragraph (3) unless such laboratory—

(16) if situated in any State in which State or applicable local law provides for licensing of establishments of this nature, (A) is licensed pursuant to such law, or (B) is approved, by the agency of such State or locality responsible for licensing establishments of this nature, as meeting the standards established for such licensing; and

(17)(A) meets the certification requirements under section 353 of the Public Health Service Act; and

(B) meets such other conditions relating to the health and safety of individuals with respect to whom such tests are performed as the Secretary may find necessary.

There shall be excluded from the diagnostic services specified in paragraph (2)(C) any item or service (except services referred to in paragraph (1)) which would not be included under subsection (b) if it were furnished to an inpatient of a hospital. None of the items and services referred to in the preceding paragraphs (other than paragraphs (1) and (2)(A)) of this subsection which are furnished to a patient of an institution which meets the definition of a hospital for purposes of section 1814(d) shall be included unless such other conditions are met as the Secretary may find necessary relating to health and safety of individuals with respect to whom such items and services are furnished.

Drugs and Biologicals

(t)(1) The term "drugs" and the term "biologicals", except for purposes of subsection (m)(5) and paragraph (2), include only such drugs (including contrast agents) and biologicals, respectively, as are included (or approved for inclusion) in the United States Phar-

macopoeia, the National Formulary, or the United States Homeopathic Pharmacopoeia, or in New Drugs or Accepted Dental Remedies (except for any drugs and biologicals unfavorably evaluated therein), or as are approved by the pharmacy and drug therapeutics committee (or equivalent committee) of the medical staff of the hospital furnishing such drugs and biologicals for use in such hospital.

(2)(A) For purposes of paragraph (1), the term "drugs" also includes any drugs or biologicals used in an anticancer chemotherapeutic regimen for a medically accepted indication (as described in subparagraph (B)).

(B) In subparagraph (A), the term "medically accepted indication", with respect to the use of a drug, includes any use which has been approved by the Food and Drug Administration for the drug, and includes another use of the drug if—

(i) the drug has been approved by the Food and Drug Administration; and

(ii)(I) such use is supported by one or more citations which are included (or approved for inclusion) in one or more of the following compendia: the American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluations, the United States Pharmacopoeia-Drug Information (or its successor publications), and other authoritative compendia as identified by the Secretary, unless the Secretary has determined that the use is not medically appropriate or the use is identified as not indicated in one or more such compendia, or

(II) the carrier involved determines, based upon guidance provided by the Secretary to carriers for determining accepted uses of drugs, that such use is medically accepted based on supportive clinical evidence in peer reviewed medical literature appearing in publications which have been identified for purposes of this subclause by the Secretary.

The Secretary may revise the list of compendia in clause (ii)(I) as is appropriate for identifying medically accepted indications for drugs. On and after January 1, 2010, no compendia may be included on the list of compendia under this subparagraph unless the compendia has a publicly transparent process for evaluating therapies and for identifying potential conflicts of interests.

Provider of Services

(u) The term "provider of services" means a hospital, critical access hospital, rural emergency hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, home health agency, hospice program, or, for purposes of section 1814(g) and section 1835(e), a fund.

Reasonable Cost

(v)(1)(A) The reasonable cost of any services shall be the cost actually incurred, excluding therefrom any part of incurred cost found to be unnecessary in the efficient delivery of needed health services, and shall be determined in accordance with regulations establishing the method or methods to be used, and the items to be included, in determining such costs for various types or classes

of institutions, agencies, and services; except that in any case to which paragraph (2) or (3) applies, the amount of the payment determined under such paragraph with respect to the services involved shall be considered the reasonable cost of such services. In prescribing the regulations referred to in the preceding sentence, the Secretary shall consider, among other things, the principles generally applied by national organizations or established prepayment organizations (which have developed such principles) in computing the amount of payment, to be made by persons other than the recipients of services, to providers of services on account of services furnished to such recipients by such providers. Such regulations may provide for determination of the costs of services on a per diem, per unit, per capita, or other basis, may provide for using different methods in different circumstances, may provide for the use of estimates of costs of particular items or services, may provide for the establishment of limits on the direct or indirect overall incurred costs or incurred costs of specific items or services or groups of items or services to be recognized as reasonable based on estimates of the costs necessary in the efficient delivery of needed health services to individuals covered by the insurance programs established under this title, and may provide for the use of charges or a percentage of charges where this method reasonably reflects the costs. Such regulations shall (i) take into account both direct and indirect costs of providers of services (excluding therefrom any such costs, including standby costs, which are determined in accordance with regulations to be unnecessary in the efficient delivery of services covered by the insurance programs established under this title) in order that, under the methods of determining costs, the necessary costs of efficiently delivering covered services to individuals covered by the insurance programs established by this title will not be borne by individuals not so covered, and the costs with respect to individuals not so covered will not be borne by such insurance programs, and (ii) provide for the making of suitable retroactive corrective adjustments where, for a provider of services for any fiscal period, the aggregate reimbursement produced by the methods of determining costs proves to be either inadequate or excessive.

(B) In the case of extended care services, the regulations under subparagraph (A) shall not include provision for specific recognition of a return on equity capital.

(C) Where a hospital has an arrangement with a medical school under which the faculty of such school provides services at such hospital, an amount not in excess of the reasonable cost of such services to the medical school shall be included in determining the reasonable cost to the hospital of furnishing services—

(i) for which payment may be made under part A, but only if—

(I) payment for such services as furnished under such arrangement would be made under part A to the hospital had such services been furnished by the hospital, and

(II) such hospital pays to the medical school at least the reasonable cost of such services to the medical school, or

(ii) for which payment may be made under part B, but only if such hospital pays to the medical school at least the reasonable cost of such services to the medical school.

(D) Where (i) physicians furnish services which are either inpatient hospital services (including services in conjunction with the teaching programs of such hospital) by reason of paragraph (7) of subsection (b) or for which entitlement exists by reason of clause (II) of section 1832(a)(2)(B)(i), and (ii) such hospital (or medical school under arrangement with such hospital) incurs no actual cost in the furnishing of such services, the reasonable cost of such services shall (under regulations of the Secretary) be deemed to be the cost such hospital or medical school would have incurred had it paid a salary to such physicians rendering such services approximately equivalent to the average salary paid to all physicians employed by such hospital (or if such employment does not exist, or is minimal in such hospital, by similar hospitals in a geographic area of sufficient size to assure reasonable inclusion of sufficient physicians in development of such average salary).

(E) Such regulations may, in the case of skilled nursing facilities in any State, provide for the use of rates, developed by the State in which such facilities are located, for the payment of the cost of skilled nursing facility services furnished under the State's plan approved under title XIX (and such rates may be increased by the Secretary on a class or size of institution or on a geographical basis by a percentage factor not in excess of 10 percent to take into account determinable items or services or other requirements under this title not otherwise included in the computation of such State rates), if the Secretary finds that such rates are reasonably related to (but not necessarily limited to) analyses undertaken by such State of costs of care in comparable facilities in such State. Notwithstanding the previous sentence, such regulations with respect to skilled nursing facilities shall take into account (in a manner consistent with subparagraph (A) and based on patient-days of services furnished) the costs (including the costs of services required to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident eligible for benefits under this title) of such facilities complying with the requirements of subsections (b), (c), and (d) of section 1819 (including the costs of conducting nurse aide training and competency evaluation programs and competency evaluation programs).

(F) Such regulations shall require each provider of services (other than a fund) to make reports to the Secretary of information described in section 1121(a) in accordance with the uniform reporting system (established under such section) for that type of provider.

(G)(i) In any case in which a hospital provides inpatient services to an individual that would constitute post-hospital extended care services if provided by a skilled nursing facility and a quality improvement organization (or, in the absence of such a qualified organization, the Secretary or such agent as the Secretary may designate) determines that inpatient hospital services for the individual are not medically necessary but post-hospital extended care services for the individual are medically necessary and such extended care services are not otherwise available to the individual (as determined in accordance with criteria established by the Secretary) at the time of such determination, payment for such services provided to the individual shall continue to be made under this title at the payment rate described in clause (ii) during the period in which—

(I) such post-hospital extended care services for the individual are medically necessary and not otherwise available to the individual (as so determined),

(II) inpatient hospital services for the individual are not medically necessary, and

(III) the individual is entitled to have payment made for post-hospital extended care services under this title,

except that if the Secretary determines that there is not an excess of hospital beds in such hospital and (subject to clause (iv)) there is not an excess of hospital beds in the area of such hospital, such payment shall be made (during such period) on the basis of the amount otherwise payable under part A with respect to inpatient hospital services.

(ii)(I) Except as provided in subclause (II), the payment rate referred to in clause (i) is a rate equal to the estimated adjusted State-wide average rate per patient-day paid for services provided in skilled nursing facilities under the State plan approved under title XIX for the State in which such hospital is located, or, if the State in which the hospital is located does not have a State plan approved under title XIX, the estimated adjusted State-wide average allowable costs per patient-day for extended care services under this title in that State.

(II) If a hospital has a unit which is a skilled nursing facility, the payment rate referred to in clause (i) for the hospital is a rate equal to the lesser of the rate described in subclause (I) or the allowable costs in effect under this title for extended care services provided to patients of such unit.

(iii) Any day on which an individual receives inpatient services for which payment is made under this subparagraph shall, for purposes of this Act (other than this subparagraph), be deemed to be a day on which the individual received inpatient hospital services.

(iv) In determining under clause (i), in the case of a public hospital, whether or not there is an excess of hospital beds in the area of such hospital, such determination shall be made on the basis of only the public hospitals (including the hospital) which are in the area of the hospital and which are under common ownership with that hospital.

(H) In determining such reasonable cost with respect to home health agencies, the Secretary may not include—

(i) any costs incurred in connection with bonding or establishing an escrow account by any such agency as a result of the surety bond requirement described in subsection (o)(7) and the financial security requirement described in subsection (o)(8);

(ii) in the case of home health agencies to which the surety bond requirement described in subsection (o)(7) and the financial security requirement described in subsection (o)(8) apply, any costs attributed to interest charged such an agency in connection with amounts borrowed by the agency to repay overpayments made under this title to the agency, except that such costs may be included in reasonable cost if the Secretary determines that the agency was acting in good faith in borrowing the amounts;

(iii) in the case of contracts entered into by a home health agency after the date of the enactment of this subparagraph for the purpose of having services furnished for or on behalf of

such agency, any cost incurred by such agency pursuant to any such contract which is entered into for a period exceeding five years; and

(iv) in the case of contracts entered into by a home health agency before the date of the enactment of this subparagraph for the purpose of having services furnished for or on behalf of such agency, any cost incurred by such agency pursuant to any such contract, which determines the amount payable by the home health agency on the basis of a percentage of the agency's reimbursement or claim for reimbursement for services furnished by the agency, to the extent that such cost exceeds the reasonable value of the services furnished on behalf of such agency.

(I) In determining such reasonable cost, the Secretary may not include any costs incurred by a provider with respect to any services furnished in connection with matters for which payment may be made under this title and furnished pursuant to a contract between the provider and any of its subcontractors which is entered into after the date of the enactment of this subparagraph and the value or cost of which is $10,000 or more over a twelve-month period unless the contract contains a clause to the effect that—

(i) until the expiration of four years after the furnishing of such services pursuant to such contract, the subcontractor shall make available, upon written request by the Secretary, or upon request by the Comptroller General, or any of their duly authorized representatives, the contract, and books, documents and records of such subcontractor that are necessary to certify the nature and extent of such costs, and

(ii) if the subcontractor carries out any of the duties of the contract through a subcontract, with a value or cost of $10,000 or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request by the Secretary, or upon request by the Comptroller General, or any of their duly authorized representatives, the subcontract, and books, documents and records of such organization that are necessary to verify the nature and extent of such costs.

The Secretary shall prescribe in regulation criteria and procedures which the Secretary shall use in obtaining access to books, documents, and records under clauses required in contracts and subcontracts under this subparagraph.

(J) Such regulations may not provide for any inpatient routine salary cost differential as a reimbursable cost for hospitals and skilled nursing facilities.

(K)(i) The Secretary shall issue regulations that provide, to the extent feasible, for the establishment of limitations on the amount of any costs or charges that shall be considered reasonable with respect to services provided on an outpatient basis by hospitals (other than bona fide emergency services as defined in clause (ii)) or clinics (other than rural health clinics), which are reimbursed on a cost basis or on the basis of cost related charges, and by physicians utilizing such outpatient facilities. Such limitations shall be reasonably related to the charges in the same area for similar services

provided in physicians' offices. Such regulations shall provide for exceptions to such limitations in cases where similar services are not generally available in physicians' offices in the area to individuals entitled to benefits under this title.

(ii) For purposes of clause (i), the term "bona fide emergency services" means services provided in a hospital emergency room after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—

(I) placing the patient's health in serious jeopardy;

(II) serious impairment to bodily functions; or

(III) serious dysfunction of any bodily organ or part.

(L)(i) The Secretary, in determining the amount of the payments that may be made under this title with respect to services furnished by home health agencies, may not recognize as reasonable (in the efficient delivery of such services) costs for the provision of such services by an agency to the extent these costs exceed (on the aggregate for the agency) for cost reporting periods beginning on or after—

(I) July 1, 1985, and before July 1, 1986, 120 percent of the mean of the labor-related and nonlabor per visit costs for freestanding home health agencies,

(II) July 1, 1986, and before July 1, 1987, 115 percent of such mean,

(III) July 1, 1987, and before October 1, 1997, 112 percent of such mean,

(IV) October 1, 1997, and before October 1, 1998, 105 percent of the median of the labor-related and nonlabor per visit costs for freestanding home health agencies, or

(V) October 1, 1998, 106 percent of such median.

(ii) Effective for cost reporting periods beginning on or after July 1, 1986, such limitations shall be applied on an aggregate basis for the agency, rather than on a discipline specific basis. The Secretary may provide for such exemptions and exceptions to such limitation as he deems appropriate.

(iii) Not later than July 1, 1991, and annually thereafter (but not for cost reporting periods beginning on or after July 1, 1994, and before July 1, 1996, or on or after July 1, 1997, and before October 1, 1997), the Secretary shall establish limits under this subparagraph for cost reporting periods beginning on or after such date by utilizing the area wage index applicable under section 1886(d)(3)(E) and determined using the survey of the most recent available wages and wage-related costs of hospitals located in the geographic area in which the home health service is furnished (determined without regard to whether such hospitals have been reclassified to a new geographic area pursuant to section 1886(d)(8)(B), a decision of the Medicare Geographic Classification Review Board under section 1886(d)(10), or a decision of the Secretary).

(iv) In establishing limits under this subparagraph for cost reporting periods beginning after September 30, 1997, the Secretary shall not take into account any changes in the home health market basket, as determined by the Secretary, with respect to cost reporting periods which began on or after July 1, 1994, and before July 1, 1996.

(v) For services furnished by home health agencies for cost reporting periods beginning on or after October 1, 1997, subject to clause (viii)(I), the Secretary shall provide for an interim system of limits. Payment shall not exceed the costs determined under the preceding provisions of this subparagraph or, if lower, the product of—

(I) an agency-specific per beneficiary annual limitation calculated based 75 percent on 98 percent of the reasonable costs (including nonroutine medical supplies) for the agency's 12-month cost reporting period ending during fiscal year 1994, and based 25 percent on 98 percent of the standardized regional average of such costs for the agency's census division, as applied to such agency, for cost reporting periods ending during fiscal year 1994, such costs updated by the home health market basket index; and

(II) the agency's unduplicated census count of patients (entitled to benefits under this title) for the cost reporting period subject to the limitation.

(vi) For services furnished by home health agencies for cost reporting periods beginning on or after October 1, 1997, the following rules apply:

(I) For new providers and those providers without a 12-month cost reporting period ending in fiscal year 1994 subject to clauses (viii)(II) and (viii)(III), the per beneficiary limitation shall be equal to the median of these limits (or the Secretary's best estimates thereof) applied to other home health agencies as determined by the Secretary. A home health agency that has altered its corporate structure or name shall not be considered a new provider for this purpose.

(II) For beneficiaries who use services furnished by more than one home health agency, the per beneficiary limitations shall be prorated among the agencies.

(vii)(I) Not later than January 1, 1998, the Secretary shall establish per visit limits applicable for fiscal year 1998, and not later than April 1, 1998, the Secretary shall establish per beneficiary limits under clause (v)(I) for fiscal year 1998.

(II) Not later than August 1 of each year (beginning in 1998) the Secretary shall establish the limits applicable under this subparagraph for services furnished during the fiscal year beginning October 1 of the year.

(viii)(I) In the case of a provider with a 12-month cost reporting period ending in fiscal year 1994, if the limit imposed under clause (v) (determined without regard to this subclause) for a cost reporting period beginning during or after fiscal year 1999 is less than the median described in clause (vi)(I) (but determined as if any reference in clause (v) to "98 percent" were a reference to "100 percent"), the limit otherwise imposed under clause (v) for such provider and period shall be increased by ⅓ of such difference.

(II) Subject to subclause (IV), for new providers and those providers without a 12-month cost reporting period ending in fiscal year 1994, but for which the first cost reporting period begins before fiscal year 1999, for cost reporting periods beginning during or after fiscal year 1999, the per beneficiary limitation described in clause (vi)(I) shall be equal to the median described in such clause

(determined as if any reference in clause (v) to "98 percent" were a reference to "100 percent").

(III) Subject to subclause (IV), in the case of a new provider for which the first cost reporting period begins during or after fiscal year 1999, the limitation applied under clause (vi)(I) (but only with respect to such provider) shall be equal to 75 percent of the median described in clause (vi)(I).

(IV) In the case of a new provider or a provider without a 12-month cost reporting period ending in fiscal year 1994, subclause (II) shall apply, instead of subclause (III), to a home health agency which filed an application for home health agency provider status under this title before September 15, 1998, or which was approved as a branch of its parent agency before such date and becomes a subunit of the parent agency or a separate agency on or after such date.

(V) Each of the amounts specified in subclauses (I) through (III) are such amounts as adjusted under clause (iii) to reflect variations in wages among different areas.

(ix) Notwithstanding the per beneficiary limit under clause (viii), if the limit imposed under clause (v) (determined without regard to this clause) for a cost reporting period beginning during or after fiscal year 2000 is less than the median described in clause (vi)(I) (but determined as if any reference in clause (v) to "98 percent" were a reference to "100 percent"), the limit otherwise imposed under clause (v) for such provider and period shall be increased by 2 percent.

(x) Notwithstanding any other provision of this subparagraph, in updating any limit under this subparagraph by a home health market basket index for cost reporting periods beginning during each of fiscal years 2000, 2002, and 2003, the update otherwise provided shall be reduced by 1.1 percentage points. With respect to cost reporting periods beginning during fiscal year 2001, the update to any limit under this subparagraph shall be the home health market basket index.

(M) Such regulations shall provide that costs respecting care provided by a provider of services, pursuant to an assurance under title VI or XVI of the Public Health Service Act that the provider will make available a reasonable volume of services to persons unable to pay therefor, shall not be allowable as reasonable costs.

(N) In determining such reasonable costs, costs incurred for activities directly related to influencing employees respecting unionization may not be included.

(O)(i) In establishing an appropriate allowance for depreciation and for interest on capital indebtedness with respect to an asset of a provider of services which has undergone a change of ownership, such regulations shall provide, except as provided in clause (iii), that the valuation of the asset after such change of ownership shall be the historical cost of the asset, as recognized under this title, less depreciation allowed, to the owner of record as of the date of enactment of the Balanced Budget Act of 1997 (or, in the case of an asset not in existence as of that date, the first owner of record of the asset after that date).

(ii) Such regulations shall not recognize, as reasonable in the provision of health care services, costs (including legal fees, accounting and administrative costs, travel costs, and the costs of feasibility

studies) attributable to the negotiation or settlement of the sale or purchase of any capital asset (by acquisition or merger) for which any payment has previously been made under this title.

(iii) In the case of the transfer of a hospital from ownership by a State to ownership by a nonprofit corporation without monetary consideration, the basis for capital allowances to the new owner shall be the book value of the hospital to the State at the time of the transfer.

(P) If such regulations provide for the payment for a return on equity capital (other than with respect to costs of inpatient hospital services), the rate of return to be recognized, for determining the reasonable cost of services furnished in a cost reporting period, shall be equal to the average of the rates of interest, for each of the months any part of which is included in the period, on obligations issued for purchase by the Federal Hospital Insurance Trust Fund.

(Q) Except as otherwise explicitly authorized, the Secretary is not authorized to limit the rate of increase on allowable costs of approved medical educational activities.

(R) In determining such reasonable cost, costs incurred by a provider of services representing a beneficiary in an unsuccessful appeal of a determination described in section 1869(b) shall not be allowable as reasonable costs.

(S)(i) Such regulations shall not include provision for specific recognition of any return on equity capital with respect to hospital outpatient departments.

(ii)(I) Such regulations shall provide that, in determining the amount of the payments that may be made under this title with respect to all the capital-related costs of outpatient hospital services, the Secretary shall reduce the amounts of such payments otherwise established under this title by 15 percent for payments attributable to portions of cost reporting periods occurring during fiscal year 1990, by 15 percent for payments attributable to portions of cost reporting periods occurring during fiscal year 1991, and by 10 percent for payments attributable to portions of cost reporting periods occurring during fiscal years 1992 through 1999 and until the first date that the prospective payment system under section 1833(t) is implemented.

(II) The Secretary shall reduce the reasonable cost of outpatient hospital services (other than the capital-related costs of such services) otherwise determined pursuant to section 1833(a)(2)(B)(i)(I) by 5.8 percent for payments attributable to portions of cost reporting periods occurring during fiscal years 1991 through 1999 and until the first date that the prospective payment system under section 1833(t) is implemented.

(III) Subclauses (I) and (II) shall not apply to payments with respect to the costs of hospital outpatient services provided by any hospital that is a sole community hospital (as defined in section 1886(d)(5)(D)(iii)) or a critical access hospital (as defined in section 1861(mm)(1)).

(IV) In applying subclauses (I) and (II) to services for which payment is made on the basis of a blend amount under section 1833(i)(3)(A)(ii) or 1833(n)(1)(A)(ii), the costs reflected in the amounts described in sections 1833(i)(3)(B)(i)(I) and

1833(n)(1)(B)(i)(I), respectively, shall be reduced in accordance with such subclause.

(T) In determining such reasonable costs for hospitals, no reduction in copayments under section 1833(t)(8)(B) shall be treated as a bad debt and the amount of bad debts otherwise treated as allowable costs which are attributable to the deductibles and coinsurance amounts under this title shall be reduced—

(i) for cost reporting periods beginning during fiscal year 1998, by 25 percent of such amount otherwise allowable,

(ii) for cost reporting periods beginning during fiscal year 1999, by 40 percent of such amount otherwise allowable,

(iii) for cost reporting periods beginning during fiscal year 2000, by 45 percent of such amount otherwise allowable,

(iv) for cost reporting periods beginning during fiscal years 2001 through 2012, by 30 percent of such amount otherwise allowable, and

(v) for cost reporting periods beginning during fiscal year 2013 or a subsequent fiscal year, by 35 percent of such amount otherwise allowable.

(U) In determining the reasonable cost of ambulance services (as described in subsection (s)(7)) provided during fiscal year 1998, during fiscal year 1999, and during so much of fiscal year 2000 as precedes January 1, 2000, the Secretary shall not recognize the costs per trip in excess of costs recognized as reasonable for ambulance services provided on a per trip basis during the previous fiscal year (after application of this subparagraph), increased by the percentage increase in the consumer price index for all urban consumers (U.S. city average) as estimated by the Secretary for the 12-month period ending with the midpoint of the fiscal year involved reduced by 1.0 percentage point. For ambulance services provided after June 30, 1998, the Secretary may provide that claims for such services must include a code (or codes) under a uniform coding system specified by the Secretary that identifies the services furnished.

(V) In determining such reasonable costs for skilled nursing facilities and (beginning with respect to cost reporting periods beginning during fiscal year 2013) for covered skilled nursing services described in section 1888(e)(2)(A) furnished by hospital providers of extended care services (as described in section 1883), the amount of bad debts otherwise treated as allowed costs which are attributable to the coinsurance amounts under this title for individuals who are entitled to benefits under part A and—

(i) are not described in section 1935(c)(6)(A)(ii) shall be reduced by—

(I) for cost reporting periods beginning on or after October 1, 2005, but before fiscal year 2013, 30 percent of such amount otherwise allowable; and

(II) for cost reporting periods beginning during fiscal year 2013 or a subsequent fiscal year, by 35 percent of such amount otherwise allowable.

(ii) are described in such section—

(I) for cost reporting periods beginning on or after October 1, 2005, but before fiscal year 2013, shall not be reduced;

(II) for cost reporting periods beginning during fiscal year 2013, shall be reduced by 12 percent of such amount otherwise allowable;

(III) for cost reporting periods beginning during fiscal year 2014, shall be reduced by 24 percent of such amount otherwise allowable; and

(IV) for cost reporting periods beginning during a subsequent fiscal year, shall be reduced by 35 percent of such amount otherwise allowable.

(W)(i) In determining such reasonable costs for providers described in clause (ii), the amount of bad debts otherwise treated as allowable costs which are attributable to deductibles and coinsurance amounts under this title shall be reduced—

(I) for cost reporting periods beginning during fiscal year 2013, by 12 percent of such amount otherwise allowable;

(II) for cost reporting periods beginning during fiscal year 2014, by 24 percent of such amount otherwise allowable; and

(III) for cost reporting periods beginning during a subsequent fiscal year, by 35 percent of such amount otherwise allowable.

(ii) A provider described in this clause is a provider of services not described in subparagraph (T) or (V), a supplier, or any other type of entity that receives payment for bad debts under the authority under subparagraph (A).

(2)(A) If the bed and board furnished as part of inpatient hospital services (including inpatient tuberculosis hospital services and inpatient psychiatric hospital services) or post-hospital extended care services is in accommodations more expensive than semi-private accommodations, the amount taken into account for purposes of payment under this title with respect to such services may not exceed the amount that would be taken into account with respect to such services if furnished in such semi-private accommodations unless the more expensive accommodations were required for medical reasons.

(B) Where a provider of services which has an agreement in effect under this title furnishes to an individual items or services which are in excess of or more expensive than the items or services with respect to which payment may be made under part A or part B, as the case may be, the Secretary shall take into account for purposes of payment to such provider of services only the items or services with respect to which such payment may be made.

(3) If the bed and board furnished as part of inpatient hospital services (including inpatient tuberculosis hospital services and inpatient psychiatric hospital services) or post-hospital extended care services is in accommodations other than, but not more expensive than, semi-private accommodations and the use of such other accommodations rather than semi-private accommodations was neither at the request of the patient nor for a reason which the Secretary determines is consistent with the purposes of this title, the amount of the payment with respect to such bed and board under part A shall be the amount otherwise payable under this title for such bed and board furnished in semi-private accommodations minus the difference between the charge customarily made by the hospital or skilled nursing facility for bed and board in semi-private accommodations and the charge customarily made by it for bed and board in the accommodations furnished.

(4) If a provider of services furnishes items or services to an individual which are in excess of or more expensive than the items or services determined to be necessary in the efficient delivery of needed health services and charges are imposed for such more expensive items or services under the authority granted in section 1866(a)(2)(B)(ii), the amount of payment with respect to such items or services otherwise due such provider in any fiscal period shall be reduced to the extent that such payment plus such charges exceed the cost actually incurred for such items or services in the fiscal period in which such charges are imposed.

(5)(A) Where physical therapy services, occupational therapy services, speech therapy services, or other therapy services or services of other health-related personnel (other than physicians) are furnished under an arrangement with a provider of services or other organization, specified in the first sentence of subsection (p) (including through the operation of subsection (g)) the amount included in any payment to such provider or other organization under this title as the reasonable cost of such services (as furnished under such arrangements) shall not exceed an amount equal to the salary which would reasonably have been paid for such services (together with any additional costs that would have been incurred by the provider or other organization) to the person performing them if they had been performed in an employment relationship with such provider or other organization (rather than under such arrangement) plus the cost of such other expenses (including a reasonable allowance for traveltime and other reasonable types of expense related to any differences in acceptable methods of organization for the provision of such therapy) incurred by such person, as the Secretary may in regulations determine to be appropriate.

(B) Notwithstanding the provisions of subparagraph (A), if a provider of services or other organization specified in the first sentence of section 1861(p) requires the services of a therapist on a limited part-time basis, or only to perform intermittent services, the Secretary may make payment on the basis of a reasonable rate per unit of service, even though such rate is greater per unit of time than salary related amounts, where he finds that such greater payment is, in the aggregate, less than the amount that would have been paid if such organization had employed a therapist on a full- or part-time salary basis.

(6) For purposes of this subsection, the term "semi-private accommodations" means two-bed, three-bed, or four-bed accommodations.

(7)(A) For limitation on Federal participation for capital expenditures which are out of conformity with a comprehensive plan of a State or areawide planning agency, see section 1122.

(B) For further limitations on reasonable cost and determination of payment amounts for operating costs of inpatient hospital services and waivers for certain States, see section 1886.

(C) For provisions restricting payment for provider-based physicians' services and for payments under certain percentage arrangements, see section 1887.

(D) For further limitations on reasonable cost and determination of payment amounts for routine service costs of skilled nursing facilities, see subsections (a) through (c) of section 1888.

(8) ITEMS UNRELATED TO PATIENT CARE.—Reasonable costs do not include costs for the following—

(i) entertainment, including tickets to sporting and other entertainment events;

(ii) gifts or donations;

(iii) personal use of motor vehicles;

(iv) costs for fines and penalties resulting from violations of Federal, State, or local laws; and

(v) education expenses for spouses or other dependents of providers of services, their employees or contractors.

Arrangements for Certain Services

(w)(1) The term "arrangements" is limited to arrangements under which receipt of payment by the hospital, critical access hospital, skilled nursing facility, home health agency, or hospice program (whether in its own right or as agent), with respect to services for which an individual is entitled to have payment made under this title, discharges the liability of such individual or any other person to pay for the services.

(2) Utilization review activities conducted, in accordance with the requirements of the program established under part B of title XI of the Social Security Act with respect to services furnished by a hospital or critical access hospital to patients insured under part A of this title or entitled to have payment made for such services under part B of this title or under a State plan approved under title XIX, by a quality improvement organization designated for the area in which such hospital or critical access hospital is located shall be deemed to have been conducted pursuant to arrangements between such hospital or critical access hospital and such organization under which such hospital or critical access hospital is obligated to pay to such organization, as a condition of receiving payment for hospital or critical access hospital services so furnished under this part or under such a State plan, such amount as is reasonably incurred and requested (as determined under regulations of the Secretary) by such organization in conducting such review activities with respect to services furnished by such hospital or critical access hospital to such patients.

State and United States

(x) The terms "State" and "United States" have the meaning given to them by subsections (h) and (i), respectively, of section 210.

Extended Care in Religious Nonmedical Health Care Institutions

(y)(1) The term "skilled nursing facility" also includes a religious nonmedical health care institution (as defined in subsection (ss)(1)), but only (except for purposes of subsection (a)(2)) with respect to items and services ordinarily furnished by such an institution to inpatients, and payment may be made with respect to services provided by or in such an institution only to such extent and under such conditions, limitations, and requirements (in addition to or in lieu of the conditions, limitations, and requirements otherwise ap-

plicable) as may be provided in regulations consistent with section 1821.

(2) Notwithstanding any other provision of this title, payment under part A may not be made for services furnished an individual in a skilled nursing facility to which paragraph (1) applies unless such individual elects, in accordance with regulations, for a spell of illness to have such services treated as post-hospital extended care services for purposes of such part; and payment under part A may not be made for post-hospital extended care services—

(A) furnished an individual during such spell of illness in a skilled nursing facility to which paragraph (1) applies after—

(i) such services have been furnished to him in such a facility for 30 days during such spell, or

(ii) such services have been furnished to him during such spell in a skilled nursing facility to which such paragraph does not apply; or

(B) furnished an individual during such spell of illness in a skilled nursing facility to which paragraph (1) does not apply after such services have been furnished to him during such spell in a skilled nursing facility to which such paragraph applies.

(3) The amount payable under part A for post-hospital extended care services furnished an individual during any spell of illness in a skilled nursing facility to which paragraph (1) applies shall be reduced by a coinsurance amount equal to one-eighth of the inpatient hospital deductible for each day before the 31st day on which he is furnished such services in such a facility during such spell (and the reduction under this paragraph shall be in lieu of any reduction under section 1813(a)(3)).

(4) For purposes of subsection (i), the determination of whether services furnished by or in an institution described in paragraph (1) constitute post-hospital extended care services shall be made in accordance with and subject to such conditions, limitations, and requirements as may be provided in regulations.

Institutional Planning

(z) An overall plan and budget of a hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, or home health agency shall be considered sufficient if it—

(1) provides for an annual operating budget which includes all anticipated income and expenses related to items which would, under generally accepted accounting principles, be considered income and expense items (except that nothing in this paragraph shall require that there be prepared, in connection with any budget, an item-by-item identification of the components of each type of anticipated expenditure or income);

(2)(A) provides for a capital expenditures plan for at least a 3-year period (including the year to which the operating budget described in paragraph (1) is applicable) which includes and identifies in detail the anticipated sources of financing for, and the objectives of, each anticipated expenditure in excess of $600,000 (or such lesser amount as may be established by the State under section 1122(g)(1) in which the hospital is located) related to the acquisition of land, the improvement of land, buildings, and equipment, and the replacement, modernization,

and expansion of the buildings and equipment which would, under generally accepted accounting principles, be considered capital items;

(B) provides that such plan is submitted to the agency designated under section 1122(b), or if no such agency is designated, to the appropriate health planning agency in the State (but this subparagraph shall not apply in the case of a facility exempt from review under section 1122 by reason of section 1122(j));

(3) provides for review and updating at least annually; and

(4) is prepared, under the direction of the governing body of the institution or agency, by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the institution or agency.

Rural Health Clinic Services and Federally Qualified Health Center Services

(aa)(1) The term "rural health clinic services" means —

(A) physicians' services and such services and supplies as are covered under section 1861(s)(2)(A) if furnished as an incident to a physician's professional service and items and services described in section 1861(s)(10),

(B) such services furnished by a physician assistant or a nurse practitioner (as defined in paragraph (5)), by a clinical psychologist (as defined by the Secretary) or by a clinical social worker (as defined in subsection (hh)(1)), and such services and supplies furnished as an incident to his service as would otherwise be covered if furnished by a physician or as an incident to a physician's service, and

(C) in the case of a rural health clinic located in an area in which there exists a shortage of home health agencies, part-time or intermittent nursing care and related medical supplies (other than drugs and biologicals) furnished by a registered professional nurse or licensed practical nurse to a homebound individual under a written plan of treatment (i) established and periodically reviewed by a physician described in paragraph (2)(B), or (ii) established by a nurse practitioner or physician assistant and periodically reviewed and approved by a physician described in paragraph (2)(B),

when furnished to an individual as an outpatient of a rural health clinic.

(2) The term "rural health clinic" means a facility which —

(A) is primarily engaged in furnishing to outpatients services described in subparagraphs (A) and (B) of paragraph (1);

(B) in the case of a facility which is not a physician-directed clinic, has an arrangement (consistent with the provisions of State and local law relative to the practice, performance, and delivery of health services) with one or more physicians (as defined in subsection (r)(1)) under which provision is made for the periodic review by such physicians of covered services furnished by physician assistants and nurse practitioners, the supervision and guidance by such physicians of physician assistants and nurse practitioners, the preparation by such physicians of such medical orders for care and treatment of clinic patients as may be necessary, and the availability of such phy-

sicians for such referral of and consultation for patients as is necessary and for advice and assistance in the management of medical emergencies; and, in the case of a physician-directed clinic, has one or more of its staff physicians perform the activities accomplished through such an arrangement;

(C) maintains clinical records on all patients;

(D) has arrangements with one or more hospitals, having agreements in effect under section 1866, for the referral and admission of patients requiring inpatient services or such diagnostic or other specialized services as are not available at the clinic;

(E) has written policies, which are developed with the advice of (and with provision for review of such policies from time to time by) a group of professional personnel, including one or more physicians and one or more physician assistants or nurse practitioners, to govern those services described in paragraph (1) which it furnishes;

(F) has a physician, physician assistant, or nurse practitioner responsible for the execution of policies described in subparagraph (E) and relating to the provision of the clinic's services;

(G) directly provides routine diagnostic services, including clinical laboratory services, as prescribed in regulations by the Secretary, and has prompt access to additional diagnostic services from facilities meeting requirements under this title;

(H) in compliance with State and Federal law, has available for administering to patients of the clinic at least such drugs and biologicals as are determined by the Secretary to be necessary for the treatment of emergency cases (as defined in regulations) and has appropriate procedures or arrangements for storing, administering, and dispensing any drugs and biologicals;

(I) has a quality assessment and performance improvement program, and appropriate procedures for review of utilization of clinic services, as the Secretary may specify;

(J) has a nurse practitioner, a physician assistant, or a certified nurse-midwife (as defined in subsection (gg)) available to furnish patient care services not less than 50 percent of the time the clinic operates; and

(K) meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the individuals who are furnished services by the clinic.

For the purposes of this title, such term includes only a facility which (i) is located in an area that is not an urbanized area (as defined by the Bureau of the Census) and in which there are insufficient numbers of needed health care practitioners (as determined by the Secretary), and that, within the previous 4-year period, has been designated by the chief executive officer of the State and certified by the Secretary as an area with a shortage of personal health services or designated by the Secretary either (I) as an area with a shortage of personal health services under section 330(b)(3) or 1302(7) of the Public Health Service Act, (II) as a health professional shortage area described in section 332(a)(1)(A) of that Act because of its shortage of primary medical care manpower, (III) as a high impact area described in section 329(a)(5) of that Act, of (IV)

as an area which includes a population group which the Secretary determines has a health manpower shortage under section 332(a)(1)(B) of that Act, (ii) has filed an agreement with the Secretary by which it agrees not to charge any individual or other person for items or services for which such individual is entitled to have payment made under this title, except for the amount of any deductible or coinsurance amount imposed with respect to such items or services (not in excess of the amount customarily charged for such items and services by such clinic), pursuant to subsections (a) and (b) of section 1833, (iii) employs a physician assistant or nurse practitioner, and (iv) is not a rehabilitation agency or a facility which is primarily for the care and treatment of mental diseases. A facility that is in operation and qualifies as a rural health clinic under this title or title XIX and that subsequently fails to satisfy the requirement of clause (i) shall be considered, for purposes of this title and title XIX, as still satisfying the requirement of such clause if it is determined, in accordance with criteria established by the Secretary in regulations, to be essential to the delivery of primary care services that would otherwise be unavailable in the geographic area served by the clinic. If a State agency has determined under section 1864(a) that a facility is a rural health clinic and the facility has applied to the Secretary for approval as such a clinic, the Secretary shall notify the facility of the Secretary's approval or disapproval not later than 60 days after the date of the State agency determination or the application (whichever is later).

(3) The term "Federally qualified health center services" means—

(A) services of the type described in subparagraphs (A) through (C) of paragraph (1) and preventive services (as defined in section 1861(ddd)(3)); and

(B) preventive primary health services that a center is required to provide under section 330 of the Public Health Service Act,

when furnished to an individual as an outpatient of a Federally qualified health center by the center or by a health care professional under contract with the center and, for this purpose, any reference to a rural health clinic or a physician described in paragraph (2)(B) is deemed a reference to a Federally qualified health center or a physician at the center, respectively.

(4) The term "Federally qualified health center" means an entity which—

(A)(i) is receiving a grant under section 330 of the Public Health Service Act, or

(ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under section 330 of such Act;

(B) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant;

(C) was treated by the Secretary, for purposes of part B, as a comprehensive Federally funded health center as of January 1, 1990; or

(D) is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determina-

tion Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

(5)(A) The term "physician assistant" and the term "nurse practitioner" mean, for purposes of this title, a physician assistant or nurse practitioner who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.

(B) The term "clinical nurse specialist" means, for purposes of this title, an individual who—

(i) is a registered nurse and is licensed to practice nursing in the State in which the clinical nurse specialist services are performed; and

(ii) holds a master's degree in a defined clinical area of nursing from an accredited educational institution.

(6) The term "collaboration" means a process in which a nurse practitioner works with a physician to deliver health care services within the scope of the practitioner's professional expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as defined by the law of the State in which the services are performed.

(7)(A) The Secretary shall waive for a 1-year period the requirements of paragraph (2) that a rural health clinic employ a physician assistant, nurse practitioner or certified nurse midwife or that such clinic require such providers to furnish services at least 50 percent of the time that the clinic operates for any facility that requests such waiver if the facility demonstrates that the facility has been unable, despite reasonable efforts, to hire a physician assistant, nurse practitioner, or certified nurse-midwife in the previous 90-day period.

(B) The Secretary may not grant such a waiver under subparagraph (A) to a facility if the request for the waiver is made less than 6 months after the date of the expiration of any previous such waiver for the facility, or if the facility has not yet been determined to meet the requirements (including subparagraph (J) of the first sentence of paragraph (2)) of a rural health clinic.

(C) A waiver which is requested under this paragraph shall be deemed granted unless such request is denied by the Secretary within 60 days after the date such request is received.

Services of a Certified Registered Nurse Anesthetist

(bb)(1) The term "services of a certified registered nurse anesthetist" means anesthesia services and related care furnished by a certified registered nurse anesthetist (as defined in paragraph (2)) which the nurse anesthetist is legally authorized to perform as such by the State in which the services are furnished.

(2) The term "certified registered nurse anesthetist" means a certified registered nurse anesthetist licensed by the State who meets such education, training, and other requirements relating to anesthesia services and related care as the Secretary may prescribe. In prescribing such requirements the Secretary may use the same requirements as those established by a national organization for the

certification of nurse anesthetists. Such term also includes, as prescribed by the Secretary, an anesthesiologist assistant.

Comprehensive Outpatient Rehabilitation Facility Services

(cc)(1) The term "comprehensive outpatient rehabilitation facility services" means the following items and services furnished by a physician or other qualified professional personnel (as defined in regulations by the Secretary) to an individual who is an outpatient of a comprehensive outpatient rehabilitation facility under a plan (for furnishing such items and services to such individual) established and periodically reviewed by a physician—

(A) physicians' services;

(B) physical therapy, occupational therapy, speech-language pathology services, and respiratory therapy;

(C) prosthetic and orthotic devices, including testing, fitting, or training in the use of prosthetic and orthotic devices;

(D) social and psychological services;

(E) nursing care provided by or under the supervision of a registered professional nurse;

(F) drugs and biologicals which cannot, as determined in accordance with regulations, be self-administered;

(G) supplies and durable medical equipment; and

(H) such other items and services as are medically necessary for the rehabilitation of the patient and are ordinarily furnished by comprehensive outpatient rehabilitation facilities,

excluding, however, any item or service if it would not be included under subsection (b) if furnished to an inpatient of a hospital. In the case of physical therapy, occupational therapy, and speech pathology services, there shall be no requirement that the item or service be furnished at any single fixed location if the item or service is furnished pursuant to such plan and payments are not otherwise made for the item or service under this title.

(2) The term "comprehensive outpatient rehabilitation facility" means a facility which—

(A) is primarily engaged in providing (by or under the supervision of physicians) diagnostic, therapeutic, and restorative services to outpatients for the rehabilitation of injured, disabled, or sick persons;

(B) provides at least the following comprehensive outpatient rehabilitation services: (i) physicians' services (rendered by physicians, as defined in section 1861(r)(1), who are available at the facility on a full- or part-time basis); (ii) physical therapy; and (iii) social or psychological services;

(C) maintains clinical records on all patients;

(D) has policies established by a group of professional personnel (associated with the facility), including one or more physicians defined in subsection (r)(1) to govern the comprehensive outpatient rehabilitation services it furnishes, and provides for the carrying out of such policies by a full- or part-time physician referred to in subparagraph (B)(i);

(E) has a requirement that every patient must be under the care of a physician;

(F) in the case of a facility in any State in which State or applicable local law provides for the licensing of facilities of this nature (i) is licensed pursuant to such law, or (ii) is ap-

proved by the agency of such State or locality, responsible for licensing facilities of this nature, as meeting the standards established for such licensing;

(G) has in effect a utilization review plan in accordance with regulations prescribed by the Secretary;

(H) has in effect an overall plan and budget that meets the requirements of subsection (z);

(I) provides the Secretary on a continuing basis with a surety bond in a form specified by the Secretary and in an amount that is not less than $50,000; and

(J) meets such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such facility, including conditions concerning qualifications of personnel in these facilities.

The Secretary may waive the requirement of a surety bond under subparagraph (I) in the case of a facility that provides a comparable surety bond under State law.

Hospice Care; Hospice Program

(dd)(1) The term "hospice care" means the following items and services provided to a terminally ill individual by, or by others under arrangements made by, a hospice program under a written plan (for providing such care to such individual) established and periodically reviewed by the individual's attending physician and by the medical director (and by the interdisciplinary group described in paragraph (2)(B)) of the program—

(A) nursing care provided by or under the supervision of a registered professional nurse,

(B) physical or occupational therapy, or speech-language pathology services,

(C) medical social services under the direction of a physician,

(D)(i) services of a home health aide who has successfully completed a training program approved by the Secretary and (ii) homemaker services,

(E) medical supplies (including drugs and biologicals) and the use of medical appliances, while under such a plan,

(F) physicians' services,

(G) short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) in an inpatient facility meeting such conditions as the Secretary determines to be appropriate to provide such care, but such respite care may be provided only on an intermittent, nonroutine, and occasional basis and may not be provided consecutively over longer than five days,

(H) counseling (including dietary counseling) with respect to care of the terminally ill individual and adjustment to his death, and

(I) any other item or service which is specified in the plan and for which payment may otherwise be made under this title.

The care and services described in subparagraphs (A) and (D) may be provided on a 24-hour, continuous basis only during periods of crisis (meeting criteria established by the Secretary) and only as necessary to maintain the terminally ill individual at home.

(2) The term "hospice program" means a public agency or private organization (or a subdivision thereof) which—

(A)(i) is primarily engaged in providing the care and services described in paragraph (1) and makes such services available (as needed) on a 24-hour basis and which also provides bereavement counseling for the immediate family of terminally ill individuals and services described in section 1812(a)(5),

(ii) provides for such care and services in individuals' homes, on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization, except that—

(I) the agency or organization must routinely provide directly substantially all of each of the services described in subparagraphs (A), (C), and (H) of paragraph (1), except as otherwise provided in paragraph (5), and

(II) in the case of other services described in paragraph (1) which are not provided directly by the agency or organization, the agency or organization must maintain professional management responsibility for all such services furnished to an individual, regardless of the location or facility in which such services are furnished; and

(iii) provides assurances satisfactory to the Secretary that the aggregate number of days of inpatient care described in paragraph (1)(G) provided in any 12-month period to individuals who have an election in effect under section 1812(d) with respect to that agency or organization does not exceed 20 percent of the aggregate number of days during that period on which such elections for such individuals are in effect;

(B) has an interdisciplinary group of personnel which—

(i) includes at least—

(I) one physician (as defined in subsection (r)(1)),

(II) one registered professional nurse, and

(III) one social worker,

employed by or, in the case of a physician described in subclause (I), under contract with the agency or organization, and also includes at least one pastoral or other counselor,

(ii) provides (or supervises the provision of) the care and services described in paragraph (1), and

(iii) establishes the policies governing the provision of such care and services;

(C) maintains central clinical records on all patients;

(D) does not discontinue the hospice care it provides with respect to a patient because of the inability of the patient to pay for such care;

(E)(i) utilizes volunteers in its provision of care and services in accordance with standards set by the Secretary, which standards shall ensure a continuing level of effort to utilize such volunteers, and (ii) maintains records on the use of these volunteers and the cost savings and expansion of care and services achieved through the use of these volunteers;

(F) in the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, is licensed pursuant to such law; and

(G) meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the individuals who are provided care and services by such agency or organization.

(3)(A) An individual is considered to be "terminally ill" if the individual has a medical prognosis that the individual's life expectancy is 6 months or less.

(B) The term "attending physician" means, with respect to an individual, the physician (as defined in subsection (r)(1)), the nurse practitioner (as defined in subsection (aa)(5)), or the physician assistant (as defined in such subsection), who may be employed by a hospice program, whom the individual identifies as having the most significant role in the determination and delivery of medical care to the individual at the time the individual makes an election to receive hospice care.

(4)(A) An entity which is certified as a provider of services other than a hospice program shall be considered, for purposes of certification as a hospice program, to have met any requirements under paragraph (2) which are also the same requirements for certification as such other type of provider. The Secretary shall coordinate surveys for determining certification under this title so as to provide, to the extent feasible, for simultaneous surveys of an entity which seeks to be certified as a hospice program and as a provider of services of another type.

(B) Any entity which is certified as a hospice program and as a provider of another type shall have separate provider agreements under section 1866 and shall file separate cost reports with respect to costs incurred in providing hospice care and in providing other services and items under this title.

(5)(A) The Secretary may waive the requirements of paragraph (2)(A)(ii)(I) for an agency or organization with respect to all or part of the nursing care described in paragraph (1)(A) if such agency or organization—

(i) is located in an area which is not an urbanized area (as defined by the Bureau of the Census);

(ii) was in operation on or before January 1, 1983; and

(iii) has demonstrated a good faith effort (as determined by the Secretary) to hire a sufficient number of nurses to provide such nursing care directly.

(B) Any waiver, which is in such form and containing such information as the Secretary may require and which is requested by an agency or organization under subparagraph (A) or (C), shall be deemed to be granted unless such request is denied by the Secretary within 60 days after the date such request is received by the Secretary. The granting of a waiver under subparagraph (A) or (C) shall not preclude the granting of any subsequent waiver request should such a waiver again become necessary.

(C) The Secretary may waive the requirements of paragraph (2)(A)(i) and (2)(A)(ii) for an agency or organization with respect to the services described in paragraph (1)(B) and, with respect to dietary counseling, paragraph (1)(H), if such agency or organization—

(i) is located in an area which is not an urbanized area (as defined by the Bureau of Census), and

(ii) demonstrates to the satisfaction of the Secretary that the agency or organization has been unable, despite diligent efforts, to recruit appropriate personnel.

(D) In extraordinary, exigent, or other non-routine circumstances, such as unanticipated periods of high patient loads, staffing shortages due to illness or other events, or temporary travel of a patient outside a hospice program's service area, a hospice program may enter into arrangements with another hospice program for the provision by that other program of services described in paragraph (2)(A)(ii)(I). The provisions of paragraph (2)(A)(ii)(II) shall apply with respect to the services provided under such arrangements.

(E) A hospice program may provide services described in paragraph (1)(A) other than directly by the program if the services are highly specialized services of a registered professional nurse and are provided non-routinely and so infrequently so that the provision of such services directly would be impracticable and prohibitively expensive.

Discharge Planning Process

(ee)(1) A discharge planning process of a hospital shall be considered sufficient if it is applicable to services furnished by the hospital to individuals entitled to benefits under this title and if it meets the guidelines and standards established by the Secretary under paragraph (2).

(2) The Secretary shall develop guidelines and standards for the discharge planning process in order to ensure a timely and smooth transition to the most appropriate type of and setting for post-hospital or rehabilitative care. The guidelines and standards shall include the following:

(A) The hospital must identify, at an early stage of hospitalization, those patients who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning.

(B) Hospitals must provide a discharge planning evaluation for patients identified under subparagraph (A) and for other patients upon the request of the patient, patient's representative, or patient's physician.

(C) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-hospital care will be made before discharge and to avoid unnecessary delays in discharge.

(D) A discharge planning evaluation must include an evaluation of a patient's likely need for appropriate post-hospital services, including hospice care and post-hospital extended care services, and the availability of those services, including the availability of home health services through individuals and entities that participate in the program under this title and that serve the area in which the patient resides and that request to be listed by the hospital as available and, in the case of individuals who are likely to need post-hospital extended care services, the availability of such services through facilities that participate in the program under this title and that serve the area in which the patient resides.

(E) The discharge planning evaluation must be included in the patient's medical record for use in establishing an appro-

priate discharge plan and the results of the evaluation must be discussed with the patient (or the patient's representative).

(F) Upon the request of a patient's physician, the hospital must arrange for the development and initial implementation of a discharge plan for the patient.

(G) Any discharge planning evaluation or discharge plan required under this paragraph must be developed by, or under the supervision of, a registered professional nurse, social worker, or other appropriately qualified personnel.

(H) Consistent with section 1802, the discharge plan shall—

(i) not specify or otherwise limit the qualified provider which may provide post-hospital home health services, and

(ii) identify (in a form and manner specified by the Secretary) any entity to whom the individual is referred in which the hospital has a disclosable financial interest (as specified by the Secretary consistent with section 1866(a)(1)(S)) or which has such an interest in the hospital.

(3) With respect to a discharge plan for an individual who is enrolled with a Medicare+Choice organization under a Medicare+Choice plan and is furnished inpatient hospital services by a hospital under a contract with the organization—

(A) the discharge planning evaluation under paragraph (2)(D) is not required to include information on the availability of home health services through individuals and entities which do not have a contract with the organization; and

(B) notwithstanding subparagraph (H)(i), the plan may specify or limit the provider (or providers) of post-hospital home health services or other post-hospital services under the plan.

Partial Hospitalization Services

(ff)(1) The term "partial hospitalization services" means the items and services described in paragraph (2) prescribed by a physician and provided under a program described in paragraph (3) under the supervision of a physician pursuant to an individualized, written plan of treatment established and periodically reviewed by a physician (in consultation with appropriate staff participating in such program), which plan sets forth the physician's diagnosis, the type, amount, frequency, and duration of the items and services provided under the plan, and the goals for treatment under the plan.

(2) The items and services described in this paragraph are—

(A) individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law),

(B) occupational therapy requiring the skills of a qualified occupational therapist,

(C) services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients,

(D) drugs and biologicals furnished for therapeutic purposes (which cannot, as determined in accordance with regulations, be self-administered),

(E) individualized activity therapies that are not primarily recreational or diversionary,

(F) family counseling (the primary purpose of which is treatment of the individual's condition),

(G) patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment),

(H) diagnostic services, and

(I) such other items and services as the Secretary may provide (but in no event to include meals and transportation);

that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services as the Secretary shall by regulation establish (taking into account accepted norms of medical practice and the reasonable expectation of patient improvement).

(3)(A) A program described in this paragraph is a program which is furnished by a hospital to its outpatients or by a community mental health center (as defined in subparagraph (B)), and which is a distinct and organized intensive ambulatory treatment service offering less than 24-hour-daily care other than in an individual's home or in an inpatient or residential setting.

(B) For purposes of subparagraph (A), the term "community mental health center" means an entity that—

(i)(I) provides the mental health services described in section 1913(c)(1) of the Public Health Service Act; or

(II) in the case of an entity operating in a State that by law precludes the entity from providing itself the service described in subparagraph (E) of such section, provides for such service by contract with an approved organization or entity (as determined by the Secretary);

(ii) meets applicable licensing or certification requirements for community mental health centers in the State in which it is located;

(iii) provides at least 40 percent of its services to individuals who are not eligible for benefits under this title; and

(iv) meets such additional conditions as the Secretary shall specify to ensure (I) the health and safety of individuals being furnished such services, (II) the effective and efficient furnishing of such services, and (III) the compliance of such entity with the criteria described in section 1931(c)(1) of the Public Health Service Act.

Certified Nurse-Midwife Services

(gg)(1) The term "certified nurse-midwife services" means such services furnished by a certified nurse-midwife (as defined in paragraph (2)) and such services and supplies furnished as an incident to the nurse-midwife's service which the certified nurse-midwife is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) as would otherwise be covered if furnished by a physician or as an incident to a physicians' service.

(2) The term "certified nurse-midwife" means a registered nurse who has successfully completed a program of study and clinical ex-

perience meeting guidelines prescribed by the Secretary, or has been certified by an organization recognized by the Secretary.

Clinical Social Worker; Clinical Social Worker Services

(hh)(1) The term "clinical social worker" means an individual who—

(A) possesses a master's or doctor's degree in social work;

(B) after obtaining such degree has performed at least 2 years of supervised clinical social work; and

(C)(i) is licensed or certified as a clinical social worker by the State in which the services are performed, or

(ii) in the case of an individual in a State which does not provide for licensure or certification—

(I) has completed at least 2 years or 3,000 hours of post-master's degree supervised clinical social work practice under the supervision of a master's level social worker in an appropriate setting (as determined by the Secretary), and

(II) meets such other criteria as the Secretary establishes.

(2) The term "clinical social worker services" means services performed by a clinical social worker (as defined in paragraph (1)) for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital and other than services furnished to an inpatient of a skilled nursing facility which the facility is required to provide as a requirement for participation) which the clinical social worker is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed as would otherwise be covered if furnished by a physician or as an incident to a physician's professional service.

Qualified Psychologist Services

(ii) The term "qualified psychologist services" means such services and such services and supplies furnished as an incident to his service furnished by a clinical psychologist (as defined by the Secretary) which the psychologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) as would otherwise be covered if furnished by a physician or as an incident to a physician's service.

Screening Mammography

(jj) The term "screening mammography" means a radiologic procedure provided to a woman for the purpose of early detection of breast cancer and includes a physician's interpretation of the results of the procedure.

Covered Osteoporosis Drug

(kk) The term "covered osteoporosis drug" means an injectable drug approved for the treatment of post-menopausal osteoporosis provided to an individual by a home health agency if, in accordance with regulations promulgated by the Secretary—

(1) the individual's attending physician, nurse practitioner or clinical nurse specialist (as those terms are defined in subsection (aa)(5)), certified nurse-midwife (as defined in subsection (gg)), or physician assistant (as defined in subsection (aa)(5)) certifies that the individual has suffered a bone fracture related to post-menopausal osteoporosis and that the individual is unable to learn the skills needed to self-administer such drug or is otherwise physically or mentally incapable of self-administering such drug; and

(2) the individual is confined to the individual's home (except when receiving items and services referred to in subsection (m)(7)).

Speech-Language Pathology Services; Audiology Services

(ll)(1) The term "speech-language pathology services" means such speech, language, and related function assessment and rehabilitation services furnished by a qualified speech-language pathologist as the speech-language pathologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) as would otherwise be covered if furnished by a physician.

(2) The term "outpatient speech-language pathology services" has the meaning given the term "outpatient physical therapy services" in subsection (p), except that in applying such subsection—

(A) "speech-language pathology" shall be substituted for "physical therapy" each place it appears; and

(B) "speech-language pathologist" shall be substituted for "physical therapist" each place it appears.

(3) The term "audiology services" means such hearing and balance assessment services furnished by a qualified audiologist as the audiologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), as would otherwise be covered if furnished by a physician.

(4) In this subsection:

(A) The term "qualified speech-language pathologist" means an individual with a master's or doctoral degree in speech-language pathology who—

(i) is licensed as a speech-language pathologist by the State in which the individual furnishes such services, or

(ii) in the case of an individual who furnishes services in a State which does not license speech-language pathologists, has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating such supervised clinical experience), performed not less than 9 months of supervised full-time speech-language pathology services after obtaining a master's or doctoral degree in speech-language pathology or a related field, and successfully completed a national examination in speech-language pathology approved by the Secretary.

(B) The term "qualified audiologist" means an individual with a master's or doctoral degree in audiology who—

(i) is licensed as an audiologist by the State in which the individual furnishes such services, or

(ii) in the case of an individual who furnishes services in a State which does not license audiologists, has success-

fully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating such supervised clinical experience), performed not less than 9 months of supervised full-time audiology services after obtaining a master's or doctoral degree in audiology or a related field, and successfully completed a national examination in audiology approved by the Secretary.

Critical Access Hospital; Critical Access Hospital Services

(mm)(1) The term "critical access hospital" means a facility certified by the Secretary as a critical access hospital under section 1820(e).

(2) The term "inpatient critical access hospital services" means items and services, furnished to an inpatient of a critical access hospital by such facility, that would be inpatient hospital services if furnished to an inpatient of a hospital by a hospital.

(3) The term "outpatient critical access hospital services" means medical and other health services furnished by a critical access hospital on an outpatient basis.

Screening Pap Smear; Screening Pelvic Exam

(nn)(1) The term "screening pap smear" means a diagnostic laboratory test consisting of a routine exfoliative cytology test (Papanicolaou test) provided to a woman for the purpose of early detection of cervical or vaginal cancer and includes a physician's interpretation of the results of the test, if the individual involved has not had such a test during the preceding 2 years, or during the preceding year in the case of a woman described in paragraph (3).

(2) The term "screening pelvic exam" means a pelvic examination provided to a woman if the woman involved has not had such an examination during the preceding 2 years, or during the preceding year in the case of a woman described in paragraph (3), and includes a clinical breast examination.

(3) A woman described in this paragraph is a woman who—

(A) is of childbearing age and has had a test described in this subsection during any of the preceding 3 years that indicated the presence of cervical or vaginal cancer or other abnormality; or

(B) is at high risk of developing cervical or vaginal cancer (as determined pursuant to factors identified by the Secretary).

Prostate Cancer Screening Tests

(oo)(1) The term "prostate cancer screening test" means a test that consists of any (or all) of the procedures described in paragraph (2) provided for the purpose of early detection of prostate cancer to a man over 50 years of age who has not had such a test during the preceding year.

(2) The procedures described in this paragraph are as follows:

(A) A digital rectal examination.

(B) A prostate-specific antigen blood test.

(C) For years beginning after 2002, such other procedures as the Secretary finds appropriate for the purpose of early detection of prostate cancer, taking into account changes in technology and standards of medical practice, availability, effective-

ness, costs, and such other factors as the Secretary considers appropriate.

Colorectal Cancer Screening Tests

(pp)(1) The term "colorectal cancer screening test" means any of the following procedures furnished to an individual for the purpose of early detection of colorectal cancer:

(A) Screening fecal-occult blood test.

(B) Screening flexible sigmoidoscopy.

(C) Screening colonoscopy.

(D) Such other tests or procedures, and modifications to tests and procedures under this subsection, with such frequency and payment limits, as the Secretary determines appropriate, in consultation with appropriate organizations.

(2) An "individual at high risk for colorectal cancer" is an individual who, because of family history, prior experience of cancer or precursor neoplastic polyps, a history of chronic digestive disease condition (including inflammatory bowel disease, Crohn's Disease, or ulcerative colitis), the presence of any appropriate recognized gene markers for colorectal cancer, or other predisposing factors, faces a high risk for colorectal cancer.

Diabetes Outpatient Self-Management Training Services

(qq)(1) The term "diabetes outpatient self-management training services" means educational and training services furnished (at such times as the Secretary determines appropriate) to an individual with diabetes by a certified provider (as described in paragraph (2)(A)) in an outpatient setting by an individual or entity who meets the quality standards described in paragraph (2)(B), but only if the physician who is managing the individual's diabetic condition certifies that such services are needed under a comprehensive plan of care related to the individual's diabetic condition to ensure therapy compliance or to provide the individual with necessary skills and knowledge (including skills related to the self-administration of injectable drugs) to participate in the management of the individual's condition.

(2) In paragraph (1)—

(A) a "certified provider" is a physician, or other individual or entity designated by the Secretary, that, in addition to providing diabetes outpatient self-management training services, provides other items or services for which payment may be made under this title; and

(B) a physician, or such other individual or entity, meets the quality standards described in this paragraph if the physician, or individual or entity, meets quality standards established by the Secretary, except that the physician or other individual or entity shall be deemed to have met such standards if the physician or other individual or entity meets applicable standards originally established by the National Diabetes Advisory Board and subsequently revised by organizations who participated in the establishment of standards by such Board, or is recognized by an organization that represents individuals (including individuals under this title) with diabetes as meeting standards for furnishing the services.

Bone Mass Measurement

(rr)(1) The term "bone mass measurement" means a radiologic or radioisotopic procedure or other procedure approved by the Food and Drug Administration performed on a qualified individual (as defined in paragraph (2)) for the purpose of identifying bone mass or detecting bone loss or determining bone quality, and includes a physician's interpretation of the results of the procedure.

(2) For purposes of this subsection, the term "qualified individual" means an individual who is (in accordance with regulations prescribed by the Secretary)—

(A) an estrogen-deficient woman at clinical risk for osteoporosis;

(B) an individual with vertebral abnormalities;

(C) an individual receiving long-term glucocorticoid steroid therapy;

(D) an individual with primary hyperparathyroidism; or

(E) an individual being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy.

(3) The Secretary shall establish such standards regarding the frequency with which a qualified individual shall be eligible to be provided benefits for bone mass measurement under this title.

Religious Nonmedical Health Care Institution

(ss)(1) The term "religious nonmedical health care institution" means an institution that—

(A) is described in subsection (c)(3) of section 501 of the Internal Revenue Code of 1986 and is exempt from taxes under subsection (a) of such section;

(B) is lawfully operated under all applicable Federal, State, and local laws and regulations;

(C) provides only nonmedical nursing items and services exclusively to patients who choose to rely solely upon a religious method of healing and for whom the acceptance of medical health services would be inconsistent with their religious beliefs;

(D) provides such nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of such patients;

(E) provides such nonmedical items and services to inpatients on a 24-hour basis;

(F) on the basis of its religious beliefs, does not provide through its personnel or otherwise medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients;

(G)(i) is not owned by, under common ownership with, or has an ownership interest in, a provider of medical treatment or services;

(ii) is not affiliated with—

(I) a provider of medical treatment or services, or

(II) an individual who has an ownership interest in a provider of medical treatment or services;

(H) has in effect a utilization review plan which—

(i) provides for the review of admissions to the institution, of the duration of stays therein, of cases of continuous extended duration, and of the items and services furnished by the institution,

(ii) requires that such reviews be made by an appropriate committee of the institution that includes the individuals responsible for overall administration and for supervision of nursing personnel at the institution,

(iii) provides that records be maintained of the meetings, decisions, and actions of such committee, and

(iv) meets such other requirements as the Secretary finds necessary to establish an effective utilization review plan;

(I) provides the Secretary with such information as the Secretary may require to implement section 1821, including information relating to quality of care and coverage determinations; and

(J) meets such other requirements as the Secretary finds necessary in the interest of the health and safety of individuals who are furnished services in the institution.

(2) To the extent that the Secretary finds that the accreditation of an institution by a State, regional, or national agency or association provides reasonable assurances that any or all of the requirements of paragraph (1) are met or exceeded, the Secretary may treat such institution as meeting the condition or conditions with respect to which the Secretary made such finding.

(3)(A)(i) In administering this subsection and section 1821, the Secretary shall not require any patient of a religious nonmedical health care institution to undergo medical screening, examination, diagnosis, prognosis, or treatment or to accept any other medical health care service, if such patient (or legal representative of the patient) objects thereto on religious grounds.

(ii) Clause (i) shall not be construed as preventing the Secretary from requiring under section 1821(a)(2) the provision of sufficient information regarding an individual's condition as a condition for receipt of benefits under part A for services provided in such an institution.

(B)(i) In administering this subsection and section 1821, the Secretary shall not subject a religious nonmedical health care institution or its personnel to any medical supervision, regulation, or control, insofar as such supervision, regulation, or control would be contrary to the religious beliefs observed by the institution or such personnel.

(ii) Clause (i) shall not be construed as preventing the Secretary from reviewing items and services billed by the institution to the extent the Secretary determines such review to be necessary to determine whether such items and services were not covered under part A, are excessive, or are fraudulent.

(4)(A) For purposes of paragraph (1)(G)(i), an ownership interest of less than 5 percent shall not be taken into account.

(B) For purposes of paragraph (1)(G)(ii), none of the following shall be considered to create an affiliation:

(i) An individual serving as an uncompensated director, trustee, officer, or other member of the governing body of a religious nonmedical health care institution.

(ii) An individual who is a director, trustee, officer, employee, or staff member of a religious nonmedical health care institution having a family relationship with an individual who is affiliated with (or has an ownership interest in) a provider of medical treatment or services.

(iii) An individual or entity furnishing goods or services as a vendor to both providers of medical treatment or services and religious nonmedical health care institutions.

Post-Institutional Home Health Services; Home Health Spell of Illness

(tt)(1) The term "post-institutional home health services" means home health services furnished to an individual—

(A) after discharge from a hospital or critical access hospital in which the individual was an inpatient for not less than 3 consecutive days before such discharge if such home health services were initiated within 14 days after the date of such discharge; or

(B) after discharge from a skilled nursing facility in which the individual was provided post-hospital extended care services if such home health services were initiated within 14 days after the date of such discharge.

(2) The term "home health spell of illness" with respect to any individual means a period of consecutive days—

(A) beginning with the first day (not included in a previous home health spell of illness) (i) on which such individual is furnished post-institutional home health services, and (ii) which occurs in a month for which the individual is entitled to benefits under part A, and

(B) ending with the close of the first period of 60 consecutive days thereafter on each of which the individual is neither an inpatient of a hospital or critical access hospital nor an inpatient of a facility described in section 1819(a)(1) or subsection (y)(1) nor provided home health services.

Screening for Glaucoma

(uu) The term "screening for glaucoma" means a dilated eye examination with an intraocular pressure measurement, and a direct ophthalmoscopy or a slit-lamp biomicroscopic examination for the early detection of glaucoma which is furnished by or under the direct supervision of an optometrist or ophthalmologist who is legally authorized to furnish such services under State law (or the State regulatory mechanism provided by State law) of the State in which the services are furnished, as would otherwise be covered if furnished by a physician or as an incident to a physician's professional service, if the individual involved has not had such an examination in the preceding year.

Medical Nutrition Therapy Services; Registered Dietitian or Nutrition Professional

(vv)(1) The term "medical nutrition therapy services" means nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered

dietitian or nutrition professional (as defined in paragraph (2)) pursuant to a referral by a physician (as defined in subsection (r)(1)).

(2) Subject to paragraph (3), the term "registered dietitian or nutrition professional" means an individual who—

(A) holds a baccalaureate or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics, as accredited by an appropriate national accreditation organization recognized by the Secretary for this purpose;

(B) has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional; and

(C)(i) is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed; or

(ii) in the case of an individual in a State that does not provide for such licensure or certification, meets such other criteria as the Secretary establishes.

(3) Subparagraphs (A) and (B) of paragraph (2) shall not apply in the case of an individual who, as of the date of the enactment of this subsection, is licensed or certified as a dietitian or nutrition professional by the State in which medical nutrition therapy services are performed.

Initial Preventive Physical Examination

(ww)(1) The term "initial preventive physical examination" means physicians' services consisting of a physical examination (including measurement of height, weight body mass index,, and blood pressure) with the goal of health promotion and disease detection and includes education, counseling, and referral with respect to screening and other preventive services described in paragraph (2), end-of-life planning (as defined in paragraph (3)) upon the agreement with the individual, and the furnishing of a review of any current opioid prescriptions (as defined in paragraph (4)), but does not include clinical laboratory tests.

(2) The screening and other preventive services described in this paragraph include the following:

(A) Pneumococcal, influenza, and hepatitis B vaccine and administration under subsection (s)(10).

(B) Screening mammography as defined in subsection (jj).

(C) Screening pap smear and screening pelvic exam as defined in subsection (nn).

(D) Prostate cancer screening tests as defined in subsection (oo).

(E) Colorectal cancer screening tests as defined in subsection (pp).

(F) Diabetes outpatient self-management training services as defined in subsection (qq)(1).

(G) Bone mass measurement as defined in subsection (rr).

(H) Screening for glaucoma as defined in subsection (uu).

(I) Medical nutrition therapy services as defined in subsection (vv).

(J) Cardiovascular screening blood tests as defined in subsection (xx)(1).

(K) Diabetes screening tests as defined in subsection (yy).

(L) Ultrasound screening for abdominal aortic aneurysm as defined in section 1861(bbb).

(M) An electrocardiogram.

(N) Screening for potential substance use disorders.

(O) Additional preventive services (as defined in subsection (ddd)(1)).

(3) For purposes of paragraph (1), the term "end-of-life planning" means verbal or written information regarding—

(A) an individual's ability to prepare an advance directive in the case that an injury or illness causes the individual to be unable to make health care decisions; and

(B) whether or not the physician is willing to follow the individual's wishes as expressed in an advance directive.

(4) For purposes of paragraph (1), the term "a review of any current opioid prescriptions" means, with respect to an individual determined to have a current prescription for opioids—

(A) a review of the potential risk factors to the individual for opioid use disorder;

(B) an evaluation of the individual's severity of pain and current treatment plan;

(C) the provision of information on non-opioid treatment options; and

(D) a referral to a specialist, as appropriate.

Cardiovascular Screening Blood Test

(xx)(1) The term "cardiovascular screening blood test" means a blood test for the early detection of cardiovascular disease (or abnormalities associated with an elevated risk of cardiovascular disease) that tests for the following:

(A) Cholesterol levels and other lipid or triglyceride levels.

(B) Such other indications associated with the presence of, or an elevated risk for, cardiovascular disease as the Secretary may approve for all individuals (or for some individuals determined by the Secretary to be at risk for cardiovascular disease), including indications measured by noninvasive testing.

The Secretary may not approve an indication under subparagraph (B) for any individual unless a blood test for such is recommended by the United States Preventive Services Task Force.

(2) The Secretary shall establish standards, in consultation with appropriate organizations, regarding the frequency for each type of cardiovascular screening blood tests, except that such frequency may not be more often than once every 2 years.

Diabetes Screening Tests

(yy)(1) The term "diabetes screening tests" means testing furnished to an individual at risk for diabetes (as defined in paragraph (2)) for the purpose of early detection of diabetes, including—

(A) a fasting plasma glucose test; and

(B) such other tests, and modifications to tests, as the Secretary determines appropriate, in consultation with appropriate organizations.

(2) For purposes of paragraph (1), the term "individual at risk for diabetes" means an individual who has any of the following risk factors for diabetes:

(A) Hypertension.

(B) Dyslipidemia.

(C) Obesity, defined as a body mass index greater than or equal to 30 kg/m^2.

(D) Previous identification of an elevated impaired fasting glucose.

(E) Previous identification of impaired glucose tolerance.

(F) A risk factor consisting of at least 2 of the following characteristics:

(i) Overweight, defined as a body mass index greater than 25, but less than 30, kg/m^2.

(ii) A family history of diabetes.

(iii) A history of gestational diabetes mellitus or delivery of a baby weighing greater than 9 pounds.

(iv) 65 years of age or older.

(3) The Secretary shall establish standards, in consultation with appropriate organizations, regarding the frequency of diabetes screening tests, except that such frequency may not be more often than twice within the 12-month period following the date of the most recent diabetes screening test of that individual.

Intravenous Immune Globulin

(zz) The term "intravenous immune globulin" means an approved pooled plasma derivative for the treatment in the patient's home of a patient with a diagnosed primary immune deficiency disease, but not including items or services related to the administration of the derivative, if a physician determines administration of the derivative in the patient's home is medically appropriate.

Extended Care in Religious Nonmedical Health Care Institutions

(aaa)(1) The term "home health agency" also includes a religious nonmedical health care institution (as defined in subsection (ss)(1)), but only with respect to items and services ordinarily furnished by such an institution to individuals in their homes, and that are comparable to items and services furnished to individuals by a home health agency that is not religious nonmedical health care institution.

(2)(A) Subject to subparagraphs (B), payment may be made with respect to services provided by such an institution only to such extent and under such conditions, limitations, and requirements (in addition to or in lieu of the conditions, limitations, and requirements otherwise applicable) as may be provided in regulations consistent with section 1821.

(B) Notwithstanding any other provision of this title, payment may not be made under subparagraph (A)—

(i) in a year insofar as such payments exceed $700,000; and

(ii) after December 31, 2006.

Ultrasound Screening for Abdominal Aortic Aneurysm

(bbb) The term "ultrasound screening for abdominal aortic aneurysm" means—

(1) a procedure using sound waves (or such other procedures using alternative technologies, of commensurate accuracy and

cost, that the Secretary may specify) provided for the early detection of abdominal aortic aneurysm; and

(2) includes a physician's interpretation of the results of the procedure.

Long-Term Care Hospital

(ccc) The term "long-term care hospital" means a hospital which—

(1) is primarily engaged in providing inpatient services, by or under the supervision of a physician, to Medicare beneficiaries whose medically complex conditions require a long hospital stay and programs of care provided by a long-term care hospital;

(2) has an average inpatient length of stay (as determined by the Secretary) of greater than 25 days, or meets the requirements of clause (II) of section 1886(d)(1)(B)(iv);

(3) satisfies the requirements of subsection (e); and

(4) meets the following facility criteria:

(A) the institution has a patient review process, documented in the patient medical record, that screens patients prior to admission for appropriateness of admission to a long-term care hospital, validates within 48 hours of admission that patients meet admission criteria for long-term care hospitals, regularly evaluates patients throughout their stay for continuation of care in a long-term care hospital, and assesses the available discharge options when patients no longer meet such continued stay criteria;

(B) the institution has active physician involvement with patients during their treatment through an organized medical staff, physician-directed treatment with physician on-site availability on a daily basis to review patient progress, and consulting physicians on call and capable of being at the patient's side within a moderate period of time, as determined by the Secretary; and

(C) the institution has interdisciplinary team treatment for patients, requiring interdisciplinary teams of health care professionals, including physicians, to prepare and carry out an individualized treatment plan for each patient.

Additional Preventive Services; Preventive Services

(ddd)(1) The term "additional preventive services" means services not described in subparagraph (A) or (C) of paragraph (3) that identify medical conditions or risk factors and that the Secretary determines are—

(A) reasonable and necessary for the prevention or early detection of an illness or disability;

(B) recommended with a grade of A or B by the United States Preventive Services Task Force; and

(C) appropriate for individuals entitled to benefits under part A or enrolled under part B.

(2) In making determinations under paragraph (1) regarding the coverage of a new service, the Secretary shall use the process for making national coverage determinations (as defined in section

1869(f)(1)(B)) under this title. As part of the use of such process, the Secretary may conduct an assessment of the relation between predicted outcomes and the expenditures for such service and may take into account the results of such assessment in making such determination.

(3) The term "preventive services" means the following:

(A) The screening and preventive services described in subsection (ww)(2) (other than the service described in subparagraph (M) of such subsection).

(B) An initial preventive physical examination (as defined in subsection (ww)).

(C) Personalized prevention plan services (as defined in subsection (hhh)(1)).

Cardiac Rehabilitation Program; Intensive Cardiac Rehabilitation Program

(eee)(1) The term "cardiac rehabilitation program" means a program (as described in paragraph (2)) that furnishes the items and services described in paragraph (3) under the supervision of a physician (as defined in subsection (r)(1)) or a physician assistant, nurse practitioner, or clinical nurse specialist (as those terms are defined in subsection (aa)(5)).

(2) A program described in this paragraph is a program under which—

(A) items and services under the program are delivered—

(i) in a physician's office;

(ii) in a hospital on an outpatient basis; or

(iii) in other settings determined appropriate by the Secretary;

(B) a physician (as defined in subsection (r)(1)) or a physician assistant, nurse practitioner, or clinical nurse specialist (as those terms are defined in subsection (aa)(5)) is immediately available and accessible for medical consultation and medical emergencies at all times items and services are being furnished under the program, except that, in the case of items and services furnished under such a program in a hospital, such availability shall be presumed; and

(C) individualized treatment is furnished under a written plan established, reviewed, and signed by a physician every 30 days that describes—

(i) the individual's diagnosis;

(ii) the type, amount, frequency, and duration of the items and services furnished under the plan; and

(iii) the goals set for the individual under the plan.

(3) The items and services described in this paragraph are—

(A) physician-prescribed exercise;

(B) cardiac risk factor modification, including education, counseling, and behavioral intervention (to the extent such education, counseling, and behavioral intervention is closely related to the individual's care and treatment and is tailored to the individual's needs);

(C) psychosocial assessment;

(D) outcomes assessment; and

(E) such other items and services as the Secretary may determine, but only if such items and services are—

(i) reasonable and necessary for the diagnosis or active treatment of the individual's condition;

(ii) reasonably expected to improve or maintain the individual's condition and functional level; and

(iii) furnished under such guidelines relating to the frequency and duration of such items and services as the Secretary shall establish, taking into account accepted norms of medical practice and the reasonable expectation of improvement of the individual.

(4)(A) The term "intensive cardiac rehabilitation program" means a program (as described in paragraph (2)) that furnishes the items and services described in paragraph (3) under the supervision of a physician (as defined in subsection (r)(1)) or a physician assistant, nurse practitioner, or clinical nurse specialist (as those terms are defined in subsection (aa)(5)) and has shown, in peer-reviewed published research, that it accomplished—

(i) one or more of the following:

(I) positively affected the progression of coronary heart disease; or

(II) reduced the need for coronary bypass surgery; or

(III) reduced the need for percutaneous coronary interventions; and

(ii) a statistically significant reduction in 5 or more of the following measures from their level before receipt of cardiac rehabilitation services to their level after receipt of such services:

(I) low density lipoprotein;

(II) triglycerides;

(III) body mass index;

(IV) systolic blood pressure;

(V) diastolic blood pressure; or

(VI) the need for cholesterol, blood pressure, and diabetes medications.

(B) To be eligible for an intensive cardiac rehabilitation program, an individual must have—

(i) had an acute myocardial infarction within the preceding 12 months;

(ii) had coronary bypass surgery;

(iii) stable angina pectoris;

(iv) had heart valve repair or replacement;

(v) had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting;

(vi) had a heart or heart-lung transplant;

(vii) stable, chronic heart failure (defined as patients with left ventricular ejection fraction of 35 percent or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks); or

(viii) any additional condition for which the Secretary has determined that a cardiac rehabilitation program shall be covered, unless the Secretary determines, using the same process used to determine that the condition is covered for a cardiac rehabilitation program, that such coverage is not supported by the clinical evidence.

(C) An intensive cardiac rehabilitation program may be provided in a series of 72 one-hour sessions (as defined in section

1848(b)(5)), up to 6 sessions per day, over a period of up to 18 weeks.

(5) The Secretary shall establish standards to ensure that a physician with expertise in the management of individuals with cardiac pathophysiology who is licensed to practice medicine in the State in which a cardiac rehabilitation program (or the intensive cardiac rehabilitation program, as the case may be) is offered—

(A) is responsible for such program; and

(B) in consultation with appropriate staff, is involved substantially in directing the progress of individual in the program.

Pulmonary Rehabilitation Program

(fff)(1) The term "pulmonary rehabilitation program" means a program (as described in subsection (eee)(2) with respect to a program under this subsection) that furnishes the items and services described in paragraph (2) under the supervision of a physician (as defined in subsection (r)(1)) or a physician assistant, nurse practitioner, or clinical nurse specialist (as those terms are defined in subsection (aa)(5)).

(2) The items and services described in this paragraph are—

(A) physician-prescribed exercise;

(B) education or training (to the extent the education or training is closely and clearly related to the individual's care and treatment and is tailored to such individual's needs);

(C) psychosocial assessment;

(D) outcomes assessment; and

(E) such other items and services as the Secretary may determine, but only if such items and services are—

(i) reasonable and necessary for the diagnosis or active treatment of the individual's condition;

(ii) reasonably expected to improve or maintain the individual's condition and functional level; and

(iii) furnished under such guidelines relating to the frequency and duration of such items and services as the Secretary shall establish, taking into account accepted norms of medical practice and the reasonable expectation of improvement of the individual.

(3) The Secretary shall establish standards to ensure that a physician with expertise in the management of individuals with respiratory pathophysiology who is licensed to practice medicine in the State in which a pulmonary rehabilitation program is offered—

(A) is responsible for such program; and

(B) in consultation with appropriate staff, is involved substantially in directing the progress of individual in the program.

Kidney Disease Education Services

(ggg)(1) The term "kidney disease education services" means educational services that are—

(A) furnished to an individual with stage IV chronic kidney disease who, according to accepted clinical guidelines identified by the Secretary, will require dialysis or a kidney transplant;

(B) furnished, upon the referral of the physician managing the individual's kidney condition, by a qualified person (as defined in paragraph (2)); and

(C) designed—

(i) to provide comprehensive information (consistent with the standards set under paragraph (3)) regarding—

(I) the management of comorbidities, including for purposes of delaying the need for dialysis;

(II) the prevention of uremic complications; and

(III) each option for renal replacement therapy (including hemodialysis and peritoneal dialysis at home and in-center as well as vascular access options and transplantation);

(ii) to ensure that the individual has the opportunity to actively participate in the choice of therapy; and

(iii) to be tailored to meet the needs of the individual involved.

(2)(A) The term "qualified person" means—

(i) a physician (as defined in section 1861(r)(1)) or a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa)(5)), who furnishes services for which payment may be made under the fee schedule established under section 1848; and

(ii) a provider of services located in a rural area (as defined in section 1886(d)(2)(D)).

(B) Such term does not include a provider of services (other than a provider of services described in subparagraph (A)(ii)) or a renal dialysis facility.

(3) The Secretary shall set standards for the content of such information to be provided under paragraph (1)(C)(i) after consulting with physicians, other health professionals, health educators, professional organizations, accrediting organizations, kidney patient organizations, dialysis facilities, transplant centers, network organizations described in section 1881(c)(2), and other knowledgeable persons. To the extent possible the Secretary shall consult with persons or entities described in the previous sentence, other than a dialysis facility, that has not received industry funding from a drug or biological manufacturer or dialysis facility.

(4) No individual shall be furnished more than 6 sessions of kidney disease education services under this title.

Annual Wellness Visit

(hhh)(1) The term "personalized prevention plan services" means the creation of a plan for an individual—

(A) that includes a health risk assessment (that meets the guidelines established by the Secretary under paragraph (4)(A)) of the individual that is completed prior to or as part of the same visit with a health professional described in paragraph (3); and

(B) that—

(i) takes into account the results of the health risk assessment; and

(ii) may contain the elements described in paragraph (2).

(2) Subject to paragraph (4)(H), the elements described in this paragraph are the following:

(A) The establishment of, or an update to, the individual's medical and family history.

(B) A list of current providers and suppliers that are regularly involved in providing medical care to the individual (including a list of all prescribed medications).

(C) A measurement of height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements.

(D) Detection of any cognitive impairment.

(E) The establishment of, or an update to, the following:

(i) A screening schedule for the next 5 to 10 years, as appropriate, based on recommendations of the United States Preventive Services Task Force and the Advisory Committee on Immunization Practices, and the individual's health status, screening history, and age-appropriate preventive services covered under this title.

(ii) A list of risk factors and conditions for which primary, secondary, or tertiary prevention interventions are recommended or are underway, including any mental health conditions or any such risk factors or conditions that have been identified through an initial preventive physical examination (as described under subsection (ww)(1)), and a list of treatment options and their associated risks and benefits.

(F) The furnishing of personalized health advice and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management, or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition.

(G) Screening for potential substance use disorders and referral for treatment as appropriate.

(H) The furnishing of a review of any current opioid prescriptions (as defined in subsection (ww)(4)).

(I) Any other element determined appropriate by the Secretary.

(3) A health professional described in this paragraph is—

(A) a physician;

(B) a practitioner described in clause (i) of section 1842(b)(18)(C); or

(C) a medical professional (including a health educator, registered dietitian, or nutrition professional) or a team of medical professionals, as determined appropriate by the Secretary, under the supervision of a physician.

(4)(A) For purposes of paragraph (1)(A), the Secretary, not later than 1 year after the date of enactment of this subsection, shall establish publicly available guidelines for health risk assessments. Such guidelines shall be developed in consultation with relevant groups and entities and shall provide that a health risk assessment—

(i) identify chronic diseases, injury risks, modifiable risk factors, and urgent health needs of the individual; and

(ii) may be furnished—

(I) through an interactive telephonic or web-based program that meets the standards established under subparagraph (B);

(II) during an encounter with a health care professional;

(III) through community-based prevention programs; or

(IV) through any other means the Secretary determines appropriate to maximize accessibility and ease of use by beneficiaries, while ensuring the privacy of such beneficiaries.

(B) Not later than 1 year after the date of enactment of this subsection, the Secretary shall establish standards for interactive telephonic or web-based programs used to furnish health risk assessments under subparagraph (A)(ii)(I). The Secretary may utilize any health risk assessment developed under section 4004(f) of the Patient Protection and Affordable Care Act as part of the requirement to develop a personalized prevention plan to comply with this subparagraph.

(C)(i) Not later than 18 months after the date of enactment of this subsection, the Secretary shall develop and make available to the public a health risk assessment model. Such model shall meet the guidelines under subparagraph (A) and may be used to meet the requirement under paragraph (1)(A).

(ii) Any health risk assessment that meets the guidelines under subparagraph (A) and is approved by the Secretary may be used to meet the requirement under paragraph (1)(A).

(D) The Secretary may coordinate with community-based entities (including State Health Insurance Programs, Area Agencies on Aging, Aging and Disability Resource Centers, and the Administration on Aging) to—

(i) ensure that health risk assessments are accessible to beneficiaries; and

(ii) provide appropriate support for the completion of health risk assessments by beneficiaries.

(E) The Secretary shall establish procedures to make beneficiaries and providers aware of the requirement that a beneficiary complete a health risk assessment prior to or at the same time as receiving personalized prevention plan services.

(F) To the extent practicable, the Secretary shall encourage the use of, integration with, and coordination of health information technology (including use of technology that is compatible with electronic medical records and personal health records) and may experiment with the use of personalized technology to aid in the development of self-management skills and management of and adherence to provider recommendations in order to improve the health status of beneficiaries.

(G) A beneficiary shall be eligible to receive only an initial preventive physical examination (as defined under subsection (ww)(1)) during the 12-month period after the date that the beneficiary's coverage begins under part B and shall be eligible to receive personalized prevention plan services under this subsection each year thereafter provided that the beneficiary has not received either an initial preventive physical examination or personalized prevention plan services within the preceding 12-month period.

(H) The Secretary shall issue guidance that—

(i) identifies elements under paragraph (2) that are required to be provided to a beneficiary as part of their first visit for personalized prevention plan services; and

(ii) establishes a yearly schedule for appropriate provision of such elements thereafter.

(iii) HOME INFUSION THERAPY.—(1) The term "home infusion therapy" means the items and services described in paragraph (2) furnished by a qualified home infusion therapy supplier (as defined in paragraph (3)(D)) which are furnished in the individual's home (as defined in paragraph (3)(B)) to an individual—

(A) who is under the care of an applicable provider (as defined in paragraph (3)(A)); and

(B) with respect to whom a plan prescribing the type, amount, and duration of infusion therapy services that are to be furnished such individual has been established by a physician (as defined in subsection (r)(1)) and is periodically reviewed by a physician (as so defined) in coordination with the furnishing of home infusion drugs (as defined in paragraph (3)(C)) under part B.

(2) The items and services described in this paragraph are the following:

(A) Professional services, including nursing services, furnished in accordance with the plan.

(B) Training and education (not otherwise paid for as durable medical equipment (as defined in subsection (n)), remote monitoring, and monitoring services for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier.

(3) For purposes of this subsection:

(A) The term "applicable provider" means—

(i) a physician;

(ii) a nurse practitioner; and

(iii) a physician assistant.

(B) The term "home" means a place of residence used as the home of an individual (as defined for purposes of subsection (n)).

(C) The term "home infusion drug" means a parenteral drug or biological administered intravenously, or subcutaneously for an administration period of 15 minutes or more, in the home of an individual through a pump that is an item of durable medical equipment (as defined in subsection (n)). Such term does not include the following:

(i) Insulin pump systems.

(ii) A self-administered drug or biological on a self-administered drug exclusion list.

Clause (ii) shall not apply to a self-administered drug or biological on a self-administered drug exclusion list if such drug or biological was included as a transitional home infusion drug under subparagraph (A)(iii) of section 1834(u)(7) and was identified by a HCPCS code described in subparagraph (C)(ii) of such section.

(D)(i) The term "qualified home infusion therapy supplier" means a pharmacy, physician, or other provider of services or supplier licensed by the State in which the pharmacy, physi-

cian, or provider or services or supplier furnishes items or services and that—

(I) furnishes infusion therapy to individuals with acute or chronic conditions requiring administration of home infusion drugs;

(II) ensures the safe and effective provision and administration of home infusion therapy on a 7-day-a-week, 24-hour-a-day basis;

(III) is accredited by an organization designated by the Secretary pursuant to section 1834(u)(5); and

(IV) meets such other requirements as the Secretary determines appropriate, taking into account the standards of care for home infusion therapy established by Medicare Advantage plans under part C and in the private sector.

(ii) A qualified home infusion therapy supplier may subcontract with a pharmacy, physician, provider of services, or supplier to meet the requirements of this subparagraph.

(jjj) OPIOID USE DISORDER TREATMENT SERVICES; OPIOID TREATMENT PROGRAM.—

(1) OPIOID USE DISORDER TREATMENT SERVICES.—The term "opioid use disorder treatment services" means items and services that are furnished by an opioid treatment program for the treatment of opioid use disorder, including—

(A) opioid agonist and antagonist treatment medications (including oral, injected, or implanted versions) that are approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act for use in the treatment of opioid use disorder;

(B) dispensing and administration of such medications, if applicable;

(C) substance use counseling by a professional to the extent authorized under State law to furnish such services;

(D) individual and group therapy with a physician or psychologist (or other mental health professional to the extent authorized under State law);

(E) toxicology testing, and

(F) other items and services that the Secretary determines are appropriate (but in no event to include meals or transportation).

(2) OPIOID TREATMENT PROGRAM.—The term "opioid treatment program" means an entity that is an opioid treatment program (as defined in section 8.2 of title 42 of the Code of Federal Regulations, or any successor regulation) that—

(A) is enrolled under section 1866(j);

(B) has in effect a certification by the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* for such a program;

(C) is accredited by an accrediting body approved by the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*; and

(D) meets such additional conditions as the Secretary may find necessary to ensure—

(i) the health and safety of individuals being furnished services under such program; and

(ii) the effective and efficient furnishing of such services.

Rural Emergency Hospital Services; Rural Emergency Hospital

(kkk)(1) RURAL EMERGENCY HOSPITAL SERVICES.—

(A) IN GENERAL.—The term "rural emergency hospital services" means the following services furnished by a rural emergency hospital (as defined in paragraph (2)) that do not exceed an annual per patient average of 24 hours in such rural emergency hospital:

(i) Emergency department services and observation care.

(ii) At the election of the rural emergency hospital, with respect to services furnished on an outpatient basis, other medical and health services as specified by the Secretary through rulemaking.

(B) STAFFED EMERGENCY DEPARTMENT.—For purposes of subparagraph (A)(i), an emergency department of a rural emergency hospital shall be considered a staffed emergency department if it meets the following requirements:

(i) The emergency department is staffed 24 hours a day, 7 days a week.

(ii) A physician (as defined in section 1861(r)(1)), nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861(aa)(5)) is available to furnish rural emergency hospital services in the facility 24 hours a day.

(iii) Applicable staffing and staffing responsibilities under section 485.631 of title 42, Code of Federal Regulations (or any successor regulation).

(2) RURAL EMERGENCY HOSPITAL.—The term "rural emergency hospital" means a facility described in paragraph (3) that—

(A) is enrolled under section 1866(j), submits the additional information described in paragraph (4)(A) for purposes of such enrollment, and makes the detailed transition plan described in clause (i) of such paragraph available to the public, in a form and manner determined appropriate by the Secretary;

(B) does not provide any acute care inpatient services, other than those described in paragraph (6)(A);

(C) has in effect a transfer agreement with a level I or level II trauma center;

(D) meets—

(i) licensure requirements as described in paragraph (5);

(ii) the requirements of a staffed emergency department as described in paragraph (1)(B);

(iii) such staff training and certification requirements as the Secretary may require;

(iv) conditions of participation applicable to—

(I) critical access hospitals, with respect to emergency services under section 485.618 of title 42, Code of Federal Regulations (or any successor regulation); and

(II) hospital emergency departments under this title, as determined applicable by the Secretary;

(v) such other requirements as the Secretary finds necessary in the interest of the health and safety of individuals who are furnished rural emergency hospital services; and

(vi) in the case where the rural emergency hospital includes a distinct part unit of the facility that is licensed as a skilled nursing facility, such distinct part meets the requirements applicable to skilled nursing facilities under this title.

(3) FACILITY DESCRIBED.—A facility described in this paragraph is a facility that as of the date of the enactment of this subsection—

(A) was a critical access hospital; or

(B) was a subsection (d) hospital (as defined in section 1886(d)(1)(B)) with not more than 50 beds located in a county (or equivalent unit of local government) in a rural area (as defined in section 1886(d)(2)(D)), or was a subsection (d) hospital (as so defined) with not more than 50 beds that was treated as being located in a rural area pursuant to section 1886(d)(8)(E).

(4) ADDITIONAL INFORMATION.—

(A) INFORMATION.—For purposes of paragraph (2)(A), a facility that submits an application for enrollment under section 1866(j) as a rural emergency hospital shall submit the following information at such time and in such form as the Secretary may require:

(i) An action plan for initiating rural emergency hospital services (as defined in paragraph (1)), including a detailed transition plan that lists the specific services that the facility will—

(I) retain;

(II) modify

(III) add; and

(IV) discontinue.

(ii) A description of services that the facility intends to furnish on an outpatient basis pursuant to paragraph (1)(A)(ii).

(iii) Information regarding how the facility intends to use the additional facility payment provided under section 1834(x)(2), including a description of the services covered under this title that the additional facility payment would be supporting, such as furnishing telehealth services and ambulance services, including operating the facility and maintaining the emergency department to provide such services covered under this title.

(iv) Such other information as the Secretary determines appropriate.

(B) EFFECT OF ENROLLMENT.—Such enrollment shall remain effective with respect to a facility until such time as—

(i) the facility elects to convert back to its prior designation as a critical access hospital or a subsection (d) hospital (as defined in section 1886(d)(1)(B)), subject to requirements applicable under this title for such designation and in accordance with procedures established by the Secretary; or

(ii) the Secretary determines the facility does not meet the requirements applicable to a rural emergency hospital under this subsection.

(5) LICENSURE.—A facility may not operate as a rural emergency hospital in a State unless the facility—

(A) is located in a State that provides for the licensing of such hospitals under State or applicable local law; and

(B)(i) is licensed pursuant to such law; or

(ii) is approved by the agency of such State or locality responsible for licensing hospitals, as meeting the standards established for such licensing.

(6) DISCRETIONARY AUTHORITY.—A rural emergency hospital may—

(A) include a unit of the facility that is a distinct part licensed as a skilled nursing facility to furnish post-hospital extended care services; and

(B) be considered a hospital with less than 50 beds for purposes of the exception to the payment limit for rural health clinics under section 1833(f).

(7) QUALITY MEASUREMENT.—

(A) IN GENERAL.—The Secretary shall establish quality measurement reporting requirements for rural emergency hospitals, which may include the use of a small number of claims-based outcomes measures or surveys of patients with respect to their experience in the rural emergency hospital, in accordance with the succeeding provisions of this paragraph.

(B) QUALITY REPORTING BY RURAL EMERGENCY HOSPITALS.—

(i) IN GENERAL.—With respect to each year beginning with 2023, (or each year beginning on or after the date that is one year after one or more measures are first specified under subparagraph (C)), a rural emergency hospital shall submit data to the Secretary in accordance with clause (ii).

(ii) SUBMISSION OF QUALITY DATA.—With respect to each such year, a rural emergency hospital shall submit to the Secretary data on quality measures specified under subparagraph (C). Such data shall be submitted in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph.

(C) QUALITY MEASURES.—

(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under this subparagraph must have been endorsed by the entity with a contract under section 1890(a).

(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

(iii) CONSIDERATION OF LOW CASE VOLUME WHEN SPECIFYING PERFORMANCE MEASURES.—The Secretary shall, in the selection of measures specified under this subpara-

graph, take into consideration ways to account for rural emergency hospitals that lack sufficient case volume to ensure that the performance rates for such measures are reliable.

(D) PUBLIC AVAILABILITY OF DATA SUBMITTED.—The Secretary shall establish procedures for making data submitted under subparagraph (B) available to the public regarding the performance of individual rural emergency hospitals. Such procedures shall ensure that a rural emergency hospital has the opportunity to review, and submit corrections for, the data that is to be made public with respect to the rural emergency hospital prior to such data being made public. Such information shall be posted on the Internet website of the Centers for Medicare & Medicaid Services in an easily understandable format as determined appropriate by the Secretary.

(8) CLARIFICATION REGARDING APPLICATION OF PROVISIONS RELATING TO OFF-CAMPUS OUTPATIENT DEPARTMENT OF A PROVIDER.—Nothing in this subsection, section 1833(a)(10), or section 1834(x) shall affect the application of paragraph (1)(B)(v) of section 1833(t), relating to applicable items and services (as defined in subparagraph (A) of paragraph (21) of such section) that are furnished by an off-campus outpatient department of a provider (as defined in subparagraph (B) of such paragraph).

(9) IMPLEMENTATION.—There shall be no administrative or judicial review under section 1869, 1878, or otherwise of the following:

(A) The determination of whether a rural emergency hospital meets the requirements of this subsection.

(B) The establishment of requirements under this subsection by the Secretary, including requirements described in paragraphs (2)(D), (4), and (7).

(C) The determination of payment amounts under section 1834(x), including the additional facility payment described in paragraph (2) of such section.

* * * * * * *

SEC. 1866F. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.

(a) IMPLEMENTATION OF 4-YEAR DEMONSTRATION PROGRAM.—

(1) IN GENERAL.—Not later than January 1, 2021, the Secretary shall implement a 4-year demonstration program under this title (in this section referred to as the "Program") to increase access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health outcomes for such beneficiaries, and to the extent possible, reduce expenditures under this title. Under the Program, the Secretary shall make payments under subsection (e) to participants (as defined in subsection (c)(1)(A)) for furnishing opioid use disorder treatment services delivered through opioid use disorder care teams, or arranging for such services to be furnished, to applicable beneficiaries participating in the Program.

(2) OPIOID USE DISORDER TREATMENT SERVICES.—For purposes of this section, the term "opioid use disorder treatment services"—

(A) means, with respect to an applicable beneficiary, services that are furnished for the treatment of opioid use disorders and that utilize drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act for the treatment of opioid use disorders in an outpatient setting; and

(B) includes—

(i) medication-assisted treatment;

(ii) treatment planning;

(iii) psychiatric, psychological, or counseling services (or any combination of such services), as appropriate;

(iv) social support services, as appropriate; and

(v) care management and care coordination services, including coordination with other providers of services and suppliers not on an opioid use disorder care team.

(b) PROGRAM DESIGN.—

(1) IN GENERAL.—The Secretary shall design the Program in such a manner to allow for the evaluation of the extent to which the Program accomplishes the following purposes:

(A) Reduces hospitalizations and emergency department visits.

(B) Increases use of medication-assisted treatment for opioid use disorders.

(C) Improves health outcomes of individuals with opioid use disorders, including by reducing the incidence of infectious diseases (such as hepatitis C and HIV).

(D) Does not increase the total spending on items and services under this title.

(E) Reduces deaths from opioid overdose.

(F) Reduces the utilization of inpatient residential treatment.

(2) CONSULTATION.—In designing the Program, including the criteria under subsection (e)(2)(A), the Secretary shall, not later than 3 months after the date of the enactment of this section, consult with specialists in the field of addiction, clinicians in the primary care community, and beneficiary groups.

(c) PARTICIPANTS; OPIOID USE DISORDER CARE TEAMS.—

(1) PARTICIPANTS.—

(A) DEFINITION.—In this section, the term "participant" means an entity or individual—

(i) that is otherwise enrolled under this title and that is—

(I) a physician (as defined in section 1861(r)(1));

(II) a group practice comprised of at least one physician described in subclause (I);

(III) a hospital outpatient department;

(IV) a federally qualified health center (as defined in section 1861(aa)(4));

(V) a rural health clinic (as defined in section 1861(aa)(2));

(VI) a community mental health center (as defined in section 1861(ff)(3)(B));

(VII) a clinic certified as a certified community behavioral health clinic pursuant to section 223 of the Protecting Access to Medicare Act of 2014; or

(VIII) any other individual or entity specified by the Secretary;

(ii) that applied for and was selected to participate in the Program pursuant to an application and selection process established by the Secretary; and

(iii) that establishes an opioid use disorder care team (as defined in paragraph (2)) through employing or contracting with health care practitioners described in paragraph (2)(A), and uses such team to furnish or arrange for opioid use disorder treatment services in the outpatient setting under the Program.

(B) PREFERENCE.—In selecting participants for the Program, the Secretary shall give preference to individuals and entities that are located in areas with a prevalence of opioid use disorders that is higher than the national average prevalence.

(2) OPIOID USE DISORDER CARE TEAMS.—

(A) IN GENERAL.—For purposes of this section, the term "opioid use disorder care team" means a team of health care practitioners established by a participant described in paragraph (1)(A) that—

(i) shall include—

(I) at least one physician (as defined in section 1861(r)(1)) furnishing primary care services or addiction treatment services to an applicable beneficiary; and

(II) at least one eligible practitioner (as defined in paragraph (3)), who may be a physician who meets the criterion in subclause (I); and

(ii) may include other practitioners licensed under State law to furnish psychiatric, psychological, counseling, and social services to applicable beneficiaries.

(B) REQUIREMENTS FOR RECEIPT OF PAYMENT UNDER PROGRAM.—In order to receive payments under subsection (e), each participant in the Program shall—

(i) furnish opioid use disorder treatment services through opioid use disorder care teams to applicable beneficiaries who agree to receive the services;

(ii) meet minimum criteria, as established by the Secretary; and

(iii) submit to the Secretary, in such form, manner, and frequency as specified by the Secretary, with respect to each applicable beneficiary for whom opioid use disorder treatment services are furnished by the opioid use disorder care team, data and such other information as the Secretary determines appropriate to—

(I) monitor and evaluate the Program;

(II) determine if minimum criteria are met under clause (ii); and

(III) determine the incentive payment under subsection (e).

(3) ELIGIBLE PRACTITIONER DEFINED.—For purposes of this section, the term "eligible practitioner" means a physician or

other health care practitioner, such as a nurse practitioner, that—

(A) is enrolled under section 1866(j)(1);

(B) is authorized to prescribe or dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment; and

(C) has in effect a waiver in accordance with section 303(g) of the Controlled Substances Act for such purpose and is otherwise in compliance with regulations promulgated by the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* to carry out such section.

(d) PARTICIPATION OF APPLICABLE BENEFICIARIES.—

(1) APPLICABLE BENEFICIARY DEFINED.—In this section, the term "applicable beneficiary" means an individual who—

(A) is entitled to, or enrolled for, benefits under part A and enrolled for benefits under part B;

(B) is not enrolled in a Medicare Advantage plan under part C;

(C) has a current diagnosis for an opioid use disorder; and

(D) meets such other criteria as the Secretary determines appropriate.

Such term shall include an individual who is dually eligible for benefits under this title and title XIX if such individual satisfies the criteria described in subparagraphs (A) through (D).

(2) VOLUNTARY BENEFICIARY PARTICIPATION; LIMITATION ON NUMBER OF BENEFICIARIES.—An applicable beneficiary may participate in the Program on a voluntary basis and may terminate participation in the Program at any time. Not more than 20,000 applicable beneficiaries may participate in the Program at any time.

(3) SERVICES.—In order to participate in the Program, an applicable beneficiary shall agree to receive opioid use disorder treatment services from a participant. Participation under the Program shall not affect coverage of or payment for any other item or service under this title for the applicable beneficiary.

(4) BENEFICIARY ACCESS TO SERVICES.—Nothing in this section shall be construed as encouraging providers to limit applicable beneficiary access to services covered under this title, and applicable beneficiaries shall not be required to relinquish access to any benefit under this title as a condition of receiving services from a participant in the Program.

(e) PAYMENTS.—

(1) PER APPLICABLE BENEFICIARY PER MONTH CARE MANAGEMENT FEE.—

(A) IN GENERAL.—The Secretary shall establish a schedule of per applicable beneficiary per month care management fees. Such a per applicable beneficiary per month care management fee shall be paid to a participant in addition to any other amount otherwise payable under this title to the health care practitioners in the participant's opioid use disorder care team or, if applicable, to the participant. A participant may use such per applicable beneficiary per month care management fee to deliver addi-

tional services to applicable beneficiaries, including services not otherwise eligible for payment under this title.

(B) PAYMENT AMOUNTS.—In carrying out subparagraph (A), the Secretary may—

(i) consider payments otherwise payable under this title for opioid use disorder treatment services and the needs of applicable beneficiaries;

(ii) pay a higher per applicable beneficiary per month care management fee for an applicable beneficiary who receives more intensive treatment services from a participant and for whom those services are appropriate based on clinical guidelines for opioid use disorder care;

(iii) pay a higher per applicable beneficiary per month care management fee for the month in which the applicable beneficiary begins treatment with a participant than in subsequent months, to reflect the greater time and costs required for the planning and initiation of treatment, as compared to maintenance of treatment; and

(iv) take into account whether a participant's opioid use disorder care team refers applicable beneficiaries to other suppliers or providers for any opioid use disorder treatment services.

(C) NO DUPLICATE PAYMENT.—The Secretary shall make payments under this paragraph to only one participant for services furnished to an applicable beneficiary during a calendar month.

(2) INCENTIVE PAYMENTS.—

(A) IN GENERAL.—Under the Program, the Secretary shall establish a performance-based incentive payment, which shall be paid (using a methodology established and at a time determined appropriate by the Secretary) to participants based on the performance of participants with respect to criteria, as determined appropriate by the Secretary, in accordance with subparagraph (B).

(B) CRITERIA.—

(i) IN GENERAL.—Criteria described in subparagraph (A) may include consideration of the following:

(I) Patient engagement and retention in treatment.

(II) Evidence-based medication-assisted treatment.

(III) Other criteria established by the Secretary.

(ii) REQUIRED CONSULTATION AND CONSIDERATION.—In determining criteria described in subparagraph (A), the Secretary shall—

(I) consult with stakeholders, including clinicians in the primary care community and in the field of addiction medicine; and

(II) consider existing clinical guidelines for the treatment of opioid use disorders.

(C) NO DUPLICATE PAYMENT.—The Secretary shall ensure that no duplicate payments under this paragraph are made with respect to an applicable beneficiary.

(f) MULTIPAYER STRATEGY.—In carrying out the Program, the Secretary shall encourage other payers to provide similar payments and to use similar criteria as applied under the Program under subsection (e)(2)(C). The Secretary may enter into a memorandum of understanding with other payers to align the methodology for payment provided by such a payer related to opioid use disorder treatment services with such methodology for payment under the Program.

(g) EVALUATION.—

(1) IN GENERAL.—The Secretary shall conduct an intermediate and final evaluation of the program. Each such evaluation shall determine the extent to which each of the purposes described in subsection (b) have been accomplished under the Program.

(2) REPORTS.—The Secretary shall submit to Congress—

(A) a report with respect to the intermediate evaluation under paragraph (1) not later than 3 years after the date of the implementation of the Program; and

(B) a report with respect to the final evaluation under paragraph (1) not later than 6 years after such date.

(h) FUNDING.—

(1) ADMINISTRATIVE FUNDING.—For the purposes of implementing, administering, and carrying out the Program (other than for purposes described in paragraph (2)), $5,000,000 shall be available from the Federal Supplementary Medical Insurance Trust Fund under section 1841.

(2) CARE MANAGEMENT FEES AND INCENTIVES.—For the purposes of making payments under subsection (e), $10,000,000 shall be available from the Federal Supplementary Medical Insurance Trust Fund under section 1841 for each of fiscal years 2021 through 2024.

(3) AVAILABILITY.—Amounts transferred under this subsection for a fiscal year shall be available until expended.

(i) WAIVERS.—The Secretary may waive any provision of this title as may be necessary to carry out the Program under this section.

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TITLE XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS

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SEC. 1945. STATE OPTION TO PROVIDE COORDINATED CARE THROUGH A HEALTH HOME FOR INDIVIDUALS WITH CHRONIC CONDITIONS.—

(a) IN GENERAL.—Notwithstanding section 1902(a)(1) (relating to statewideness), section 1902(a)(10)(B) (relating to comparability), and any other provision of this title for which the Secretary determines it is necessary to waive in order to implement this section, beginning January 1, 2011, a State, at its option as a State plan amendment, may provide for medical assistance under this title to eligible individuals with chronic conditions who select a designated provider (as described under subsection (h)(5)), a team of health care professionals (as described under subsection (h)(6)) operating with such a provider, or a health team (as described under sub-

section (h)(7)) as the individual's health home for purposes of providing the individual with health home services.

(b) HEALTH HOME QUALIFICATION STANDARDS.—The Secretary shall establish standards for qualification as a designated provider for the purpose of being eligible to be a health home for purposes of this section.

(c) PAYMENTS.—

(1) IN GENERAL.—A State shall provide a designated provider, a team of health care professionals operating with such a provider, or a health team with payments for the provision of health home services to each eligible individual with chronic conditions that selects such provider, team of health care professionals, or health team as the individual's health home. Payments made to a designated provider, a team of health care professionals operating with such a provider, or a health team for such services shall be treated as medical assistance for purposes of section 1903(a), except that, subject to paragraph (4), during the first 8 fiscal year quarters that the State plan amendment is in effect, the Federal medical assistance percentage applicable to such payments shall be equal to 90 percent.

(2) METHODOLOGY.—

(A) IN GENERAL.—The State shall specify in the State plan amendment the methodology the State will use for determining payment for the provision of health home services. Such methodology for determining payment—

(i) may be tiered to reflect, with respect to each eligible individual with chronic conditions provided such services by a designated provider, a team of health care professionals operating with such a provider, or a health team, as well as the severity or number of each such individual's chronic conditions or the specific capabilities of the provider, team of health care professionals, or health team; and

(ii) shall be established consistent with section 1902(a)(30)(A).

(B) ALTERNATE MODELS OF PAYMENT.—The methodology for determining payment for provision of health home services under this section shall not be limited to a per-member per-month basis and may provide (as proposed by the State and subject to approval by the Secretary) for alternate models of payment.

(3) PLANNING GRANTS.—

(A) IN GENERAL.—Beginning January 1, 2011, the Secretary may award planning grants to States for purposes of developing a State plan amendment under this section. A planning grant awarded to a State under this paragraph shall remain available until expended.

(B) STATE CONTRIBUTION.—A State awarded a planning grant shall contribute an amount equal to the State percentage determined under section 1905(b) (without regard to section 5001 of Public Law 111–5) for each fiscal year for which the grant is awarded.

(C) LIMITATION.—The total amount of payments made to States under this paragraph shall not exceed $25,000,000.

(4) SPECIAL RULE RELATING TO SUBSTANCE USE DISORDER HEALTH HOMES.—

(A) IN GENERAL.—In the case of a State with an SUD-focused State plan amendment approved by the Secretary on or after October 1, 2018, the Secretary may, at the request of the State, extend the application of the Federal medical assistance percentage described in paragraph (1) to payments for the provision of health home services to SUD-eligible individuals under such State plan amendment, in addition to the first 8 fiscal year quarters the State plan amendment is in effect, for the subsequent 2 fiscal year quarters that the State plan amendment is in effect. Nothing in this section shall be construed as prohibiting a State with a State plan amendment that is approved under this section and that is not an SUD-focused State plan amendment from additionally having approved on or after such date an SUD-focused State plan amendment under this section, including for purposes of application of this paragraph.

(B) REPORT REQUIREMENTS.—In the case of a State with an SUD-focused State plan amendment for which the application of the Federal medical assistance percentage has been extended under subparagraph (A), such State shall, at the end of the period of such State plan amendment, submit to the Secretary a report on the following, with respect to SUD-eligible individuals provided health home services under such State plan amendment:

(i) The quality of health care provided to such individuals, with a focus on outcomes relevant to the recovery of each such individual.

(ii) The access of such individuals to health care.

(iii) The total expenditures of such individuals for health care.

For purposes of this subparagraph, the Secretary shall specify all applicable measures for determining quality, access, and expenditures.

(C) BEST PRACTICES.—Not later than October 1, 2020, the Secretary shall make publicly available on the internet website of the Centers for Medicare & Medicaid Services best practices for designing and implementing an SUD-focused State plan amendment, based on the experiences of States that have State plan amendments approved under this section that include SUD-eligible individuals.

(D) DEFINITIONS.—For purposes of this paragraph:

(i) SUD-ELIGIBLE INDIVIDUALS.—The term "SUD-eligible individual" means, with respect to a State, an individual who satisfies all of the following:

(I) The individual is an eligible individual with chronic conditions.

(II) The individual is an individual with a substance use disorder.

(III) The individual has not previously received health home services under any other State plan amendment approved for the State under this section by the Secretary.

(ii) SUD-FOCUSED STATE PLAN AMENDMENT.—The term "SUD-focused State plan amendment" means a State plan amendment under this section that is designed to provide health home services primarily to SUD-eligible individuals.

(d) HOSPITAL REFERRALS.—A State shall include in the State plan amendment a requirement for hospitals that are participating providers under the State plan or a waiver of such plan to establish procedures for referring any eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated providers.

(e) COORDINATION.—A State shall consult and coordinate, as appropriate, with the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

(f) MONITORING.—A State shall include in the State plan amendment—

(1) a methodology for tracking avoidable hospital readmissions and calculating savings that result from improved chronic care coordination and management under this section; and

(2) a proposal for use of health information technology in providing health home services under this section and improving service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

(g) REPORT ON QUALITY MEASURES.—As a condition for receiving payment for health home services provided to an eligible individual with chronic conditions, a designated provider shall report to the State, in accordance with such requirements as the Secretary shall specify, on all applicable measures for determining the quality of such services. When appropriate and feasible, a designated provider shall use health information technology in providing the State with such information.

(h) DEFINITIONS.—In this section:

(1) ELIGIBLE INDIVIDUAL WITH CHRONIC CONDITIONS.—

(A) IN GENERAL.—Subject to subparagraph (B), the term "eligible individual with chronic conditions" means an individual who—

(i) is eligible for medical assistance under the State plan or under a waiver of such plan; and

(ii) has at least—

(I) 2 chronic conditions;

(II) 1 chronic condition and is at risk of having a second chronic condition; or

(III) 1 serious and persistent mental health condition.

(B) RULE OF CONSTRUCTION.—Nothing in this paragraph shall prevent the Secretary from establishing higher levels as to the number or severity of chronic or mental health conditions for purposes of determining eligibility for receipt of health home services under this section.

(2) CHRONIC CONDITION.—The term "chronic condition" has the meaning given that term by the Secretary and shall include, but is not limited to, the following:

(A) A mental health condition.

(B) Substance use disorder.

(C) Asthma.

(D) Diabetes.

(E) Heart disease.

(F) Being overweight, as evidenced by having a Body Mass Index (BMI) over 25.

(3) HEALTH HOME.—The term "health home" means a designated provider (including a provider that operates in coordination with a team of health care professionals) or a health team selected by an eligible individual with chronic conditions to provide health home services.

(4) HEALTH HOME SERVICES.—

(A) IN GENERAL.—The term "health home services" means comprehensive and timely high-quality services described in subparagraph (B) that are provided by a designated provider, a team of health care professionals operating with such a provider, or a health team.

(B) SERVICES DESCRIBED.—The services described in this subparagraph are—

(i) comprehensive care management;

(ii) care coordination and health promotion;

(iii) comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;

(iv) patient and family support (including authorized representatives);

(v) referral to community and social support services, if relevant; and

(vi) use of health information technology to link services, as feasible and appropriate.

(5) DESIGNATED PROVIDER.—The term "designated provider" means a physician, clinical practice or clinical group practice, rural clinic, community health center, community mental health center, home health agency, or any other entity or provider (including pediatricians, gynecologists, and obstetricians) that is determined by the State and approved by the Secretary to be qualified to be a health home for eligible individuals with chronic conditions on the basis of documentation evidencing that the physician, practice, or clinic—

(A) has the systems and infrastructure in place to provide health home services; and

(B) satisfies the qualification standards established by the Secretary under subsection (b).

(6) TEAM OF HEALTH CARE PROFESSIONALS.—The term "team of health care professionals" means a team of health professionals (as described in the State plan amendment) that may—

(A) include physicians and other professionals, such as a nurse care coordinator, nutritionist, social worker, behavioral health professional, or any professionals deemed appropriate by the State; and

(B) be free standing, virtual, or based at a hospital, community health center, community mental health center,

rural clinic, clinical practice or clinical group practice, academic health center, or any entity deemed appropriate by the State and approved by the Secretary.

(7) HEALTH TEAM.—The term "health team" has the meaning given such term for purposes of section 3502 of the Patient Protection and Affordable Care Act.

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CHILD ABUSE PREVENTION AND TREATMENT ACT

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TITLE I—GENERAL PROGRAM

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SEC. 105. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL ORGANIZATIONS, AND PUBLIC OR PRIVATE AGENCIES AND ORGANIZATIONS.

(a) GRANTS FOR PROGRAMS AND PROJECTS.—The Secretary may make grants to, and enter into contracts with, entities that are States, Indian tribes or tribal organizations, or public agencies or private agencies or organizations (or combinations of such entities) for programs and projects for the following purposes:

(1) TRAINING PROGRAMS.—The Secretary may award grants to public or private organizations under this subsection—

(A) for the training of professional and paraprofessional personnel in the fields of health care, medicine, law enforcement, judiciary, social work and child protection, education, child care, and other relevant fields, or individuals such as court appointed special advocates (CASAs) and guardian ad litem, who are engaged in, or intend to work in, the field of prevention, identification, and treatment of child abuse and neglect, including the links between domestic violence and child abuse and neglect;

(B) to improve the recruitment, selection, and training of volunteers serving in public and private children, youth, and family service organizations in order to prevent child abuse and neglect;

(C) for the establishment of resource centers for the purpose of providing information and training to professionals working in the field of child abuse and neglect;

(D) for training to enhance linkages among child protective service agencies and health care agencies, entities providing physical and mental health services, community resources, and developmental disability agencies, to improve screening, forensic diagnosis, and health and developmental evaluations, and for partnerships between child protective service agencies and health care agencies that support the coordinated use of existing Federal, State, local, and private funding to meet the health evaluation needs of children who have been subjects of substantiated cases of child abuse or neglect;

(E) for the training of personnel in best practices to meet the unique needs of children with disabilities, including promoting interagency collaboration;

(F) for the training of personnel in best practices to promote collaboration with the families from the initial time of contact during the investigation through treatment;

(G) for the training of personnel regarding the legal duties of such personnel and their responsibilities to protect the legal rights of children and families;

(H) for the training of personnel in childhood development including the unique needs of children under age 3;

(I) for improving the training of supervisory and nonsupervisory child welfare workers;

(J) for enabling State child welfare agencies to coordinate the provision of services with State and local health care agencies, alcohol and drug abuse prevention and treatment agencies, mental health agencies, other public and private welfare agencies, and agencies that provide early intervention services to promote child safety, permanence, and family stability;

(K) for cross training for child protective service workers in research-based strategies for recognizing situations of substance abuse, domestic violence, and neglect;

(L) for developing, implementing, or operating information and education programs or training programs designed to improve the provision of services to infants or toddlers with disabilities with life-threatening conditions for—

(i) professionals and paraprofessional personnel concerned with the welfare of infants or toddlers with disabilities with life-threatening conditions, including personnel employed in child protective services programs and health care facilities; and

(ii) the parents of such infants; and

(M) for the training of personnel in best practices relating to the provision of differential response.

(2) TRIAGE PROCEDURES.—The Secretary may award grants under this subsection to public and private agencies that demonstrate innovation in responding to reports of child abuse and neglect, including programs of collaborative partnerships between the State child protective services agency, community social service agencies and family support programs, law enforcement agencies, developmental disability agencies, substance abuse treatment entities, health care entities, domestic violence prevention entities, mental health service entities, schools, churches and synagogues, and other community agencies, to allow for the establishment of a triage system that—

(A) accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;

(B) provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and

(C) provides further investigation and intensive intervention when the child's safety is in jeopardy.

(3) MUTUAL SUPPORT PROGRAMS.—The Secretary may award grants to private organizations to establish or maintain a national network of mutual support, leadership, and self-help programs as a means of strengthening families in partnership with their communities.

(4) KINSHIP CARE.—The Secretary may award grants to public and private entities to assist such entities in developing or implementing procedures using adult relatives as the preferred placement for children removed from their home, where such relatives are determined to be capable of providing a safe nurturing environment for the child and where such relatives comply with the State child protection standards.

(5) LINKAGES AMONG CHILD PROTECTIVE SERVICE AGENCIES AND PUBLIC HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, AND DOMESTIC VIOLENCE SERVICE AGENCIES.—The Secretary may award grants to entities that provide linkages among State or local child protective service agencies and public health, mental health, substance abuse, developmental disabilities, and domestic violence service agencies, and entities that carry out community-based programs, for the purpose of establishing linkages that are designed to ensure that a greater number of substantiated victims of child maltreatment have their physical health, mental health, and developmental needs appropriately diagnosed and treated, in accordance with all applicable Federal and State privacy laws.

(6) COLLABORATIONS BETWEEN CHILD PROTECTIVE SERVICE ENTITIES AND DOMESTIC VIOLENCE SERVICE ENTITIES.—The Secretary may award grants to public or private agencies and organizations under this section to develop or expand effective collaborations between child protective service entities and domestic violence service entities to improve collaborative investigation and intervention procedures, provision for the safety of the nonabusing parent involved and children, and provision of services to children exposed to domestic violence that also support the caregiving role of the non-abusing parent.

(7) GRANTS TO STATES TO IMPROVE AND COORDINATE THEIR RESPONSE TO ENSURE THE SAFETY, PERMANENCY, AND WELL-BEING OF INFANTS AFFECTED BY SUBSTANCE USE.—

(A) PROGRAM AUTHORIZED.—The Secretary is authorized to make grants to States for the purpose of assisting child welfare agencies, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, implementing, and monitoring plans of safe care described in section 106(b)(2)(B)(iii). Section 112(a)(2) shall not apply to the program authorized under this paragraph.

(B) DISTRIBUTION OF FUNDS.—

(i) RESERVATIONS.—Of the amounts made available to carry out subparagraph (A), the Secretary shall reserve—

(I) no more than 3 percent for the purposes described in subparagraph (G); and

(II) up to 3 percent for grants to Indian Tribes and tribal organizations to address the needs of infants born with, and identified as being affected by, substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder and their families or caregivers, which to the extent practicable, shall be consistent with the uses of funds described under subparagraph (D).

(ii) ALLOTMENTS TO STATES AND TERRITORIES.—The Secretary shall allot the amount made available to carry out subparagraph (A) that remains after application of clause (i) to each State that applies for such a grant, in an amount equal to the sum of—

(I) $500,000; and

(II) an amount that bears the same relationship to any funds made available to carry out subparagraph (A) and remaining after application of clause (i), as the number of live births in the State in the previous calendar year bears to the number of live births in all States in such year.

(iii) RATABLE REDUCTION.—If the amount made available to carry out subparagraph (A) is insufficient to satisfy the requirements of clause (ii), the Secretary shall ratably reduce each allotment to a State.

(C) APPLICATION.—A State desiring a grant under this paragraph shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

(i) a description of—

(I) the impact of substance use disorder in such State, including with respect to the substance or class of substances with the highest incidence of abuse in the previous year in such State, including—

(aa) the prevalence of substance use disorder in such State;

(bb) the aggregate rate of births in the State of infants affected by substance abuse or withdrawal symptoms or a fetal alcohol spectrum disorder (as determined by hospitals, insurance claims, claims submitted to the State Medicaid program, or other records), if available and to the extent practicable; and

(cc) the number of infants identified, for whom a plan of safe care was developed, and for whom a referral was made for appropriate services, as reported under section 106(d)(18);

(II) the challenges the State faces in developing, implementing, and monitoring plans of safe care in accordance with section 106(b)(2)(B)(iii);

(III) the State's lead agency for the grant program and how that agency will coordinate with

relevant State entities and programs, including the child welfare agency, the substance use disorder treatment agency, hospitals with labor and delivery units, health care providers, the public health and mental health agencies, programs funded by the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* that provide substance use disorder treatment for women, the State Medicaid program, the State agency administering the block grant program under title V of the Social Security Act (42 U.S.C. 701 et seq.), the State agency administering the programs funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act (42 U.S.C. 711), the State judicial system, and other agencies, as determined by the Secretary, and Indian Tribes and tribal organizations, as appropriate, to implement the activities under this paragraph;

(IV) how the State will monitor local development and implementation of plans of safe care, in accordance with section 106(b)(2)(B)(iii)(II), including how the State will monitor to ensure plans of safe care address differences between substance use disorder and medically supervised substance use, including for the treatment of a substance use disorder;

(V) if applicable, how the State plans to utilize funding authorized under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) to assist in carrying out any plan of safe care, including such funding authorized under section 471(e) of such Act (as in effect on October 1, 2018) for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs and funding authorized under such section 472(j) (as in effect on October 1, 2018) for children with a parent in a licensed residential family-based treatment facility for substance abuse; and

(VI) an assessment of the treatment and other services and programs available in the State to effectively carry out any plan of safe care developed, including identification of needed treatment, and other services and programs to ensure the well-being of young children and their families affected by substance use disorder, such as programs carried out under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) and comprehensive early childhood development services and programs such as Head Start programs;

(ii) a description of how the State plans to use funds for activities described in subparagraph (D) for the purposes of ensuring State compliance with requirements under clauses (ii) and (iii) of section 106(b)(2)(B); and

(iii) an assurance that the State will comply with requirements to refer a child identified as substance-exposed to early intervention services as required pursuant to a grant under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

(D) USES OF FUNDS.—Funds awarded to a State under this paragraph may be used for the following activities, which may be carried out by the State directly, or through grants or subgrants, contracts, or cooperative agreements:

(i) Improving State and local systems with respect to the development and implementation of plans of safe care, which—

(I) shall include parent and caregiver engagement, as required under section 106(b)(2)(B)(iii)(I), regarding available treatment and service options, which may include resources available for pregnant, perinatal, and postnatal women; and

(II) may include activities such as—

(aa) developing policies, procedures, or protocols for the administration or development of evidence-based and validated screening tools for infants who may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder and pregnant, perinatal, and postnatal women whose infants may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder;

(bb) improving assessments used to determine the needs of the infant and family;

(cc) improving ongoing case management services;

(dd) improving access to treatment services, which may be prior to the pregnant woman's delivery date; and

(ee) keeping families safely together when it is in the best interest of the child.

(ii) Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health facilities, and substance use disorder treatment agencies to ensure that—

(I) appropriate notification to child protective services is made in a timely manner, as required under section 106(b)(2)(B)(ii);

(II) a plan of safe care is in place, in accordance with section 106(b)(2)(B)(iii), before the infant is discharged from the birth or health care facility; and

(III) such health and related agency professionals are trained on how to follow such protocols and are aware of the supports that may be provided under a plan of safe care.

(iii) Training health professionals and health system leaders, child welfare workers, substance use disorder treatment agencies, and other related professionals such as home visiting agency staff and law enforcement in relevant topics including—

(I) State mandatory reporting laws established under section 106(b)(2)(B)(i) and the referral and process requirements for notification to child protective services when child abuse or neglect reporting is not mandated;

(II) the co-occurrence of pregnancy and substance use disorder, and implications of prenatal exposure;

(III) the clinical guidance about treating substance use disorder in pregnant and postpartum women;

(IV) appropriate screening and interventions for infants affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder and the requirements under section 106(b)(2)(B)(iii); and

(V) appropriate multigenerational strategies to address the mental health needs of the parent and child together.

(iv) Establishing partnerships, agreements, or memoranda of understanding between the lead agency and other entities (including health professionals, health facilities, child welfare professionals, juvenile and family court judges, substance use and mental disorder treatment programs, early childhood education programs, maternal and child health and early intervention professionals (including home visiting providers), peer-to-peer recovery programs such as parent mentoring programs, and housing agencies) to facilitate the implementation of, and compliance with, section 106(b)(2) and clause (ii) of this subparagraph, in areas which may include—

(I) developing a comprehensive, multi-disciplinary assessment and intervention process for infants, pregnant women, and their families who are affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder, that includes meaningful engagement with and takes into account the unique needs of each family and addresses differences between medically supervised substance use, including for the treatment of substance use disorder, and substance use disorder;

(II) ensuring that treatment approaches for serving infants, pregnant women, and perinatal and postnatal women whose infants may be af-

fected by substance use, withdrawal symptoms, or a fetal alcohol spectrum disorder, are designed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and

(III) increasing access to all evidence-based medication-assisted treatment approved by the Food and Drug Administration, behavioral therapy, and counseling services for the treatment of substance use disorders, as appropriate.

(v) Developing and updating systems of technology for improved data collection and monitoring under section 106(b)(2)(B)(iii), including existing electronic medical records, to measure the outcomes achieved through the plans of safe care, including monitoring systems to meet the requirements of this Act and submission of performance measures.

(E) REPORTING.—Each State that receives funds under this paragraph, for each year such funds are received, shall submit a report to the Secretary, disaggregated by geographic location, economic status, and major racial and ethnic groups, except that such disaggregation shall not be required if the results would reveal personally identifiable information on, with respect to infants identified under section 106(b)(2)(B)(ii)—

(i) the number who experienced removal associated with parental substance use;

(ii) the number who experienced removal and subsequently are reunified with parents, and the length of time between such removal and reunification;

(iii) the number who are referred to community providers without a child protection case;

(iv) the number who receive services while in the care of their birth parents;

(v) the number who receive post-reunification services within 1 year after a reunification has occurred; and

(vi) the number who experienced a return to out-of-home care within 1 year after reunification.

(F) SECRETARY'S REPORT TO CONGRESS.—The Secretary shall submit an annual report to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Education and the Workforce and the Committee on Appropriations of the House of Representatives that includes the information described in subparagraph (E) and recommendations or observations on the challenges, successes, and lessons derived from implementation of the grant program.

(G) ASSISTING STATES' IMPLEMENTATION.—The Secretary shall use the amount reserved under subparagraph (B)(i)(I) to provide written guidance and technical assistance to support States in complying with and implementing this paragraph, which shall include—

(i) technical assistance, including programs of in-depth technical assistance, to additional States, territories, and Indian Tribes and tribal organizations in accordance with the substance-exposed infant initiative developed by the National Center on Substance Abuse and Child Welfare;

(ii) guidance on the requirements of this Act with respect to infants born with and identified as being affected by substance use or withdrawal symptoms or fetal alcohol spectrum disorder, as described in clauses (ii) and (iii) of section 106(b)(2)(B), including by—

(I) enhancing States' understanding of requirements and flexibilities under the law, including by clarifying key terms;

(II) addressing state-identified challenges with developing, implementing, and monitoring plans of safe care, including those reported under subparagraph (C)(i)(II);

(III) disseminating best practices on implementation of plans of safe care, on such topics as differential response, collaboration and coordination, and identification and delivery of services for different populations, while recognizing needs of different populations and varying community approaches across States; and

(IV) helping States improve the long-term safety and well-being of young children and their families;

(iii) supporting State efforts to develop information technology systems to manage plans of safe care; and

(iv) preparing the Secretary's report to Congress described in subparagraph (F).

(H) SUNSET.—The authority under this paragraph shall sunset on September 30, 2023.

(b) DISCRETIONARY GRANTS.—In addition to grants or contracts made under subsection (a), grants or contracts under this section may be used for the following:

(1) Respite and crisis nursery programs provided by community-based organizations under the direction and supervision of hospitals.

(2) Respite and crisis nursery programs provided by community-based organizations.

(3) Programs based within children's hospitals or other pediatric and adolescent care facilities, that provide model approaches for improving medical diagnosis of child abuse and neglect and for health evaluations of children for whom a report of maltreatment has been substantiated.

(4)(A) Providing hospital-based information and referral services to—

(i) parents of children with disabilities; and

(ii) children who have been victims of child abuse or neglect and their parents.

(B) Except as provided in subparagraph (C)(iii), services provided under a grant received under this paragraph shall be provided at the hospital involved—

(i) upon the birth or admission of a child with disabilities; and

(ii) upon the treatment of a child for child abuse and neglect.

(C) Services, as determined as appropriate by the grantee, provided under a grant received under this paragraph shall be hospital-based and shall consist of—

(i) the provision of notice to parents that information relating to community services is available;

(ii) the provision of appropriate information to parents of a child with disabilities regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child;

(iii) the provision of appropriate information to parents of a child who has been a victim of child abuse or neglect regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child and reduce the possibility of child abuse and neglect;

(iv) the provision of appropriate follow-up services to parents of a child described in subparagraph (B) after the child has left the hospital; and

(v) where necessary, assistance in coordination of community services available to parents of children described in subparagraph (B).

The grantee shall assure that parental involvement described in this subparagraph is voluntary.

(D) For purposes of this paragraph, a qualified grantee is an acute care hospital that—

(i) is in a combination with—

(I) a health-care provider organization;

(II) a child welfare organization;

(III) a disability organization; and

(IV) a State child protection agency;

(ii) submits an application for a grant under this paragraph that is approved by the Secretary;

(iii) maintains an office in the hospital involved for purposes of providing services under such grant;

(iv) provides assurances to the Secretary that in the conduct of the project the confidentiality of medical, social, and personal information concerning any person described in subparagraph (A) or (B) shall be maintained, and shall be disclosed only to qualified persons providing required services described in subparagraph (C) for purposes relating to conduct of the project; and

(v) assumes legal responsibility for carrying out the terms and conditions of the grant.

(E) In awarding grants under this paragraph, the Secretary shall—

(i) give priority under this section for two grants under this paragraph, provided that one grant shall be made to provide services in an urban setting and one grant shall be made to provide services in rural setting; and

(ii) encourage qualified grantees to combine the amounts received under the grant with other funds available to such grantees.

(5) Such other innovative programs and projects that show promise of preventing and treating cases of child abuse and neglect as the Secretary may approve.

(c) EVALUATION.—In making grants for projects under this section, the Secretary shall require all such projects to be evaluated for their effectiveness. Funding for such evaluations shall be provided either as a stated percentage of a demonstration grant or as a separate grant or contract entered into by the Secretary for the purpose of evaluating a particular demonstration project or group of projects. In the case of an evaluation performed by the recipient of a grant, the Secretary shall make available technical assistance for the evaluation, where needed, including the use of a rigorous application of scientific evaluation techniques.

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HIGHER EDUCATION ACT OF 1965

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TITLE III—INSTITUTIONAL AID

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PART D—HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING

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SEC. 344. LIMITATIONS ON FEDERAL INSURANCE FOR BONDS ISSUED BY THE DESIGNATED BONDING AUTHORITY.

(a) LIMIT ON AMOUNT.—At no time shall the aggregate principal amount of outstanding bonds insured under this part together with any accrued unpaid interest thereon exceed $1,100,000,000, of which—

(1) not more than $733,333,333 shall be used for loans to eligible institutions that are private historically Black colleges and universities; and

(2) not more than $366,666,667 shall be used for loans to eligible institutions which are historically Black public colleges and universities.

For purposes of paragraphs (1) and (2), Lincoln University of Pennsylvania is an historically Black public institution. [No institution of higher education that has received assistance under section 8 of the Act of March 2, 1867 (20 U.S.C. 123) shall be eligible to receive assistance under this part.]

(b) LIMITATION ON CREDIT AUTHORITY.—The authority of the Secretary to issue letters of credit and insurance under this part is effective only to the extent provided in advance by appropriations Acts.

(c) RELIGIOUS ACTIVITY PROHIBITION.—No loan may be made under this part for any educational program, activity or service related to sectarian instruction or religious worship or provided by a

school or department of divinity or to an institution in which a substantial portion of its functions is subsumed in a religious mission.

(d) DISCRIMINATION PROHIBITION.—No loan may be made to an institution under this part if the institution discriminates on account of race, color, religion, national origin, sex (to the extent provided in title IX of the Education Amendments of 1972), or disabling condition; except that the prohibition with respect to religion shall not apply to an institution which is controlled by or which is closely identified with the tenets of a particular religious organization if the application of this section would not be consistent with the religious tenets of such organization.

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TITLE IV—STUDENT ASSISTANCE

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PART G—GENERAL PROVISIONS RELATING TO STUDENT ASSISTANCE PROGRAMS

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SEC. 484. STUDENT ELIGIBILITY.

(a) IN GENERAL.—In order to receive any grant, loan, or work assistance under this title, a student must—

(1) be enrolled or accepted for enrollment in a degree, certificate, or other program (including a program of study abroad approved for credit by the eligible institution at which such student is enrolled) leading to a recognized educational credential at an institution of higher education that is an eligible institution in accordance with the provisions of section 487, except as provided in subsections (b)(3) and (b)(4), and not be enrolled in an elementary or secondary school;

(2) if the student is presently enrolled at an institution, be maintaining satisfactory progress in the course of study the student is pursuing in accordance with the provisions of subsection (c);

(3) not owe a refund on grants previously received at any institution under this title, or be in default on any loan from a student loan fund at any institution provided for in part E, or a loan made, insured, or guaranteed by the Secretary under this title for attendance at any institution;

(4) file with the Secretary, as part of the original financial aid application process, a certification, which need not be notarized, but which shall include—

(A) a statement of educational purpose stating that the money attributable to such grant, loan, or loan guarantee will be used solely for expenses related to attendance or continued attendance at such institution; and

(B) such student's social security number;

(5) be a citizen or national of the United States, a permanent resident of the United States, *or a DACA recipient (as defined in subsection (u)), have temporary protected status under section 244 of the Immigration and Nationality Act (8 U.S.C. 1254a),* have or able *be* to provide evidence from the Immigration and Naturalization Service that he or she is in the United

States for other than a temporary purpose with the intention of becoming a citizen or permanent resident; and

(6) if the student has been convicted of, or has pled nolo contendere or guilty to, a crime involving fraud in obtaining funds under this title, have completed the repayment of such funds to the Secretary, or to the holder in the case of a loan under this title obtained by fraud.

(b) ELIGIBILITY FOR STUDENT LOANS.—(1) In order to be eligible to receive any loan under this title (other than a loan under section 428B or 428C, or under section 428H pursuant to an exercise of discretion under section 479A) for any period of enrollment, a student who is not a graduate or professional student (as defined in regulations of the Secretary), and who is enrolled in a program at an institution which has a participation agreement with the Secretary to make awards under subpart 1 of part A of this title, shall—

(A)(i) have received a determination of eligibility or ineligibility for a Pell Grant under such subpart 1 for such period of enrollment; and (ii) if determined to be eligible, have filed an application for a Pell Grant for such enrollment period; or

(B) have (A) filed an application with the Pell Grant processor for such institution for such enrollment period, and (B) received from the financial aid administrator of the institution a preliminary determination of the student's eligibility or ineligibility for a grant under such subpart 1.

(2) In order to be eligible to receive any loan under section 428A for any period of enrollment, a student shall—

(A) have received a determination of need for a loan under section 428(a)(2)(B) of this title;

(B) if determined to have need for a loan under section 428, have applied for such a loan; and

(C) has applied for a loan under section 428H, if such student is eligible to apply for such a loan.

(3) A student who—

(A) is carrying at least one-half the normal full-time work load for the course of study that the student is pursuing, as determined by an eligible institution, and

(B) is enrolled in a course of study necessary for enrollment in a program leading to a degree or certificate,

shall be, notwithstanding paragraph (1) of subsection (a), eligible to apply for loans under part B or D of this title. The eligibility described in this paragraph shall be restricted to one 12-month period.

(4) A student who—

(A) is carrying at least one-half the normal full-time work load for the course of study the student is pursuing, as determined by the institution, and

(B) is enrolled or accepted for enrollment in a program at an eligible institution necessary for a professional credential or certification from a State that is required for employment as a teacher in an elementary or secondary school in that State,

shall be, notwithstanding paragraph (1) of subsection (a), eligible to apply for loans under part B, D, or E or work-study assistance under part C of this title.

(5) Notwithstanding any other provision of this subsection, no incarcerated student is eligible to receive a loan under this title.

(c) SATISFACTORY PROGRESS.—(1) For the purpose of subsection (a)(2), a student is maintaining satisfactory progress if—

(A) the institution at which the student is in attendance, reviews the progress of the student at the end of each academic year, or its equivalent, as determined by the institution, and

(B) the student has a cumulative C average, or its equivalent or academic standing consistent with the requirements for graduation, as determined by the institution, at the end of the second such academic year.

(2) Whenever a student fails to meet the eligibility requirements of subsection (a)(2) as a result of the application of this subsection and subsequent to that failure the student has academic standing consistent with the requirements for graduation, as determined by the institution, for any grading period, the student may, subject to this subsection, again be eligible under subsection (a)(2) for a grant, loan, or work assistance under this title.

(3) Any institution of higher education at which the student is in attendance may waive the provisions of paragraph (1) or paragraph (2) of this subsection for undue hardship based on—

(A) the death of a relative of the student,

(B) the personal injury or illness of the student, or

(C) special circumstances as determined by the institution.

(d) STUDENTS WHO ARE NOT HIGH SCHOOL GRADUATES.—

(1) STUDENT ELIGIBILITY.—In order for a student who does not have a certificate of graduation from a school providing secondary education, or the recognized equivalent of such certificate, to be eligible for any assistance under subparts 1, 3, and 4 of part A and parts B, C, D, and E of this title, the student shall meet the requirements of one of the following subparagraphs:

(A) The student is enrolled in an eligible career pathway program and meets one of the following standards:

(i) The student shall take an independently administered examination and shall achieve a score, specified by the Secretary, demonstrating that such student can benefit from the education or training being offered. Such examination shall be approved by the Secretary on the basis of compliance with such standards for development, administration, and scoring as the Secretary may prescribe in regulations.

(ii) The student shall be determined as having the ability to benefit from the education or training in accordance with such process as the State shall prescribe. Any such process described or approved by a State for the purposes of this section shall be effective 6 months after the date of submission to the Secretary unless the Secretary disapproves such process. In determining whether to approve or disapprove such process, the Secretary shall take into account the effectiveness of such process in enabling students without secondary school diplomas or the equivalent thereof to benefit from the instruction offered by institutions utilizing such process, and shall also take into account

the cultural diversity, economic circumstances, and educational preparation of the populations served by the institutions.

(iii) The student shall be determined by the institution of higher education as having the ability to benefit from the education or training offered by the institution of higher education upon satisfactory completion of 6 credit hours or the equivalent coursework that are applicable toward a degree or certificate offered by the institution of higher education.

(B) The student has completed a secondary school education in a home school setting that is treated as a home school or private school under State law.

(2) ELIGIBLE CAREER PATHWAY PROGRAM.—In this subsection, the term "eligible career pathway program" means a program that combines rigorous and high-quality education, training, and other services that—

(A) aligns with the skill needs of industries in the economy of the State or regional economy involved;

(B) prepares an individual to be successful in any of a full range of secondary or postsecondary education options, including apprenticeships registered under the Act of August 16, 1937 (commonly known as the "National Apprenticeship Act"; 50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.) (referred to individually in this Act as an "apprenticeship", except in section 171);

(C) includes counseling to support an individual in achieving the individual's education and career goals;

(D) includes, as appropriate, education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;

(E) organizes education, training, and other services to meet the particular needs of an individual in a manner that accelerates the educational and career advancement of the individual to the extent practicable;

(F) enables an individual to attain a secondary school diploma or its recognized equivalent, and at least 1 recognized postsecondary credential; and

(G) helps an individual enter or advance within a specific occupation or occupational cluster.

(e) CERTIFICATION FOR GSL ELIGIBILITY.—Each eligible institution may certify student eligibility for a loan by an eligible lender under part B of this title prior to completing the review for accuracy of the information submitted by the applicant required by regulations issued under this title, if—

(1) checks for the loans are mailed to the eligible institution prior to disbursements;

(2) the disbursement is not made until the review is complete; and

(3) the eligible institution has no evidence or documentation on which the institution may base a determination that the information submitted by the applicant is incorrect.

(f) LOSS OF ELIGIBILITY FOR VIOLATION OF LOAN LIMITS.—(1) No student shall be eligible to receive any grant, loan, or work assist-

ance under this title if the eligible institution determines that the student fraudulently borrowed in violation of the annual loan limits under part B, part D, or part E of this title in the same academic year, or if the student fraudulently borrowed in excess of the aggregate maximum loan limits under such part B, part D, or part E.

(2) If the institution determines that the student inadvertently borrowed amounts in excess of such annual or aggregate maximum loan limits, such institution shall allow the student to repay any amount borrowed in excess of such limits prior to certifying the student's eligibility for further assistance under this title.

(g) VERIFICATION OF IMMIGRATION STATUS.—

(1) IN GENERAL.—The Secretary shall implement a system under which the statements and supporting documentation, if required, of an individual declaring that such individual is in compliance with the requirements of subsection (a)(5) shall be verified prior to the individual's receipt of a grant, loan, or work assistance under this title.

(2) SPECIAL RULE.—The documents collected and maintained by an eligible institution in the admission of a student to the institution may be used by the student in lieu of the documents used to establish both employment authorization and identity under section 274A(b)(1)(B) of the Immigration and Nationality Act (8 U.S.C. 1324a) to verify eligibility to participate in work-study programs under part C of this title.

(3) VERIFICATION MECHANISMS.—The Secretary is authorized to verify such statements and supporting documentation through a data match, using an automated or other system, with other Federal agencies that may be in possession of information relevant to such statements and supporting documentation.

(4) REVIEW.—In the case of such an individual who is not a citizen or national of the United States, if the statement described in paragraph (1) is submitted but the documentation required under paragraph (2) is not presented or if the documentation required under paragraph (2)(A) is presented but such documentation is not verified under paragraph (3)—

(A) the institution—

(i) shall provide a reasonable opportunity to submit to the institution evidence indicating a satisfactory immigration status, and

(ii) may not delay, deny, reduce, or terminate the individual's eligibility for the grant, loan, or work assistance on the basis of the individual's immigration status until such a reasonable opportunity has been provided; and

(B) if there are submitted documents which the institution determines constitute reasonable evidence indicating such status—

(i) the institution shall transmit to the Immigration and Naturalization Service either photostatic or other similar copies of such documents, or information from such documents, as specified by the Immigration and Naturalization Service, for official verification,

(ii) pending such verification, the institution may not delay, deny, reduce, or terminate the individual's eligibility for the grant, loan, or work assistance on the basis of the individual's immigration status, and

(iii) the institution shall not be liable for the consequences of any action, delay, or failure of the Service to conduct such verification.

(h) LIMITATIONS OF ENFORCEMENT ACTIONS AGAINST INSTITUTIONS.—The Secretary shall not take any compliance, disallowance, penalty, or other regulatory action against an institution of higher education with respect to any error in the institution's determination to make a student eligible for a grant, loan, or work assistance based on citizenship or immigration status—

(1) if the institution has provided such eligibility based on a verification of satisfactory immigration status by the Immigration and Naturalization Service,

(2) because the institution, under subsection (g)(4)(A)(i), was required to provide a reasonable opportunity to submit documentation, or

(3) because the institution, under subsection (g)(4)(B)(i), was required to wait for the response of the Immigration and Naturalization Service to the institution's request for official verification of the immigration status of the student.

(i) VALIDITY OF LOAN GUARANTEES FOR LOAN PAYMENTS MADE BEFORE IMMIGRATION STATUS VERIFICATION COMPLETED.—Notwithstanding subsection (h), if—

(1) a guaranty is made under this title for a loan made with respect to an individual,

(2) at the time the guaranty is entered into, the provisions of subsection (h) had been complied with,

(3) amounts are paid under the loan subject to such guaranty, and

(4) there is a subsequent determination that, because of an unsatisfactory immigration status, the individual is not eligible for the loan,

the official of the institution making the determination shall notify and instruct the entity making the loan to cease further payments under the loan, but such guaranty shall not be voided or otherwise nullified with respect to such payments made before the date the entity receives the notice.

(k) SPECIAL RULE FOR CORRESPONDENCE COURSES.—A student shall not be eligible to receive grant, loan, or work assistance under this title for a correspondence course unless such course is part of a program leading to an associate, bachelor or graduate degree.

(l) COURSES OFFERED THROUGH DISTANCE EDUCATION.—

(1) RELATION TO CORRESPONDENCE COURSES.—

(A) IN GENERAL.—A student enrolled in a course of instruction at an institution of higher education that is offered principally through distance education and leads to a recognized certificate, or recognized associate, recognized baccalaureate, or recognized graduate degree, conferred by such institution, shall not be considered to be enrolled in correspondence courses.

(B) EXCEPTION.—An institution of higher education referred to in subparagraph (A) shall not include an institu-

tion or school described in section 3(3)(C) of the Carl D. Perkins Career and Technical Education Act of 2006.

(2) REDUCTIONS OF FINANCIAL AID.—A student's eligibility to receive grants, loans, or work assistance under this title shall be reduced if a financial aid officer determines under the discretionary authority provided in section 479A that distance education results in a substantially reduced cost of attendance to such student.

(3) SPECIAL RULE.—For award years beginning prior to July 1, 2008, the Secretary shall not take any compliance, disallowance, penalty, or other action based on a violation of this subsection against a student or an eligible institution when such action arises out of such institution's prior award of student assistance under this title if the institution demonstrates to the satisfaction of the Secretary that its course of instruction would have been in conformance with the requirements of this subsection.

(m) STUDENTS WITH A FIRST BACCALAUREATE OR PROFESSIONAL DEGREE.—A student shall not be ineligible for assistance under parts B, C, D, and E of this title because such student has previously received a baccalaureate or professional degree.

(n) DATA BASE MATCHING.—To enforce the Selective Service registration provisions of section 12(f) of the Military Selective Service Act (50 U.S.C. App. 462(f)), the Secretary shall conduct data base matches with the Selective Service, using common demographic data elements. Appropriate confirmation, through an application output document or through other means, of any person's registration shall fulfill the requirement to file a separate statement of compliance. In the absence of a confirmation from such data matches, an institution may also use data or documents that support either the student's registration, or the absence of a registration requirement for the student, to fulfill the requirement to file a separate statement of compliance. The mechanism for reporting the resolution of nonconfirmed matches shall be prescribed by the Secretary in regulations.

(o) STUDY ABROAD.—Nothing in this Act shall be construed to limit or otherwise prohibit access to study abroad programs approved by the home institution at which a student is enrolled. An otherwise eligible student who is engaged in a program of study abroad approved for academic credit by the home institution at which the student is enrolled shall be eligible to receive grant, loan, or work assistance under this title, without regard to whether such study abroad program is required as part of the student's degree program.

(p) VERIFICATION OF SOCIAL SECURITY NUMBER.—The Secretary of Education, in cooperation with the Commissioner of the Social Security Administration, shall verify any social security number provided by a student to an eligible institution under subsection (a)(4) and shall enforce the following conditions:

(1) Except as provided in paragraphs (2) and (3), an institution shall not deny, reduce, delay, or terminate a student's eligibility for assistance under this part because social security number verification is pending.

(2) If there is a determination by the Secretary that the social security number provided to an eligible institution by a

student is incorrect, the institution shall deny or terminate the student's eligibility for any grant, loan, or work assistance under this title until such time as the student provides documented evidence of a social security number that is determined by the institution to be correct.

(3) If there is a determination by the Secretary that the social security number provided to an eligible institution by a student is incorrect, and a correct social security number cannot be provided by such student, and a loan has been guaranteed for such student under part B of this title, the institution shall notify and instruct the lender and guaranty agency making and guaranteeing the loan, respectively, to cease further disbursements of the loan, but such guaranty shall not be voided or otherwise nullified with respect to such disbursements made before the date that the lender and the guaranty agency receives such notice.

(4) Nothing in this subsection shall permit the Secretary to take any compliance, disallowance, penalty, or other regulatory action against—

(A) any institution of higher education with respect to any error in a social security number, unless such error was a result of fraud on the part of the institution; or

(B) any student with respect to any error in a social security number, unless such error was a result of fraud on the part of the student.

(r) SUSPENSION OF ELIGIBILITY FOR DRUG-RELATED OFFENSES.—

(1) IN GENERAL.—A student who is convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance for conduct that occurred during a period of enrollment for which the student was receiving any grant, loan, or work assistance under this title shall not be eligible to receive any grant, loan, or work assistance under this title from the date of that conviction for the period of time specified in the following table:

If convicted of an offense involving:	
The possession of a controlled substance:	**Ineligibility period is:**
First offense	1 year
Second offense	2 years
Third offense	Indefinite.
The sale of a controlled substance:	**Ineligibility period is:**
First offense	2 years
Second offense	Indefinite.

(2) REHABILITATION.—A student whose eligibility has been suspended under paragraph (1) may resume eligibility before the end of the ineligibility period determined under such paragraph if—

(A) the student satisfactorily completes a drug rehabilitation program that—

(i) complies with such criteria as the Secretary shall prescribe in regulations for purposes of this paragraph; and

(ii) includes two unannounced drug tests;

(B) the student successfully passes two unannounced drug tests conducted by a drug rehabilitation program that

complies with such criteria as the Secretary shall prescribe in regulations for purposes of subparagraph (A)(i); or

(C) the conviction is reversed, set aside, or otherwise rendered nugatory.

(3) DEFINITIONS.—In this subsection, the term "controlled substance" has the meaning given the term in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

(s) STUDENTS WITH INTELLECTUAL DISABILITIES.—

(1) DEFINITIONS.—In this subsection the terms "comprehensive transition and postsecondary program for students with intellectual disabilities" and "student with an intellectual disability" have the meanings given the terms in section 760.

(2) REQUIREMENTS.—Notwithstanding subsections (a), (c), and (d), in order to receive any grant or work assistance under section 401, subpart 3 of part A, or part C, a student with an intellectual disability shall—

(A) be enrolled or accepted for enrollment in a comprehensive transition and postsecondary program for students with intellectual disabilities at an institution of higher education;

(B) be maintaining satisfactory progress in the program as determined by the institution, in accordance with standards established by the institution; and

(C) meet the requirements of paragraphs (3), (4), (5), and (6) of subsection (a).

(3) AUTHORITY.—Notwithstanding any other provision of law unless such provision is enacted with specific reference to this section, the Secretary is authorized to waive any statutory provision applicable to the student financial assistance programs under section 401, subpart 3 of part A, or part C (other than a provision of part F related to such a program), or any institutional eligibility provisions of this title, as the Secretary determines necessary to ensure that programs enrolling students with intellectual disabilities otherwise determined to be eligible under this subsection may receive such financial assistance.

(4) REGULATIONS.—Notwithstanding regulations applicable to grant or work assistance awards made under section 401, subpart 3 of part A, and part C (other than a regulation under part F related to such an award), including with respect to eligible programs, instructional time, credit status, and enrollment status as described in section 481, the Secretary shall promulgate regulations allowing programs enrolling students with intellectual disabilities otherwise determined to be eligible under this subsection to receive such awards.

(t) DATA ANALYSIS ON ACCESS TO FEDERAL STUDENT AID FOR CERTAIN POPULATIONS.—

(1) DEVELOPMENT OF THE SYSTEM.—Within one year of enactment of the Higher Education Opportunity Act, the Secretary shall analyze data from the FAFSA containing information regarding the number, characteristics, and circumstances of students denied Federal student aid based on a drug conviction while receiving Federal aid.

(2) RESULTS FROM ANALYSIS.—The results from the analysis of such information shall be made available on a continuous

basis via the Department website and the Digest of Education Statistics.

(3) DATA UPDATING.—The data analyzed under this subsection shall be updated at the beginning of each award year and at least one additional time during such award year.

(4) REPORT TO CONGRESS.—The Secretary shall prepare and submit to the authorizing committees, in each fiscal year, a report describing the results obtained by the establishment and operation of the data system authorized by this subsection.

(u) DACA RECIPIENT.—In this section the term "DACA recipient" means an alien (as defined in section 101(a)(3) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(3)) who is inadmissible to the United State or deportable from the United States under the immigration laws (as defined in section 101(a)(17) of such Act (8 U.S.C. 1101(a)(17)), and who the Secretary of Homeland Security has, in his or her discretion, determined should be afforded a grant of deferred action under the Deferred Action for Childhood Arrivals (DACA) policy.

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SEC. 487. PROGRAM PARTICIPATION AGREEMENTS.

(a) REQUIRED FOR PROGRAMS OF ASSISTANCE; CONTENTS.—In order to be an eligible institution for the purposes of any program authorized under this title, an institution must be an institution of higher education or an eligible institution (as that term is defined for the purpose of that program) and shall, except with respect to a program under subpart 4 of part A, enter into a program participation agreement with the Secretary. The agreement shall condition the initial and continuing eligibility of an institution to participate in a program upon compliance with the following requirements:

(1) The institution will use funds received by it for any program under this title and any interest or other earnings thereon solely for the purpose specified in and in accordance with the provision of that program.

(2) The institution shall not charge any student a fee for processing or handling any application, form, or data required to determine the student's eligibility for assistance under this title or the amount of such assistance.

(3) The institution will establish and maintain such administrative and fiscal procedures and records as may be necessary to ensure proper and efficient administration of funds received from the Secretary or from students under this title, together with assurances that the institution will provide, upon request and in a timely fashion, information relating to the administrative capability and financial responsibility of the institution to—

(A) the Secretary;

(B) the appropriate guaranty agency; and

(C) the appropriate accrediting agency or association.

(4) The institution will comply with the provisions of subsection (c) of this section and the regulations prescribed under that subsection, relating to fiscal eligibility.

(5) The institution will submit reports to the Secretary and, in the case of an institution participating in a program under part B or part E, to holders of loans made to the institution's students under such parts at such times and containing such information as the Secretary may reasonably require to carry out the purpose of this title.

(6) The institution will not provide any student with any statement or certification to any lender under part B that qualifies the student for a loan or loans in excess of the amount that student is eligible to borrow in accordance with sections 425(a), 428(a)(2), and 428(b)(1) (A) and (B).

(7) The institution will comply with the requirements of section 485.

(8) In the case of an institution that advertises job placement rates as a means of attracting students to enroll in the institution, the institution will make available to prospective students, at or before the time of application (A) the most recent available data concerning employment statistics, graduation statistics, and any other information necessary to substantiate the truthfulness of the advertisements, and (B) relevant State licensing requirements of the State in which such institution is located for any job for which the course of instruction is designed to prepare such prospective students.

(9) In the case of an institution participating in a program under part B or D, the institution will inform all eligible borrowers enrolled in the institution about the availability and eligibility of such borrowers for State grant assistance from the State in which the institution is located, and will inform such borrowers from another State of the source for further information concerning such assistance from that State.

(10) The institution certifies that it has in operation a drug abuse prevention program that is determined by the institution to be accessible to any officer, employee, or student at the institution.

(11) In the case of any institution whose students receive financial assistance pursuant to section 484(d), the institution will make available to such students a program proven successful in assisting students in obtaining a certificate of high school equivalency.

(12) The institution certifies that—

(A) the institution has established a campus security policy; and

(B) the institution has complied with the disclosure requirements of section 485(f).

(13) The institution will not deny any form of Federal financial aid to any student who meets the eligibility requirements of this title on the grounds that the student is participating in a program of study abroad approved for credit by the institution.

(14)(A) The institution, in order to participate as an eligible institution under part B or D, will develop a Default Management Plan for approval by the Secretary as part of its initial application for certification as an eligible institution and will implement such Plan for two years thereafter.

(B) Any institution of higher education which changes ownership and any eligible institution which changes its status as a parent or subordinate institution shall, in order to participate as an eligible institution under part B or D, develop a Default Management Plan for approval by the Secretary and implement such Plan for two years after its change of ownership or status.

(C) This paragraph shall not apply in the case of an institution in which (i) neither the parent nor the subordinate institution has a cohort default rate in excess of 10 percent, and (ii) the new owner of such parent or subordinate institution does not, and has not, owned any other institution with a cohort default rate in excess of 10 percent.

(15) The institution acknowledges the authority of the Secretary, guaranty agencies, lenders, accrediting agencies, the Secretary of Veterans Affairs, and the State agencies under subpart 1 of part H to share with each other any information pertaining to the institution's eligibility to participate in programs under this title or any information on fraud and abuse.

(16)(A) The institution will not knowingly employ an individual in a capacity that involves the administration of programs under this title, or the receipt of program funds under this title, who has been convicted of, or has pled nolo contendere or guilty to, a crime involving the acquisition, use, or expenditure of funds under this title, or has been judicially determined to have committed fraud involving funds under this title or contract with an institution or third party servicer that has been terminated under section 432 involving the acquisition, use, or expenditure of funds under this title, or who has been judicially determined to have committed fraud involving funds under this title.

(B) The institution will not knowingly contract with or employ any individual, agency, or organization that has been, or whose officers or employees have been—

(i) convicted of, or pled nolo contendere or guilty to, a crime involving the acquisition, use, or expenditure of funds under this title; or

(ii) judicially determined to have committed fraud involving funds under this title.

(17) The institution will complete surveys conducted as a part of the Integrated Postsecondary Education Data System (IPEDS) or any other Federal postsecondary institution data collection effort, as designated by the Secretary, in a timely manner and to the satisfaction of the Secretary.

(18) The institution will meet the requirements established pursuant to section 485(g).

(19) The institution will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that the student borrow additional funds, on any student because of the student's inability to meet his or her financial obligations to the institution as a result of the delayed disbursement of the proceeds of a loan made under this title due to compliance with the provisions of this title, or delays attributable to the institution.

(20) The institution will not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any persons or entities engaged in any student recruiting or admission activities or in making decisions regarding the award of student financial assistance, except that this paragraph shall not apply to the recruitment of foreign students residing in foreign countries who are not eligible to receive Federal student assistance.

(21) The institution will meet the requirements established by the Secretary and accrediting agencies or associations, and will provide evidence to the Secretary that the institution has the authority to operate within a State.

(22) The institution will comply with the refund policy established pursuant to section 484B.

(23)(A) The institution, if located in a State to which section 4(b) of the National Voter Registration Act of 1993 (42 U.S.C. 1973gg–2(b)) does not apply, will make a good faith effort to distribute a mail voter registration form, requested and received from the State, to each student enrolled in a degree or certificate program and physically in attendance at the institution, and to make such forms widely available to students at the institution.

(B) The institution shall request the forms from the State 120 days prior to the deadline for registering to vote within the State. If an institution has not received a sufficient quantity of forms to fulfill this section from the State within 60 days prior to the deadline for registering to vote in the State, the institution shall not be held liable for not meeting the requirements of this section during that election year.

(C) This paragraph shall apply to general and special elections for Federal office, as defined in section 301(3) of the Federal Election Campaign Act of 1971 (2 U.S.C. 431(3)), and to the elections for Governor or other chief executive within such State).

(D) The institution shall be considered in compliance with the requirements of subparagraph (A) for each student to whom the institution electronically transmits a message containing a voter registration form acceptable for use in the State in which the institution is located, or an Internet address where such a form can be downloaded, if such information is in an electronic message devoted exclusively to voter registration.

(24) In the case of a proprietary institution of higher education (as defined in section 102(b)), such institution will derive not less than [ten percent] *fifteen percent* of such institution's revenues from sources other than Federal funds that are disbursed or delivered to or on behalf of a student to be used to attend such institution (referred to in this paragraph and subsection (d) as "Federal education assistance funds"), as calculated in accordance with subsection (d)(1), or will be subject to the sanctions described in subsection (d)(2).

(25) In the case of an institution that participates in a loan program under this title, the institution will—

(A) develop a code of conduct with respect to such loans with which the institution's officers, employees, and agents shall comply, that—

(i) prohibits a conflict of interest with the responsibilities of an officer, employee, or agent of an institution with respect to such loans; and

(ii) at a minimum, includes the provisions described in subsection (e);

(B) publish such code of conduct prominently on the institution's website; and

(C) administer and enforce such code by, at a minimum, requiring that all of the institution's officers, employees, and agents with responsibilities with respect to such loans be annually informed of the provisions of the code of conduct.

(26) The institution will, upon written request, disclose to the alleged victim of any crime of violence (as that term is defined in section 16 of title 18, United States Code), or a nonforcible sex offense, the report on the results of any disciplinary proceeding conducted by such institution against a student who is the alleged perpetrator of such crime or offense with respect to such crime or offense. If the alleged victim of such crime or offense is deceased as a result of such crime or offense, the next of kin of such victim shall be treated as the alleged victim for purposes of this paragraph.

(27) In the case of an institution that has entered into a preferred lender arrangement, the institution will at least annually compile, maintain, and make available for students attending the institution, and the families of such students, a list, in print or other medium, of the specific lenders for loans made, insured, or guaranteed under this title or private education loans that the institution recommends, promotes, or endorses in accordance with such preferred lender arrangement. In making such list, the institution shall comply with the requirements of subsection (h).

(28)(A) The institution will, upon the request of an applicant for a private education loan, provide to the applicant the form required under section 128(e)(3) of the Truth in Lending Act (15 U.S.C. 1638(e)(3)), and the information required to complete such form, to the extent the institution possesses such information.

(B) For purposes of this paragraph, the term "private education loan" has the meaning given such term in section 140 of the Truth in Lending Act.

(29) The institution certifies that the institution—

(A) has developed plans to effectively combat the unauthorized distribution of copyrighted material, including through the use of a variety of technology-based deterrents; and

(B) will, to the extent practicable, offer alternatives to illegal downloading or peer-to-peer distribution of intellectual property, as determined by the institution in consultation with the chief technology officer or other designated officer of the institution.

(b) HEARINGS.—(1) An institution that has received written notice of a final audit or program review determination and that desires to have such determination reviewed by the Secretary shall submit to the Secretary a written request for review not later than 45 days after receipt of notification of the final audit or program review determination.

(2) The Secretary shall, upon receipt of written notice under paragraph (1), arrange for a hearing and notify the institution within 30 days of receipt of such notice the date, time, and place of such hearing. Such hearing shall take place not later than 120 days from the date upon which the Secretary notifies the institution.

(c) AUDITS; FINANCIAL RESPONSIBILITY; ENFORCEMENT OF STANDARDS.—(1) Notwithstanding any other provisions of this title, the Secretary shall prescribe such regulations as may be necessary to provide for—

(A)(i) except as provided in clauses (ii) and (iii), a financial audit of an eligible institution with regard to the financial condition of the institution in its entirety, and a compliance audit of such institution with regard to any funds obtained by it under this title or obtained from a student or a parent who has a loan insured or guaranteed by the Secretary under this title, on at least an annual basis and covering the period since the most recent audit, conducted by a qualified, independent organization or person in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, and functions, and as prescribed in regulations of the Secretary, the results of which shall be submitted to the Secretary and shall be available to cognizant guaranty agencies, eligible lenders, State agencies, and the appropriate State agency notifying the Secretary under subpart 1 of part H, except that the Secretary may modify the requirements of this clause with respect to institutions of higher education that are foreign institutions, and may waive such requirements with respect to a foreign institution whose students receive less than $500,000 in loans under this title during the award year preceding the audit period;

(ii) with regard to an eligible institution which is audited under chapter 75 of title 31, United States Code, deeming such audit to satisfy the requirements of clause (i) for the period covered by such audit; or

(iii) at the discretion of the Secretary, with regard to an eligible institution (other than an eligible institution described in section 102(a)(1)(C)) that has obtained less than $200,000 in funds under this title during each of the 2 award years that precede the audit period and submits a letter of credit payable to the Secretary equal to not less than ½ of the annual potential liabilities of such institution as determined by the Secretary, deeming an audit conducted every 3 years to satisfy the requirements of clause (i), except for the award year immediately preceding renewal of the institution's eligibility under section 498(g);

(B) in matters not governed by specific program provisions, the establishment of reasonable standards of financial responsibility and appropriate institutional capability for the admin-

istration by an eligible institution of a program of student financial aid under this title, including any matter the Secretary deems necessary to the sound administration of the financial aid programs, such as the pertinent actions of any owner, shareholder, or person exercising control over an eligible institution;

(C)(i) except as provided in clause (ii), a compliance audit of a third party servicer (other than with respect to the servicer's functions as a lender if such functions are otherwise audited under this part and such audits meet the requirements of this clause), with regard to any contract with an eligible institution, guaranty agency, or lender for administering or servicing any aspect of the student assistance programs under this title, at least once every year and covering the period since the most recent audit, conducted by a qualified, independent organization or person in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, and functions, and as prescribed in regulations of the Secretary, the results of which shall be submitted to the Secretary; or

(ii) with regard to a third party servicer that is audited under chapter 75 of title 31, United States Code, such audit shall be deemed to satisfy the requirements of clause (i) for the period covered by such audit;

(D)(i) a compliance audit of a secondary market with regard to its transactions involving, and its servicing and collection of, loans made under this title, at least once a year and covering the period since the most recent audit, conducted by a qualified, independent organization or person in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, and functions, and as prescribed in regulations of the Secretary, the results of which shall be submitted to the Secretary; or

(ii) with regard to a secondary market that is audited under chapter 75 of title 31, United States Code, such audit shall be deemed to satisfy the requirements of clause (i) for the period covered by the audit;

(E) the establishment, by each eligible institution under part B responsible for furnishing to the lender the statement required by section 428(a)(2)(A)(i), of policies and procedures by which the latest known address and enrollment status of any student who has had a loan insured under this part and who has either formally terminated his enrollment, or failed to re-enroll on at least a half-time basis, at such institution, shall be furnished either to the holder (or if unknown, the insurer) of the note, not later than 60 days after such termination or failure to re-enroll;

(F) the limitation, suspension, or termination of the participation in any program under this title of an eligible institution, or the imposition of a civil penalty under paragraph (3)(B) whenever the Secretary has determined, after reasonable notice and opportunity for hearing, that such institution has violated or failed to carry out any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation, except that no period of

suspension under this section shall exceed 60 days unless the institution and the Secretary agree to an extension or unless limitation or termination proceedings are initiated by the Secretary within that period of time;

(G) an emergency action against an institution, under which the Secretary shall, effective on the date on which a notice and statement of the basis of the action is mailed to the institution (by registered mail, return receipt requested), withhold funds from the institution or its students and withdraw the institution's authority to obligate funds under any program under this title, if the Secretary—

(i) receives information, determined by the Secretary to be reliable, that the institution is violating any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation,

(ii) determines that immediate action is necessary to prevent misuse of Federal funds, and

(iii) determines that the likelihood of loss outweighs the importance of the procedures prescribed under subparagraph (D) for limitation, suspension, or termination,

except that an emergency action shall not exceed 30 days unless limitation, suspension, or termination proceedings are initiated by the Secretary against the institution within that period of time, and except that the Secretary shall provide the institution an opportunity to show cause, if it so requests, that the emergency action is unwarranted;

(H) the limitation, suspension, or termination of the eligibility of a third party servicer to contract with any institution to administer any aspect of an institution's student assistance program under this title, or the imposition of a civil penalty under paragraph (3)(B), whenever the Secretary has determined, after reasonable notice and opportunity for a hearing, that such organization, acting on behalf of an institution, has violated or failed to carry out any provision of this title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation, except that no period of suspension under this subparagraph shall exceed 60 days unless the organization and the Secretary agree to an extension, or unless limitation or termination proceedings are initiated by the Secretary against the individual or organization within that period of time; and

(I) an emergency action against a third party servicer that has contracted with an institution to administer any aspect of the institution's student assistance program under this title, under which the Secretary shall, effective on the date on which a notice and statement of the basis of the action is mailed to such individual or organization (by registered mail, return receipt requested), withhold funds from the individual or organization and withdraw the individual or organization's authority to act on behalf of an institution under any program under this title, if the Secretary—

(i) receives information, determined by the Secretary to be reliable, that the individual or organization, acting on behalf of an institution, is violating any provision of this

title, any regulation prescribed under this title, or any applicable special arrangement, agreement, or limitation,

(ii) determines that immediate action is necessary to prevent misuse of Federal funds, and

(iii) determines that the likelihood of loss outweighs the importance of the procedures prescribed under subparagraph (F), for limitation, suspension, or termination,

except that an emergency action shall not exceed 30 days unless the limitation, suspension, or termination proceedings are initiated by the Secretary against the individual or organization within that period of time, and except that the Secretary shall provide the individual or organization an opportunity to show cause, if it so requests, that the emergency action is unwarranted.

(2) If an individual who, or entity that, exercises substantial control, as determined by the Secretary in accordance with the definition of substantial control in subpart 3 of part H, over one or more institutions participating in any program under this title, or, for purposes of paragraphs (1) (H) and (I), over one or more organizations that contract with an institution to administer any aspect of the institution's student assistance program under this title, is determined to have committed one or more violations of the requirements of any program under this title, or has been suspended or debarred in accordance with the regulations of the Secretary, the Secretary may use such determination, suspension, or debarment as the basis for imposing an emergency action on, or limiting, suspending, or terminating, in a single proceeding, the participation of any or all institutions under the substantial control of that individual or entity.

(3)(A) Upon determination, after reasonable notice and opportunity for a hearing, that an eligible institution has engaged in substantial misrepresentation of the nature of its educational program, its financial charges, or the employability of its graduates, the Secretary may suspend or terminate the eligibility status for any or all programs under this title of any otherwise eligible institution, in accordance with procedures specified in paragraph (1)(D) of this subsection, until the Secretary finds that such practices have been corrected.

(B)(i) Upon determination, after reasonable notice and opportunity for a hearing, that an eligible institution—

(I) has violated or failed to carry out any provision of this title or any regulation prescribed under this title; or

(II) has engaged in substantial misrepresentation of the nature of its educational program, its financial charges, and the employability of its graduates,

the Secretary may impose a civil penalty upon such institution of not to exceed $25,000 for each violation or misrepresentation.

(ii) Any civil penalty may be compromised by the Secretary. In determining the amount of such penalty, or the amount agreed upon in compromise, the appropriateness of the penalty to the size of the institution of higher education subject to the determination, and the gravity of the violation, failure, or misrepresentation shall be considered. The amount of such penalty, when finally determined, or the amount agreed upon in compromise, may be deducted

from any sums owing by the United States to the institution charged.

(4) The Secretary shall publish a list of State agencies which the Secretary determines to be reliable authority as to the quality of public postsecondary vocational education in their respective States for the purpose of determining eligibility for all Federal student assistance programs.

(5) The Secretary shall make readily available to appropriate guaranty agencies, eligible lenders, State agencies notifying the Secretary under subpart 1 of part H, and accrediting agencies or associations the results of the audits of eligible institutions conducted pursuant to paragraph (1)(A).

(6) The Secretary is authorized to provide any information collected as a result of audits conducted under this section, together with audit information collected by guaranty agencies, to any Federal or State agency having responsibilities with respect to student financial assistance, including those referred to in subsection (a)(15) of this section.

(7) Effective with respect to any audit conducted under this subsection after December 31, 1988, if, in the course of conducting any such audit, the personnel of the Department of Education discover, or are informed of, grants or other assistance provided by an institution in accordance with this title for which the institution has not received funds appropriated under this title (in the amount necessary to provide such assistance), including funds for which reimbursement was not requested prior to such discovery or information, such institution shall be permitted to offset that amount against any sums determined to be owed by the institution pursuant to such audit, or to receive reimbursement for that amount (if the institution does not owe any such sums).

(d) IMPLEMENTATION OF NON-FEDERAL REVENUE REQUIREMENT.—

(1) CALCULATION.—In making calculations under subsection (a)(24), a proprietary institution of higher education shall—

(A) use the cash basis of accounting, except in the case of loans described in subparagraph (D)(i) that are made by the proprietary institution of higher education;

(B) consider as revenue only those funds generated by the institution from—

(i) tuition, fees, and other institutional charges for students enrolled in programs eligible for assistance under this title;

(ii) activities conducted by the institution that are necessary for the education and training of the institution's students, if such activities are—

(I) conducted on campus or at a facility under the control of the institution;

(II) performed under the supervision of a member of the institution's faculty; and

(III) required to be performed by all students in a specific educational program at the institution; and

(iii) funds paid by a student, or on behalf of a student by a party other than the institution, for an edu-

cation or training program that is not eligible for funds under this title, if the program—

(I) is approved or licensed by the appropriate State agency;

(II) is accredited by an accrediting agency recognized by the Secretary; or

(III) provides an industry-recognized credential or certification;

(C) presume that any Federal education assistance funds that are disbursed or delivered to or on behalf of a student will be used to pay the student's tuition, fees, or other institutional charges, regardless of whether the institution credits those funds to the student's account or pays those funds directly to the student, except to the extent that the student's tuition, fees, or other institutional charges are satisfied by—

(i) grant funds provided by non-Federal public agencies or private sources independent of the institution;

(ii) funds provided under a contractual arrangement with a Federal, State, or local government agency for the purpose of providing job training to low-income individuals who are in need of that training;

(iii) funds used by a student from savings plans for educational expenses established by or on behalf of the student and which qualify for special tax treatment under the Internal Revenue Code of 1986; or

(iv) institutional scholarships described in subparagraph (D)(iii);

(D) include institutional aid as revenue to the school only as follows:

(i) in the case of loans made by a proprietary institution of higher education on or after July 1, 2008 and prior to July 1, 2012, the net present value of such loans made by the institution during the applicable institutional fiscal year accounted for on an accrual basis and estimated in accordance with generally accepted accounting principles and related standards and guidance, if the loans—

(I) are bona fide as evidenced by enforceable promissory notes;

(II) are issued at intervals related to the institution's enrollment periods; and

(III) are subject to regular loan repayments and collections;

(ii) in the case of loans made by a proprietary institution of higher education on or after July 1, 2012, only the amount of loan repayments received during the applicable institutional fiscal year, excluding repayments on loans made and accounted for as specified in clause (i); and

(iii) in the case of scholarships provided by a proprietary institution of higher education, only those scholarships provided by the institution in the form of monetary aid or tuition discounts based upon the academic achievements or financial need of students, disbursed

during each fiscal year from an established restricted account, and only to the extent that funds in that account represent designated funds from an outside source or from income earned on those funds;

(E) in the case of each student who receives a loan on or after July 1, 2008, and prior to July 1, 2011, that is authorized under section 428H or that is a Federal Direct Unsubsidized Stafford Loan, treat as revenue received by the institution from sources other than funds received under this title, the amount by which the disbursement of such loan received by the institution exceeds the limit on such loan in effect on the day before the date of enactment of the Ensuring Continued Access to Student Loans Act of 2008; and

(F) exclude from revenues—

(i) the amount of funds the institution received under part C, unless the institution used those funds to pay a student's institutional charges;

(ii) the amount of funds the institution received under subpart 4 of part A;

(iii) the amount of funds provided by the institution as matching funds for a program under this title;

(iv) the amount of funds provided by the institution for a program under this title that are required to be refunded or returned; and

(v) the amount charged for books, supplies, and equipment, unless the institution includes that amount as tuition, fees, or other institutional charges.

(2) SANCTIONS.—

(A) INELIGIBILITY.—A proprietary institution of higher education that fails to meet a requirement of subsection (a)(24) for two consecutive institutional fiscal years shall be ineligible to participate in the programs authorized by this title for a period of not less than two institutional fiscal years. To regain eligibility to participate in the programs authorized by this title, a proprietary institution of higher education shall demonstrate compliance with all eligibility and certification requirements under section 498 for a minimum of two institutional fiscal years after the institutional fiscal year in which the institution became ineligible.

(B) ADDITIONAL ENFORCEMENT.—In addition to such other means of enforcing the requirements of this title as may be available to the Secretary, if a proprietary institution of higher education fails to meet a requirement of subsection (a)(24) for any institutional fiscal year, then the institution's eligibility to participate in the programs authorized by this title becomes provisional for the two institutional fiscal years after the institutional fiscal year in which the institution failed to meet the requirement of subsection (a)(24), except that such provisional eligibility shall terminate—

(i) on the expiration date of the institution's program participation agreement under this subsection that is in effect on the date the Secretary determines

that the institution failed to meet the requirement of subsection (a)(24); or

(ii) in the case that the Secretary determines that the institution failed to meet a requirement of subsection (a)(24) for two consecutive institutional fiscal years, on the date the institution is determined ineligible in accordance with subparagraph (A).

(3) PUBLICATION ON COLLEGE NAVIGATOR WEBSITE.—The Secretary shall publicly disclose on the College Navigator website—

(A) the identity of any proprietary institution of higher education that fails to meet a requirement of subsection (a)(24); and

(B) the extent to which the institution failed to meet such requirement.

(4) REPORT TO CONGRESS.—Not later than July 1, 2009, and July 1 of each succeeding year, the Secretary shall submit to the authorizing committees a report that contains, for each proprietary institution of higher education that receives assistance under this title, as provided in the audited financial statements submitted to the Secretary by each institution pursuant to the requirements of subsection (a)(24)—

(A) the amount and percentage of such institution's revenues received from sources under this title; and

(B) the amount and percentage of such institution's revenues received from other sources.

(e) CODE OF CONDUCT REQUIREMENTS.—An institution of higher education's code of conduct, as required under subsection (a)(25), shall include the following requirements:

(1) BAN ON REVENUE-SHARING ARRANGEMENTS.—

(A) PROHIBITION.—The institution shall not enter into any revenue-sharing arrangement with any lender.

(B) DEFINITION.—For purposes of this paragraph, the term "revenue-sharing arrangement" means an arrangement between an institution and a lender under which—

(i) a lender provides or issues a loan that is made, insured, or guaranteed under this title to students attending the institution or to the families of such students; and

(ii) the institution recommends the lender or the loan products of the lender and in exchange, the lender pays a fee or provides other material benefits, including revenue or profit sharing, to the institution, an officer or employee of the institution, or an agent.

(2) GIFT BAN.—

(A) PROHIBITION.—No officer or employee of the institution who is employed in the financial aid office of the institution or who otherwise has responsibilities with respect to education loans, or agent who has responsibilities with respect to education loans, shall solicit or accept any gift from a lender, guarantor, or servicer of education loans.

(B) DEFINITION OF GIFT.—

(i) IN GENERAL.—In this paragraph, the term "gift" means any gratuity, favor, discount, entertainment, hospitality, loan, or other item having a monetary

value of more than a de minimus amount. The term includes a gift of services, transportation, lodging, or meals, whether provided in kind, by purchase of a ticket, payment in advance, or reimbursement after the expense has been incurred.

(ii) EXCEPTIONS.—The term "gift" shall not include any of the following:

(I) Standard material, activities, or programs on issues related to a loan, default aversion, default prevention, or financial literacy, such as a brochure, a workshop, or training.

(II) Food, refreshments, training, or informational material furnished to an officer or employee of an institution, or to an agent, as an integral part of a training session that is designed to improve the service of a lender, guarantor, or servicer of education loans to the institution, if such training contributes to the professional development of the officer, employee, or agent.

(III) Favorable terms, conditions, and borrower benefits on an education loan provided to a student employed by the institution if such terms, conditions, or benefits are comparable to those provided to all students of the institution.

(IV) Entrance and exit counseling services provided to borrowers to meet the institution's responsibilities for entrance and exit counseling as required by subsections (b) and (l) of section 485, as long as—

(aa) the institution's staff are in control of the counseling, (whether in person or via electronic capabilities); and

(bb) such counseling does not promote the products or services of any specific lender.

(V) Philanthropic contributions to an institution from a lender, servicer, or guarantor of education loans that are unrelated to education loans or any contribution from any lender, guarantor, or servicer that is not made in exchange for any advantage related to education loans.

(VI) State education grants, scholarships, or financial aid funds administered by or on behalf of a State.

(iii) RULE FOR GIFTS TO FAMILY MEMBERS.—For purposes of this paragraph, a gift to a family member of an officer or employee of an institution, to a family member of an agent, or to any other individual based on that individual's relationship with the officer, employee, or agent, shall be considered a gift to the officer, employee, or agent if—

(I) the gift is given with the knowledge and acquiescence of the officer, employee, or agent; and

(II) the officer, employee, or agent has reason to believe the gift was given because of the official position of the officer, employee, or agent.

(3) CONTRACTING ARRANGEMENTS PROHIBITED.—

(A) PROHIBITION.—An officer or employee who is employed in the financial aid office of the institution or who otherwise has responsibilities with respect to education loans, or an agent who has responsibilities with respect to education loans, shall not accept from any lender or affiliate of any lender any fee, payment, or other financial benefit (including the opportunity to purchase stock) as compensation for any type of consulting arrangement or other contract to provide services to a lender or on behalf of a lender relating to education loans.

(B) EXCEPTIONS.—Nothing in this subsection shall be construed as prohibiting—

(i) an officer or employee of an institution who is not employed in the institution's financial aid office and who does not otherwise have responsibilities with respect to education loans, or an agent who does not have responsibilities with respect to education loans, from performing paid or unpaid service on a board of directors of a lender, guarantor, or servicer of education loans;

(ii) an officer or employee of the institution who is not employed in the institution's financial aid office but who has responsibility with respect to education loans as a result of a position held at the institution, or an agent who has responsibility with respect to education loans, from performing paid or unpaid service on a board of directors of a lender, guarantor, or servicer of education loans, if the institution has a written conflict of interest policy that clearly sets forth that officers, employees, or agents must recuse themselves from participating in any decision of the board regarding education loans at the institution; or

(iii) an officer, employee, or contractor of a lender, guarantor, or servicer of education loans from serving on a board of directors, or serving as a trustee, of an institution, if the institution has a written conflict of interest policy that the board member or trustee must recuse themselves from any decision regarding education loans at the institution.

(4) INTERACTION WITH BORROWERS.—The institution shall not—

(A) for any first-time borrower, assign, through award packaging or other methods, the borrower's loan to a particular lender; or

(B) refuse to certify, or delay certification of, any loan based on the borrower's selection of a particular lender or guaranty agency.

(5) PROHIBITION ON OFFERS OF FUNDS FOR PRIVATE LOANS.—

(A) PROHIBITION.—The institution shall not request or accept from any lender any offer of funds to be used for private education loans (as defined in section 140 of the Truth in Lending Act), including funds for an opportunity pool loan, to students in exchange for the institution pro-

viding concessions or promises regarding providing the lender with—

(i) a specified number of loans made, insured, or guaranteed under this title;

(ii) a specified loan volume of such loans; or

(iii) a preferred lender arrangement for such loans.

(B) DEFINITION OF OPPORTUNITY POOL LOAN.—In this paragraph, the term "opportunity pool loan" means a private education loan made by a lender to a student attending the institution or the family member of such a student that involves a payment, directly or indirectly, by such institution of points, premiums, additional interest, or financial support to such lender for the purpose of such lender extending credit to the student or the family.

(6) BAN ON STAFFING ASSISTANCE.—

(A) PROHIBITION.—The institution shall not request or accept from any lender any assistance with call center staffing or financial aid office staffing.

(B) CERTAIN ASSISTANCE PERMITTED.—Nothing in paragraph (1) shall be construed to prohibit the institution from requesting or accepting assistance from a lender related to—

(i) professional development training for financial aid administrators;

(ii) providing educational counseling materials, financial literacy materials, or debt management materials to borrowers, provided that such materials disclose to borrowers the identification of any lender that assisted in preparing or providing such materials; or

(iii) staffing services on a short-term, nonrecurring basis to assist the institution with financial aid-related functions during emergencies, including State-declared or federally declared natural disasters, federally declared national disasters, and other localized disasters and emergencies identified by the Secretary.

(7) ADVISORY BOARD COMPENSATION.—Any employee who is employed in the financial aid office of the institution, or who otherwise has responsibilities with respect to education loans or other student financial aid of the institution, and who serves on an advisory board, commission, or group established by a lender, guarantor, or group of lenders or guarantors, shall be prohibited from receiving anything of value from the lender, guarantor, or group of lenders or guarantors, except that the employee may be reimbursed for reasonable expenses incurred in serving on such advisory board, commission, or group.

(f) INSTITUTIONAL REQUIREMENTS FOR TEACH-OUTS.—

(1) IN GENERAL.—In the event the Secretary initiates the limitation, suspension, or termination of the participation of an institution of higher education in any program under this title under the authority of subsection (c)(1)(F) or initiates an emergency action under the authority of subsection (c)(1)(G) and its prescribed regulations, the Secretary shall require that institution to prepare a teach-out plan for submission to the institution's accrediting agency or association in compliance with section 496(c)(3), the Secretary's regulations on teach-out plans,

and the standards of the institution's accrediting agency or association.

(2) TEACH-OUT PLAN DEFINED.—In this subsection, the term "teach-out plan" means a written plan that provides for the equitable treatment of students if an institution of higher education ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency or association, an agreement between institutions for such a teach-out plan.

(g) INSPECTOR GENERAL REPORT ON GIFT BAN VIOLATIONS.—The Inspector General of the Department shall—

(1) submit an annual report to the authorizing committees identifying all violations of an institution's code of conduct that the Inspector General has substantiated during the preceding year relating to the gift ban provisions described in subsection (e)(2); and

(2) make the report available to the public through the Department's website.

(h) PREFERRED LENDER LIST REQUIREMENTS.—

(1) IN GENERAL.—In compiling, maintaining, and making available a preferred lender list as required under subsection (a)(27), the institution will—

(A) clearly and fully disclose on such preferred lender list—

(i) not less than the information required to be disclosed under section 153(a)(2)(A);

(ii) why the institution has entered into a preferred lender arrangement with each lender on the preferred lender list, particularly with respect to terms and conditions or provisions favorable to the borrower; and

(iii) that the students attending the institution, or the families of such students, do not have to borrow from a lender on the preferred lender list;

(B) ensure, through the use of the list of lender affiliates provided by the Secretary under paragraph (2), that—

(i) there are not less than three lenders of loans made under part B that are not affiliates of each other included on the preferred lender list and, if the institution recommends, promotes, or endorses private education loans, there are not less than two lenders of private education loans that are not affiliates of each other included on the preferred lender list; and

(ii) the preferred lender list under this paragraph—

(I) specifically indicates, for each listed lender, whether the lender is or is not an affiliate of each other lender on the preferred lender list; and

(II) if a lender is an affiliate of another lender on the preferred lender list, describes the details of such affiliation;

(C) prominently disclose the method and criteria used by the institution in selecting lenders with which to enter into preferred lender arrangements to ensure that such lenders are selected on the basis of the best interests of the borrowers, including—

(i) payment of origination or other fees on behalf of the borrower;

(ii) highly competitive interest rates, or other terms and conditions or provisions of loans under this title or private education loans;

(iii) high-quality servicing for such loans; or

(iv) additional benefits beyond the standard terms and conditions or provisions for such loans;

(D) exercise a duty of care and a duty of loyalty to compile the preferred lender list under this paragraph without prejudice and for the sole benefit of the students attending the institution, or the families of such students;

(E) not deny or otherwise impede the borrower's choice of a lender or cause unnecessary delay in loan certification under this title for those borrowers who choose a lender that is not included on the preferred lender list; and

(F) comply with such other requirements as the Secretary may prescribe by regulation.

(2) LENDER AFFILIATES LIST.—

(A) IN GENERAL.—The Secretary shall maintain and regularly update a list of lender affiliates of all eligible lenders, and shall provide such list to institutions for use in carrying out paragraph (1)(B).

(B) USE OF MOST RECENT LIST.—An institution shall use the most recent list of lender affiliates provided by the Secretary under subparagraph (A) in carrying out paragraph (1)(B).

(i) DEFINITIONS.—For the purpose of this section:

(1) AGENT.—The term "agent" has the meaning given the term in section 151.

(2) AFFILIATE.—The term "affiliate" means a person that controls, is controlled by, or is under common control with another person. A person controls, is controlled by, or is under common control with another person if—

(A) the person directly or indirectly, or acting through one or more others, owns, controls, or has the power to vote five percent or more of any class of voting securities of such other person;

(B) the person controls, in any manner, the election of a majority of the directors or trustees of such other person; or

(C) the Secretary determines (after notice and opportunity for a hearing) that the person directly or indirectly exercises a controlling interest over the management or policies of such other person's education loans.

(3) EDUCATION LOAN.—The term "education loan" has the meaning given the term in section 151.

(4) ELIGIBLE INSTITUTION.—The term "eligible institution" means any such institution described in section 102 of this Act.

(5) OFFICER.—The term "officer" has the meaning given the term in section 151.

(6) PREFERRED LENDER ARRANGEMENT.—The term "preferred lender arrangement" has the meaning given the term in section 151.

(j) CONSTRUCTION.—Nothing in the amendments made by the Higher Education Amendments of 1992 shall be construed to prohibit an institution from recording, at the cost of the institution, a hearing referred to in subsection (b)(2), subsection (c)(1)(D), or subparagraph (A) or (B)(i) of subsection (c)(2), of this section to create a record of the hearing, except the unavailability of a recording shall not serve to delay the completion of the proceeding. The Secretary shall allow the institution to use any reasonable means, including stenographers, of recording the hearing.

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FAFSA SIMPLIFICATION ACT

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DIVISION FF—OTHER MATTER

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TITLE VII—FAFSA SIMPLIFICATION

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SEC. 702. MAKING IT EASIER TO APPLY FOR FEDERAL AID AND MAKING THAT AID PREDICTABLE.

[Subsections (a) through (l)—omitted-Amends other Acts]

(m) FAFSA.—

(1) [Omitted-Amends other Act]

(2) REPORTS.—Notwithstanding section 701(b) of this title, the Secretary of Education shall have the authority to issue reports and begin consumer testing prior to July 1, 2023, as provided in the amendment made by paragraph (1).

(n) STUDENT ELIGIBILITY.—

(1) AMENDMENTS.—

(A) IN GENERAL.—Section 484 of the Higher Education Act of 1965 (20 U.S.C. 1091) is amended—

(i) by striking subsections (n) and (r);

(ii) by redesignating subsections (o), (p), (s), and (t), as subsections (n), (o), (q), and (r), respectively;

(iii) by inserting between subsections (o) and (q), as redesignated under clause (i), the following:

"(p) USE OF INCOME DATA WITH IRS.—The Secretary, in cooperation with the Secretary of the Treasury, shall fulfill the data transfer requirements under section 6103(l)(13) of the Internal Revenue Code of 1986 and the procedure and requirements outlined in section 494."; and

(iv) [by adding at the end] *by inserting after subsection (r), as redesignated under clause (i),* the following:

"(s) EXCEPTION TO REQUIRED REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM.—Notwithstanding section 12(f) of the Military Selective Service Act (50 U.S.C. 3811(f)), an individual shall not be ineligible for assistance or a benefit provided under this title if the individual is required under section 3 of such Act (50 U.S.C. 3802)

to present himself for and submit to registration under such section and fails to do so in accordance with any proclamation issued under such section, or in accordance with any rule or regulation issued under such section.

"(t) CONFINED OR INCARCERATED INDIVIDUALS.—

"(1) DEFINITIONS.—In this subsection:

"(A) CONFINED OR INCARCERATED INDIVIDUAL.—The term 'confined or incarcerated individual'—

"(i) means an individual who is serving a criminal sentence in a Federal, State, or local penal institution, prison, jail, reformatory, work farm, or other similar correctional institution; and

"(ii) does not include an individual who is in a halfway house or home detention or is sentenced to serve only weekends.

"(B) PRISON EDUCATION PROGRAM.—The term 'prison education program' means an education or training program that—

"(i) is an eligible program under this title offered by an institution of higher education (as defined in section 101 or 102(a)(1)(B));

"(ii) is offered by an institution that has been approved to operate in a correctional facility by the appropriate State department of corrections or other entity that is responsible for overseeing correctional facilities, or by the Bureau of Prisons;

"(iii) has been determined by the appropriate State department of corrections or other entity that is responsible for overseeing correctional facilities, or by the Bureau of Prisons, to be operating in the best interest of students, the determination of which shall be made by the State department of corrections or other entity or by the Bureau of Prisons, respectively, and may be based on—

"(I) rates of confined or incarcerated individuals continuing their education post-release;

"(II) job placement rates for such individuals;

"(III) earnings for such individuals;

"(IV) rates of recidivism for such individuals;

"(V) the experience, credentials, and rates of turnover or departure of instructors;

"(VI) the transferability of credits for courses available to confined or incarcerated individuals and the applicability of such credits toward related degree or certificate programs; or

"(VII) offering relevant academic and career advising services to participating confined or incarcerated individuals while they are confined or incarcerated, in advance of reentry, and upon release;

"(iv) offers transferability of credits to at least 1 institution of higher education (as defined in section 101 or 102(a)(1)(B)) in the State in which the correctional facility is located, or, in the case of a Federal correctional facility, in the State in which most of the indi-

viduals confined or incarcerated in such facility will reside upon release;

"(v) is offered by an institution that has not been subject, during the 5 years preceding the date of the determination, to—

"(I) any suspension, emergency action, or termination of programs under this title;

"(II) any adverse action by the institution's accrediting agency or association; or

"(III) any action by the State to revoke a license or other authority to operate;

"(vi) satisfies any applicable educational requirements for professional licensure or certification, including licensure or certification examinations needed to practice or find employment in the sectors or occupations for which the program prepares the individual, in the State in which the correctional facility is located or, in the case of a Federal correctional facility, in the State in which most of the individuals confined or incarcerated in such facility will reside upon release; and

"(vii) does not offer education that is designed to lead to licensure or employment for a specific job or occupation in the State if such job or occupation typically involves prohibitions on the licensure or employment of formerly incarcerated individuals in the State in which the correctional facility is located, or, in the case of a Federal correctional facility, in the State in which most of the individuals confined or incarcerated in such facility will reside upon release.

"(2) TECHNICAL ASSISTANCE.—The Secretary, in collaboration with the Attorney General, shall provide technical assistance and guidance to the Bureau of Prisons, State departments of corrections, and other entities that are responsible for overseeing correctional facilities in making determinations under paragraph (1)(B)(iii).

"(3) FEDERAL PELL GRANT ELIGIBILITY.—Notwithstanding subsection (a), in order for a confined or incarcerated individual who otherwise meets the eligibility requirements of this title to be eligible to receive a Federal Pell Grant under section 401, the individual shall be enrolled or accepted for enrollment in a prison education program.

"(4) EVALUATION.—

"(A) IN GENERAL.—Not later than 1 year after the date of enactment of the FAFSA Simplification Act, in order to evaluate and improve the impact of activities supported under this subsection, the Secretary, in partnership with the Director of the Institute of Education Sciences, shall award 1 or more grants or contracts to, or enter into cooperative agreements with, experienced public and private institutions and organizations to enable the institutions and organizations to conduct an external evaluation that shall—

"(i) assess the ability of confined or incarcerated individuals to access and complete the Free Application for Federal Student Aid;

"(ii) examine in-custody outcomes and post-release outcomes related to providing Federal Pell Grants to confined or incarcerated individuals, including—

"(I) attainment of a postsecondary degree or credential;

"(II) safety in penal institutions with prison education programs;

"(III) the size of waiting lists for prison education programs;

"(IV) the extent to which such individuals continue their education post-release;

"(V) employment and earnings outcomes for such individuals; and

"(VI) rates of recidivism for such individuals;

"(iii) track individuals who received Federal Pell Grants under subpart 1 of part A at 1, 3, and 5 years after the individuals' release from confinement or incarceration; and

"(iv) examine the extent to which institutions provide re-entry or relevant career services to participating confined or incarcerated individuals as part of the prison education program and the efficacy of such services, if offered.

"(B) REPORT.—Beginning not later than 1 year after the Secretary awards the grant, contract, or cooperative agreement described in subparagraph (A) and annually thereafter, each institution of higher education operating a prison education program under this subsection shall submit a report to the Secretary on activities assisted and students served under this subsection, which shall include the information, as applicable, contained in clauses (i) through (iv) of subparagraph (A).

"(5) REPORT.—Not later than 1 year after the date of enactment of the FAFSA Simplification Act and on at least an annual basis thereafter, the Secretary shall submit to the authorizing committees, and make publicly available on the website of the Department, a report on the—

"(A) impact of this subsection which shall include, at a minimum—

"(i) the names and types of institutions of higher education offering prison education programs at which confined or incarcerated individuals are enrolled and receiving Federal Pell Grants;

"(ii) the number of confined or incarcerated individuals receiving Federal Pell Grants through each prison education program;

"(iii) the amount of Federal Pell Grant expenditures for each prison education program;

"(iv) the average amount of Federal Pell Grant expenditures per full-time equivalent students in a prison education program compared to the average amount of Federal Pell Grant expenditures per full-

time equivalent students not in prison education programs;

"(v) the demographics of confined or incarcerated individuals receiving Federal Pell Grants;

"(vi) the cost of attendance for such individuals;

"(vii) the mode of instruction (such as distance education, in-person instruction, or a combination of such modes) for each prison education program;

"(viii) information on the academic outcomes of such individuals (such as credits attempted and earned, and credential and degree completion) and any information available from student satisfaction surveys conducted by the applicable institution or correctional facility;

"(ix) information on post-release outcomes of such individuals, including, to the extent practicable, continued postsecondary enrollment, earnings, credit transfer, and job placement;

"(x) rates of recidivism for confined or incarcerated individuals receiving Federal Pell Grants;

"(xi) information on transfers of confined or incarcerated individuals between prison education programs;

"(xii) the most common programs and courses offered in prison education programs; and

"(xiii) rates of instructor turnover or departure for courses offered in prison education programs;

"(B) results of each prison education program at each institution of higher education, including the information described in clauses (ii) through (xiii) of subparagraph (A); and

"(C) findings regarding best practices with respect to prison education programs.".

(B) CONFORMING AMENDMENT.—Section 428B(f)(2) of the Higher Education Act of 1965 (20 U.S.C. 1078-2(f)(2)) is amended by striking "section 484(p)" and inserting "section 484(o)".

(C) INSTITUTIONAL AND FINANCIAL ASSISTANCE INFORMATION FOR STUDENTS.—Section 485 of the Higher Education Act of 1965 (20 U.S.C. 1092) is amended by repealing subsection (k).

(2) EARLY EFFECTIVE DATE PERMITTED.—Notwithstanding section 701(b) of this Act, sections 401(b)(6) and 484(r) of the Higher Education Act of 1965 (20 U.S.C. 1070a(b)(6); 1091(r)) as in effect on the date of enactment of this Act, and section 12(f) of the Military Selective Service Act (50 U.S.C. 3811(f)), the Secretary of Education may implement the amendments made by paragraph (1) of this subsection before (but not later than) July 1, 2023. The Secretary shall specify in a designation on what date, under what conditions, and for which award years the Secretary will implement such amendments prior to July 1, 2023. The Secretary shall publish any designation under this paragraph in the Federal Register at least 60 days before implementation.

(o) [Omitted-Amend other Act]

(p) [Omitted-Amend other Act]

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CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

TITLE I—DEPARTMENT OF LABOR

Language is included under "Employment and Training Administration" providing that allotments to outlying areas are not required to be made through the Pacific Region Educational Laboratory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under "Employment and Training Administration" providing that outlying areas may submit a single application for consolidated grant awards and may use the funds for any of the programs and activities authorized under subtitle B of title I of WIOA.

Language is included under "Employment and Training Administration" providing amounts made available for dislocated workers may be used for State activities or across multiple local areas where workers remain dislocated.

Language is included under "Employment and Training Administration" providing that technical assistance and demonstration projects may provide assistance to new entrants in the workforce and incumbent workers.

Language is included under "Employment and Training Administration" providing that the Secretary may reserve a higher percentage of funds for technical assistance than what is provided in section 168(b) of the WIOA.

Language is included under "Employment and Training Administration" providing that the Department of Labor may take no action to limit the number or proportion of eligible applicants receiving related assistance services in the migrant and seasonal farmworkers programs.

Language is included under "Employment and Training Administration" providing that an individual may qualify as an "eligible seasonal farmworker" under section 167(i)(3) of the WIOA if such individual is a member of a family with a total family income equal to or less than 150 percent of the poverty line.

Language is included under "Job Corps" providing that amounts made available for construction and rehabilitation may include acquisition and maintenance of major items of equipment.

Language is included under "Job Corps" providing authority to transfer up to 15 percent of construction and rehabilitation funds for operational needs with prior written notice to the Committee and that any such transfers are available for obligation through June 30, 2023.

Language is included under "Job Corps" providing that no funds from any other appropriation may be used for meal services at Job Corps.

Language is included under "Community Service Employment for Older Americans" allowing funds to be recaptured and reobligated.

Language in included under "Federal Unemployment Benefits and Allowances" providing that funding may be available beyond the current year in accordance with section 245(c) of the Trade Act of 1974.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing for reemployment services and eligibility assessments.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing funds to States to improve operations and modernize State Unemployment Insurance systems.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments from funds appropriated for States' grants on behalf of States to the entity operating the Unemployment Insurance Integrity Center of Excellence.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing for additional administrative funds from the Unemployment Trust Fund if unemployment claims exceed certain levels.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing authority for States to use funds to assist other States to carry out authorized activities in cases of a major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments on behalf of States for the use of the National Directory of New Hires.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may make payments from funds appropriated for States' grants on behalf of States to the entity operating the State Information Data Exchange System.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that appropriations for establishing a national one-stop career system may be obligated in contracts, grants or agreements with States or non-State entities.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that States awarded grants to support national activities of the Federal-State unemployment insurance system may award subgrants to other States.

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that funds available for integrated Unemployment Insurance and Employment Service automation may be used by States notwithstanding cost allocation principles prescribed under the Office of Management and Budget "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."

Language is included under "State Unemployment Insurance and Employment Service Operations" providing that the Department of Labor may reallot funds among States participating in a consortium.

Language is included under "State Unemployment Insurance and Employment Service Operations" allowing the Secretary to collect fees for the costs associated with additional data collection, analyses, and reporting services related to the National Agricultural Workers Survey.

Language is included under "Pension Benefit Guarantee Corporation" providing for additional administrative funds if participants with plans terminated during the period exceed a certain level.

Language is included under "Pension Benefit Guarantee Corporation" providing that obligations may exceed amounts provided for unforeseen and extraordinary pre-termination or termination expenses or unforeseen and extraordinary multiemployer program expenses if approved by the Office of Management and Budget.

Language is included under "Special Benefits" providing that the Department of Labor may use authority to reimburse an employer who is not the employer at the time of injury for portions of the salary of a re-employed, disabled beneficiary.

Language is included under "Special Benefits" providing that unobligated balances of reimbursements shall remain available until expended for the payment of compensation, benefits, and expenses.

Language is included under "Special Benefits" providing that funds shall be transferred to the appropriation from entities required under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under "Special Benefits" providing that funds transferred from entities under 5 U.S.C 8147(c), specified amounts may be used by the Department of Labor for maintenance and data and communications systems, workload processing, roll disability management and medical review, and program integrity with remaining amounts paid into the Treasury.

Language is included under "Special Benefits" providing that the Secretary may prescribe regulations requiring identification for the filing of benefit claims.

Language is included under "Administrative Expenses, Energy Employees Occupational Illness Compensation Fund" providing that the Secretary may prescribe regulations for requiring identification for the filing of benefit claims.

Language is included under "Occupational Safety and Health Administration" providing that up to a certain amount of fees collected from the training institute may be retained and used for related training and education.

Language is included under "Occupational Safety and Health Administration" providing that fees collected from Nationally Recognized Testing Laboratories may be used to administer laboratory recognition programs that ensure safety of equipment used in the workplace.

Language is included under "Mine Safety and Health Administration" providing that a specific amount may be collected by the National Mine Health and Safety Academy and made available for mine safety and health education and training.

Language is included under "Mine Safety and Health Administration" providing that a specific amount may be collected from the approval and certification of equipment and materials and made available for other such activities.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may accept lands, buildings, equipment, and other contributions from public and private sources for cooperative projects.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may promote health and safety education and training through cooperative agreements with States, industry and safety associations.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may recognize the Joseph A. Holmes Safety Association as the principal safety association and may provide funds or personnel as officers in local chapters or the national organization.

Language is included under "Mine Safety and Health Administration" providing that the Department of Labor may use appropriated funds to provide for costs associated with mine rescue and survival operations in the event of a major disaster.

Language is included under "Departmental Management—Salaries and Expenses" providing that the Bureau of International Labor Affairs may administer international labor activities through grants, subgrants or other arrangements.

Language is included under "Departmental Management—Salaries and Expenses" providing that funds available for program evaluation may be used to administer grants for evaluation purposes subject to certain conditions.

Language is included under "Departmental Management—Salaries and Expenses" providing that funds available to the Women's Bureau may be used for grants to service and promote the interests of women in the workplace.

Language is included under "Departmental Management—Salaries and Expenses" providing that certain amounts made available to the Women's Bureau shall be used for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

Language is included under "Veterans' Employment and Training" providing that up to three percent of States' grants may be used for federal expenditures for data systems and contract support.

Language is included under "Veterans' Employment and Training" providing that funds may be used for support specialists providing intensive services to wounded service members, spouses or other family caregivers of the service member, and to Gold Star Spouses.

Language is included under "Veterans' Employment and Training" providing that Department of Labor may reallocate up to three percent of funds provided among appropriated accounts.

Language is included under "Veterans' Employment and Training" providing that the Department may award grants under section 2023 of Title 38, United States Code.

Language is included under "Veterans' Employment and Training" providing that services may be provided to certain homeless or recently incarcerated veterans under section 2021, 2021A, and 2023 of Title 38, United States Code.

Language is included under "Veterans' Employment and Training" providing that funds made available to assist homeless vet-

erans may be used for data systems and contract support track participant and performance information.

Language is included under "Veterans' Employment and Training" providing that the fees assessed pursuant to the HIRE Vets Medallion Award Fund shall be available to the Secretary for expenses of the HIRE Vets Medallion Award Program and that the start date prescribed in the Act shall not apply.

Language is included under "General Provisions" prohibiting the use of Job Corps funds to pay the salaries and bonuses at a rate in excess of Executive Level II.

Language is included under "General Provisions" prohibiting the use funds for procurement of goods or services rendered by forced or indentured child labor.

Language is included under "General Provisions" prohibiting the use of any funds appropriated for grants under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998, for purposes other than competitive grants for training individuals over the age of 16 who are not currently enrolled in school in the occupations and industries for which employers are using H-1B visa to hire foreign workers.

Language is included under "General Provisions" prohibiting the use of any funds appropriated for Employment and Training Administration programs to be used to pay the salaries and bonuses at a rate in excess of Executive Level II, except under specific exclusions.

Language is included under "General Provisions" allowing the Secretary to furnish a certain amount of excess personal property to apprenticeship programs through grants, contracts, and other arrangements.

Language is included under "General Provisions" modifying certain authorities related to the Secretary's security detail.

Language is included under "General Provisions" providing that the Secretary may dispose or divest of certain Job Corps center property and use the proceeds to carry out the program in the same geographic location.

Language is included under "General Provisions" preventing appropriated funds from being used to close any Civilian Conservation Center, except when necessary for the health and safety of students.

Language is included under "General Provisions" prohibiting the Secretary from using any of the funds in the Act to implement the "Wagner-Peyser Act Staffing Flexibility" final rule.

Language is included under "General Provisions" prohibiting the Secretary from using any of the funds in the Act to implement the "Industry Recognized Apprenticeship Programs" final rule.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under "Health Resources and Services Administration—Health Workforce" overriding the proportional funding requirements in the Public Health Service Act for sections 751 and 756.

Language is included under "Health Resources and Services Administration—Health Workforce" providing permissive authority to the Secretary to waive requirements for entities awarded funds from sections 751(d)(2)(A) and 751 (d)(2)(B).

Language is included under "Health Resources and Services Administration—Health Workforce" applying the requirements for the minimum number of awards made to HBCUs and MSIs to additional health workforce grant programs.

Language is included under "Health Resources and Services Administration—Health Workforce" providing that fees collected for the disclosure of information under the information reporting requirement program authorized by section 1921 of the Social Security Act shall be sufficient to recover the full costs of the operation program and shall remain available until expended to carry out that Act.

Language is included under "Health Resources and Services Administration—Health Workforce" allowing funds for the Nurse Corps and National Health Service Corps Scholarship and Loan programs to be used to make prior year adjustments.

Language is included under "Health Resources and Services Administration—Health Workforce" providing funding under the National Health Service Corps Loan Repayment Program for substance use disorder counselors and placement in Indian Health Service facilities.

Language is included under "Health Resources and Services Administration—Health Workforce" making funds available for loan repayment to mental and behavioral health providers, including peer support specialists.

Language is included under "Health Resources and Services Administration—Health Workforce" to provide funds for the purpose of establishing or expanding optional community-based nurse practitioner fellowship programs.

Language is included under "Health Resources and Services Administration—Health Workforce" to provide funds for the purpose of supporting graduate education for physicians provided by public institutions of higher education and shall remain available until expended.

Language is included under "Health Resources and Services Administration—Health Workforce" to provide funds for grants to public institutions of higher education meeting certain requirements for graduate education for physicians.

Language is included under "Health Resources and Services Administration—Ryan White HIV/AIDS Program" to make funds available to the Secretary to carry out grants and contracts under title XXVI or 311(c) for the purposes of ending the HIV/AIDS epidemic.

Language is included under "Health Resources and Services Administration—Rural Health" to provide funding for State Offices of Rural Health notwithstanding section 338J(k), which terminates the program after an aggregate funding amount.

Language is included under "Health Resources and Services Administration—Family Planning" placing additional restrictions on the use of funds.

Language is included under "Centers for Disease Control and Prevention—Environmental Health" providing funds for the Vessel Sanitation Program.

Language is included under "Centers for Disease Control and Prevention—Buildings and Facilities" providing the use of funds to support acquisition, renovation, or replacement, of the National In-

stitute Occupational Safety and Health's underground and surface coal mining research capacity.

Language is included under "Centers for Disease Control and Prevention—Buildings and Facilities" providing funds from former employees with existing Individual Learning Accounts unobligated to be available to support acquisition, renovation, or replacement, of the National Institute for Occupational Safety and Health's underground and surface coal mining research capacity.

Language is included under "Centers for Disease Control and Prevention—CDC-Wide" permitting CDC to operate and maintain an aircraft.

Language is included under "National Institutes of Health—Office of the Director" allowing funds to be used for the Research Policy Board authorized by section 2034(f) of the 21st Century Cures Act (P.L. 114–255).

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" requiring states to spend 10 percent of the Mental Health Block Grant for programs for individuals with early serious mental illness.

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" requiring states to spend 10 percent of the Mental Health Block Grant for programs for crisis care programs for individuals with early serious mental illness and children with serious mental and emotional disturbances.

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" requiring states to spend at least 10 percent of the Mental Health Block Grant for programs that address early intervention and prevention of mental disorders among at-risk children and adults.

Language is included under "Substance Use And Mental Health Services Administration—Mental Health" exempting the Mental Health Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under Substance Use And Mental Health Services Administration—Substance Use Services" requiring states to use the rate of HIV cases instead of the AIDS cases to calculate the HIV set-aside in the Substance Use Prevention and Treatment Block Grant.

Language is included under "Substance Use And Mental Health Services Administration—Substance Use Services" requiring states to spend not less than 10 percent of the Substance Use Prevention and Treatment Block Grant for recovery support services.

Language is included under "Substance Use And Mental Health Services Administration—Substance Use Services" exempting the Substance Use Prevention and Treatment Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under "Centers for Medicare and Medicaid Services—Program Management" limiting the amount of funding available under that heading for quality improvement organizations.

Language is included under "Centers for Medicare and Medicaid Services—Health Care Fraud and Abuse Control Account" providing funds to support the cost of the Senior Medicare Patrol program.

Language is included under "Administration for Children and Families—Low Income Home Energy Assistance" modifying the formula distribution of funds.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" to specify the purposes of specified funds.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" to exempt the matching requirements of certain funds as required in section 235(c)(6)(C)(iii) of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" to provide the Director of the Office of Refugee Resettlement flexibility to allocate certain funds.

Language is included under "Administration for Children and Families—Payments to States for the Child Care and Development Block Grant" increasing the tribal set-aside.

Language is included under "Administration for Children and Families—Payments to States for the Child Care and Development Block Grant" to make amounts available for Federal administrative expenses.

Language is included under "Administration for Children and Families—Children and Families Services Programs" to allow amounts to be available for Grants to Support Culturally Specific Populations and Grants to Support Survivors of Sexual Assault.

Language is included under "Administration for Children and Families—Children and Families Services Programs" providing for payments under the Head Start Act for a cost of living adjustment, the calculation of a base grant, quality improvement funding, including quality improvement funding for Migrant and Seasonal Head Start, expansion funding for Head Start and Early Head Start programs, including necessary administrative costs, and the Tribal Colleges and Universities Head Start Partnership program.

Language is included under "Administration for Children and Families—Children and Families Services Programs" modifying the definition of the poverty line as defined in section 673(2) of the CSBG Act.

Language is included under "Administration for Children and Families—Children and Families Services Programs" allowing for the direct payments of cash assistance to victims of family, domestic, or dating violence as limited in section 308(d)(1) of the Family Violence Prevention and Services Act.

Language is included under Administration for Community Living to allow funding provided for adult protective services grants under section 2042 of title XX of the Social Security Act to be set-aside for Tribes and Tribal organizations.

Language is included under Administration for Community Living continuing an assistive technology alternative financing program.

Language is included under Administration for Community Living prohibiting the use of the funds provided in the bill to pursue legal action on behalf of a protection and advocacy system described in section 103 of the Protection and Advocacy for Individuals with Mental Illness Act unless public notice has been provided

within 90 days of instituting action to the named person or their legal guardian.

Language is included under Administration for Community Living waiving the public notice requirement for individuals without a guardian, who are not competent to consent, who are wards of the State or subject to public guardianship.

Language is included under "Office of the Secretary" to provide funding for the Advanced Research Projects Agency for Health and establish requirements regarding the appointment of the director, hiring authorities, and compensation.

Section 201 limits the amount available for official reception and representation expenses.

Section 202 limits the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Section 203 prohibits the Secretary from using evaluation set-aside funds until the Committees on Appropriations of the House of Representatives and the Senate receive a report detailing the planned use of such funds.

Section 204 sets the PHS evaluation set-aside to 2.5 percent.

Section 205 permits the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at least 15 days in advance of any transfer.

Section 206 modifies the 60-day flexibility for National Health Service Corps contract terminations to provide more flexibility.

Section 207 prohibits 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.

Section 208 states 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.

Section 209 prohibits the Secretary from denying participation in the Medicare Advantage program to entities who do not provide coverage or referrals for abortion services.

Section 210 prohibits funds from being used to advocate or promote gun control.

Section 211 limits assignments of Public Health Service staff to assist in child survival activities to not more than 60 employees.

Section 212 permits funding for HHS 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.

Section 213 provides 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.

Section 214 makes NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Section 215 grants authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Direc-

tor to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Section 216 clarifies that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to $5,000,000 per project with a total limit for NIH of $100,000,000.

Section 217 transfers one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration and Agency for Healthcare Research and Quality.

Section 218 continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Section 219 includes specific report requirements for CMS's marketplaces activities in the fiscal year 2024 budget request.

Section 220 prohibits CMS Program Account from being used to support risk corridor payments.

Section 221 directs the spending and transfer of amount in the Prevention and Public Health fund.

Section 222 modifies a provision relating to breast cancer screening.

Section 223 requires the NIH to continue to use existing guidance for calculating indirect cost negotiated rates.

Section 224 permits transfer authority within NIH, to the Director of NIH for activities related to opioid misuse, opioid alternatives, pain management, and substance use disorder treatment.

Section 225 includes certain Congressional notification requirements.

Section 226 includes a provision related to a report on staffing.

Section 227 allows HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Sec. 228. The Committee modifies a provision related to donations for unaccompanied children.

Sec. 229. The Committee modifies a provision related to the use of funds to house unaccompanied children in facilities that are not State-licensed for the care of unaccompanied children.

Sec. 230. The Committee continues a provision related to the notification requirements regarding the use of facilities that are not State-licensed for the care of unaccompanied children.

Sec. 231. The Committee modifies a provision related to Members of Congress and oversight of facilities responsible for the care of unaccompanied children.

Sec. 232. The Committee continues a provision requiring monthly reporting on unaccompanied children who were separated from their parents or legal guardians and transferred to the care of the Office of Refugee Resettlement.

Sec. 233. The Committee includes a new provision prohibiting the use of funds for sharing any information pertaining to unaccompanied children for use or reference in removal proceedings or immigration enforcement.

Sec. 234. The Committee includes a new provision ensuring that efforts are taken to place unaccompanied children who are siblings together.

Sec. 235. The Committee includes a new provision requiring the Secretary to submit a detailed spend plan outlining anticipated uses of funds in the Refugee and Entrant Assistance account.

Sec. 236. The Committee includes a new provision authorizing the use of funds in the Refugee and Entrant Assistance account for services to children, parents, and legal guardians who were separated at the United States-Mexico border in connection with the Zero-Tolerance Policy.

Section 237 allows for primary and secondary school costs for eligible dependents of HHS personnel stationed in a U.S. territory.

Section 238 rescinds balances from the Nonrecurring Expenses Fund.

Section 239 increases flexibility for grantees of the Ryan White HIV/AIDS program.

Section 240 prohibits funds from being awarded to an organization that does not comply with Federal nondiscrimination regulations.

Section 241 provides certain administrative flexibility to be available during a public health emergency.

Section 242 changes the name of the National Institute on Drug Abuse to the National Institute on Drugs and Addiction.

Section 243 changes the name of the National Institute of Alcohol Abuse and Alcoholism to the National Institute of Alcohol Effects and Alcohol-Related Disorders.

Section 244 amends the PHS Act and related statutes to revise references to the Substance Abuse and Mental Health Services Administration.

Section 245 includes notification requirements in the Social Security Act.

Section 246 extends the availability of NIH multi-year research grants awarded in fiscal year 2017.

Section 247 amends the PHS Act for CDC fellowship or training participants.

TITLE III—DEPARTMENT OF EDUCATION

Language is included under "Impact Aid" allowing continued eligibility for students affected by the deployment or death of their military parent so long as the children attend school in the same local education agency they attended prior to the parent's death or deployment.

Language is included under "School Improvement Programs" allowing the Secretary of Education to reserve up to 5 percent of Supplemental Education Grants funds to provide technical assistance for these grants.

Language is included under "Special Education" clarifying the amounts required to be transferred to the Department of the Interior under the Grants to States program.

Language is included under "Special Education" outlining procedures for reducing a State's award because of a failure to meet the maintenance of State financial support requirements of the Individuals with Disabilities Education Act.

Language is included under "Special Education" authorizing the Department to use certain funds to provide technical assistance and support to States to improve data collection capacity.

Language is included under "Special Education" authorizing the Department to use funds appropriated for the State Personnel Development Grants program to evaluate program performance.

Language is included under "Special Education" permitting States to subgrant funds that they reserve for "Other State-level activities" under the Grants to States, Preschool Grants to States, and Grants for Infants and Families programs.

Language is included under "Special Education" allowing the Department to provide all States that apply for the State Incentive Grants program, in years in which five or fewer States apply for funding, 20 percent of the funds reserved for the program.

Language is included under "Special Education" to promote continuity of services for eligible infants and their families.

Language is included under "Special Education" to increase access for infants and families who have been traditionally underrepresented in the Grants for Infants and Families program, eliminate out-of-pocket costs for participating families, and conduct certain activities with individuals expecting to become parents of infants or toddlers with disabilities.

Language is included under "Rehabilitation Services" allowing the Secretary to use amounts that remain available after the reallotment of funds to States under the Vocational Rehabilitation State Grants program for innovative activities designed to increase competitive integrated employment for youth and other individuals with disabilities.

Language is included under "Special Institutions for Persons with Disabilities" allowing the National Technical Institute for the Deaf to use, at its discretion, funds for the endowment program as authorized under section 207 of the Education of the Deaf Act of 1986.

Language is included under "Special Institutions for Persons with Disabilities" allowing Gallaudet University to use, at its discretion, funds for the endowment program as authorized under section 207 of the Education of the Deaf Act of 1986.

Language is included under "Career, Technical, and Adult Education" permitting accredited registered apprenticeship programs to be eligible for funding under the Perkins Act.

Language is included under "Student Aid Administration" requiring that servicers be evaluated on their ability to meet contract requirements, future performance on the contracts, and history of compliance with applicable consumer protections laws, including Federal and State law.

Language is included under "Student Aid Administration" requiring that FSA hold prime contractors accountable for meeting the requirements of the contract where subcontracting is permitted, and that contractors have the capacity to meet and are held accountable for performance on service levels and have a history of compliance with applicable consumer protection laws, including Federal and State law.

Language is included under "Higher Education" allowing funds 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 to be used to support visits and study in foreign countries for participants in advanced foreign countries by individuals who are participating in advanced foreign language training and inter-

national 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.

Language is included under "Higher Education" allowing one percent of funds 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 to be used for program evaluation, national outreach, and information dissemination activities.

Language is included under "Higher Education" allowing up to one-and-one-half percent of the funds made available under chapter 2 of subpart 2 of part A of Title IV of the Higher Education Act to be used for evaluation.

Language is included under "Higher Education" stating the section 313(d) of the Higher Education Act (HEA) does not apply to an institution of higher education that is eligible to receive funding under section 318 of the HEA.

Language is included under "Departmental Management" restricting the Department from dissolving the Budget Service of the Department of Education, relative to the organization and operation of the Budget Service as in effect on January 1, 2018.

Language is included under "General Provisions" authorizing the transfer of up to one percent of discretionary funds between programs, projects, or activities as long as the transfer does not increase any program, project, or activity by more than three percent and no new program, project, or activity is created by such transfer.

Language is included under "General Provisions" allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2023 through September 30, 2024.

Language is included under "General Provisions" allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under "General Provisions" extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Language is included under "General Provisions" extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Language is included under "General Provisions" allowing funds to be made available for payments for student loan servicing to an institution of higher education for loans under part E of Title IV of the HEA.

Language is included under "General Provisions" amending section 401(b)(7)(A)(iv)(XI) of the HEA.

Language is included under "General Provisions" providing funds for outreach to certain borrowers of loans made under part D of title IV of the Higher Education Act.

Language is included under "General Provisions" modifying terms for unobligated funds for loan cancellation for certain borrowers of loans under part B or D of title IV of the Higher Education Act.

Language is included under "General Provisions" allowing up to 0.5 percent of funds appropriated in this Act for programs authorized under the Higher Education Act, except for the Pell Grant pro-

gram, to be used for evaluation of any Higher Education Act program.

Language is included under "General Provisions" prohibiting the use of funds for charter schools that contract with a for-profit entity to operate, oversee or manage the activities of the school.

Language is included under "General Provisions" prohibiting the Department from withholding appropriated funds from an institution of higher education because of an institution's scientific research on marihuana.

Language is included under "General Provisions" prohibiting the use of funds for schools that use electric shock devices and equipment on students.

Language is included under "General Provisions" amending the HEA to provide for greater accountability of for-profit institutions of higher education.

Language is included under "General Provisions" allowing individuals who are DREAMERs or have temporary protected status to receive federal financial assistance.

Language is included under "General Provisions" amending section 344(a) of the Higher Education Act.

TITLE IV—RELATED AGENCIES

Language is included under "The Committee for Purchase from People Who are Blind or Severely Disabled" requiring that written agreements, with certain oversight provisions, be in place in order for authorized fees to be charged by certified nonprofit agencies.

Language is included under "Corporation for National and Community Service" requiring the Corporation to make awards on a competitive basis pursuant to section 501(a)(4)(F) of the 1990 Act, section 198P notwithstanding.

Language is included under "Corporation for National and Community Service" regarding changes to program requirements or policy through rulemaking.

Language is included under "Corporation for National and Community Service" regarding National Service Trust minimum share requirements.

Language is included under "Corporation for National and Community Service" limiting the use of an educational award under section 148(a)(4) to individuals who are veterans.

Language is included under "Corporation for National and Community Service" related to criminal background checks.

Language is included under "Corporation for National and Community Service" related to 1,200 hour service positions.

Language is included under "Corporation for National and Community Service" related to allowing VISTA members age 55 and older to transfer education awards to eligible individuals.

Language is included under "Corporation for National and Community Service" related to allowing individuals with Deferred Action for Childhood Arrivals (DACA) status who successfully serve a term in AmeriCorps State and National, NCCC, or VISTA, to be eligible for a Segal AmeriCorps Education Award.

Language is included under "Corporation for National and Community Service" related to allowing AmeriCorps NCCC to keep teams in place over the 12-month statutory restriction for work on disaster response or recovery.

Language is included under "Corporation for National and Community Service" related to allowing AmeriCorps NCCC members ages 18–26 to participate for a period of three to six months.

Language is included under "Federal Mediation and Conciliation Service—Salaries and Expenses" providing that fees charged for special training and other services and be retained and used for authorized purposes, that fees for arbitration services may only be used for training agency personnel, and that the Director may accept gifts and services in aid of any projects under the Director's jurisdiction.

TITLE V—GENERAL PROVISIONS

Section 501 permits 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.

Section 502 prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Section 503 prohibits funds from being used to support or defeat legislation.

Section 504 limits 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.

Section 505 requires 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.

Section 506 prohibits use of funds for certain research involving human embryos.

Section 507 prohibits 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.

Section 508 prohibits funds to be obligated or expended on a contract with an entity that has not submitted a report on qualified veteran employees as required under 38 U.S.C. 4212(d).

Section 509 prohibits any transfer of funds made available in this Act except by the authority provided in this Act or another appropriation Act.

Section 510 limits funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Section 511 dictates the procedures for the reprogramming of any funds provided in the bill.

Section 512 continues a provision pertaining to appointments to federal scientific advisory committees to prevent the disclosure of information like political affiliation of candidates for appointment.

Section 513 requires each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Section 514 requires the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and

the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding $500,000 individually or in total.

Section 515 prohibits use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Section 516 prohibits use of funds to implement a Social Security totalization agreement with Mexico.

Section 517 prohibits the use of funds for the downloading or exchanging of pornography.

Section 518 directs certain reporting requirements for conference expenditures.

Section 519 requires disclosure of U.S. taxpayer funding for programs used in advertising.

Section 520 authorizes performance partnership pilots.

Section 521 requires quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Section 522 requires the Departments of Labor, Health and Human Services, and Education to provide a list of any new or competitive grant award notifications, including supplements, not less than three business days prior to the announcement of recipients of such awards.

Section 523 requires each Department and related agency funded through this Act to provide answers to questions submitted for the record by Members of the Committee within 45 business days after receipt.

Section 524 makes funds from the Children's Health Insurance Program Performance Bonus Fund unavailable for obligation in fiscal year 2023.

Section 525 provides additional authorities for funds made available for research or evaluation purposes.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) 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 for the period concerned (dollars in thousands):

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
DEPARTMENT OF LABOR ETA				
Adult Employment and Training Activities.	FY 2020	$899,987,000	$854,649,000	$940,649,000
Youth Employment and Training Activities.	FY 2020	963,837,000	913,130,000	1,033,130,000
Dislocated Worker Employment and Training Activities.	FY 2020	1,436,137,000	1,052,053,000	1,161,553,000
Native Americans	FY 2020	54,137,000	55,000,000	63,800,000
Migrant and Seasonal Farmworker programs.	FY 2020	96,211,000	91,896,000	105,000,000
YouthBuild	FY 2020	91,087,000	94,534,000	145,000,000
Reintegration of Ex-Offenders.	FY 2020	106,906,000	98,079,000	150,000,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Job Corps	FY 2020	1,983,236,000	1,743,655,000	1,798,000,000
One-Stop Career Centers/ Labor Market Information.	FY 2020	70,667,000	62,653,000	67,653,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES HRSA				
School-Based Health Centers.	FY 2013	50,000,000	47,450,000	50,000,000
Nurse Practitioner Optional Fellowship Program.	N/A	N/A	N/A	6,000,000
Medical Student Education.	N/A	N/A	N/A	60,000,000
Early Hearing Detection and Intervention.	FY 2022	19,522,758	17,818,000	18,818,000
Heritable Disorders	FY 2019	19,900,000	18,883,000	21,883,000
Pediatric Mental Health Access.	FY 2022	9,000,000	10,000,000	14,000,000
Screening and Treatment for Maternal Depression.	FY 2022	5,000,000	5,000,000	11,500,000
Emergency Relief—Part A	FY 2013	789,471,000	649,373,000	691,045,000
Comprehensive Care—Part B.	FY 2013	1,562,169,000	1,314,446,000	1,385,517,000
Early Intervention—Part C.	FY 2013	285,766,000	205,544,000	211,861,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth—Part D.	FY 2013	87,273,000	75,088,000	79,114,000
Dental Reimbursement—Part F.	FY 2013	15,802,000	12,991,000	13,826,000
AIDS Education and Training Centers—Part F.	FY 2013	42,178,000	33,275,000	35,413,000
Special Projects of National Significance—Part F.	FY 2013	25,000,000	25,000,000	28,000,000
Ending the HIV/AIDS Epidemic.	N/A	N/A	N/A	250,000,000
Organ Transplantation	FY 1993	Such Sums	2,767,000	31,049,000
Rural Hospital Flexibility Grants.	FY 2012	Such Sums	41,040,000	68,500,000
State Offices of Rural Health.	FY 2002	Such Sums	4,000,000	12,500,000
Family Planning Grants	FY 1985	158,400,000	142,500,000	500,000,000
CDC				
Sexually Transmitted Infections.	FY 1998	Such Sums	112,117,000	179,310,000
National Center for Health Statistics.	FY 2003	Such Sums	125,899,000	190,397,000
WISEWOMAN	FY 2003	Such Sums	12,419,000	37,620,000
National Cancer Registries.	FY 2003	Such Sums	N/A	56,440,000
Asthma Surveillance & Grants.	FY 2005	Such Sums	32,422,000	33,500,000
Folic Acid	FY 2005	Such Sums	2,188,000	3,150,000
Injury Prevention and Control.	FY 2005	Such Sums	138,237,000	897,779,000
Oral Health Promotion	FY 2005	Such Sums	11,204,000	20,750,000
Screening, Referrals, and Education Regarding Lead Poisoning.	FY 2005	40,000,000	36,474,000	66,000,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Birth Defects, Developmental Disability, Disability and Health.	FY 2007	Such Sums	122,242,000	225,060,000
Breast and Cervical Cancer.	FY 2012	275,000,000	204,779,000	206,880,000
Public Health Workforce and Career Development.	FY 2013	39,500,000	64,000,000	106,000,000
National Diabetes Prevention Program.	FY 2014	Such Sums	10,000,000	38,300,000
Johanna's Law	FY 2014	18,000,000	4,972,000	12,500,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	825,797,000
Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer (PHSA 399NN).	FY 2019	4,900,000	4,960,000	8,960,000
Center for Research and Demonstration of Health Promotion and Disease Prevention.	FY 2003	Such Sums	26,830,000	29,961,0000
Preventive Health Measures with regard to Prostate Cancer.	FY 2004	Such Sums	14,091,000	15,205,000
Combating Antimicrobial Resistance.	FY 2006	Such Sums	17,443,000	202,000,000
National Strategy for Combating and Eliminating Tuberculosis.	FY 2013	243,101,000	132,997,000	140,034,000
Newborn Screening Laboratory Quality and Surveillance.	FY 2019	8,000,000	17,250,000	23,250,000
Rape Prevention	FY 2018	50,000,000	49,430,000	71,750,000
Early Hearing Detection and Intervention.	FY 2022	11,852,000	10,760,000	10,760,000
Firefighter Cancer Registry.	FY 2022	2,500,000	2,500,000	5,500,000
NIH				
National Institutes of Health.	FY 2020	36,472,442,775	40,954,400,000	47,459,000,000
SAMHSA				
Protection and Advocacy for Individuals with Mental Illness.	FY 2003	19,500,000	36,146,000	40,000,000
State Opioid Response Grants.	N/A	N/A	N/A	1,775,000,000
AHRQ				
Research on Health Costs, Quality, and Outcomes.	FY 2005	Such Sums	324,000,000	385,000,000
ACF				
Low Income Home Energy Assistance Program.	FY 2007	5,100,000,000	2,161,170,000	4,000,000,000
Child Care and Development Block Grant.	FY 2020	2,748,591,018	5,826,000,000	7,165,330,000
Children and Families Services Programs.				
Adoption and Legal Guardianship Incentive Payments.	FY 2016	43,000,000	37,943,000	75,000,000
Native American Programs.	FY 2002	Such Sums	45,826,000	63,762,000
Community Services Block Grant.	FY 2003	Such Sums	645,762,000	800,000,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Community Economic Development.	FY 2003	Such Sums	27,082,000	22,383,000
Rural Community Development.	FY 2003	Such Sums	7,203,000	12,000,000
Head Start	FY 2012	Such Sums	7,968,544,000	12,396,820,000
Preschool Development Grants.	FY 2021	Such Sums	275,000,000	350,000,000
Runaway and Homeless Youth Programs.	FY 2013	Such Sums	107,852,000	155,000,000
CAPTA programs	FY 2015	Such Sums	143,981,000	226,000,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	300,000,000
National Domestic Violence Hotline.	FY 2015	Such Sums	4,500,000	27,360,000
Child Welfare Services	FY 2016	325,000,000	268,735,000	273,735,000
Refugee and Entrant Assistance Programs.				
Refugee Support Services	FY 2002	Such Sums	212,912,000	450,000,000
Transitional and Medical Services.	FY 2002	Such Sums	227,243,000	760,000,000
Survivors of Torture	FY 2007	25,000,000	9,817,000	20,000,000
Anti-Trafficking in Persons Programs.	FY 2021	28,755,000	28,755,000	35,000,000
ACL				
Lifespan Respite Care	FY 2011	94,810,000	2,495,000	14,220,000
State Health Insurance Assistance Program.	FY 1996	10,000,000	N/A	58,115,000
Developmental Disabilities.	FY 2007	Such Sums	155,115,000	203,283,000
Voting Access for People with Disabilities.	FY 2005	17,410,000	13,879,000	12,414,000
Elder Justice/ Adult Protective Services.	FY 2014	129,000,000	0	100,000,000
Assistive Technology	FY 2010	Such Sums	25,000,000	44,000,000
Traumatic Brain Injury	FY 2019	8,600,000	11,321,000	13,118,000
Paralysis Resource Center	FY 2011	25,000,000	6,352,000	10,185,000
Limb Loss	N/A	N/A	N/A	4,200
Independent Living and the National Institute on Disability, Independent Living and Rehabilitation Research.	FY 2020	214,135,000	228,153,000	257,470,000
PHSSEF				
Preparedness and Emergency Operations.	N/A	N/A	N/A	28,300,000
Policy and Planning	N/A	N/A	N/A	17,877,000
ASPR Operations	N/A	N/A	N/A	34,376,000
Cybersecurity	N/A	N/A	N/A	153,815,000
Office of National Security.	N/A	N/A	N/A	8,983,000
ARPA–H				
Advanced Research Projects.	N/A	N/A	N/A	2,750,000,000
DEPARTMENT OF EDUCATION				
Title I Grants to LEAs	FY 2020	16,182,345,000	16,309,802,000	20,536,802,000
Innovative Approaches to Literacy (IAL).	FY 2020	180,014,000 (for IAL and CLSD).	27,000,000	31,000,000
Comprehensive Literacy Development (CLSD).	FY 2020	180,014 (for IAL and CLSD).	192,000,000	192,000,000
Migrant	FY 2020	374,751,000	375,626,000	375,626,000
Neglected and Delinquent/High Risk Youth.	FY 2020	47,614,000	47,614,000	48,239,000
Impact Aid	FY 2020	1,388,603,000	1,486,112,000	1,614,112,000
Supporting Effective Instruction State Grants.	FY 2020	2,295,830,000	2,131,830,000	2,270,080,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Nita M. Lowey 21st Century Community Learning Centers.	FY 2020	1,100,000,000	1,249,673,000	1,409,673,000
State Assessments	FY 2020	378,000,000	378,000,000	390,000,000
Education for Homeless Children and Youth.	FY 2020	85,000,00	101,500,000	122,000,000
Education for Native Hawaiians.	FY 2020	32,397,000	36,897,000	40,897,000
Alaska Native Education Equity.	FY 2020	31,453,000	35,953,000	37,953,000
Rural Education	FY 2020	169,840,000	185,840,000	195,000,000
Student Support and Academic Enrichment Grants.	FY 2020	1,600,000,000	1,210,000,000	1,355,000,000
Indian Education Grants to Local Educational Agencies.	FY 2020	106,525,000	105,381,000	110,381,000
Special Programs for Indian children.	FY 2020	17,993,000	67,993,000	72,000,000
Indian Education National Activities.	FY 2020	5,565,000	7,365,000	12,865,000
Education Innovation and Research.	FY 2020	90,611,000	190,000,000	384,000,000
American History and Civics.	FY 2020	19,567,000	4,815,000	15,500,000
Charter Schools Grants	FY 2020	300,000,000	440,000,000	400,000,000
Magnet Schools Assistance.	FY 2020	108,530,000	107,000,000	149,000,000
Teacher and School Leader Incentive Grants.	FY 2020	229,909,000	200,000,000	88,500,000
Ready-to-Learn Programming (RTL).	FY 2020	56,093,000 (for RTL, Arts, and Javits).	29,000,000	32,500,000
Supporting Effective Educator Development.	FY 2020	Up to 55,022,000 (minimum 53,574,000).	80,000,000	90,000,000
Arts in Education (Arts)	FY 2020	56,093,000 (for RTL, Arts, and Javits).	30,000,000	38,500,000
Javits Gifted and Talented Students (Javits).	FY 2020	56,093,000 (for RTL, Arts, and Javits).	13,000,000	16,500,000
Statewide Family Engagement Centers.	FY 2020	10,000,000	10,000,000	16,000,000
Promise Neighborhoods (PN).	FY 2020	69,037,000 (for PN and FSCS).	80,000,000	96,000,000
School Safety National Activities.	FY 2020	5,000,000	105,000,000	1,134,000
Full-Service Community Schools (FSCS).	FY 2020	69,037,000 (for PN and FSCS).	25,000,000	468,000,000
English Language Acquisition.	FY 2020	884,960,000	787,400,000	1,000,000,000
Vocational Rehabilitation State Grants.	FY 2021	3,675,021,000	3,675,021,000	3,949,707,000
Client Assistance State Grants.	FY 2021	14,098,000	13,000,000	13,000,000
Supported Employment State Grants.	FY 2021	32,363,000	22,548,000	22,548,000
Training	FY 2021	39,540,000	29,388,000	29,388,000
Demonstration and Training Programs.	FY 2021	6,809,000	5,796,000	15,796,000
Services for Older Blind Individuals.	FY 2021	39,141,000	33,317,000	33,317,000
Protection and Advocacy of Individual Rights.	FY 2021	20,735,000	18,150,000	21,150,000
Helen Keller National Center for Deaf-Blind Youths and Adults.	FY 2004	Such Sums	8,666,000	20,000,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
National Technical Institute for the Deaf.	FY 2015	Such Sums	67,016,000	91,500,000
Gallaudet University	FY 2015	Such Sums	120,275,000	156,361,000
Adult Basic and Literacy Education State Grants.	FY 2021	665,067,000	674,955,000	714,000,000
Adult Education National Leadership Activities.	FY 2021	13,573,000	13,712,000	18,712,000
Aid for Institutional Development.	FY 2015	Such Sums	429,762,000	1,110,117,000
Aid for Hispanic-Serving Institutions.	FY 2015	Such Sums	109,223,000	246,732,000
International Education And Foreign Language.	FY 2015	Such Sums	72,164,000	88,664,000
Teacher Quality Partnerships.	FY 2011	Such Sums	43,000,000	132,092,000
Federal TRIO Programs	FY 2015	Such Sums	839,752,000	1,297,761,000
IDEA National Activities	FY 2010	Such Sums	260,203,000	440,560,000
IDEA Grants for Infants and Families.	FY 2010	Such Sums	439,427,000	621,306,000
Special Programs for Migrant Students.	FY 2015	Such Sums	37,474,000	58,123,000
Comprehensive Centers	FY 2008	Such Sums	57,113,000	54,000,000
RELATED AGENCIES				
Corporation for Public Broadcasting.	FY 1996	425,000,000	275,000,000	585,000,000
Corporation for National and Community Service.	FY 2014	Such Sums	1,049,954,000	1,315,266,000

PROGRAM DUPLICATION

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, no provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

COMMITTEE HEARINGS

In compliance with clause 3(c)(6) of rule XIII (117th Congress) the following hearings were used to develop the fiscal year 2023 Bill:

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on March 31, 2022, entitled "FY 2023 Budget Request for the Department of Health and Human Services." The Subcommittee received testimony from:

The Honorable Xavier Becerra, Secretary, Department of Health and Human Services.

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on April 6, 2022, entitled "Social and Emotional Learning and Whole Child Approaches in K–12 Education." The Subcommittee received testimony from:

Pamela Cantor, M.D., Founder & Science Advisor, Turnaround for Children.

Linda Darling-Hammond, Ed.D., President & CEO, Learning Policy Institute.

Max Eden, Research Fellow, American Enterprise Institute.

Tim Shriver, Ph.D., Co-founder and Board Chair, Collaborative for Academic, Social, and Emotional Learning.

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on April 28, 2022, entitled "FY 2023 Budget Request for the Department of Education." The Subcommittee received testimony from:

The Honorable Miguel Cardona, Secretary, Department of Education

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on May 11, 2022, entitled "FY 2023 Budget Request for the National Institutes of Health." The Subcommittee received testimony from:

Dr. Lawrence Tabak, Acting Director, National Institutes of Health

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on May 12, 2022, entitled "Healthy Aging: Maximizing the Independence, Well-being, and Health of Older Adults." The Subcommittee received testimony from:

Dr. Martha B. Pelaez, Board Member, National Council on Aging and Evidence-Based Leadership Collaborative.

Patricia Lyons, President and CEO, Senior Citizens, Inc.

Karen Orsi, Director, Oklahoma Mental Health and Aging Coalition.

Robert B. Blancato, National Coordinator, Elder Justice Coalition

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on May 17, 2022, entitled "FY 2023 Budget Request for the Department of Labor." The Subcommittee received testimony from:

The Honorable Martin Walsh, Secretary, Department of Labor

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on May 24, 2022, entitled "FY 2023 Member Day." The Subcommittee received testimony from:

The Honorable Mikie Sherrill, Member of Congress

The Honorable Veronica Escobar, Member of Congress

The Honorable Sylvia Garcia, Member of Congress

The Honorable Kim Schrier, Member of Congress

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on May 25, 2022, entitled "Tackling Teacher Shortages." The Subcommittee received testimony from:

Desiree Carver-Thomas, Researcher and Policy Analyst, Learning Policy Institute

Dr. Lindsey Burke, Director of the Center for Education Policy, Heritage Foundation

Randi Weingarten, President, American Federation of Teachers

Dr. Jane West, Education Policy Consultant

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on May 26, 2022, entitled "Public Witness Day." The Subcommittee received testimony from:

Bob Lanter, Executive Director, California Workforce Association

Jodi Grant, Executive Director, Afterschool Alliance

Mark Jenkins, Executive Director, Connecticut Harm Reduction Alliance

Jane Weintraub, DDS, MPH, FACD, FICD, Professor, University of North Carolina at Chapel Hill Adams School of Dentistry, American Association for Dental, Oral, and Craniofacial Research

Marwan Haddad, MD, MPH, Medical Director of the Center for Key Populations at Community Health Center, Inc., HIVMA Medicine Association

Cynthia McCurren, PHD, RN, Board Chair, American Association of Colleges of Nursing

Julie Ajinkya, PHD, Senior Vice President & Chief Strategy Officer, APIA Scholars

Brian Wallach, Co-Founder, I AM ALS

Karen Knudsen, MBA, PHD, Chief Executive Officer, American Cancer Society and American Cancer Action Network

Belinda Pettiford, MPH, President, Association of Maternal and Child Health Programs

Dr. Anne Matthews, Chair, Polio Eradication Advocacy Task Force for the United States, The Rotary Foundation of Rotary International

Mairead Painter, Connecticut State Long-Term Care Ombudsman, National Association of State Long-Term Care Ombudsman Programs

Hannah Wesolowski, Chief Advocacy Officer, National Alliance on Mental Illness

Thomas Fleisher, MD, FAAAAI, Executive Vice President, American Academy of Allergy, Asthma, & Immunology

Dr. Sandra Harris-Hooker, Senior Vice President for Research Administration and Professor of Pathology, Morehouse School of Medicine

Katie Ray-Jones, Chief Executive Officer, The National Domestic Violence Hotline

Rick Ginsberg, Dean of the School of Education, University of Kansas, The Learning and Education Academic Research Network (LEARN) Coalition

Antonio Flores, PHD, President & CEO, Hispanic Association of Colleges and Universities

Janet Hamilton, Executive Director, Council of State and Territorial Epidemiologists

Moira Szilagyi, MD, PHD, FAAP, President, American Academy of Pediatrics

Mark Anthony Figueroa, GEAR UP Alumnus, National Council for Community and Education Partnerships

Esther Lucero, President & CEO, Seattle Indian Health Board

Lodriguez Murray, Senior Vice President, Public Policy and Government Affairs, United Negro College Fund

Nancy Gonzales, Owner, Lil' Bears Family Day Care, American Federation of State, County, and Municipal Employees

BUDGETARY IMPACT OF THE FY 2023 LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SECTION 308(a) OF THE CONGRESSIONAL BUDGET ACT OF 1974

[In millions of dollars]

COMPARISON WITH BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocation under section 302(b) of the Budget Act.

[In millions of dollars]

	302 (b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Comparison of amounts in the bill with Committee allocations to its subcommittees: Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies				
General Purpose Discretionary	224,399	303,500	224,399	[1] 293,642
Mandatory	1,134,027	1,130,832	1,134,027	[1] 1,130,832

[1] Includes outlays from prior-year budget authority.

NOTE.—The amounts in this report do not include $495 million in discretionary budget authority and $548 million in associated outlays from amounts becoming available in fiscal year 2023 that were previously designated as being for an emergency requirement pursuant to a concurrent resolution on the budget. Consistent with the Congressional Budget Act of 1974, in the House of Representatives such amounts do not count against the Committee's allocation.

In addition, the amounts in this report do not include $1,085 million in discretionary budget authority and $561 million in associated outlays provided for the purposes specified in the 21st Century Cures Act (Public Law 114–255). Pursuant to title I of that Act, such funding does not count for the purposes of the Congressional Budget Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.

In addition, consistent with the funding recommended in the bill for program integrity initiatives, in accordance with the Congressional Budget Act of 1974 and subsections (h), (i), and (j) of section 1 of H. Res. 1151 (117th Congress), and after the bill is reported to the House, the chair of the Committee on the Budget will provide a revised section 302(a) allocation reflecting an additional $2,345 million in discretionary budget authority and $,1892 million in associated outlays for those recommended amounts. That new allocation will eliminate the technical difference prior to floor consideration.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(B) of the Congressional Budget Act of 1974, the following table contains five-year projections associated with the budget authority provided in the accompanying bill as provided to the Committee by the Congressional Budget Office.

[In millions of dollars]

	Outlays
Projection of outlays associated with the recommendation:	
2023	[1] 1,220,966
2024	128,005
2025	31,447
2026	8,972
2027 and future years	2,759

[1] Excludes outlays from prior-year budget authority.

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(C) of the Congressional Budget Act of 1974, the Congressional Budget Office has provided the following estimates of new budget authority

and outlays provided by the accompanying bill for financial assistance to State and local governments.

[In millions of dollars]

	Budget Authority	Outlays
Financial assistance to State and local governments for 2023	468,414	[1] 642,004

[1] Excludes outlays from prior-year budget authority.

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 1

Date: June 30, 2022
Measure: Labor, Health and Human Services, Education, and Related Agencies Bill, FY 2023
Motion by: Mr. Cole
Description of Motion: Prohibit funds from being expended for any abortion or health benefits coverage that includes coverage of abortion, except if the pregnancy is the result of an act of rape or incest or the case where a woman suffers from a life-threatening physical condition.
Results: Not Adopted 26 yeas to 31 nays

Members Voting Yea	*Members Voting Nay*
Mr. Aderholt	Mr. Aguilar
Mr. Amodei	Mr. Bishop
Mr. Calvert	Mrs. Bustos
Mr. Cline	Mr. Cartwright
Mr. Cole	Mr. Case
Mr. Cuellar	Ms. Clark
Mr. Diaz-Balart	Mr. Crist
Mr. Fleischmann	Ms. DeLauro
Mr. Garcia	Mr. Espaillat
Mr. Gonzales	Ms. Frankel
Ms. Granger	Mr. Harder
Dr. Harris	Ms. Kaptur
Ms. Herrera Beutler	Mr. Kilmer
Mrs. Hinson	Mrs. Kirkpatrick
Mr. Joyce	Mrs. Lawrence
Ms. Letlow	Ms. Lee of California
Mr. Moolenaar	Mrs. Lee of Nevada
Mr. Newhouse	Ms. McCollum
Mr. Palazzo	Ms. Meng
Mr. Reschenthaler	Ms. Pingree
Mr. Rogers	Mr. Pocan
Mr. Rutherford	Mr. Quigley
Mr. Simpson	Ms. Roybal-Allard
Mr. Stewart	Mr. Ruppersberger
Mr. Valadao	Mr. Ryan
Mr. Womack	Mrs. Torres
	Mr. Trone
	Ms. Underwood
	Ms. Wasserman Schultz
	Mrs. Watson Coleman
	Ms. Wexton

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 2

Date: June 30, 2022
Measure: Labor, Health and Human Services, Education, and Related Agencies Bill, FY 2023
Motion by: Mr. Moolenaar
Description of Motion: Strike section 313 and prohibit funds from being used to implement or enforce a proposed rule relating to charter schools.
Results: Not Adopted 22 yeas to 32 nays

Members Voting Yea	*Members Voting Nay*
Mr. Amodei	Mr. Aguilar
Mr. Calvert	Mr. Bishop
Mr. Cline	Mrs. Bustos
Mr. Cole	Mr. Cartwright
Mr. Diaz-Balart	Mr. Case
Mr. Fleischmann	Ms. Clark
Mr. Garcia	Mr. Crist
Mr. Gonzales	Mr. Cuellar
Ms. Granger	Ms. DeLauro
Dr. Harris	Mr. Espaillat
Ms. Herrera Beutler	Ms. Frankel
Mrs. Hinson	Mr. Harder
Ms. Letlow	Ms. Kaptur
Mr. Moolenaar	Mr. Kilmer
Mr. Newhouse	Mrs. Kirkpatrick
Mr. Reschenthaler	Mrs. Lawrence
Mr. Rogers	Ms. Lee of California
Mr. Rutherford	Mrs. Lee of Nevada
Mr. Simpson	Ms. McCollum
Mr. Stewart	Ms. Meng
Mr. Valadao	Ms. Pingree
Mr. Womack	Mr. Pocan
	Mr. Quigley
	Ms. Roybal-Allard
	Mr. Ruppersberger
	Mr. Ryan
	Mrs. Torres
	Mr. Trone
	Ms. Underwood
	Ms. Wasserman Schultz
	Mrs. Watson Coleman
	Ms. Wexton

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 3

Date: June 30, 2022
Measure: Labor, Health and Human Services, Education, and Related Agencies Bill, FY 2023
Motion by: Mrs. Hinson
Description of Motion: Prohibit funds from being used to cancel or forgive certain outstanding student loan balances.
Results: Not Adopted 24 yeas to 32 nays

Members Voting Yea	*Members Voting Nay*
Mr. Amodei	Mr. Aguilar
Mr. Calvert	Mr. Bishop
Mr. Cline	Mrs. Bustos
Mr. Cole	Mr. Cartwright
Mr. Diaz-Balart	Mr. Case
Mr. Fleischmann	Ms. Clark
Mr. Garcia	Mr. Crist
Mr. Gonzales	Mr. Cuellar
Ms. Granger	Ms. DeLauro
Dr. Harris	Mr. Espaillat
Ms. Herrera Beutler	Ms. Frankel
Mrs. Hinson	Mr. Harder
Mr. Joyce	Ms. Kaptur
Ms. Letlow	Mr. Kilmer
Mr. Moolenaar	Mrs. Kirkpatrick
Mr. Newhouse	Mrs. Lawrence
Mr. Palazzo	Ms. Lee of California
Mr. Reschenthaler	Mrs. Lee of Nevada
Mr. Rogers	Ms. McCollum
Mr. Rutherford	Ms. Meng
Mr. Simpson	Ms. Pingree
Mr. Stewart	Mr. Pocan
Mr. Valadao	Mr. Quigley
Mr. Womack	Ms. Roybal-Allard
	Mr. Ruppersberger
	Mr. Ryan
	Mrs. Torres
	Mr. Trone
	Ms. Underwood
	Ms. Wasserman Schultz
	Mrs. Watson Coleman
	Ms. Wexton

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 4

Date: June 30, 2022
Measure: Labor, Health and Human Services, Education, and Related Agencies Bill, FY 2023
Motion by: Mr. Moolenaar
Description of Motion: Prohibit funds from being used to develop, implement, administer, or enforce any rule that requires COVID-19 vaccination.
Results: Not Adopted 24 yeas to 32 nays

Members Voting Yea	*Members Voting Nay*
Mr. Amodei	Mr. Aguilar
Mr. Calvert	Mr. Bishop
Mr. Cline	Mrs. Bustos
Mr. Cole	Mr. Cartwright
Mr. Diaz-Balart	Mr. Case
Mr. Fleischmann	Ms. Clark
Mr. Garcia	Mr. Crist
Mr. Gonzales	Mr. Cuellar
Ms. Granger	Ms. DeLauro
Dr. Harris	Mr. Espaillat
Ms. Herrera Beutler	Ms. Frankel
Mrs. Hinson	Mr. Harder
Mr. Joyce	Ms. Kaptur
Ms. Letlow	Mr. Kilmer
Mr. Moolenaar	Mrs. Kirkpatrick
Mr. Newhouse	Mrs. Lawrence
Mr. Palazzo	Ms. Lee of California
Mr. Reschenthaler	Mrs. Lee of Nevada
Mr. Rogers	Ms. McCollum
Mr. Rutherford	Ms. Meng
Mr. Simpson	Ms. Pingree
Mr. Stewart	Mr. Pocan
Mr. Valadao	Mr. Quigley
Mr. Womack	Ms. Roybal-Allard
	Mr. Ruppersberger
	Mr. Ryan
	Mrs. Torres
	Mr. Trone
	Ms. Underwood
	Ms. Wasserman Schultz
	Mrs. Watson Coleman
	Ms. Wexton

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 5

Date: June 30, 2022
Measure: Labor, Health and Human Services, Education, and Related Agencies Bill, FY 2023
Motion by: Ms. Kaptur
Description of Motion: Report the bill to the House, as amended.
Results: Adopted 32 yeas to 24 nays

Members Voting Yea
Mr. Aguilar
Mr. Bishop
Mrs. Bustos
Mr. Cartwright
Mr. Case
Ms. Clark
Mr. Crist
Mr. Cuellar
Ms. DeLauro
Mr. Espaillat
Ms. Frankel
Mr. Harder
Ms. Kaptur
Mr. Kilmer
Mrs. Kirkpatrick
Mrs. Lawrence
Ms. Lee of California
Mrs. Lee of Nevada
Ms. McCollum
Ms. Meng
Ms. Pingree
Mr. Pocan
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mrs. Torres
Mr. Trone
Ms. Underwood
Ms. Wasserman Schultz
Mrs. Watson Coleman
Ms. Wexton

Members Voting Nay
Mr. Amodei
Mr. Calvert
Mr. Cline
Mr. Cole
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Garcia
Mr. Gonzales
Ms. Granger
Dr. Harris
Ms. Herrera Beutler
Mrs. Hinson
Mr. Joyce
Ms. Letlow
Mr. Moolenaar
Mr. Newhouse
Mr. Palazzo
Mr. Reschenthaler
Mr. Rogers
Mr. Rutherford
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I--DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations.....	158,649	187,987	228,649	+70,000	+40,662
Available from prior year appropriations.....	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year.....	870,649	899,987	940,649	+70,000	+40,662
Advance appropriation FY 2024.....	712,000	712,000	712,000	---	---
less prior year appropriations.....	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill.....	870,649	899,987	940,649	+70,000	+40,662
Youth Training.....	933,130	963,837	1,033,130	+100,000	+69,293
Dislocated Worker Assistance, current year appropriations.....	215,553	295,278	301,553	+86,000	+6,275
Available from prior year appropriations.....	860,000	860,000	860,000	---	---
Subtotal, available this fiscal year.....	1,075,553	1,155,278	1,161,553	+86,000	+6,275
Advance appropriation FY 2024.....	860,000	860,000	860,000	---	---
less prior year appropriations.....	-860,000	-860,000	-860,000	---	---
Subtotal, appropriated in this bill.....	1,075,553	1,155,278	1,161,553	+86,000	+6,275

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Grants to States	2,879,332	3,019,102	3,135,332	+256,000	+116,230
Current year appropriations	(1,307,332)	(1,447,102)	(1,563,332)	(+256,000)	(+116,230)
Advance appropriations	(1,572,000)	(1,572,000)	(1,572,000)	---	---
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations	100,859	327,386	257,386	+156,527	-70,000
Available from prior year appropriations	200,000	200,000	200,000	---	---
Subtotal, available this fiscal year	300,859	527,386	457,386	+156,527	-70,000
Advance appropriations FY 2024	200,000	200,000	200,000	---	---
less prior year appropriations	-200,000	-200,000	-200,000	---	---
Subtotal, appropriated in this bill	300,859	527,386	457,386	+156,527	-70,000
Total, Dislocated Worker Assistance	1,376,412	1,682,664	1,618,939	+242,527	-63,725
Native American programs	57,000	63,800	63,800	+6,800	---
Migrant and Seasonal Farmworker programs	95,396	96,711	105,000	+9,604	+8,289
YouthBuild activities	99,034	145,000	145,000	+45,966	---
Reintegration of Ex-Offenders	102,079	150,000	150,000	+47,921	---
Workforce Data Quality Initiative	6,000	6,000	6,000	---	---
Apprenticeship programs	235,000	303,000	303,000	+68,000	---
Community Projects	137,638	---	132,114	-5,524	+132,114
National Youth Employment Program	---	75,000	75,000	+75,000	---
Climate Corps	---	15,000	15,000	+15,000	---
Veterans Clean Energy Training	---	10,000	10,000	+10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, National Programs	1,033,006	1,391,897	1,462,300	+429,294	+70,403
Current year appropriations	(833,006)	(1,191,897)	(1,262,300)	(+429,294)	(+70,403)
Advance appropriations	(200,000)	(200,000)	(200,000)	---	---
Total, Training and Employment Services	3,912,338	4,410,999	4,597,632	+685,294	+186,633
Current year appropriations	(2,140,338)	(2,638,999)	(2,825,632)	(+685,294)	(+186,633)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Job Corps					
Operations	1,603,325	1,603,011	1,627,325	+24,000	+24,314
Construction, Rehabilitation and Acquisition	113,000	133,000	133,000	+20,000	---
Administration	32,330	42,953	38,330	+6,000	-4,623
Total, Job Corps	1,748,655	1,778,964	1,798,655	+50,000	+19,691
Community Service Employment For Older Americans	405,000	405,000	450,000	+45,000	+45,000
Federal Unemployment Benefits and Allowances (indefinite)	540,000	494,400	494,400	-45,600	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund)					
State Operations	2,591,816	2,809,635	2,800,635	+208,819	-9,000
Reemployment eligibility assessments--UI integrity	117,000	117,000	117,000	---	---
Program integrity (cap adjustment)	133,000	258,000	258,000	+125,000	---
UI Integrity Center of Excellence	9,000	---	9,000	---	+9,000
Subtotal, Unemployment Compensation	2,850,816	3,184,635	3,184,635	+333,819	---
Federal-State UI National Activities (trust fund)	18,000	168,174	118,000	+100,000	-50,174
Employment Service (ES):					
Grants to States:					
Federal Funds	21,413	21,413	21,413	---	---
Trust Funds	653,639	677,449	702,449	+48,810	+25,000
Subtotal, Grants to States	675,052	698,862	723,862	+48,810	+25,000
ES National Activities (trust fund)	25,000	22,318	25,000	---	+2,682
Subtotal, Employment Service	700,052	721,180	748,862	+48,810	+27,682
Federal Funds	(21,413)	(21,413)	(21,413)	---	---
Trust Funds	(678,639)	(699,767)	(727,449)	(+48,810)	(+27,682)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Foreign Labor Certifications:					
Federal Administration	58,528	70,249	68,528	+10,000	-1,721
Grants to States	21,282	28,282	26,282	+5,000	-2,000
Subtotal, Foreign Labor Certification	79,810	98,531	94,810	+15,000	-3,721
One-Stop Career Centers/Labor Market Information	62,653	85,653	67,653	+5,000	-18,000
Total, State Unemployment Insurance and Employment Service Operations	3,711,331	4,258,173	4,213,960	+502,629	-44,213
Federal Funds	(84,066)	(107,066)	(89,066)	(+5,000)	(-18,000)
Trust Funds	(3,627,265)	(4,151,107)	(4,124,894)	(+497,629)	(-26,213)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration					
Training and Employment	64,901	92,419	84,901	+20,000	-7,518
Trust Funds	8,898	11,331	11,331	+2,433	---
Employment Security	3,543	4,074	4,074	+531	---
Trust Funds	40,442	55,047	50,942	+10,500	-4,105
Apprenticeship Services	37,245	48,670	47,245	+10,000	-1,425
Executive Direction	7,245	8,630	8,245	+1,000	-385
Trust Funds	2,141	2,462	2,462	+321	---
Total, Program Administration	164,415	222,633	209,200	+44,785	-13,433
Federal Funds	(112,934)	(153,793)	(144,465)	(+31,531)	(-9,328)
Trust Funds	(51,481)	(68,840)	(64,735)	(+13,254)	(-4,105)
Total, Employment and Training Administration	10,481,739	11,570,169	11,763,847	+1,282,108	+193,678
Federal Funds	6,802,993	7,350,222	7,574,218	+771,225	+223,996
Current year appropriations	(5,163,993)	(5,836,222)	(6,060,218)	(+896,225)	(+223,996)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Trust Funds	3,678,746	4,219,947	4,189,629	+510,883	-30,318

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Employee Benefits Security Administration (EBSA)					
Salaries and Expenses					
Employee benefits security programs.....	185,500	233,867	233,867	+48,367	---
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget.....	(472,955)	(493,314)	(493,314)	(+20,359)	---
Wage and Hour Division					
Salaries and Expenses.....	251,000	307,678	312,678	+61,678	+5,000
Office of Labor-Management Standards					
Salaries and Expenses.....	45,937	49,951	45,937	---	-4,014
Office of Federal Contract Compliance Programs					
Salaries and Expenses.....	108,476	147,051	147,051	+38,575	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Workers' Compensation Programs					
Salaries and Expenses	117,924	143,772	143,772	+25,848	---
Trust Funds	2,205	2,205	2,205	---	---
Total, Salaries and Expenses	120,129	145,977	145,977	+25,848	---
Federal Funds	(117,924)	(143,772)	(143,772)	(+25,848)	---
Trust Funds	(2,205)	(2,205)	(2,205)	---	---
Special Benefits					
Federal Employees' Compensation Benefits	242,000	248,000	248,000	+6,000	---
Longshore and Harbor Workers' Benefits	2,000	2,000	2,000	---	---
Total, Special Benefits	244,000	250,000	250,000	+6,000	---
Special Benefits for Disabled Coal Miners					
Benefit Payments	42,000	42,000	42,000	---	---
Administration	4,970	5,031	5,031	+61	---
Subtotal, available this fiscal year	46,970	47,031	47,031	+61	---
Advance appropriations, FY 2024, 1st quarter	11,000	10,250	10,250	-750	---
Less prior year advance appropriations	-14,000	-11,000	-11,000	+3,000	---
Total, appropriated in this bill	43,970	46,281	46,281	+2,311	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	63,428	64,564	64,564	+1,136	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	251,745	313,586	313,586	+61,841	---
Workers' Compensation Programs, Salaries and Expenses	41,464	42,194	42,194	+730	---
Departmental Management, Salaries and Expenses	37,598	38,407	38,407	+809	---
Departmental Management, Inspector General	342	353	353	+11	---
Subtotal, Black Lung Disability Trust Fund	331,149	394,540	394,540	+63,391	---
Treasury Department Administrative Costs	356	356	356	---	---
Total, Black Lung Disability Trust Fund	331,505	394,896	394,896	+63,391	---
Total, Workers' Compensation Programs	803,032	901,718	901,718	+98,686	---
Federal Funds	800,827	899,513	899,513	+98,686	---
Current year appropriations	(789,827)	(889,263)	(889,263)	(+99,436)	---
Advance appropriations	(11,000)	(10,250)	(10,250)	(-750)	---
Trust Funds	2,205	2,205	2,205	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Occupational Safety and Health Administration (OSHA)					
Salaries and Expenses					
Safety and Health Standards	19,500	29,080	29,080	+9,580	---
Federal Enforcement	236,000	277,898	285,508	+49,508	+7,610
Whistleblower enforcement	21,500	25,790	27,290	+5,790	+1,500
State Programs	113,000	120,075	121,075	+8,075	+1,000
Technical Support	25,675	27,007	27,007	+1,332	---
Compliance Assistance:					
Federal Assistance	77,262	91,608	91,608	+14,346	---
State Consultation Grants	63,160	63,500	63,500	+340	---
Training Grants	11,787	13,787	14,287	+2,500	+500
Subtotal, Compliance Assistance	152,209	168,895	169,395	+17,186	+500
Safety and Health Statistics	34,500	42,180	42,180	+7,680	---
Executive Direction and Administration	9,631	10,480	10,480	+849	---
Total, Occupational Safety and Health Administration	612,015	701,405	712,015	+100,000	+10,610

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Mine Safety and Health Administration					
Salaries and Expenses					
Mine Safety and Health Enforcement	264,500	294,236	279,509	+15,009	-14,727
Standards Development	4,500	7,927	6,229	+1,729	-1,698
Assessments	6,627	7,746	7,191	+564	-555
Educational Policy and Development	39,320	40,183	39,755	+435	-428
Technical Support	35,041	37,356	36,209	+1,168	-1,147
Program Evaluation and Information Resources (PEIR)	17,990	19,309	18,655	+665	-654
Program Administration	15,838	16,692	16,268	+430	-424
Total, Mine Safety and Health Administration	383,816	423,449	403,816	+20,000	-19,633
Total, Worker Protection Agencies	1,706,873	2,009,378	2,001,341	+294,468	-8,037
Federal Funds	(1,704,668)	(2,007,173)	(1,999,136)	(+294,468)	(-8,037)
Trust Funds	(2,205)	(2,205)	(2,205)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Bureau of Labor Statistics					
Salaries and Expenses					
Employment and Unemployment Statistics	234,823	261,454	261,454	+26,631	---
Labor Market Information (trust fund)	68,000	68,000	68,000	---	---
Prices and Cost of Living	223,398	252,000	252,000	+28,602	---
Compensation and Working Conditions	87,309	92,976	92,976	+5,667	---
Productivity and Technology	10,952	12,853	12,853	+1,901	---
Executive Direction and Staff Services	63,470	54,461	39,051	-24,419	-15,410
Total, Bureau of Labor Statistics	687,952	741,744	726,334	+38,382	-15,410
Federal Funds	619,952	673,744	658,334	+38,382	-15,410
Trust Funds	68,000	68,000	68,000	---	---
Office of Disability Employment Policy					
Salaries and Expenses	40,500	58,566	58,566	+18,066	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Department Management					
Salaries and Expenses					
Executive Direction	31,158	42,323	38,958	+7,800	-3,365
Departmental Program Evaluation	8,281	11,540	10,351	+2,070	-1,189
Legal Services	125,754	177,875	177,875	+52,121	---
Trust Funds	308	308	308	---	---
International Labor Affairs	106,125	128,965	138,965	+32,840	+10,000
Administration and Management	29,304	45,263	36,630	+7,326	-8,633
Adjudication	36,000	42,836	42,836	+6,836	---
Women's Bureau	18,000	25,361	35,361	+17,361	+10,000
Civil Rights Activities	7,086	11,591	11,591	+4,505	---
Chief Financial Officer	5,681	6,042	6,042	+361	---
Total, Salaries and Expenses	367,697	492,104	498,917	+131,220	+6,813
Federal Funds	(367,389)	(491,796)	(498,609)	(+131,220)	(+6,813)
Trust Funds	(308)	(308)	(308)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans' Employment and Training					
State Administration, Grants	183,000	180,000	183,000	---	+3,000
Transition Assistance Program	32,379	31,379	32,379	---	+1,000
Federal Administration	46,048	53,675	49,548	+3,500	-4,127
National Veterans' Employment and Training Services Institute	3,414	3,414	3,414	---	---
Homeless Veterans' Programs	60,500	62,500	70,500	+10,000	+8,000
Total, Veterans' Employment and Training	325,341	330,968	338,841	+13,500	+7,873
Trust Funds	(264,841)	(268,468)	(268,341)	(+3,500)	(-127)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
IT Modernization					
Departmental support systems	4,889	15,589	5,889	+1,000	-9,700
Infrastructure technology modernization	23,380	32,380	32,380	+9,000	---
Total, IT Modernization	28,269	47,969	38,269	+10,000	-9,700
Working Capital Fund					
Working Capital Fund	---	36,000	---	---	-36,000
Office of Inspector General					
Program Activities	85,187	102,024	93,187	+8,000	-8,837
Trust Funds	5,660	5,841	5,841	+181	---
Total, Office of Inspector General	90,847	107,865	99,028	+8,181	-8,837
Trust funds	(5,660)	(5,841)	(5,841)	(+181)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Departmental Management	812,154	1,014,906	975,055	+162,901	-39,851
Federal Funds	541,345	740,289	700,565	+159,220	-39,724
Trust Funds	270,809	274,617	274,490	+3,681	-127
Total, Workforce Innovation and Opportunity Act Programs	5,660,993	6,189,963	6,396,287	+735,294	+206,324
Current year appropriations	(3,888,993)	(4,417,963)	(4,624,287)	(+735,294)	(+206,324)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Total, Title I, Department of Labor	14,412,121	16,150,504	16,280,884	+1,868,763	+130,380
Federal Funds	10,392,361	11,585,735	11,746,560	+1,354,199	+160,825
Current year appropriations	(8,609,361)	(9,803,485)	(9,964,310)	(+1,354,949)	(+160,825)
Advance appropriations	(1,783,000)	(1,782,250)	(1,782,250)	(-750)	---
Trust Funds	4,019,760	4,564,769	4,534,324	+514,564	-30,445

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II -- DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers	1,747,772	1,838,022	1,945,772	+198,000	+107,750
Mandatory budget authority (Public Law 115-123)	(4,000,000)	(4,000,000)	(4,000,000)	---	---
Total, Community Health Centers	(5,747,772)	(5,838,022)	(5,945,772)	(+198,000)	(+107,750)
Free Clinics Medical Malpractice	1,000	1,000	1,000	---	---
Total, Primary Health Care	1,748,772	1,839,022	1,946,772	+198,000	+107,750
Health Workforce					
National Health Service Corps	121,600	210,000	155,600	+34,000	-54,400
Training for Diversity:					
Centers of Excellence	24,422	36,711	30,422	+6,000	-6,289
Health Careers Opportunity Program	15,450	18,500	18,500	+3,050	---
Faculty Loan Repayment	1,226	2,310	1,500	+274	-810
Scholarships for Disadvantaged Students	53,014	51,970	56,014	+3,000	+4,044
Total, Training for Diversity	94,112	109,491	106,436	+12,324	-3,055
Primary Care Training and Enhancement	48,924	53,924	54,924	+6,000	+1,000
Oral Health Training	40,673	40,673	42,173	+1,500	+1,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	45,000	43,250	48,000	+3,000	+4,750
Geriatric Programs	45,245	46,537	48,245	+3,000	+1,708
Behavioral Health Workforce Development Programs	---	397,374	---	---	-397,374
Mental and Behavioral Health	39,053	---	44,053	+5,000	+44,053
Behavioral Health Workforce Education and Training	123,000	---	185,000	+62,000	+185,000
Total, Interdisciplinary Community Linkages	252,298	487,161	325,298	+73,000	-161,863
Workforce Assessment	5,663	5,663	6,663	+1,000	+1,000
Public Health and Preventive Medicine programs	17,000	18,000	18,000	+1,000	---
Subtotal, Health Professions Education and Training	458,670	714,912	553,494	+94,824	-161,418

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Nursing Programs:					
Advanced Nursing Education	79,581	105,581	105,581	+26,000	---
Nurse Education, Practice, and Retention	54,413	48,913	56,413	+2,000	+7,500
Nurse Practitioner Optional Fellowship Program	6,000	---	6,000	---	+6,000
Nursing Workforce Diversity	23,343	23,343	26,343	+3,000	+3,000
Nurse Corps Scholarship and Loan Repayment Program	88,635	88,635	101,635	+13,000	+13,000
Nursing Faculty Loan Program	28,500	28,500	28,500	---	---
Total, Nursing programs	280,472	294,972	324,472	+44,000	+29,500
Children's Hospitals Graduate Medical Education	375,000	350,000	385,000	+10,000	+35,000
Medical Student Education	55,000	---	60,000	+5,000	+60,000
Pediatric Subspecialty Loan Repayment Program	5,000	---	15,000	+10,000	+15,000
Public Health Loan Repayment Program	---	---	25,000	+25,000	+25,000
Preventing Burnout in the Health Workforce	---	50,000	25,000	+25,000	-25,000
National Practitioner Data Bank	18,814	18,814	18,814	---	---
User Fees	-18,814	-18,814	-18,814	---	---
Total, Health Workforce	1,295,742	1,619,884	1,543,566	+247,824	-76,318

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Maternal and Child Health					
Maternal and Child Health Block Grant	747,700	953,700	872,700	+125,000	-81,000
Sickle Cell Disease Treatment Program	7,205	7,205	8,205	+1,000	+1,000
Autism and Other Developmental Disabilities	54,344	57,344	57,344	+3,000	---
Heritable Disorders in Newborns and Children	19,883	18,883	21,883	+2,000	+3,000
Healthy Start	131,840	145,000	145,000	+13,160	---
Early Hearing Detection and Intervention	17,818	17,818	18,818	+1,000	+1,000
Emergency Medical Services for Children	22,334	28,134	25,000	+2,666	-3,134
Screening and Treatment for Maternal Depression	6,500	10,000	11,500	+5,000	+1,500
Pediatric Mental Health Care Access	11,000	10,000	14,000	+3,000	+4,000
Poison Control Centers	---	24,846	26,846	+26,846	+2,000
Administrative Transfer from Health Systems	(25,846)	---	---	(-25,846)	---
Subtotal, Poison Control Centers	25,846	24,846	26,846	+1,000	+2,000
Total, Maternal and Child Health	1,018,624	1,272,930	1,201,296	+182,672	-71,634
Total, Maternal and Child Health, with transfers	1,044,470	1,272,930	1,201,296	+156,826	-71,634

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A)	670,458	665,876	691,045	+20,587	+25,169
Comprehensive Care Programs (Part B)	1,344,240	1,345,005	1,385,517	+41,277	+40,512
AIDS Drug Assistance Program (ADAP) (NA)	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program (Part C)	205,549	207,079	211,861	+6,312	+4,782
Children, Youth, Women, and Families (Part D)	76,757	75,088	79,114	+2,357	+4,026
AIDS Dental Services (Part F)	13,414	13,122	13,826	+412	+704
Education and Training Centers (Part F)	34,358	33,611	35,413	+1,055	+1,802
Special Projects of Regional and National Significance	25,000	25,000	28,000	+3,000	+3,000
Ending the HIV/AIDS Epidemic Initiative	125,000	290,000	250,000	+125,000	-40,000
Total, Ryan White HIV/AIDS program	2,494,776	2,654,781	2,694,776	+200,000	+39,995

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Systems					
Organ Transplantation	30,049	29,049	31,049	+1,000	+2,000
Cell Transplantation Program and Cord Blood Stem Cell Bank	---	49,275	---	---	-49,275
National Cord Blood Inventory	18,266	---	19,266	+1,000	+19,266
C.W. Bill Young Cell Transplantation	32,009	---	33,009	+1,000	+33,009
Office of Pharmacy Affairs	11,238	---	---	-11,238	---
Administrative Transfer to HRSA-Wide Activities & Program Support	(-11,238)	---	---	(+11,238)	---
Subtotal, Office of Pharmacy Affairs with transfer	---	---	---	---	---
Poison Control Centers	25,846	---	---	-25,846	---
Administrative Transfer to Maternal and Child Health	(-25,846)	---	---	(+25,846)	---
Subtotal, Poison Control Centers with transfer	---	---	---	---	---
Hansen's Disease Program	13,706	13,706	13,706	---	---
Hansen's Disease Program - Buildings and Facilities	122	122	122	---	---
Payment to Hawaii, Treatment of Hansen's	1,857	1,857	1,857	---	---
Total, Health Systems	133,093	94,009	99,009	-34,084	+5,000
Total, Health Systems, with transfers	96,009	94,009	99,009	+3,000	+5,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Health					
Rural Outreach Grants	85,975	90,000	90,975	+5,000	+975
Rural Health Research/Policy Development	11,076	11,076	11,076	---	---
Rural Hospital Flexibility Grants	62,277	57,509	68,500	+6,223	+10,991
State Offices of Rural Health	12,500	12,500	12,500	---	---
Black Lung Clinics	11,845	12,190	12,190	+345	---
Radiation Exposure Screening and Education Program	1,889	2,734	2,734	+845	---
Telehealth	35,050	---	---	-35,050	---
Administrative Transfer to HRSA-Wide Activities & Support	(-35,050)	---	---	(+35,050)	---
Subtotal, Telehealth with transfer	---	---	---	---	---
Rural Communities Opioid Response	135,000	165,000	160,000	+25,000	-5,000
Rural Residency Program	10,500	12,700	12,700	+2,200	---
Rural Health Clinic Behavioral Health Initiative	---	10,000	5,000	+5,000	-5,000
Total, Rural Health	366,112	373,709	375,675	+9,563	+1,966

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Planning	286,479	400,000	500,000	+213,521	+100,000
HRSA-Wide Activities and Program Support					
Program Management	155,300	168,971	158,000	+2,700	-10,971
Community Projects	1,057,896	---	726,569	-331,327	+726,569
340B Drug Pricing/Office of Pharmacy Affairs	---	17,238	13,238	+13,238	-4,000
Administrative Transfer from Health Systems	(11,238)	---	---	(-11,238)	---
Subtotal, 340B Drug Pricing Prog./Office of Pharmacy Affairs (with transfers)	11,238	17,238	13,238	+2,000	-4,000
Telehealth	---	44,500	37,050	+37,050	-7,450
Administrative Transfer from Rural Health	(35,050)	---	---	(-35,050)	---
Subtotal, Telehealth with transfers	35,050	44,500	37,050	+2,000	-7,450
Total, HRSA-Wide Activities and Program Support	1,213,196	230,709	934,857	-278,339	+704,148
Total, HRSA-Wide Activities and Program Support, with transfers	1,259,484	230,709	934,857	-324,627	+704,148
Total, Health resources and services (HRS)	8,556,794	8,485,044	9,295,951	+739,157	+810,907

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims	316,778	256,370	256,370	-60,408	---
HRSA Administrative expenses	13,200	26,200	15,200	+2,000	-11,000
Total, Vaccine Injury Compensation Trust Fund	329,978	282,570	271,570	-58,408	-11,000
Countermeasures Injury Compensation Trust Fund	5,000	15,000	7,000	+2,000	-8,000
Total, Health Resources and Services Administration	8,891,772	8,782,614	9,574,521	+682,749	+791,907

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases	448,805	831,580	663,805	+215,000	-167,775
Prevention and Public Health Fund 1/	(419,350)	(419,350)	(419,350)	---	---
Subtotal	(868,155)	(1,250,930)	(1,083,155)	(+215,000)	(-167,775)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,345,056	1,470,556	1,463,556	+118,500	-7,000
Emerging and Zoonotic Infectious Diseases	641,272	651,272	747,272	+106,000	+96,000
Prevention and Public Health Fund 1/	(52,000)	(52,000)	(52,000)	---	---
Subtotal (including transfers)	(693,272)	(703,272)	(799,272)	(+106,000)	(+96,000)
Chronic Disease Prevention and Health Promotion	1,083,714	1,357,314	1,346,964	+263,250	-10,350
Prevention and Public Health Fund 1/	(254,950)	(254,950)	(254,950)	---	---
Subtotal	(1,338,664)	(1,612,264)	(1,601,914)	(+263,250)	(-10,350)
Birth Defects, Developmental Disabilities, Disabilities and Health	177,060	195,310	225,060	+48,000	+29,750
Public Health Scientific Services	651,997	654,997	867,497	+215,500	+212,500
Evaluation Tap Funding	---	(143,540)	---	---	(-143,540)
Subtotal (including transfers)	(651,997)	(798,537)	(867,497)	(+215,500)	(+68,960)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Environmental Health	209,850	377,850	311,850	+102,000	-66,000
Prevention and Public Health Fund 1/	(17,000)	(17,000)	(17,000)	---	---
Evaluation Tap Funding	---	(7,000)	---	---	(-7,000)
CR Funding - P.L. 117-43 Vessel Sanitation Program (Sec. 138)	1,500	---	---	-1,500	---
Subtotal	(228,350)	(401,850)	(328,850)	(+100,500)	(-73,000)
Injury Prevention and Control	714,879	1,283,169	897,779	+182,900	-385,390
National Institute for Occupational Safety and Health	351,800	345,300	363,300	+11,500	+18,000
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	---	---
Global Health	646,843	747,843	757,843	+111,000	+10,000
Public Health Preparedness and Response	862,200	842,200	882,200	+20,000	+40,000
Buildings and Facilities	30,000	55,000	55,000	+25,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
CDC-Wide Activities and Program Support					
Prevention and Public Health Fund 1/	(160,000)	(160,000)	(160,000)	---	---
Office of the Director	113,570	123,570	123,570	+10,000	---
Infectious Diseases Rapid Response Reserve Fund	20,000	35,000	35,000	+15,000	---
Public Health Infrastructure and Capacity	200,000	600,000	750,000	+550,000	+150,000
Center for Forecasting and Outbreak Analytics	---	50,000	50,000	+50,000	---
Subtotal	(493,570)	(968,570)	(1,118,570)	(+625,000)	(+150,000)
Total, Centers for Disease Control and Prevention	7,553,904	9,676,319	9,596,054	+2,042,150	-80,265
Discretionary	7,498,546	9,620,961	9,540,696	+2,042,150	-80,265
Evaluation Tap Funding (NA)	---	(150,540)	---	---	(-150,540)
Prevention and Public Health Fund 1/	(903,300)	(903,300)	(903,300)	---	---
Total, Centers for Disease Control Program Level	(8,457,204)	(10,730,159)	(10,499,354)	(+2,042,150)	(-230,805)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI)	6,718,522	6,497,851	7,162,579	+444,057	+664,728
NIH Innovation Account, CURES Act 2/	194,000	216,000	216,000	+22,000	---
Subtotal, NCI	6,912,522	6,713,851	7,378,579	+466,057	+664,728
National Heart, Lung, and Blood Institute (NHLBI)	3,808,494	3,822,961	3,943,702	+135,208	+120,741
National Institute of Dental and Craniofacial Research (NIDCR)	501,231	513,191	526,051	+24,820	+12,860
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,203,926	2,206,080	2,283,489	+79,563	+77,409
Juvenile Diabetes (mandatory)	(150,000)	(141,450)	(150,000)	---	(+8,550)
Subtotal, NIDDK	2,353,926	2,347,530	2,433,489	+79,563	+85,959
National Institute of Neurological Disorders and Stroke (NINDS)	2,535,370	2,543,043	2,608,590	+73,220	+65,547
NIH Innovation Account, CURES Act2/	76,000	225,000	225,000	+149,000	---
Subtotal, NINDS	2,611,370	2,768,043	2,833,590	+222,220	+65,547
National Institute of Allergy and Infectious Diseases (NIAID)	6,322,728	6,268,313	6,642,608	+319,880	+374,295
National Institute of General Medical Sciences (NIGMS)	1,783,060	1,826,052	1,779,457	-3,603	-46,595
Evaluation Tap Funding	(1,309,313)	(1,271,505)	(1,420,700)	(+111,387)	(+149,195)
Subtotal, NIGMS	3,092,373	3,097,557	3,200,157	+107,784	+102,600

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,683,009	1,674,941	1,756,630	+73,621	+81,689
National Eye Institute (NEI)	863,918	853,355	891,186	+27,268	+37,831
National Institute of Environmental Health Sciences (NIEHS)	842,169	932,056	878,750	+36,581	-53,306
National Institute on Aging (NIA)	4,219,936	4,011,413	4,443,196	+223,260	+431,783
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	655,699	676,254	676,395	+20,696	+141
National Institute on Deafness and Other Communication Disorders (NIDCD)	514,885	508,704	531,136	+16,251	+22,432
National Institute of Nursing Research (NINR)	180,862	198,670	208,571	+27,709	+9,901
National Institute on Alcohol Effects and Alcohol-Related Disorders (NIAAA)	573,651	566,725	591,757	+18,106	+25,032
National Institute on Drugs and Addiction (NIDA)	1,595,474	1,843,326	1,712,832	+117,358	-130,494
National Institute of Mental Health (NIMH)	2,140,976	1,985,828	2,203,775	+62,799	+217,947
NIH Innovation Account, CURES Act2/	76,000	225,000	225,000	+149,000	---
Subtotal, NIMH	2,216,976	2,210,828	2,428,775	+211,799	+217,947
National Human Genome Research Institute (NHGRI)	639,062	629,154	659,233	+20,171	+30,079
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	424,590	419,493	437,991	+13,401	+18,498
National Center for Complementary and Integrative Health (NCCIH)	159,365	183,368	164,395	+5,030	-18,973
National Institute on Minority Health and Health Disparities (NIMHD)	459,056	659,817	505,292	+46,236	-154,525
John E. Fogarty International Center (FIC)	86,880	95,801	99,622	+12,742	+3,821

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Library of Medicine (NLM)	479,439	471,998	494,572	+15,133	+22,574
National Center for Advancing Translational Sciences (NCATS)	882,265	873,654	901,678	+19,413	+28,024
Office of the Director	2,616,520	2,302,065	2,537,213	-79,307	+235,148
Common Fund (non-add)	(657,401)	(645,939)	(678,151)	(+20,750)	(+32,212)
Office for Research on Women's Health (non-add)	(59,480)	(52,600)	(64,480)	(+5,000)	(+11,880)
Gabriella Miller Kids First Research Act (Common Fund add)	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act 2/	150,000	419,000	419,000	+269,000	---
Advance Research Projects Agency for Health (ARPA-H)	---	5,000,000	---	---	-5,000,000
Buildings and Facilities	250,000	300,000	300,000	+50,000	---
Total, National Institutes of Health (NIH)	43,649,687	48,961,713	46,038,300	+2,388,613	-2,923,413
(Evaluation Tap Funding)	(1,309,313)	(1,271,505)	(1,420,700)	(+111,387)	(+149,195)
Total, NIH Program Level	44,959,000	50,233,218	47,459,000	+2,500,000	-2,774,218

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance	587,036	1,517,874	1,542,985	+955,949	+25,111
Prevention and Public Health Fund 1/	(12,000)	(12,000)	(12,000)	---	---
Subtotal	599,036	1,529,874	1,554,985	+955,949	+25,111
Community Mental Health Services Block Grant (MHBG)	836,532	1,631,532	1,336,532	+500,000	-295,000
Evaluation Tap Funding	(21,039)	(21,039)	(21,039)	---	---
Subtotal	(857,571)	(1,652,571)	(1,357,571)	(+500,000)	(-295,000)
Certified Community Behavioral Health Clinics	315,000	552,500	400,000	+85,000	-152,500
National Child Traumatic Stress Initiative	81,887	150,000	150,000	+68,113	---
Children's Mental Health Services	125,000	225,000	225,000	+100,000	---
Projects for Assistance in Transition from Homelessness (PATH)	64,635	69,635	79,635	+15,000	+10,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	38,000	36,146	40,000	+2,000	+3,854
Subtotal, Mental Health	2,048,090	4,182,687	3,774,152	+1,726,062	-408,535
(Evaluation Tap Funding)	(21,039)	(21,039)	(21,039)	---	---
(Prevention and Public Health Fund 1/)	(12,000)	(12,000)	(12,000)	---	---
Subtotal, Mental Health program level	(2,081,129)	(4,215,726)	(3,807,191)	(+1,726,062)	(-408,535)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Use Services					
Programs of Regional and National Significance.....	519,517	564,364	640,969	+121,452	+76,605
Evaluation Tap Funding.....	(2,000)	(2,000)	(2,000)	---	---
Subtotal.....	(521,517)	(566,364)	(642,969)	(+121,452)	(+76,605)
Substance Use Prevention and Treatment Block Grant....	1,828,879	2,928,879	2,328,879	+500,000	-600,000
Evaluation Tap Funding.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal. Substance Use Prevention and Treatment Block Grant, program level.....	(1,908,079)	(3,008,079)	(2,408,079)	(+500,000)	(-600,000)
State Opioid Response grants.....	1,525,000	2,000,000	1,775,000	+250,000	-225,000
Subtotal, Substance Use Services, appropriation.	3,873,396	5,493,243	4,744,848	+871,452	-748,395
(Evaluation Tap Funding).....	(81,200)	(81,200)	(81,200)	---	---
Subtotal, Program level.....	(3,954,596)	(5,574,443)	(4,826,048)	(+871,452)	(-748,395)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Use Prevention Services					
Programs of Regional and National Significance.....	218,219	311,912	248,434	+30,215	-63,478
Total, Substance Use Prevention Services, appropriation.....	218,219	311,912	248,434	+30,215	-63,478
Health Surveillance and Program Support					
Health Surveillance and Program Support.....	260,230	149,645	257,279	-2,951	+107,634
Community Project Funding (non-add).....	(127,535)	---	(110,952)	(-16,583)	(+110,952)
Evaluation Tap Funding (NA).....	(31,428)	(31,428)	(31,428)	---	---
Subtotal.....	291,658	181,073	288,707	-2,951	+107,634
Total, SAMHSA.....	6,399,935	10,137,487	9,024,713	+2,624,778	-1,112,774
(Evaluation Tap Funding).....	(133,667)	(133,667)	(133,667)	---	---
(Prevention and Public Health Fund 1/).....	(12,000)	(12,000)	(12,000)	---	---
Total, SAMHSA Program Level.....	(6,545,602)	(10,283,154)	(9,170,380)	(+2,624,778)	(-1,112,774)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	205,509	228,909	237,818	+32,309	+8,909
Evaluation Tap funding	---	(39,800)	---	---	(-39,800)
Subtotal, Health Costs, Quality, and Outcomes	(205,509)	(268,709)	(237,818)	(+32,309)	(-30,891)
Medical Expenditures Panel Surveys:					
Federal Funds	71,791	71,791	71,791	---	---
Program Support:					
Program Support, appropriation	73,100	75,391	75,391	+2,291	---
Total, AHRQ Program Level	(350,400)	(415,891)	(385,000)	(+34,600)	(-30,891)
Federal funds	(350,400)	(376,091)	(385,000)	(+34,600)	(+8,909)
(Evaluation Tap Funding)	---	(39,800)	---	---	(-39,800)
Total, Public Health Service (PHS) appropriation	66,832,498	77,908,024	74,603,388	+7,770,890	-3,304,636
Total, Public Health Service Program Level	(69,203,978)	(80,445,036)	(77,088,255)	(+7,884,277)	(-3,356,781)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	489,968,364	503,821,443	503,821,443	+13,853,079	---
State and Local Administration	22,290,059	23,649,059	23,649,059	+1,359,000	---
Vaccines for Children	5,139,998	5,608,606	5,608,606	+468,608	---
Total, Medicaid Program Level, available this fiscal year	517,398,421	533,079,108	533,079,108	+15,680,687	---
New advance, 1st quarter, FY 2024	165,722,018	197,580,474	197,580,474	+31,858,456	---
Less appropriations provided in prior years	-148,732,315	-165,722,018	-165,722,018	-16,989,703	---
Total, Grants to States for Medicaid, appropriated in this bill	534,388,124	564,937,564	564,937,564	+30,549,440	---
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	384,646,000	434,349,000	434,349,000	+49,703,000	---
Federal Uninsured Payment	82,000	52,000	52,000	-30,000	---
Program Management	929,000	1,000,000	1,000,000	+71,000	---
General Revenue for Part D Benefit	100,968,883	111,800,000	111,800,000	+10,831,117	---
General Revenue for Part D Administration	882,000	600,000	600,000	-282,000	---
HCFAC Reimbursement	349,117	324,000	324,000	-25,117	---
State Low-Income Determination for Part D	5,000	5,000	5,000	---	---
Total, Payments to Trust Funds	487,862,000	548,130,000	548,130,000	+60,268,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Management					
Research, Demonstration, Evaluation	20,054	---	---	-20,054	---
Program Operations	2,479,823	2,957,300	2,957,300	+477,477	---
State Survey and Certification	397,334	494,261	494,261	+96,927	---
Federal Administration	772,533	895,424	895,424	+122,891	---
Total, Program Management	3,669,744	4,346,985	4,346,985	+677,241	---
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	658,648	692,174	667,181	+8,533	-24,993
HHS Office of Inspector General	102,145	109,612	109,612	+7,467	---
Department of Justice	112,207	97,214	122,207	+10,000	+24,993
Total, Health Care Fraud and Abuse Control (Trust funds)	873,000	899,000	899,000	+26,000	---
Program integrity (cap adjustment)	(556,000)	(576,000)	(576,000)	(+20,000)	---
Total, Centers for Medicare and Medicaid Services	1,026,792,868	1,118,313,549	1,118,313,549	+91,520,681	---
Federal funds	1,022,250,124	1,113,067,564	1,113,067,564	+90,817,440	---
Current year	(856,528,106)	(915,487,090)	(915,487,090)	(+58,958,984)	---
FY 2024 Advance	(165,722,018)	(197,580,474)	(197,580,474)	(+31,858,456)	---
Trust Funds	4,542,744	5,245,985	5,245,985	+703,241	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories	33,000	33,000	33,000	---	---
Repatriation	9,956	10,177	10,177	+221	---
Subtotal	42,956	43,177	43,177	+221	---
Child Support Enforcement:					
State and Local Administration	3,524,556	3,474,868	3,474,868	-49,688	---
Federal Incentive Payments	617,488	654,955	654,955	+37,467	---
Access and Visitation	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement	4,152,044	4,139,823	4,139,823	-12,221	---
Total, Family Support Payments Program Level, available this fiscal year	4,195,000	4,183,000	4,183,000	-12,000	---
Less appropriations provided in prior years	-1,400,000	-1,300,000	-1,300,000	+100,000	---
Total, Family Support Payments, available in this bill	2,795,000	2,883,000	2,883,000	+88,000	---
New advance, 1st quarter, FY 2024	1,300,000	1,300,000	1,300,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Low Income Home Energy Assistance Program (LIHEAP)					
Formula Grants	3,800,304	3,975,304	4,000,000	+199,696	+24,696
Total, LIHEAP, Program Level	3,800,304	3,975,304	4,000,000	+199,696	+24,696
Refugee and Entrant Assistance					
Transitional and Medical Services	564,000	860,000	760,000	+196,000	-100,000
Refugee Support Services	307,201	500,000	450,000	+142,799	-50,000
Victims of Trafficking	29,755	39,497	35,000	+5,245	-4,497
Unaccompanied Children:					
Unaccompanied Children, BA	3,906,258	4,901,346	6,714,346	+2,808,088	+1,813,000
CR Funding - P.L 117-70	1,600,000	---	---	-1,600,000	---
Subtotal, Unaccompanied Children	5,506,258	4,901,346	6,714,346	+1,208,088	+1,813,000
CR Funding - P.L. 117-43 (emergency)	2,500,000	---	---	-2,500,000	---
Subtotal, Unaccompanied Children	8,006,258	4,901,346	6,714,346	-1,291,912	+1,813,000
Survivors of Torture	18,000	27,000	20,000	+2,000	-7,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Refugee and Entrant Assistance.....	8,925,214	6,327,843	7,979,346	-945,868	+1,651,503
Total, Refugee and Entrant Assistance, without emergency.....	6,425,214	6,327,843	7,979,346	+1,554,132	+1,651,503
Subtotal, Sections 414, 501, 462, 235.....	6,377,459	6,261,346	7,924,346	+1,546,887	+1,663,000
Payments to States for the Child Care and Development Block Grant.....	6,165,330	7,562,000	7,165,330	+1,000,000	-396,670
Social Services Block Grant (Title XX).....	1,700,000	1,700,000	1,700,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start	11,036,820	12,203,454	12,396,820	+1,360,000	+193,366
Preschool Development Grants	290,000	450,000	350,000	+60,000	-100,000
Consolidated Runaway and Homeless Youth Program	120,283	128,840	133,000	+12,717	+4,160
Prevention Grants to Reduce Abuse of Runaway Youth	20,000	21,209	22,000	+2,000	+791
Child Abuse State Grants	95,091	125,000	110,000	+14,909	-15,000
Child Abuse Discretionary Activities	36,000	42,000	41,000	+5,000	-1,000
Community Based Child Abuse Prevention	65,660	90,000	75,000	+9,340	-15,000
Child Welfare Services	268,735	278,900	273,735	+5,000	-5,165
Child Welfare Training, Research, or Demonstration projects	18,984	121,000	38,984	+20,000	-82,016
Adoption Opportunities	48,000	46,100	50,000	+2,000	+3,900
Adoption Incentive Grants	75,000	75,000	75,000	---	---
Social Services Research and Demonstration	44,504	68,500	101,679	+57,175	+33,179
Community Project Funding (non-add)	(26,992)	---	(69,167)	(+42,175)	(+69,167)
Native American Programs	58,762	62,499	63,762	+5,000	+1,263

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services.....	755,000	754,219	800,000	+45,000	+45,781
Economic Development.....	21,383	23,615	22,383	+1,000	-1,232
Rural Community Facilities.....	11,000	12,000	12,000	+1,000	---
Subtotal, Community Services.....	787,383	789,834	834,383	+47,000	+44,549
Domestic Violence Hotline.....	15,500	27,360	27,360	+11,860	---
Family Violence Prevention and Services.....	200,000	491,869	300,000	+100,000	-191,869
Chafee Education and Training Vouchers.....	43,257	48,257	45,257	+2,000	-3,000
Disaster Human Services Case Management.....	1,864	8,000	2,364	+500	-5,636
Program Direction.....	212,500	234,000	227,000	+14,500	-7,000
Total, Children and Families Services Programs..	13,438,343	15,311,822	15,167,344	+1,729,001	-144,478
Promoting Safe and Stable Families					
Promoting Safe and Stable Families.....	345,000	345,000	345,000	---	---
Discretionary Funds.....	82,515	106,000	82,515	---	-23,485
Total, Promoting Safe and Stable Families.....	427,515	451,000	427,515	---	-23,485

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments for Foster Care and Permanency					
Foster Care	5,830,000	6,190,000	6,190,000	+360,000	---
Adoption Assistance	3,736,000	4,128,000	4,128,000	+392,000	---
Guardianship	254,000	345,000	345,000	+91,000	---
Independent Living	143,000	143,000	143,000	---	---
Total, Payments to States, available this fiscal year	9,963,000	10,806,000	10,806,000	+843,000	---
Advance appropriations, 1st quarter, FY 2024	3,200,000	3,200,000	3,200,000	---	---
less appropriations provided in prior years	-3,000,000	-3,200,000	-3,200,000	-200,000	---
Total, Payments to State, current year	6,963,000	7,606,000	7,606,000	+643,000	---
Total, Payments to States, available in this bill	10,163,000	10,806,000	10,806,000	+643,000	---
Total, Administration for Children and Families	48,714,706	50,316,969	51,428,535	+2,713,829	+1,111,566
Current year appropriations	(41,714,706)	(45,816,969)	(46,928,535)	(+5,213,829)	(+1,111,566)
Current Year (emergency)	(2,500,000)	---	---	(-2,500,000)	---
Advance appropriations	(4,500,000)	(4,500,000)	(4,500,000)	---	---
Total, ACF Program Level	48,714,706	50,316,969	51,428,535	+2,713,829	+1,111,566

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	398,574	500,000	450,000	+51,426	-50,000
Preventive Health.....	24,848	26,339	27,500	+2,652	+1,161
Protection of Vulnerable Older Americans-Title VII	24,658	41,944	41,944	+17,286	---
Subtotal.....	448,080	568,283	519,444	+71,364	-48,839
Family Caregivers.....	193,936	249,936	230,000	+36,064	-19,936
Native American Caregivers Support.....	11,306	15,806	13,806	+2,500	-2,000
Subtotal, Caregivers.....	205,242	265,742	243,806	+38,564	-21,936
Nutrition:					
Congregate Meals.....	515,342	762,050	700,000	+184,658	-62,050
Home Delivered Meals.....	291,342	410,335	400,000	+108,658	-10,335
Nutrition Services Incentive Program.....	160,069	100,000	160,069	---	+60,069
Subtotal.....	966,753	1,272,385	1,260,069	+293,316	-12,316
Subtotal, Grants to States.....	1,620,075	2,106,410	2,023,319	+403,244	-83,091
Grants for Native Americans.....	36,264	70,208	41,264	+5,000	-28,944
Aging Network Support Activities.....	18,461	22,946	36,961	+18,500	+14,015

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Alzheimer's Disease Program:					
Budget Authority	14,800	15,360	15,360	+560	---
Prevention and Public Health Fund 1/	(14,700)	(14,700)	(14,700)	---	---
Subtotal, Alzheimer's Disease Program	29,500	30,060	30,060	+560	---
Lifespan Respite Care	8,110	14,220	14,220	+6,110	---
Chronic Disease Self-Management Program,					
Budget Authority	---	---	---	---	---
Prevention and Public Health Fund 1/	(8,000)	(8,000)	(8,000)	---	---
Subtotal, Chronic Disease Self-Management Program	8,000	8,000	8,000	---	---
Elder Falls Prevention:					
Budget Authority	---	---	5,000	+5,000	+5,000
Prevention and Public Health Fund 1/	(5,000)	(5,000)	(5,000)	---	---
Subtotal, Elder Falls Prevention, Program	5,000	5,000	10,000	+5,000	+5,000
Elder Rights Support Activities	18,874	77,400	100,000	+81,126	+22,600
Aging and Disability Resources	8,119	12,178	9,119	+1,000	-3,059
State Health Insurance Program	53,115	55,242	58,115	+5,000	+2,873
Paralysis Resource Center					
Budget Authority	9,700	---	10,185	+485	+10,185
Evaluation Tap Funding	---	(10,185)	---	---	(-10,185)
Subtotal, Paralysis Resource Center	9,700	10,185	10,185	+485	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limb Loss Resource Center					
Budget Authority	4,000	---	4,200	+200	+4,200
Evaluation Tap Funding	---	(4,200)	---	---	(-4,200)
Subtotal, Limb Loss Resorce Center	4,000	4,200	4,200	+200	---
Traumatic Brain Injury					
Budget Authority	11,821	---	13,118	+1,297	+13,118
Evaluation Tap Funding	---	(13,118)	---	---	(-13,118)
Subtotal, Traumatic Brain Injury	11,821	13,118	13,118	+1,297	---
Developmental Disabilities Programs:					
State Councils	80,000	88,480	85,000	+5,000	-3,480
Protection and Advocacy	42,784	59,659	50,000	+7,216	-9,659
Voting Access for Individuals with Disabilities	8,463	12,414	12,414	+3,951	---
Developmental Disabilities Projects of National Significance	12,250	24,600	13,750	+1,500	-10,850
University Centers for Excellence in Developmental Disabilities	42,119	47,173	42,119	---	-5,054
Subtotal, Developmental Disabilities Programs	185,616	232,326	203,283	+17,667	-29,043

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Workforce Innovation and Opportunity Act					
Independent Living	118,183	160,208	140,000	+21,817	-20,208
National Institute on Disability, Independent Living, and Rehabilitation Research	116,470	118,619	117,470	+1,000	-1,149
Assistive Technology	38,500	44,000	44,000	+5,500	---
Subtotal, Workforce Innovation and Opportunity Act	273,153	322,827	301,470	+28,317	-21,357
Community Project Funding	13,871	---	30,446	+16,575	+30,446
Program Administration	42,063	56,616	52,063	+10,000	-4,553
Total, Administration for Community Living	2,318,042	3,013,236	2,918,123	+600,081	-95,113
Federal funds	(2,264,927)	(2,930,491)	(2,860,008)	(+595,081)	(-70,483)
Trust Funds	(53,115)	(55,242)	(58,115)	(+5,000)	(+2,873)
(Prevention and Public Health Fund 1/)	(27,700)	(27,700)	(27,700)	---	---
Total, ACL program level	2,345,742	3,040,936	2,945,823	+600,081	-95,113

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds	209,419	258,464	233,919	+24,500	-24,545
Teen Pregnancy Prevention Community Grants	101,000	111,000	130,000	+29,000	+19,000
Evaluation Tap Funding	(6,800)	(7,700)	(7,700)	(+900)	---
Subtotal, Grants	(107,800)	(118,700)	(137,700)	(+29,900)	(+19,000)
Sexual Risk Avoidance	35,000	---	---	-35,000	---
Office of Minority Health	64,835	85,835	80,835	+16,000	-5,000
Office on Women's Health	38,140	42,140	48,140	+10,000	+6,000
Minority HIV/AIDS Fund	56,900	58,400	60,000	+3,100	+1,600
Embryo Adoption Awareness Campaign	1,000	1,000	1,000	---	---
Electric Vehicle Program	---	5,000	5,000	+5,000	---
COVID and non-COVID Executive Order Implementation	---	18,000	5,000	+5,000	-13,000
Planning and Evaluation, Evaluation Tap Funding	(58,028)	(77,528)	(68,028)	(+10,000)	(-9,500)
Total, General Departmental Management	506,294	579,839	563,894	+57,600	-15,945
(Evaluation Tap Funding)	(64,828)	(85,228)	(75,728)	(+10,900)	(-9,500)
Total, General Departmental Management program level	571,122	665,067	639,622	+68,500	-25,445

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medicare Hearings and Appeals	196,000	196,000	196,000	---	---
Office of the National Coordinator for Health					
Information Technology	---	---	---	---	---
Evaluation Tap Funding	(64,238)	(103,614)	(86,614)	(+22,376)	(-17,000)
Total, Program Level	(64,238)	(103,614)	(86,614)	(+22,376)	(-17,000)
Office of Inspector General					
Inspector General Federal Funds	82,400	106,329	94,400	+12,000	-11,929
Office for Civil Rights					
Federal Funds	39,798	60,250	49,798	+10,000	-10,452
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	550,013	573,327	573,327	+23,314	---
Survivors Benefits	32,909	36,000	36,000	+3,091	---
Dependents' Medical Care	90,356	101,000	101,000	+10,644	---
Total, Benefits for Commissioned Officers	673,278	710,327	710,327	+37,049	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations	30,938	34,376	34,376	+3,438	---
H-CORE	---	132,801	132,801	+132,801	---
Preparedness and Emergency Operations	24,654	28,300	28,300	+3,646	---
National Disaster Medical System	75,404	130,030	93,904	+18,500	-36,126
Hospital Preparedness Program:					
Formula Grants	295,555	291,777	327,055	+31,500	+35,278
Biomedical Advanced Research and Development Authority (BARDA)	745,005	828,380	845,005	+100,000	+16,625
Policy and Planning	14,877	21,417	17,877	+3,000	-3,540
Project BioShield	780,000	770,000	800,000	+20,000	+30,000
Strategic National Stockpile	845,000	975,000	855,000	+10,000	-120,000
Medical Reserve Corps	6,240	6,240	6,240	---	---
Preparedness and Response Innovation	2,080	2,080	4,000	+1,920	+1,920
Subtotal, Preparedness and Response	2,819,753	3,220,401	3,144,558	+324,805	-75,843

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assistant Secretary for Administration					
Cybersecurity	71,415	161,326	131,915	+60,500	-29,411
Other Cybersecurity: PHSSEF	---	21,900	21,900	+21,900	---
Office of National Security	8,510	8,983	8,983	+473	---
Office of the Assistant Secretary of Health	---	20,000	10,000	+10,000	-10,000
Pandemic Influenza Preparedness	300,000	382,000	382,000	+82,000	---
Subtotal, Non-pandemic flu/BioShield/SNS	1,274,678	1,687,610	1,662,356	+387,678	-25,254
Total, PHSSEF	3,199,678	3,814,610	3,699,356	+499,678	-115,254
Advanced Research Projects Agency for Health					
Advanced Research Projects	1,000,000	---	2,750,000	+1,750,000	+2,750,000
Total, Office of the Secretary	5,697,448	5,467,355	8,063,775	+2,366,327	+2,596,420
Federal Funds	5,501,448	5,271,355	7,867,775	+2,366,327	+2,596,420
Trust Funds	196,000	196,000	196,000	---	---
(Evaluation Tap Funding)	(129,066)	(188,842)	(162,342)	(+33,276)	(-26,500)
Total, Office of the Secretary Program Level	5,826,514	5,656,197	8,226,117	+2,399,603	+2,569,920

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Title II, Department of Health and Human Services	1,150,368,762	1,255,017,830	1,255,342,570	+104,973,808	+324,740
Federal Funds	1,145,067,703	1,248,409,403	1,248,742,270	+103,674,567	+332,867
Appropriations	(972,345,685)	(1,046,328,929)	(1,046,661,796)	(+74,316,111)	(+332,867)
Emergency appropriations	(2,500,000)	---	---	(-2,500,000)	---
Advance appropriations	(170,222,018)	(202,080,474)	(202,080,474)	(+31,858,456)	---
Trust Funds	(4,805,059)	(5,523,427)	(5,515,300)	(+710,241)	(-8,127)
CURES Act2/	(496,000)	(1,085,000)	(1,085,000)	(+589,000)	---
Prevention and Public Health Fund 1/	(943,000)	(943,000)	(943,000)	---	---

Title II Footnotes:
1/ Sec.4002 of Public Law 111-148
2/ 21St Century CURES Act (Public Law 114-255)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Appropriations from prior year advances.....	763,776	763,776	763,776	---	---
Forward funded.....	5,690,625	5,690,625	5,690,625	---	---
Current appropriation.....	5,000	5,000	5,000	---	---
Subtotal, Basic grants available this fiscal year.....	5,695,625	5,695,625	5,695,625	---	---
Advance appropriations, FY 2024.....	763,776	763,776	763,776	---	---
less appropriations available from prior year advances.....	-763,776	-763,776	-763,776	---	---
Subtotal, Basic grants, appropriated in this bill.....	6,459,401	6,459,401	6,459,401	---	---
Concentration Grants:					
Appropriations from prior year advances.....	1,362,301	1,362,301	1,362,301	---	---
Advance appropriations FY 2024.....	1,362,301	1,362,301	1,362,301	---	---
less appropriations provided from prior year advances.....	-1,362,301	-1,362,301	-1,362,301	---	---
Subtotal, Concentration grants, appropriated in this bill.....	1,362,301	1,362,301	1,362,301	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Targeted Grants:					
Appropriations from prior year advances.....	4,357,550	4,357,550	4,357,550	---	---
Forward funded.....	500,000	2,000,000	2,000,000	+1,500,000	---
Advance appropriations FY 2024.....	4,357,550	4,357,550	4,357,550	---	---
less appropriations provided from prior year advances.....	-4,357,550	-4,357,550	-4,357,550	---	---
Subtotal, Targeted Grants, appropriated in this bill.....	4,857,550	6,357,550	6,357,550	+1,500,000	---
Education Finance Incentive Grants:					
Appropriations from prior year advances.....	4,357,550	4,357,550	4,357,550	---	---
Forward Funded.....	500,000	2,000,000	2,000,000	+1,500,000	---
Advance appropriations, FY 2024.....	4,357,550	4,357,550	4,357,550	---	---
less appropriations provided from prior year advances.....	-4,357,550	-4,357,550	-4,357,550	---	---
Subtotal, Education Finance Incentive Grants, appropriated in this bill.....	4,857,550	6,357,550	6,357,550	+1,500,000	---
Subtotal, Grants to LEAs, program level appropriated in this bill.....	17,536,802	20,536,802	20,536,802	+3,000,000	---
Innovative Approaches to Literacy.....	29,000	28,000	31,000	+2,000	+3,000
Comprehensive literacy development grants.....	192,000	192,000	192,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Agency Programs:					
Migrant	375,626	375,626	375,626	---	---
Neglected and Delinquent/High Risk Youth	48,239	52,000	48,239	---	-3,761
Children and Youth in Foster Care	---	30,000	18,761	+18,761	-11,239
Subtotal, State Agency programs	423,865	457,626	442,626	+18,761	-15,000
Special Programs for Migrant Students	48,123	66,123	58,123	+10,000	-8,000
Total, Education for the disadvantaged	18,229,790	21,280,551	21,260,551	+3,030,761	-20,000
Current Year appropriations	(7,388,613)	(10,439,374)	(10,419,374)	(+3,030,761)	(-20,000)
(Forward Funded)	(7,306,490)	(10,310,251)	(10,306,490)	(+3,000,000)	(-3,761)
FY 2024 Advances	(10,841,177)	(10,841,177)	(10,841,177)	---	---
IMPACT AID					
Basic Support Payments	1,409,242	1,394,242	1,464,242	+55,000	+70,000
Payments for Children with Disabilities	48,316	48,316	48,316	---	---
Facilities Maintenance (Sec. 8008)	4,835	4,835	4,835	---	---
Construction (Sec. 8007)	17,406	17,406	17,406	---	---
Payments for Federal Property (Sec. 8002)	77,313	76,313	79,313	+2,000	+3,000
Total, Impact aid	1,557,112	1,541,112	1,614,112	+57,000	+73,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants	488,639	467,139	588,639	+100,000	+121,500
Appropriations from prior year advances	1,681,441	1,681,441	1,681,441	---	---
Advance appropriations, FY 2024	1,681,441	1,681,441	1,681,441	---	---
less appropriations provided from prior year advances	-1,681,441	-1,681,441	-1,681,441	---	---
Subtotal, Supporting Effective Instruction State Grants, program level appropriated in this bill	2,170,080	2,148,580	2,270,080	+100,000	+121,500
Supplemental Education Grants	19,657	24,464	24,464	+4,807	---
Nita M. Lowey 21st Century Community Learning Centers	1,289,673	1,309,673	1,409,673	+120,000	+100,000
State Assessments	390,000	378,000	390,000	---	+12,000
Education for Homeless Children and Youth	114,000	110,000	122,000	+8,000	+12,000
Training and Advisory Services (Civil Rights)	6,575	6,575	6,575	---	---
Education for Native Hawaiians	38,897	37,397	40,897	+2,000	+3,500
Alaska Native Education Equity	37,953	36,453	37,953	---	+1,500
Rural Education	195,000	202,840	195,000	---	-7,840
Comprehensive Centers	54,000	52,000	54,000	---	+2,000
Student Support and Academic Enrichment grants	1,280,000	1,220,000	1,355,000	+75,000	+135,000
Total, School Improvement Programs	5,595,835	5,525,982	5,905,642	+309,807	+379,660
Current Year appropriations	(3,914,394)	(3,844,541)	(4,224,201)	(+309,807)	(+379,660)
(Forward Funded)	(3,757,312)	(3,687,652)	(4,060,312)	(+303,000)	(+372,660)
Advance appropriations	(1,681,441)	(1,681,441)	(1,681,441)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
INDIAN EDUCATION					
Grants to Local Educational Agencies	109,881	110,381	110,381	+500	---
Federal Programs:					
Special Programs for Indian Children	70,000	67,993	72,000	+2,000	+4,007
National Activities	9,365	7,865	12,865	+3,500	+5,000
Subtotal, Federal Programs	79,365	75,858	84,865	+5,500	+9,007
Total, Indian Education	189,246	186,239	195,246	+6,000	+9,007
INNOVATION AND IMPROVEMENT					
Education Innovation and Research	234,000	514,000	384,000	+150,000	-130,000
American History and Civics Academies	3,000	4,012	3,000	---	-1,012
American History and Civics National Activities	4,750	6,488	12,500	+7,750	+6,012
School Leader Recruitment and Support	---	40,000	---	---	-40,000
Charter Schools Grants	440,000	440,000	400,000	-40,000	-40,000
Magnet Schools Assistance	124,000	149,000	149,000	+25,000	---
Community Project Funding 1/	140,480	---	154,108	+13,628	+154,108
Teacher and School Leader Incentive Grants	173,000	150,000	88,500	-84,500	-61,500
Ready-to-Learn Television	30,500	29,500	32,500	+2,000	+3,000
Supporting Effective Educator Development (SEED)	85,000	80,000	90,000	+5,000	+10,000
Arts in Education	36,500	30,500	38,500	+2,000	+8,000
Javits Gifted and Talented Students	14,500	13,500	16,500	+2,000	+3,000
Statewide Family Engagement Centers	15,000	15,000	16,000	+1,000	+1,000
Fostering Diverse Schools	---	100,000	100,000	+100,000	---
Total, Innovation and Improvement	1,300,730	1,572,000	1,484,608	+183,878	-87,392

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	85,000	96,000	96,000	+11,000	---
School Safety National Activities 2/	201,000	1,129,000	1,134,000	+933,000	+5,000
Full-Service Community Schools	75,000	468,000	468,000	+393,000	---
Integrated Student Supports	---	---	10,000	+10,000	+10,000
Total, Safe Schools and Citizenship Education	361,000	1,693,000	1,708,000	+1,347,000	+15,000
ENGLISH LANGUAGE ACQUISITION					
Current funded	54,041	69,875	65,000	+10,959	-4,875
Forward funded	777,359	1,005,125	935,000	+157,641	-70,125
Total, English Language Acquisition	831,400	1,075,000	1,000,000	+168,600	-75,000
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	4,060,321	6,975,810	6,975,810	+2,915,489	---
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2024)	9,283,383	9,283,383	9,283,383	---	---
Subtotal, program level	13,343,704	16,259,193	16,259,193	+2,915,489	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Preschool Grants	409,549	502,620	439,620	+30,071	-63,000
Grants for Infants and Families	496,306	932,000	621,306	+125,000	-310,694
Subtotal, program level	14,249,559	17,693,813	17,320,119	+3,070,560	-373,694
IDEA National Activities (current funded):					
State Personnel Development	38,630	38,630	38,630	---	---
Technical Assistance and Dissemination	44,345	49,345	44,345	---	-5,000
Special Olympics Education Programs	31,000	23,683	35,000	+4,000	+11,317
Personnel Preparation	95,000	250,000	250,000	+155,000	---
Parent Information Centers	30,152	45,152	40,152	+10,000	-5,000
Educational Technology, Media, and Materials	30,433	29,547	32,433	+2,000	+2,886
Subtotal, IDEA National Activities	269,560	436,357	440,560	+171,000	+4,203
Total, Special education	14,519,119	18,130,170	17,760,679	+3,241,560	-369,491
Current Year appropriations	(5,235,736)	(8,846,787)	(8,477,296)	(+3,241,560)	(-369,491)
(Forward Funded)	(4,966,176)	(8,410,430)	(8,036,736)	(+3,070,560)	(-373,694)
Advance appropriations	(9,283,383)	(9,283,383)	(9,283,383)	---	---
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants	3,719,121	3,949,707	3,949,707	+230,586	---
Client Assistance State grants	13,000	13,000	13,000	---	---
Training	29,388	29,388	29,388	---	---
Demonstration and Training programs	5,796	40,796	15,796	+10,000	-25,000
Protection and Advocacy of Individual Rights (PAIR)	19,150	18,150	21,150	+2,000	+3,000
Supported Employment State grants	22,548	22,548	22,548	---	---
Services for Older Blind Individuals	33,317	33,317	33,317	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Helen Keller National Center for Deaf/Blind Youth and Adults	18,000	18,500	20,000	+2,000	+1,500
Temporary Grants to Blind Vendors	---	500	---	---	-500
Community Project Funding	2,325	---	---	-2,325	---
Total, Rehabilitation Services	3,862,645	4,125,906	4,104,906	+242,261	-21,000
(Discretionary)	143,524	176,199	155,199	+11,675	-21,000
(Mandatory)	3,719,121	3,949,707	3,949,707	+230,586	---
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	40,431	37,431	43,431	+3,000	+6,000
National Technical Institute for the Deaf (NTID):					
Operations	88,500	84,500	91,500	+3,000	+7,000
Gallaudet University:					
Operations	146,361	143,361	156,361	+10,000	+13,000
Total, Special Institutions for Persons with Disabilities	275,292	265,292	291,292	+16,000	+26,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants					
State Grants	588,848	563,848	633,848	+45,000	+70,000
Appropriations available from prior year advances	791,000	791,000	791,000	---	---
Total, available this fiscal year	1,379,848	1,354,848	1,424,848	+45,000	+70,000
Advance appropriations, FY 2024	791,000	791,000	791,000	---	---
less appropriations provided in prior years	-791,000	-791,000	-791,000	---	---
Subtotal, Basic State Grants, program level, appropriated in this bill	1,379,848	1,354,848	1,424,848	+45,000	+70,000
National Programs	7,421	215,421	57,421	+50,000	-158,000
Subtotal, Career Education	1,387,269	1,570,269	1,482,269	+95,000	-88,000
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded	690,455	700,000	714,000	+23,545	+14,000
National Leadership Activities	13,712	38,712	18,712	+5,000	-20,000
Subtotal, Adult education	704,167	738,712	732,712	+28,545	-6,000
Total, Career, Technical, and Adult Education	2,091,436	2,308,981	2,214,981	+123,545	-94,000
Current Year appropriations	(1,300,436)	(1,517,981)	(1,423,981)	(+123,545)	(-94,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
(Forward Funded)	(1,300,436)	(1,517,981)	(1,423,981)	(+123,545)	(-94,000)
Advance appropriations	(791,000)	(791,000)	(791,000)	---	---
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA)	(5,835)	(6,335)	(6,335)	(+500)	---
Pell Grants	22,475,352	24,275,352	22,475,352	---	-1,800,000
Federal Supplemental Educational Opportunity Grants	895,000	880,000	920,000	+25,000	+40,000
Federal Work Study	1,210,000	1,190,000	1,243,882	+33,882	+53,882
Total, Student Financial Assistance	24,580,352	26,345,352	24,639,234	+58,882	-1,706,118
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT	25,000	---	---	-25,000	---
STUDENT AID ADMINISTRATION					
Salaries and Expenses	1,058,943	1,187,788	1,187,788	+128,845	---
Servicing Activities	975,000	1,466,246	1,391,246	+416,246	-75,000
Total, Student Aid Administration	2,033,943	2,654,034	2,579,034	+545,091	-75,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	110,070	209,007	175,070	+65,000	-33,937
Hispanic Serving Institutions	182,854	236,732	246,732	+63,878	+10,000
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	19,661	28,845	28,845	+9,184	---
Strengthening Historically Black Colleges (HBCUs)	362,823	402,619	402,619	+39,796	---
Strengthening Historically Black Graduate Institutions	93,129	102,313	102,313	+9,184	---
Strengthening Predominantly Black Institutions	17,708	23,218	23,218	+5,510	---
Strengthening Asian American and Native American Pacific Islander-Serving Institutions	10,936	20,120	20,120	+9,184	---
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	21,371	25,044	25,044	+3,673	---
Strengthening Native American-Serving Nontribal Institutions	7,834	12,120	12,120	+4,286	---
Strengthening Tribal Colleges	43,896	53,080	53,080	+9,184	---
Strengthening HBCU Masters programs	14,834	20,956	20,956	+6,122	---
Subtotal, Aid for Institutional development	885,116	1,134,054	1,110,117	+225,001	-23,937

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
International Education and Foreign Language:					
Domestic Programs	71,853	69,353	76,853	+5,000	+7,500
Overseas Programs	9,811	8,811	11,811	+2,000	+3,000
Subtotal, International Education and Foreign Language	81,664	78,164	88,664	+7,000	+10,500
Postsecondary Program for Students with Intellectual Disabilities	13,800	15,180	15,180	+1,380	---
Minority Science and Engineering Improvement	14,539	18,370	18,370	+3,831	---
Tribally Controlled Postsec Voc/Tech Institutions	10,953	10,634	10,953	---	+319
Federal TRIO Programs	1,137,000	1,297,761	1,297,761	+160,761	---
GEAR UP	378,000	408,000	408,000	+30,000	---
Graduate Assistance in Areas of National Need	23,547	23,547	24,047	+500	+500
Teacher Quality Partnerships	59,092	132,092	132,092	+73,000	---
Child Care Access Means Parents in School	65,000	95,000	95,000	+30,000	---
Fund for the Improvement of Postsecondary Ed. (FIPSE)	68,000	560,000	520,000	+452,000	-40,000
Community Project Funding	249,400	---	209,301	-40,099	+209,301
Hawkins Centers of Excellence 3/	8,000	20,000	30,000	+22,000	+10,000
Total, Higher Education	2,994,111	3,792,802	3,959,485	+965,374	+166,683

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
HOWARD UNIVERSITY					
Academic Program	213,288	223,288	213,288	---	-10,000
Endowment Program	3,405	3,405	3,405	---	---
Howard University Hospital	127,325	84,325	177,325	+50,000	+93,000
Total, Howard University	344,018	311,018	394,018	+50,000	+83,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM	435	298	298	-137	---
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration	334	528	528	+194	---
HBCU Loan Subsidies	20,150	20,150	20,150	---	---
Total, HBCU Capital Financing Program	20,484	20,678	20,678	+194	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination	204,877	197,877	289,877	+85,000	+92,000
Statistics	111,500	111,500	111,500	---	---
Regional Educational Laboratories	58,733	57,022	63,733	+5,000	+6,711
Research in Special Education	60,255	58,500	64,255	+4,000	+5,755
Special Education Studies and Evaluations	13,318	11,318	13,318	---	+2,000
Statewide Data Systems	33,500	33,500	35,500	+2,000	+2,000
Assessment:					
National Assessment	180,000	185,000	185,000	+5,000	---
National Assessment Governing Board	7,745	7,799	7,799	+54	---
Subtotal, Assessment	187,745	192,799	192,799	+5,054	---
Program Administration	67,093	---	73,093	+6,000	+73,093
Total, Institute of Education Sciences	737,021	662,516	844,075	+107,054	+181,559
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	387,907	530,500	445,000	+57,093	-85,500
Building Modernization	7,000	17,500	17,500	+10,500	---
Total, Program administration	394,907	548,000	462,500	+67,593	-85,500
Office for Civil Rights	135,500	161,300	151,300	+15,800	-10,000
Office of Inspector General	64,000	76,452	76,452	+12,452	---
Total, Departmental management	594,407	785,752	690,252	+95,845	-95,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Title III, Department of Education.....	80,143,376	92,276,683	90,667,091	+10,523,715	-1,609,592
Current Year appropriations.....	(57,546,375)	(69,679,682)	(68,070,090)	(+10,523,715)	(-1,609,592)
Advance appropriations.....	(22,597,001)	(22,597,001)	(22,597,001)	---	---

Title III Footnotes:
1/ Funds displayed in this line are made available in the bill in Section 312
2/ The fiscal year 2023 Request for School-Based Health Professionals is included in School Safety National Activities
3/ Funds displayed in this line under FY 2022 enacted were provided in FIPSE

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	11,000	13,124	13,124	+2,124	---
Office of Inspector General	(2,650)	(3,124)	(3,124)	(+474)	---
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	100,285	106,264	106,264	+5,979	---
National Senior Volunteer Corps:					
Foster Grandparents Program	122,363	131,335	131,335	+8,972	---
Senior Companion Program	54,449	58,705	58,705	+4,256	---
Retired Senior Volunteer Program	53,956	55,105	55,105	+1,149	---
Subtotal, Senior Volunteer Corps	230,768	245,145	245,145	+14,377	---
Subtotal, Domestic Volunteer Service	331,053	351,409	351,409	+20,356	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants	466,749	557,094	522,797	+56,048	-34,297
Innovation, Assistance, and Other Activities	9,888	10,100	10,100	+212	---
Evaluation	4,120	6,250	6,250	+2,130	---
National Civilian Community Corps (subtitle E)	34,505	37,735	37,735	+3,230	---
State Commission Support Grants	19,094	19,538	19,538	+444	---
Subtotal, National and Community Service	534,356	630,717	596,420	+62,064	-34,297
Total, Operating expenses	865,409	982,126	947,829	+82,420	-34,297
National Service Trust	190,550	235,000	235,000	+44,450	---
Salaries and Expenses	88,082	114,686	109,686	+21,604	-5,000
Office of Inspector General	6,595	8,121	8,121	+1,526	---
Total, Corporation for National and Community Service	1,150,636	1,339,933	1,300,636	+150,000	-39,297
CORPORATION FOR PUBLIC BROADCASTING:					
Appropriation available from FY 2021 advance	(465,000)	(475,000)	(475,000)	(+10,000)	---
Total, available this fiscal year	465,000	475,000	475,000	+10,000	---
Advance appropriation, FY 2025	525,000	565,000	565,000	+40,000	---
Public television interconnection system	20,000	60,000	60,000	+40,000	---
Total CPB, appropriated in this bill	545,000	625,000	625,000	+80,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
FEDERAL MEDIATION AND CONCILIATION SERVICE.....	50,058	53,705	53,705	+3,647	---
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	17,539	18,012	18,012	+473	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	268,000	276,800	280,000	+12,000	+3,200
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION.....	9,043	9,727	9,405	+362	-322
MEDICARE PAYMENT ADVISORY COMMISSION (TRUST FUND).....	13,292	13,440	13,824	+532	+384
NATIONAL COUNCIL ON DISABILITY.....	3,500	3,850	3,850	+350	---
NATIONAL LABOR RELATIONS BOARD.....	274,224	319,424	319,424	+45,200	---
NATIONAL MEDIATION BOARD.....	14,729	15,113	15,113	+384	---
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION.....	13,622	15,449	15,449	+1,827	---
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account.....	11,000	9,000	9,000	-2,000	---
Less Income Tax Receipts on Dual Benefits.....	-1,000	-1,000	-1,000	---	---
Subtotal, Dual Benefits.....	10,000	8,000	8,000	-2,000	---
Federal Payments to the Railroad Retirement Accounts..	150	150	150	---	---
Limitation on administratiive expenses.....	124,000	131,666	131,666	+7,666	---
Limitation on the Office of Inspector General.....	12,650	13,269	13,269	+619	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	11,000	11,000	11,000	---	---
Supplemental Security Income Program					
Federal Benefit Payments	60,691,142	59,225,000	59,225,000	-1,466,142	---
Beneficiary Services	205,000	124,000	124,000	-81,000	---
Research and Demonstration	86,000	86,000	86,000	---	---
Administration	4,531,681	4,993,722	4,878,576	+346,895	-115,146
Subtotal, available this fiscal year	65,513,823	64,428,722	64,313,576	-1,200,247	-115,146
Less appropriations provided from prior year advances	-19,600,000	-15,600,000	-15,600,000	+4,000,000	---
Subtotal, current year appropriation	45,913,823	48,828,722	48,713,576	+2,799,753	-115,146
Subtotal, Mandatory	41,382,142	43,835,000	43,835,000	+2,452,858	---
Advance appropriations, 1st quarter, FY 2024	15,600,000	15,800,000	15,800,000	+200,000	---
Total, SSI program appropriated in this bill	61,513,823	64,628,722	64,513,576	+2,999,753	-115,146
Limitation on Administrative Expenses					
OASI/DI Trust Funds	5,352,156	6,127,571	5,983,432	+631,276	-144,139
HI/SMI Trust Funds	2,835,163	3,213,193	3,141,173	+306,010	-72,020

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Social Security Advisory Board	2,600	2,750	2,700	+100	-50
SSI	3,305,026	3,489,786	3,374,640	+69,614	-115,146
Subtotal	11,494,945	12,833,300	12,501,945	+1,007,000	-331,355
User Fees:					
SSI User Fee activities	138,000	140,000	140,000	+2,000	---
SSPA User Fee Activities	1,000	1,000	1,000	---	---
CBO adjustment	-1,000	-1,000	-1,000	---	---
Subtotal, User fees	138,000	140,000	140,000	+2,000	---
Subtotal, Limitation on administrative expenses	11,632,945	12,973,300	12,641,945	+1,009,000	-331,355
Program Integrity:					
OASDI Trust Funds	481,345	295,064	295,064	-186,281	---
SSI	1,226,655	1,503,936	1,503,936	+277,281	---
Subtotal, Program integrity funding	1,708,000	1,799,000	1,799,000	+91,000	---
Base Program Integrity	(273,000)	(288,000)	(288,000)	(+15,000)	---
Program Integrity (cap adjustment)	(1,435,000)	(1,511,000)	(1,511,000)	(+76,000)	---
Total, Limitation on Administrative Expenses	13,340,945	14,772,300	14,440,945	+1,100,000	-331,355
Total, Limitation on Administrative Expenses (less user fees)	13,202,945	14,632,300	14,300,945	+1,098,000	-331,355

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Benefits for WW II Veterans	1,000	---	1,000	---	+1,000
Office of Inspector General					
Federal Funds	30,900	33,000	33,000	+2,100	---
Trust Funds	77,765	84,500	84,500	+6,735	---
Total, Office of Inspector General	108,665	117,500	117,500	+8,835	---
Adjustment: Trust fund transfers from general revenues	-4,531,681	-4,993,722	-4,878,576	-346,895	+115,146
Total, Social Security Administration	70,443,752	74,535,800	74,205,445	+3,761,693	-330,355
Federal funds	61,694,723	64,812,722	64,698,576	+3,003,853	-114,146
Current year	(46,094,723)	(49,012,722)	(48,898,576)	(+2,803,853)	(-114,146)
New advances, 1st quarter, FY 2024	(15,600,000)	(15,800,000)	(15,800,000)	(+200,000)	---
Trust funds	8,749,029	9,723,078	9,506,869	+757,840	-216,209
Total, Title IV, Related Agencies	72,961,195	77,392,462	77,026,072	+4,064,877	-366,390
Federal Funds	64,062,224	67,511,009	67,360,444	+3,298,220	-150,565
Current Year	(47,937,224)	(51,146,009)	(50,995,444)	(+3,058,220)	(-150,565)
FY 2023 Advance	(15,600,000)	(15,800,000)	(15,800,000)	(+200,000)	---
FY 2024 Advance	(525,000)	(565,000)	(565,000)	(+40,000)	---
Trust Funds	8,898,971	9,881,453	9,665,628	+766,657	-215,825

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE VI - EMERGENCY FUNDING					
AWIU - Emergency	---	---	---	---	---
Water and Wastewater (emergency)	---	---	---	---	---
Total, Title VI, Emergency Funding	---	---	---	---	---
OTHER APPROPRIATIONS					
EXTENDING FUNDING AND EMERGENCY ASSISTANCE ACT, 2022 (P. L. 117-43)					
DIVISION C - AFGHANISTAN SUPPLEMENTAL APPROPRIATIONS ACT, 2022					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Centers for Disease Control and Prevention					
CDC-Wide Activities and Program Support (emergency)	21,500	---	---	-21,500	---
ADMINISTRATION FOR CHILDREN FAMILIES					
Refugee and Entrant Assistance (emergency)	1,680,000	---	---	-1,680,000	---
Children and Families Services Programs (emergency)	7,773	---	---	-7,773	---
Total, Administration for Children and Families	1,687,773	---	---	-1,687,773	---
Total, Divison C Afghanistan Supplemental Appropriations Act, 2022	1,709,273	---	---	-1,709,273	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Extending Funding and Emergency Assistance Act	1,709,273	---	---	-1,709,273	---
THE INFRASTRUCTURE INVESTMENT AND JOBS ACT, 2022 (P. L. 117-58)					
DIVISION I - OTHER MATTERS					
DEPARTMENT OF EDUCATION					
Office of Elementary and Secondary Education					
Education Stabilization Fund (Sec. 90007 (f)) (emergency recission)	-353,400	---	---	+353,400	---
Total, Division I - Education Stabization Fund	-353,400	---	---	+353,400	---
DIVISION J - APPROPRIATIONS					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Administration for Children and Families					
Low Income Home Energy Assistance (emergency)	100,000	---	---	-100,000	---
Appropriations available from prior year (emergency)	---	100,000	100,000	+100,000	---
Advance appropriations FY 2023 (emergency)	100,000	---	---	-100,000	---
Advance appropriations FY 2024 (emergency)	100,000	---	---	-100,000	---
Advance appropriations FY 2025 (emergency)	100,000	---	---	-100,000	---
Advance appropriations FY 2026 (emergency)	100,000	---	---	-100,000	---
Total, Low Income Home Energy Assistance	500,000	100,000	100,000	-400,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Infrastructure Investment and Jobs Act...	146,600	100,000	100,000	-46,600	---
FURTHER EXTENDING GOVERNMENT FUNDING ACT, 2022 (P.L. 117-70)					
DIVISION B - ADDITIONAL AFGHANISTAN SUPPLEMENTAL APPROPRIATIONS ACT, 2022					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Centers for Disease Control and Prevention					
CDC-Wide Activities and Program Support (emergency)...	8,000	---	---	-8,000	---
Administration for Children and Families					
Refugee and Entrant Assistance (emergency).....	1,263,728	---	---	-1,263,728	---
Total, Further Extending Government Funding Act..	1,271,728	---	---	-1,271,728	---
Less prior year appropriations (emergency).....	---	-100,000	-100,000	-100,000	---
Total, Other Appropriations.....	3,127,601	---	---	-3,127,601	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grand Total	1,321,013,055	1,440,837,479	1,439,316,617	+118,303,562	-1,520,862
Appropriations	(1,086,438,645)	(1,176,858,105)	(1,175,591,640)	(+89,152,995)	(-1,266,465)
Emergency appropriations	(5,581,001)	---	---	(-5,581,001)	---
Trust funds	(17,723,790)	(19,969,649)	(19,715,252)	(+1,991,462)	(-254,397)
21st Century CURES Act funding	(496,000)	(1,085,000)	(1,085,000)	(+589,000)	---
Advance Appropriations, FY 23	(210,202,019)	(242,259,725)	(242,259,725)	(+32,057,706)	---
Advance appropriations, FY 24	(525,000)	(565,000)	(565,000)	(+40,000)	---
(Advance appropriations, FY 23)(emergency)	(100,000)	---	---	(-100,000)	---
(Advance appropriations, FY 24-26)(emergency)	(300,000)	---	---	(-300,000)	---
(Recission of emergency funding)	(-353,400)	---	---	(+353,400)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
RECAP					
Mandatory, total in bill	1,101,534,854	1,195,969,617	1,195,970,617	+94,435,763	+1,000
Less advances for subsequent years	-185,833,018	-217,890,724	-217,890,724	-32,057,706	---
Plus advances provided in prior years	172,746,315	185,833,018	185,833,018	+13,086,703	---
Total, mandatory, current year	1,088,448,151	1,163,911,911	1,163,912,911	+75,464,760	+1,000
Discretionary, total in bill	219,478,201	244,867,862	243,346,000	+23,867,799	-1,521,862
Less advances for subsequent years	-24,894,001	-24,934,001	-24,934,001	-40,000	---
Less advance emergency appropriations	-400,000	---	---	+400,000	---
Plus advances provided in prior years	24,834,001	24,844,001	24,844,001	+10,000	---
Plus emergency advances provided in prior years	---	100,000	100,000	+100,000	---
Subtotal, discretionary, current year	219,018,201	244,877,862	243,356,000	+24,337,799	-1,521,862
Discretionary Scorekeeping adjustments:					
Average Weekly Insured Unemployment (AWIU) Contingent	50,000	40,000	40,000	-10,000	---
Medicare Eligible Accruals (permanent,indefinite)1/	35,000	37,000	37,000	+2,000	---
SSI User Fee Collection	-138,000	-140,000	-140,000	-2,000	---
CBO adjustment	-9,000	-5,000	-5,000	+4,000	---
Separated Families	---	40,000	---	---	-40,000
Surplus property (Department of Labor)	2,000	2,000	2,000	---	---
H-1B (rescission) (DOL)	-72,000	---	---	+72,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Nonrecurring expenses fund (rescission).....	-650,000	-500,000	-500,000	+150,000	---
Childrens Health Insurance Program performance bonus (rescission).....	---	-6,017,000	---	---	+6,017,000
Childrens Health Insurance Program Annual Allotment to States (rescission).....	---	-6,298,474	---	---	+6,298,474
Child Enrollment contingency fund (rescission)....	-12,679,000	-19,860,000	-14,861,000	-2,182,000	+4,999,000
Pell unobligated balances (rescission).....	-1,050,000	---	---	+1,050,000	---
Pell: Increase maximum award.....	85,000	75,000	75,000	-10,000	---
Pell mandatory funds (rescission).....	-85,000	-141,000	-221,000	-136,000	-80,000
Pell: DACA and TSP Eligibility.....	---	---	93,000	+93,000	+93,000
Federal Student Loan: DACA and TSP Eligibility....	---	---	53,000	+53,000	+53,000
HBCU Cap Financing.....	-20,600	---	---	+20,600	---
Traditional Medicare program.....	355,000	---	---	-355,000	---
21ST Century Cures Act adjustment (PL 114-255)....	-496,000	-1,085,000	-1,085,000	-589,000	---
Total, scorekeeping adjustments.....	-15,132,600	-33,842,474	-16,502,000	-1,369,400	+17,340,474
Total, discretionary.....	204,345,601	211,025,388	226,844,000	+22,498,399	+15,818,612
Grand Total, this fiscal year.....	1,292,793,752	1,374,937,299	1,390,756,911	+97,963,159	+15,819,612

MINORITY VIEWS

We appreciate the efforts of the Majority in producing a Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) Appropriations bill for Fiscal Year 2023 that funds priorities of Members on both sides of the aisle. We were pleased the Committee adopted an amendment proposed by a Republican Member that maintains enforcement of Title 42, an important public health policy used at our Nation's borders, until the Administration provides a plan for its safe removal. We were also pleased the Majority included language proposed by Republicans, which ensures taxpayer money cannot be used to purchase crack pipes for consuming illegal substances and ensures taxpayer money will not go to the Wuhan Institute of Virology, or any other laboratory located in a country determined by the Secretary of State to be a foreign adversary, including China, Russia, North Korea, and Iran. These common sense funding restrictions improved this bill, and we are hopeful they will be retained in the final package.

Despite the many good programs supported in the bill, Republicans are unanimous in our opposition to this measure. It is simply too extreme and out of step with the American people.

First, the bill provides a hefty 14 percent, nearly $30 billion, increase in funding over current levels. The price tag alone is unrealistic, revealing radical left-wing spending priorities and a total disregard for fiscal responsibility.

While American families are experiencing the highest inflation rates and consumer prices seen in four decades, the Majority has chosen to exacerbate these problems by dumping millions of dollars into new, unauthorized social programs.

Another reason we oppose this radical measure is the Majority's removal of the Hyde Amendment, which protects life and prevents federal taxpayer-funded abortions. Since it was first enacted in 1976, it is estimated this provision has saved more than two million lives while protecting the conscience rights of the great majority of Americans who are opposed to publicly funded abortions for religious, moral, or fiscal reasons.

Republicans offered an amendment in Committee to reinstate this important protection for all Americans. The amendment was cosponsored by every Republican on the Committee, and this language must be reinstated to complete work on a final spending bill.

The amendment also sought to continue longstanding protections for healthcare workers who refuse to participate directly in abortions against their own moral beliefs and consciences. Disappointingly, the Majority rejected an amendment to reinstate the Hyde/Weldon language in Committee.

Beyond these extreme positions, the bill includes many other troubling policies and provisions. Amendments were offered by Republican Members to:

- stop new regulations proposed by the Biden Administration that will make it difficult for charter schools to operate;
- strike language that limits apprenticeship programs to only those run by labor unions;
- prevent the Biden Administration from authorizing en-masse cancellation of student loan debt that will only exacerbate our economic problems;
- prohibit the development, administration, or enforcement of new rules that mandate COVID–19 vaccination; and
- prohibit the Administration from declaring a public health emergency under the guise of imposing restrictions on second amendment rights.

Unfortunately, each of these amendments were defeated by the Majority in Committee. Long-standing language should be retained and poison pills must be removed to achieve a final bipartisan spending deal.

We urge the Majority to abandon their pursuit of radical, extremist views and move back toward the bipartisan compromise they know is necessary to fund the government.

We are hopeful that in the weeks ahead, we will be able to address both the policy and funding issues, including reinstatement of the bipartisan Hyde/Weldon language. Without this, these spending bills will not become law. Our goal should be to avoid a long-term continuing resolution and build on the good progress we have made in the past by working together.

KAY GRANGER.
TOM COLE.

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