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*1st Session* }

SENATE

{ REPORT  
118-84

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2024

JULY 27, 2023.—Ordered to be printed

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

**REPORT**

[To accompany S. 2624]

The Committee on Appropriations reports an original bill (S. 2624) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2024, and for other purposes, reports favorably thereon without amendment and recommends that the bill do pass.

*Amounts to new budget authority*

Total of bill as reported to the Senate.....	\$1,445,830,783,000
Amount of 2023 appropriations.....	1,430,661,909,000
Amount of 2024 budget estimate .....	1,470,554,232,000
Bill as recommended to Senate compared to:	
2023 appropriations .....	+ 15,168,874,000
2024 budget estimate .....	- 24,723,449,000

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## LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act  
ACL—Administration for Community Living  
AHRQ—Agency for Healthcare Research and Quality  
ASH—Assistant Secretary for Health  
ASPR—Administration for Strategic Preparedness and Response  
BARDA—Biomedical Advanced Research and Development Authority  
CDC—Centers for Disease Control and Prevention  
CJ—Congressional Justification of Estimates for Appropriations Committees  
CMS—Centers for Medicare and Medicaid Services  
CNCS—Corporation for National and Community Service  
CPB—Corporation for Public Broadcasting  
DOD—Department of Defense  
DOL—Department of Labor  
EBSA—Employee Benefits Security Administration  
ESEA—Elementary and Secondary Education Act  
ETA—Employment and Training Administration  
FDA—Food and Drug Administration  
FIC—Fogarty International Center  
FMCS—Federal Mediation and Coalition Service  
FMSHRC—Federal Mine Safety and Health Review Commission  
FTE—full-time equivalent  
GAO—Government Accountability Office  
HBCUs—Historically Black Colleges and Universities  
HCFAC—Health Care Fraud and Abuse Control  
HELP—Health, Education, Labor, and Pensions  
HHS—Health and Human Services  
HRSA—Health Resources and Services Administration  
IC—Institute and Center  
IDEA—Individuals with Disabilities Education Act  
IMLS—Institute of Museum and Library Services  
LEA—local educational agency  
MACPAC—Medicaid and CHIP Payment and Access Commission  
MedPAC—Medicare Payment Advisory Commission  
MSHA—Mine Safety and Health Administration  
NCATS—National Center for Advancing Translational Sciences  
NCI—National Cancer Institute  
NEI—National Eye Institute  
NHGRI—National Human Genome Research Institute  
NHLBI—National Heart, Lung, and Blood Institute  
NIA—National Institute on Aging  
NIAAA—National Institute on Alcohol Abuse and Alcoholism  
NIAID—National Institute of Allergy and Infectious Diseases  
NIAMS—National Institute of Arthritis and Musculoskeletal and Skin Diseases

NIBIB—National Institute of Biomedical Imaging and Bioengineering  
 NICHD—Eunice Kennedy Shriver National Institute of Child Health and Human Development  
 NIDA—National Institute on Drug Abuse  
 NIDCD—National Institute on Deafness and Other Communication Disorders  
 NIDCR—National Institute of Dental and Craniofacial Research  
 NIDDK—National Institute of Diabetes and Digestive and Kidney Disease  
 NIDRR—National Institute on Disability and Rehabilitation Research  
 NIEHS—National Institute of Environmental Health Sciences  
 NIGMS—National Institute of General Medical Sciences  
 NIH—National Institutes of Health  
 NIMH—National Institute of Mental Health  
 NIMHD—National Institute on Minority Health and Health Disparities  
 NINDS—National Institute of Neurological Disorders and Stroke  
 NINR—National Institute of Nursing Research  
 NLM—National Library of Medicine  
 NLRB—National Labor Relations Board  
 NSF—National Science Foundation  
 NTID—National Technical Institute for the Deaf  
 OAR—Office of AIDS Research  
 OCR—Office for Civil Rights  
 ODEP—Office of Disability Employment Policy  
 OFCCP—Office of Federal Contract Compliance Programs  
 OIG—Office of the Inspector General  
 OLMS—Office of Labor-Management Standards  
 OMB—Office of Management and Budget  
 OMH—Office of Minority Health  
 OMHA—Office of Medicare Hearings and Appeals  
 ONC—Office of the National Coordinator for Health Information Technology  
 ORWH—Office of Research on Women’s Health  
 OSHA—Occupational Safety and Health Administration  
 OWCP—Office of Workers’ Compensation Programs  
 OWH—Office of Women’s Health  
 PBGC—Pension Benefit Guaranty Corporation  
 PHS—Public Health Service  
 PPH Fund—Prevention and Public Health Fund  
 PRNS—Programs of Regional and National Significance  
 RSA—Rehabilitation Services Administration  
 SAMHSA—Substance Abuse and Mental Health Services Administration  
 SEA—State educational agency  
 SPRANS—Special Projects of Regional and National Significance  
 SSA—Social Security Administration  
 SSI—Supplemental Security Income  
 STEM—science, technology, engineering, and mathematics  
 UI—unemployment insurance  
 USAID—U.S. Agency for International Development  
 VETS—Veterans’ Employment and Training Services

VISTA—Volunteers in Service to America  
WANTO—Women in Apprenticeship and Non-Traditional Occupations  
WHD—Wage and Hour Division  
WIA—Workforce Investment Act  
WIOA—Workforce Innovation and Opportunity Act

COMMITTEE REPORT FOR DEPARTMENTS OF LABOR,  
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND  
RELATED AGENCIES APPROPRIATIONS BILL, 2024

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE  
RECOMMENDATIONS

For fiscal year 2024, the Committee recommends total budget authority of \$1,445,830,783,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$195,231,000,000 in current year base discretionary funding consistent with the subcommittee's allocation. In addition, the bill includes \$4,500,000,000 in discretionary funding designated as emergency, and \$2,447,000,000 in program integrity cap adjustments.

Fiscal year 2023 levels cited in this Committee Report reflect the enacted amounts in Public Law 117–328, the Consolidated Appropriations Act, 2023, adjusted for comparability where noted.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS–Education] appropriations bill constitutes the largest share of non-defense discretionary funding, 28 percent of the total for regular base discretionary funding in fiscal year 2024. The subcommittee's effective base discretionary funding allocation, which includes discretionary funding offset by savings in changes in mandatory programs and other similar adjustments is \$1,218,000,000 below the comparable fiscal year 2023 level. This required difficult choices to prioritize funding in a bill that funds programs that touch the lives of every American. The Labor-HHS–Education bill supports critical investments in a wide range of areas including early learning, substance use and mental health, biomedical research, public health and preparedness, elementary and secondary education, higher education, workforce development, and social security, among many others.

This Committee Report provides additional direction and specificity on the uses of funds provided in this bill. During fiscal year 2024, for the purposes of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, with respect to appropriations contained in the accompanying bill, the terms “program, project, and activity” [PPA] shall mean any item for which a dollar amount is contained in appropriations acts (including joint resolutions providing continuing appropriations) or accompanying reports of the House and Senate Committees on Appropriations, or accompanying conference reports and joint explanatory statements of the committee of conference. The Committee continues longstanding reprogramming requirements and limitations regarding changes to funding for PPAs. The Committee expects agencies to submit any

reprogramming requests in compliance with requirements of this act and to provide a thorough explanation of the proposed reallocations, including a detailed justification of increases and reductions. The Committee expects each agency to manage the expenditures of its programs and activities to remain within the amounts appropriated by Congress.

The Committee also continues the longstanding requirement that each agency submit an operating plan to the House and Senate Committees on Appropriations not later than 45 days after enactment of this act, in order to establish the baseline for application of reprogramming and transfer authorities provided in this act. The operating plan should include at minimum funding for PPAs as specified above.

The Committee also appreciates the close working relationship with the various budget offices of the agencies funded in this bill. Maintaining these relationships is critical for the Committee to perform its duties in both developing these funding recommendations and providing oversight over the execution of funds.

Finally, each reference to the Committees or Committees on Appropriations in this Committee Report, unless otherwise noted, is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.



TITLE I

DEPARTMENT OF LABOR

Any references in this title of the report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of Labor or the Department of Labor, respectively, unless otherwise noted.

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2023 .....	\$4,140,911,000
Budget estimate, 2024 .....	4,420,684,000
Committee recommendation .....	4,016,526,000

The Training and Employment Services [TES] account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA] (Public Law 113–128), and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2024 will support the program from July 1, 2024, through June 30, 2025. A portion of this account’s funding, \$1,772,000,000, becomes available on October 1, 2024, for the 2024 program year.

*Advanced Robotics Manufacturing.*—The Committee recognizes the need for workforce training and certificate programs targeting collaborative robotics and additive manufacturing to adequately prepare the current and future workforce for the challenges of tomorrow. The Committee encourages the Department to appropriately address this need through the prioritization of such programs, with an emphasis on programs that re-skill incumbent manufacturing workers.

*Apprenticeship Grants.*—The Committee supports the expansion of apprenticeship opportunities and notes that they can often provide more affordable pathways to high-paying jobs. Not later than 180 days after the enactment of this act, the Department shall publicly disclose on its website grantees receiving funding under the Apprenticeship Program, the number of apprentices attributable to each grantee, and the respective employment and earnings outcomes of program participants as required under section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act. Additionally, the Department shall report to the Committee on the extent to which it is engaging with the Department of Education to address mismatches between worker skills or their participation in the labor force and employer needs and the steps that the Department has taken or plans to take to study the drivers of skills mismatches, workforce shortages, productivity fluctuations, turn-

over fluctuations, stagnant wages, and poor working conditions across occupations, industries, and the economy as a whole.

*Communities Affected by Substance Use.*—The Committee encourages the Secretary to prioritize funding for grants to serve or retrain workers in communities impacted by the health and economic effects of widespread substance use, including methamphetamine use, addiction, and overdose.

*Collaboration Between Workforce Development Systems and State and Local Educational Agencies.*—The Committee recognizes the unique role the workforce development system plays in providing in-school and out-of-school youth with opportunities that deepen learning and create pathways into high-quality jobs. The Committee also remains concerned with the adverse impacts of COVID-19 on educational attainment, particularly for students from underserved communities. The Committee encourages the Department, in partnership with the Department of Education, to facilitate greater collaboration between the workforce development system and State and local educational agencies to engage and support youth (particularly disconnected youth), and to strengthen completion rates of secondary and postsecondary education and improve pathways into high-quality jobs. The Committee requests a briefing within 120 days of enactment for the Committees on Appropriations, the Senate Committee on Health, Education, Labor, and Pensions, and the House Committee on Education and the Workforce on any actions taken and any recommendations for statutory changes that can support greater collaboration between the workforce development and education systems.

*Creative Economy.*—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.

*Direct Care Worker Shortage.*—The Committee is concerned about worker shortages in the direct care sector, particularly regarding aging care and disability care. Expanding access to long-term care will become more urgent as the U.S. population of adults who are 65 and older will nearly double by 2050, with 10,000 people turning 65 every day. The Committee encourages the Department, in coordination with the Department of Health and Human Services and the Centers for Medicare and Medicaid Services, to study the effects of worker shortages in the direct care sector and the impact that worker shortages will have on long-term care affordability and accessibility, and long-term care programs and submit a report to the Committees on Appropriations not later than 270 days after enactment.

*Occupational Barriers for Healthcare Professionals.*—The Committee recognizes that immigrants arriving in the United States holding healthcare degrees and credentials from their home countries face significant barriers that lead to underemployment, in-

cluding in lower-skilled healthcare jobs than they are trained for and jobs outside of healthcare. The Committee supports efforts to strengthen the healthcare workforce and reduce barriers for in-demand occupations. As such, the Committee encourages the Secretary to issue guidance that identifies ways to bridge the gap between unemployed immigrants and healthcare professions.

*Modernizing Workforce Development Programming.*—The Committee encourages ETA to collaborate with state workforce agencies to modernize workforce development programming. The Committee is concerned about the continued difficulty of underemployed workers transitioning to full employment and encourages ETA to explore new avenues for training, including the use of virtual resources that take into account the time constraints of underemployed workers who may work multiple jobs or have caretaking responsibilities that limit their ability to use in-person services. Finally, the Committee further encourages the Department to develop a comprehensive long-term strategy for the delivery of online training and development programming.

*Opportunity Youth.*—The Committee encourages the Department to use funds provided to carry out sections 168(b) and 169(c) of WIOA, which may be used for technical assistance and demonstration projects, to support demonstration programs that allow at-risk youth who are out-of-school, have limited work experience, and live in communities experiencing high rates of unemployment and high rates of community violence, to participate in the workforce.

*Public Libraries.*—The Committee continues to encourage ETA to expand its collaborative work with the Institute of Museum and Library Services [IMLS] to assist in the implementation of WIOA to help States and local boards integrate the education, employment, and training services provided by public libraries into the workforce investment system. Libraries can play a critical role in helping people access benefits and get back to work and the Committee encourages ETA to work with IMLS to identify barriers to libraries participating in programs funded under WIOA and to develop a plan to address those barriers.

*Regional Coordination.*—The Committee encourages the Department to include regional councils and councils of governments as eligible entities in grant competitions when allowable. Furthermore, the Committee encourages the Department to actively seek opportunities to encourage and expand greater regional collaboration and to work with entities that have previous experience with administering Federal funding that resulted in successful, comprehensive, well-coordinated outcomes.

*Small Businesses.*—The Committee encourages the Department to support the employment needs of small businesses and entrepreneurial skills training through WIOA programs.

*Submarine Construction Workforce.*—The Committee encourages ETA to collaborate with the Departments of Defense and Education to address critical workforce needs in the submarine construction pipeline.

*Water and Wastewater Operators.*—The Committee continues to be concerned by the Nationwide shortage of water and wastewater operators, particularly in rural areas. The Committee strongly encourages the Secretary to make funding available through work-

force development and apprenticeship programs, consistent with National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists and the WIOA system, to establish, implement, and expand registered apprenticeship programs to address shortages of such workers.

*Grants to States*

The Committee recommends \$2,929,332,000 for Training and Employment Services Grants to States.

Under WIOA, a local board is given up to 100 percent transfer authority between Adult and Dislocated Worker activities upon approval of the Governor.

*Adult Employment and Training.*—The Committee recommends \$885,649,000 for adult employment and training. Formula funding is provided to States and further distributed to local workforce investment areas through one-stop centers. The program provides employment and training services to disadvantaged, low-skilled, unemployed, and underemployed adults, including veterans.

Funds are made available in this bill for adult employment and training activities in program year 2024, which occurs from July 1, 2024, through June 30, 2025. The bill provides that \$173,649,000 is available for obligation on July 1, 2024, and that \$712,000,000 is available on October 1, 2024. Both categories of funding are available for obligation through June 30, 2025.

*Youth Training.*—The Committee recommends \$948,130,000 for youth training. The purpose of this program is to provide low-income youth who are facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2024, which occurs from April 1, 2024, through June 30, 2025.

*Dislocated Worker Assistance.*—The Committee recommends \$1,095,553,000 for dislocated worker assistance. This program is a State-operated effort that provides training services and support to help permanently separated workers return to productive unsubsidized employment. In addition, States must use State-wide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these funds to carry out additional State-wide employment and training activities, such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative training programs.

Funds made available in this bill support activities in program year 2024, which occurs from July 1, 2024, through June 30, 2025. The bill provides that \$235,553,000 is available for obligation on July 1, 2024, and that \$860,000,000 is available on October 1, 2024. Both categories of funding are available for obligation through June 30, 2025.

*National Programs*

*Dislocated Worker Assistance National Reserve*

The Committee recommends \$305,859,000 for the Dislocated Worker Assistance National Reserve, which is available to the Sec-

retary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters, as well as for technical assistance, training, and demonstration projects.

Funds made available for the National Reserve in this bill support activities in program year 2024. The bill provides that \$105,859,000 is available for obligation on July 1, 2024, and that \$200,000,000 is available on October 1, 2024. Both categories of funding are available for obligation through September 30, 2025.

*Automation Impacted Industries.*—The Committee supports funding to support demonstration and pilot projects relating to the training needs of workers who are, or are likely to become, dislocated as a result of automation.

*Career Pathways for Youth Grants.*—The Committee continues to recognize that multiple career pathways should be available to young people and the need for early workforce readiness, employment, and training opportunities that help youth develop soft skills, such as responsibility, organization, and time management, and to learn workplace safety. The Committee recommendation includes \$10,000,000 to utilize the demonstration grant authority under the dislocated worker national reserve for grants to support national out-of-school time organizations that serve youth and teens, and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth. This programming includes soft skill development, career exploration, job readiness and certification, summer jobs, year-round job opportunities, and apprenticeships. Funding will also support partnerships between workforce investment boards and youth serving organizations. Additionally, the Committee encourages the Department to determine the feasibility of utilizing the existing one-stop infrastructure to develop and execute career pathways for youth at the local or regional level.

*Disaster Resilience and Infrastructure.*—The Committee recognizes the need for workforce development pathways in disaster resilience and infrastructure sectors and the role that public and non-profit workforce development providers and apprenticeship programs should play in helping provide hands-on experience through projects on a pathway to jobs. The Committee supports funding for programs to address these issues, including DOL's coordination with other agencies implementing the Infrastructure Investment and Jobs Act, and Inflation Reduction Act, and the Corporation for National and Community Service.

*Higher Education Workforce Development Programs.*—The Committee supports funding for projects to help better align workforce development efforts with postsecondary education, including supporting 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.

*Multi-state National Dislocated Coal Miners Assistance Grant Program.*—The Committee is aware of the difficulties experienced by dislocated coal miners as a result of continuing energy sector restructuring. The Committee strongly supports funding for non-prof-

it organizations that provide employment and training assistance, as well as related supportive services, to individuals who are dislocated by coal plant closures or substantial layoffs at coal mine operations and their immediate family.

*Strengthening Community College Training Grants [SCCTG].—*The Committee recommendation includes \$55,000,000 for SCCTG. This program builds the capacity of community colleges to address workforce development needs in in-demand industries and career pathways leading to quality jobs.

*Workforce Opportunity for Rural Communities.—*The Committee recommendation includes \$50,000,000 for the Workforce Opportunity for Rural Communities program, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. These funds provide reemployment and training assistance to dislocated workers in rural areas to help them adapt existing skills and learn new ones demanded by growing industries. The Committee strongly encourages the Department to develop funding opportunity announcements and make grant awards in coordination with the Appalachian Regional Commission [ARC], Delta Regional Authority [DRA], and Northern Border Regional Commission [NBRC], for which each award shall not exceed \$1,500,000. Within the total, the recommendation includes \$21,750,000 for grants in areas served by the ARC, \$21,750,000 for areas served by the DRA, and \$6,500,000 for areas served by the NBRC.

#### *Indian and Native American Programs*

The Committee recommends \$60,000,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, general educational development attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

#### *Migrant and Seasonal Farmworker Programs*

The Committee recommends \$97,396,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities. Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that \$90,134,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$6,591,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee recommendation also includes \$671,000 to be used for section 167 training,

technical assistance, and related activities, including funds for migrant rest center activities.

*YouthBuild*

The Committee recommendation includes \$105,000,000 for YouthBuild, which helps provide disconnected youth with work readiness and industry-driven credential attainment opportunities.

The Committee encourages the Department to ensure YouthBuild grants reach geographically diverse areas, including rural areas.

*Reentry Employment Opportunities [REO]*

The Committee recommends \$115,000,000 for the REO program, including \$30,000,000 for national and regional intermediaries. The REO program provides current or formerly incarcerated youth and adults involved in the justice system with occupational skills training that leads to industry recognized credentials and apprenticeships leading to employment in good, well-paying jobs and careers with opportunities for advancement. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

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 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.

*Apprenticeship Grants*

The Committee recommendation includes \$290,000,000 for Apprenticeship Grants.

The Committee continues to support the prioritization of funding to expand registered apprenticeships into new industries and for underserved or underrepresented populations. The Committee supports the use of apprenticeship grants that provide worker education in in-demand and emerging fields, including first responder; disaster resilience, response, and recovery; utility (energy and water) and resource management; transportation and infrastructure; goods movement sectors such as global logistics, rail and other freight-related employment; and outdoor recreation economy-related employment. The Committee also encourages the Department to support apprenticeship opportunities that incorporate non-traditional industries. Additionally, the Committee encourages the use of “next-gen” apprenticeship grants to encourage higher education institutions to support registered apprenticeships in emerging and nontraditional industries. This can expand registered apprenticeship to industries and careers that are not currently using or are underutilizing this system, deliver transferable, durable 21st century skills, and create affordable transfer opportunities to a college education for our youth. Further, the Committee encourages the Department to fund apprenticeship opportunities in local com-

munities that have high rates of unemployment and high rates of community violence.

*Workforce Data Quality Initiative*

The Committee recommendation includes \$6,000,000 for the Workforce Data Quality Initiative, which provides competitive grants to support States in developing, connecting, and enhancing their longitudinal data systems that integrate education and workforce data. This supports evaluation and research on the effectiveness of education and workforce programs, and helps provide consumer-friendly information so that individuals can select the programs that best meet their needs.

*Civilian Climate Corps*

The Committee recommendation does not include funding for a new Civilian Climate Corps program.

*SECTOR Partnerships*

The Committee recommendation does not include funding for a new SECTOR Partnerships program.

*Congressionally Directed Spending*

The Committee recommendation includes \$107,939,000 for the projects, and in the amounts, specified in the table at the end of this Committee Report.

JOB CORPS

Appropriations, 2023 .....	\$1,760,155,000
Budget estimate, 2024 .....	1,835,467,000
Committee recommendation .....	1,760,155,000

The recommendation for operations of Job Corps centers is \$1,603,325,000.

The Committee recommendation for administrative costs is \$33,830,000.

The Committee recommends a total of \$123,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2024, to June 30, 2026. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

*Civilian Conservation Centers.*—The Committee continues to strongly encourage the Department to prioritize the development of new natural resource and conservation trade offerings, particularly focused on wildland firefighting and emergency response. The Committee encourages the Department to maximize the utilization of Job Corps trade offerings, particularly those focused on natural resources and wildland firefighting, including by reclassifying enrollees engaged in wildland firefighting or off-campus work-based learning as out of the career and technical training classroom so that another enrollee may occupy that slot.



*Gulfport Job Corps Center.*—The Committee remains encouraged by the continued progress made toward the rebuilding of the Gulfport Job Corps Center, including the significant design development work made by the architecture and engineering firm. The Committee expects the Department to remain diligently committed to this project and directs the Department to continue to prioritize the Gulfport Job Corps Center among pending construction cases in the CRA account. The Committee requests updates biannually regarding progress on this project.

*Homeless Youth.*—The Committee strongly encourages the Department to streamline application requirements for homeless youth in Job Corps.

*Rural Training Sites.*—The Committee encourages the Department to support and incentivize high quality center operators to develop and enhance partnerships with existing rural training sites to enhance opportunities and work experiences for students in underserved rural or remote communities. Such rural partnerships should use student-focused industry-backed curricula, prepare students for employment in high-demand fields, offer students the opportunity to take coursework leading to college credit, and demonstrate strong employer partnerships within the region in which the center is located. Such partnerships will also promote the ability of Job Corps centers to meet local workforce and cultural needs in communities far removed from their locations.

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

*Substance Use and Behavioral Health.*—The Committee requests that the Department make recommendations, including legislative changes, to address substance use and behavioral health challenges of Job Corps participants.

*Wages and Benefits.*—The Committee has previously expressed concern regarding the impact of the transition to fixed-price Job Corps contracts on staff compensation. The Committee looks forward to the report required in House Report 117–403 on this issue and requests a briefing within 120 days of enactment on how the Department is ensuring that Job Corps centers are able to provide high quality services under fixed-price contracts.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2023 .....	\$405,000,000
Budget estimate, 2024 .....	405,000,000
Committee recommendation .....	405,000,000

Community Service Employment for Older Americans [CSEOA] provides part-time employment in community service activities for unemployed, low-income persons aged 55 and older. The Committee recommendation includes \$405,000,000 for CSEOA.

The Committee encourages the Department to reserve amounts proportionate to the Asian American Native Hawaiian Pacific Islander [AANHPI] and the Native American Indian populations for national grants to national AANHPI and Native American Indian

aging organizations who have a track record of reaching, in a linguistically and culturally competent manner, this underserved population of older workers across the country with significant barriers to employment.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2023 .....	\$494,400,000
Budget estimate, 2024 .....	30,700,000
Committee recommendation .....	30,700,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates.

The Trade Adjustment Assistance [TAA] program provides assistance to workers who have been adversely affected by international trade. TAA provides benefits and services to those who qualify, to include job training, job search and relocation allowances, and wage supplements for workers age 50 and older.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2023 .....	\$4,009,150,000
Budget estimate, 2024 .....	4,592,414,000
Committee recommendation .....	4,072,150,000

The Committee recommendation includes \$3,988,084,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$84,066,000 to be provided from the general fund of the Treasury.

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

*Unemployment Insurance*

The Committee recommends a total of \$3,206,635,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee recommends \$2,815,635,000.

The Committee recommendation includes \$382,000,000 for Reemployment Services and Eligibility Assessments, to expand intensive, individualized reemployment assistance, and to help address and prevent long-term unemployment, and reduce improper payments. This includes \$117,000,000 in base funding and \$265,000,000 in cap adjustment funding consistent with the Fiscal Responsibility Act. The recommendation also includes \$9,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

Finally, the Committee recommends \$18,000,000 for UI national activities, which will support activities that benefit the entire Federal-State UI system, including supporting the continuation of IT upgrades and technical assistance.

*Employment Service*

For the Employment Service allotments to States, the Committee recommends \$675,052,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$653,639,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$25,000,000 for Employment Service national activities.

The Committee recommendation includes \$2,500,000 to continue efforts to reduce the processing backlog for the work opportunity tax credit [WOTC] program and for assisting States to modernize information technology for processing certification requests, which may include training and technical assistance. Consistent with this effort, the Committee encourages DOL to encourage States to adopt compatible rules, and State Workforce Agencies to enter into cooperative information exchange agreements with Federal and State agencies that have the data needed to determine WOTC eligibility. Finally, the Committee recognizes that processing requests for remote workers may be best accomplished in the State where the workers reside and not where the employer is located.

*Foreign Labor Certification*

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$61,528,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$23,282,000 is available for related State grants.

*Prompt Processing of H-2B Visas.*—The Committee strongly encourages the Department to take steps to ensure prompt processing of H-2B visa applications and to minimize future interruptions to the H-2B visa program. The Committee looks forward to receiving the report the Department was directed to complete in the joint explanatory statement accompanying the Consolidated Appropriations Act, 2023.

*One Stop Career Centers/Labor Market Information*

For one-stop career centers and labor market information, the Committee recommends \$62,653,000.

The Committee is encouraged by progress made through the Department's efforts to incentivize States to reduce barriers to entry into licensed occupations and increase license portability to facilitate mobility of workers in such occupations, with an emphasis on transitioning service members, veterans, and military spouses. The Committee looks forward to receiving the Occupational Licensing report detailing best practices learned and a breakdown of future resources needed for continued implementation of such initiative. The Committee encourages the Department to expand on these past efforts to encourage occupational licensing reform, which could include grants to States, and associations of States, to review, eliminate and reform licensing requirements, and to promote portability of State licenses. Grant funding would support institutions of higher education and occupational licensing partners to address barriers to licensure for veterans and transitioning service mem-

bers, immigrants with work authorization, individuals with a criminal history, and dislocated, low-wage workers.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee bill continues language providing such sums as necessary in mandatory funds for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

Appropriations, 2023 .....	\$172,915,000
Budget estimate, 2024 .....	225,466,000
Committee recommendation .....	172,915,000

The Committee recommendation of \$172,915,000 for program administration includes \$118,900,000 in general funds and \$54,015,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, Older Americans Act [OAA] (Public Law 116–131), the Trade Act of 1974 (Public Law 93–618), and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security, training and employment, and executive direction functions.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$191,100,000
Budget estimate, 2024 .....	248,959,000
Committee recommendation .....	191,100,000

The Committee recommends \$191,100,000 for the Employee Benefits Security Administration [EBSA]. EBSA is responsible for the enforcement of title I of the Employee Retirement Income Security Act [ERISA] in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees’ Retirement Security Act of 1986 (Public Law 99–335). EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis. Bill language continues to allow EBSA to obligate up to \$3,000,000 for two fiscal years for the expert witness program. The budget requests similar language, except such funds would remain available until expended. The authority is needed for services on cases extending beyond fiscal year limitation.

The Committee requests that DOL’s required operating plan and future CJs continue to include budget activity detail provided in last year’s CJ.

*Implementation of Employee Ownership Initiative.*—Within available resources, the Committee expects EBSA to create and widely disseminate educational materials focused on promoting best practices in employee ownership through the Employee Ownership Initiative authorized by section 346 of the SECURE 2.0 Act of 2022.

The Committee requests EBSA to describe in its fiscal year 2025 CJ actions completed and planned related to the initiative.

*Adequate Consideration Guidance.*—The Committee notes that the SECURE 2.0 Act of 2022 also directs the Department to issue formal guidance on the adequate consideration exemption, as defined in section 407(d)(6) of ERISA. The Committee urges the Department to prioritize a timely, formal notice and comment rule-making on the adequate consideration exemption that ensures taxpayers benefit from stakeholder input and experience, consistent with congressional intent.

*Mental Health Parity.*—The Committee urges continued work to achieve compliance with requirements for parity between mental and physical healthcare coverage.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2023 .....	\$493,314,000
Budget estimate, 2024 .....	512,900,000
Committee recommendation .....	512,900,000

The Pension Benefit Guaranty Corporation’s [PBGC] estimated obligations for fiscal year 2024 include single-employer benefit payments of \$7,419,000,000, multi-employer financial assistance of \$197,000,000, Investment Management Fees Program of \$139,800,000 and consolidated administrative expenses of \$512,900,000, including \$7,857,000 available for the Office of Inspector General. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. PBGC also anticipates obligations of \$13,966,000,000 for Special Financial Assistance and \$15,000,000 for related administrative expenses from the American Rescue Plan Act of 2021.

Previously, the Committee accepted the PBGC’s proposal to reform the administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. That consolidated approach for the three activities is continued, but PBGC is directed to continue providing detail every year on the three activities in its annual CJ.

The PBGC is a wholly owned Government corporation established by ERISA. The law places it within DOL and makes the Secretary the chair of its board of directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, assets of terminated pension plans, collection of employer liabilities imposed by the act, and investment earnings. The primary purpose of the PBGC is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

The bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of new plan participants in terminated plans exceeds 100,000. When that threshold is reached, an additional \$9,200,000 becomes available through September 30, 2028, for every 20,000 additional participants in terminated plans. The bill also continues authority allowing the PBGC additional obligation authority for unforeseen

and extraordinary pre-termination expenses, after approval by the Office of Management and Budget and notification to the Committees on Appropriations. Finally, the bill includes authority for PBGC to expend not more than an additional \$100 per affected person for credit or identity monitoring to individuals upon suffering a security incident or privacy breach in the event PBGC’s costs exceed \$250,000. Those funds are available for obligation through September 30, 2028.

WAGE AND HOUR DIVISION  
SALARIES AND EXPENSES

Appropriations, 2023 .....	\$260,000,000
Budget estimate, 2024 .....	340,953,000
Committee recommendation .....	264,500,000

The Committee recommends \$264,500,000 for the Wage and Hour Division [WHD].

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act [FLSA](Public Law 75–718), employment rights under the Family and Medical Leave Act (Public Law 103–3), and the Migrant and Seasonal Agricultural Worker Protection Act (Public Law 97–470) are several of the important laws that WHD is charged with administering and/or enforcing.

WHD administers and enforces laws covering more than 165 million workers in 11 million workplaces in the United States and its territories. The Committee supports WHD in its efforts to be more strategic in enforcement activities, which can lead to more significant results for workers at an industry-level and deter employers from violating the law, particularly in key areas of protecting the rights and wages of essential workers, ensuring prevailing wage protections, and combatting exploitative child labor.

*Preventing Exploitative Child Labor.*—The Committee recommendation supports further efforts to combat exploitative child labor and violations of child labor provisions of the FLSA and work with employers on removing illegal child labor from their supply chains. WHD should utilize strategic enforcement in industries known to have high incidents of child labor violations. The Committee supports the improved collaboration and information sharing established between the Department of Labor, WHD, and the Department of Health and Human Services Administration for Children and Families, including through the interagency taskforce to combat child labor exploitation and recently signed memorandum of agreement. The Committee expects the fiscal year 2025 CJ to describe WHD accomplishments in preventing exploitative child labor in the prior year and plans for the budget year.

*Protecting Vulnerable Workers.*—The Committee is aware WHD continues to work toward prioritizing high impact cases involving the most vulnerable worker populations that can have the greatest positive effect in reducing employer exploitation of workers and improving compliance with applicable requirements. This must include protecting American and an increasing number of temporary foreign workers by preventing abuses of temporary foreign worker

programs. The Committee requests a briefing not later than 45 days after enactment of this act on WHD’s prioritization process for investigations in foreign worker programs, including the H–1B, H–2A, H–2B and TN visa programs, and its plans and resource requirements to improve employer compliance with applicable requirements given the increasing numbers of such workers.

*14(c) Program Oversight.*—The WHD processes certificate applications and conducts oversight of the FLSA 14(c) program allowing employers to pay sub-minimum wages to certain employees if the employer holds a certificate from DOL. The Government Accountability Office [GAO] issued a report in February 2023 regarding Department oversight of the program and recommendations to improve certificate processing and oversight. The Committee requests a briefing not later than 60 days after enactment of this act on WHD implementation of the GAO recommendations. Such briefing must also cover WHD plans and associated timeline to archive all approved and pending certificate applications and make such data available each quarter of the fiscal year on a Department website.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$48,515,000
Budget estimate, 2024 .....	53,469,000
Committee recommendation .....	48,515,000

The Committee recommends \$48,515,000 for the Office of Labor-Management Standards [OLMS].

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 [LMRDA] (Public Law 86–257) and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, labor relations consultants and others. In addition, the Office administers employee protections under federally sponsored transportation programs.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$110,976,000
Budget estimate, 2024 .....	151,462,000
Committee recommendation .....	110,976,000

The Committee recommends \$110,976,000 for the Office of Federal Contract Compliance Programs.

This Office protects workers and potential employees of Federal contractors from employment discrimination prohibited under Executive Order 11246, section 503 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974. These prohibitions make it unlawful for contractors and subcontractors doing business with the Federal Government to discriminate in employment because of race, color, religion, sex (including sexual orientation and gender identity), national origin, disability, or status as a protected veteran.

OFFICE OF WORKERS' COMPENSATION PROGRAMS  
SALARIES AND EXPENSES

Appropriations, 2023 .....	\$122,705,000
Budget estimate, 2024 .....	151,946,000
Committee recommendation .....	122,705,000

The Committee recommends \$122,705,000 for the Office of Workers' Compensation Programs [OWCP]. The bill provides authority to expend \$120,500,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act. In addition, \$2,205,000 is available by transfer from the Black Lung Disability Trust Fund.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act (Public Law 69-803), the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensation Program Act (Public Law 106-398). In addition, OWCP houses the Division of Information Technology Management and Services.

SPECIAL BENEFITS

Appropriations, 2023 .....	\$250,000,000
Budget estimate, 2024 .....	700,000,000
Committee recommendation .....	700,000,000

The Committee recommends \$700,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

The Committee continues to provide authority to require disclosure of Social Security numbers by individuals filing claims under FECA or the Longshore and Harbor Workers' Compensation Act (Public Law 69-803) and its extensions.

The Committee continues language that provides authority to use FECA funds to reimburse a new employer for a portion of the salary of a newly reemployed injured Federal worker. FECA funds will be used to reimburse new employers during the first 3 years of employment, not to exceed 75 percent of salary in the worker's first year, and declining thereafter.

The Committee continues language that allows carryover of unobligated balances to be used in the following year and provides authority to draw such sums as needed after August 15 to pay current beneficiaries. Such funds are charged to the subsequent year appropriation.

The Committee continues language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA.

Finally, the Committee maintains language consistent with longstanding interpretations and implementation of this appropriation stating that, along with the other compensation statutes already specifically enumerated, the appropriation is used to pay obligations that arise under the War Hazards Compensation Act (Public Law 77-784), and the appropriation is deposited in the Employees'



Compensation Fund and assumes its attributes, namely availability without time limit as provided by 5 U.S.C. section 8147.33.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2023 .....	\$47,031,000
Budget estimate, 2024 .....	33,140,000
Committee recommendation .....	33,140,000

The Committee recommends a mandatory appropriation of \$22,890,000 in fiscal year 2024 for special benefits for disabled coal miners. This is in addition to the \$10,250,000 appropriated last year as an advance for the first quarter of fiscal year 2024, for a total program level of \$33,140,000 in fiscal year 2024.

These mandatory funds are used to provide monthly benefits to coal miners disabled by black lung disease, their widows, and certain other dependents, as well as to pay related administrative costs.

The Committee also recommends an advance appropriation of \$7,000,000 for the first quarter of fiscal year 2025. These funds will ensure uninterrupted benefit payments as promised to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS  
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$64,564,000
Budget estimate, 2024 .....	66,532,000
Committee recommendation .....	66,532,000

The Committee recommends \$66,532,000 for the Division of Energy Employees Occupational Illness Compensation Program [EEOICP]. This is a mandatory appropriation for administrative expenses for administration of Part B of the Energy Employees Occupational Illness Compensation program.

The Division administers the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398), which provides benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors, or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act (Public Law 106–245). The Division is part of OWCP.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2023 .....	\$394,896,000
Budget estimate, 2024 .....	452,867,000
Committee recommendation .....	452,867,000

The bill provides an estimated \$452,867,000 as requested for this mandatory appropriations account. This estimate is comprised of \$85,961,000 for administrative expenses and an estimated \$366,906,000 for benefit payment and interest costs.

The bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be as-

signed liability or refuses to pay for such benefits, as well as all administrative costs that are incurred in administering the benefits program and operating the trust fund. As proposed in the President’s budget, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies: up to \$44,059,000 for the part C costs of the Division of Coal Mine Workers’ Compensation Programs; up to \$41,178,000 for Departmental Management, Salaries and Expenses; and up to \$368,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
SALARIES AND EXPENSES

Appropriations, 2023 .....	\$632,309,000
Budget estimate, 2024 .....	738,668,000
Committee recommendation .....	628,522,000

The Committee recommends \$628,522,000 for the Occupational Safety and Health Administration [OSHA], which is responsible for enforcing the Occupational Safety and Health Act of 1970 (Public Law 91–596) in the Nation’s workplaces.

The Committee continues bill language to allow OSHA to retain course tuition and fees for training institute courses used for occupational safety and health training and education activities in the private sector. The cap established by the bill is \$499,000 per year, consistent with current law.

The Committee also continues bill language to exempt farms employing 10 or fewer people from the provisions of the Occupational Safety and Health Act, with the exception of those farms having a temporary labor camp. The exemption of small farming operations from OSHA regulation has been in place since 1976. OSHA clarified the limits of its authority under the appropriations rider to conduct enforcement on small farms in July 2014, particularly regarding post-harvest activities of a farming operation. It is also important the Department of Agriculture and National Institute for Occupational Safety and Health are consulted in any future attempt by OSHA to redefine or modify any aspect of the small farm exemption. The Committee also continues language exempting employers with fewer than 10 employees in industry classifications having a lost workday injury rate less than the National average from general schedule safety inspections, except for the small farms covered by the broader exemption.

*State Plan States.*—The Committee recommends \$120,000,000 for grants to States under section 23(g) of the Occupational Safety and Health Act (Public Law 91–596). These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

*Workplace Violence in Healthcare and Social Services.*—A survey in 2019 reported one in four nurses were assaulted at work, with

more recent data showing physical and verbal violence against healthcare workers continuing to rise. The Healthcare and Social Assistance industry sector includes nearly 21 million employees and these workers face an increased risk of workplace violence that is nearly six times that of workers in all other industries. This violence dramatically impacts nurse well-being and burnout. It exacerbates the nurse staffing crisis and affects the quality of patient care. The Committee notes OSHA’s progress to release a workplace violence prevention standard for healthcare and social assistance. The Committee requests that OSHA describe in its fiscal year 2025 CJ progress made toward and timeline for publishing a final rule, and the agency’s implementation plan, including related training and support for Compliance Safety and Health Officers.

*Compliance Assistance.*—The Committee continues language requiring OSHA to dedicate no less than \$3,500,000 for administering the Voluntary Protection Program [VPP] in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of employees administering the VPP, the Safety and Health Achievement Recognition Program, or Federal Compliance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

The Committee recommendation also includes \$10,000,000 for the OSHA Susan Harwood Training Grant program. The Committee adopts language proposed in the President’s budget to eliminate the set-aside for Capacity Building Developmental grants. The Committee understands OSHA intends to continue to offer a funding opportunity for such grant types, as well as those for Targeted Topic and Training and Educational Materials. The Committee urges OSHA to prioritize these funds to support non-profit, community-based groups and other non-profit organizations with the capability to reach and effectively train vulnerable workers in low-wage industries and workers in dangerous industries.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$387,816,000
Budget estimate, 2024 .....	438,094,000
Committee recommendation .....	387,816,000

The Committee recommendation includes \$387,816,000 for the Mine Safety and Health Administration [MSHA].

MSHA enforces the Federal Mine Safety and Health Act (Public Law 91–173) by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

The Committee continues language authorizing MSHA to use up to \$2,000,000 for mine rescue and recovery activities. It also retains the provision allowing the Secretary to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster. To prepare properly for an emergency, the Committee also directs MSHA to continue to devote sufficient resources toward a competitive grant activity for ef-

fective emergency response and recovery training in various types of mine conditions.

In addition, bill language continues to allow the National Mine Health and Safety Academy to collect not more than \$750,000 for room, board, tuition, and the sale of training materials to be available for mine safety and health education and training activities. Bill language also allows MSHA to retain up to \$2,499,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and to utilize such sums for these activities.

The Committee continues to emphasize the importance of mine safety enforcement, and instructs MSHA to fully implement the requirements of Section 103 of the Federal Mine Safety and Health Act of 1977 (Public Law 91–173). MSHA shall make inspections of each underground coal mine in its entirety at least four times a year and each surface coal or other mine in its entirety at least two times a year. Further, MSHA shall fully and effectively enforce the Final Rule Reducing Miners’ Exposure to Coal Dust and not use any funds to weaken or eliminate the Final Rule Lowering Miners’ Exposure to Respirable Coal Mine Dust.

*Respirable Crystalline Silica Standard [RCS].*—The Committee is aware of numerous reports from recent years indicating concerning trends in black lung cases, particularly in central Appalachia. According to these studies, one in every five miners with 25 years or more experience has black lung. In many of these miners, the disease has progressed to its most severe stage as a result of coal and silica dust inhalation. The administration’s June 2023 Notice of Proposed Rulemaking to address the existing permissible exposure limit of RCS for all miners and to update the existing respiratory protection standards for miner exposure to RCS is an important step in helping reverse these troubling trends. The Committee directs MSHA to provide regular updates on progress toward a final rule.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$697,952,000
Budget estimate, 2024 .....	758,370,000
Committee recommendation .....	697,952,000

The Committee recommends \$697,952,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$68,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$629,952,000 in Federal funds.

BLS is the principal fact finding agency in the Federal Government in the broad field of labor economics. The Committee recognizes that the Nation requires current, accurate, detailed workforce statistics for Federal and non-Federal data users as provided by BLS. This should include, to the extent practicable, appropriate methods to gather data on sexual orientation, gender identity, and variations on sex characteristics.

*National Longitudinal Survey of Youth.*—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 Committee maintains current funding for the purposes of continuing to plan and develop the new NLSY cohort established by the Further Consolidated Appropriations Act, 2020 and maintained in the last three fiscal years.

The Committee expects BLS will develop an appropriate methodology that will maintain continuity in key measurements across the cohorts, which will be of value to understanding our changing economy and society. The Committee intends for the funds to be used to support continued planning and development of the new cohort and, specifically in fiscal year 2024, on design efforts, including methodological areas such as sampling, survey operations, content determinations, questionnaire and materials development, dissemination planning, and systems work. The Committee expects BLS to continue fielding the NLSY79 and NLSY97 cohorts and maintain the current design, methodology, and data quality. Further, BLS shall brief the Committees on its plans for executing these directives and carrying out its implementation of the new NLSY cohort 5-year plan without delay.

*Worker Sentiment Survey.*—The Committee recognizes there is a lack of available information about the feelings employed workers have about the economy, their job satisfaction, and opportunities for growth and advancement. Better understanding worker sentiment could provide important insights into workplaces and the economy and help shape better worker-focused policies for the future. The Committee request BLS provide recommendations for such a survey program and an estimated budget for development and annual operating costs in the fiscal year 2025 CJ. The Committee requests BLS work with the Census Bureau on how to integrate questions into current surveys and collections that would provide information on worker sentiment on a monthly basis and jointly report to the Committee not later than 180 days after enactment the options and costs for such a monthly data collection.

*Non-Profit Employment and Wage Data.*—The Committee recognizes the importance of the non-profit sector workforce as a critical partner to government and a frontline service provider in communities nationwide. The Committee directs BLS to report in its fiscal year 2025 CJ the cost and operational steps necessary to provide distinct, public, and quarterly data on non-profit employment. Covered non-profit data should include the number of establishments, employment figures, and average worker wages at the National, State, county, and metropolitan area, and be provided by field and major subfield. Specifically, the report shall analyze the cost and steps for including this data as part of the BLS Quarterly Census of Employment and Wages program.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2023 .....	\$43,000,000
Budget estimate, 2024 .....	60,549,000
Committee recommendation .....	37,000,000

The Committee recommends \$37,000,000 for the Office of Disability Employment Policy [ODEP] to provide leadership, develop policy and initiatives, support technical assistance and implementation and award grants furthering the objective of eliminating

physical and programmatic barriers to the training, labor force participation and employment of people with disabilities and to design and implement research and technical assistance grants and contracts that support the transition to competitive, integrated employment for youth and adults with disabilities. The bill includes requested language continuing to allow not less than \$9,000,000 to be used for research and demonstration projects related to testing effective ways to promote greater labor force participation of people with disabilities. These funds may be transferred to the “State Unemployment Insurance and Employment Service Operations” account for such purpose. The Committee requests notification at least 14 days prior to any such transfer.

DEPARTMENTAL MANAGEMENT  
SALARIES AND EXPENSES

Appropriations, 2023 .....	\$392,197,000
Budget estimate, 2024 .....	545,524,000
Committee recommendation .....	392,697,000

The Committee recommendation includes \$392,697,000 for the Departmental Management account. Of this amount, \$392,389,000 is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$41,178,000 is available by transfer from the Black Lung Disability Trust Fund.

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

*Preventing Exploitative Child Labor.*—The Committee recommendation supports further efforts to combat exploitative child labor and violations of child labor provisions of the Fair Labor Standards Act and work with employers to remove child labor from their supply chains. The Secretary is directed to report to the Committees not later than 45 days after the end of the fiscal year on the Department’s efforts to enforce child labor provisions of the FLSA with particular focus on hazardous occupations, child labor trafficking and child labor exploitation, including by reporting for fiscal year 2023 and 2024: enforcement resources expended by agency including on child labor enforcement; the number of concluded cases and violations by industry; the number and type of enforcement actions imposed by industry, including the number of employers held liable for child labor violations; the number of referrals to other agencies for support or legal services for effected children and youth and the number of criminal referrals for violations of child labor provisions.

The Committee recognizes the efforts of the Department to increase collaboration to robustly enforce Federal child labor laws. The Committee directs the agency to continue to review and evaluate current enforcement efforts, rescind harmful regulations and sub-regulatory guidance that impede coordination, and ensure all

parts of the Department are using the tools and policies at their disposal to combat this crisis. This includes robust coordinated outreach and education to rebuild trust in government enforcement, and bolstering data collection. The Committee requests the Department to describe in the fiscal year 2025 CJ steps taken and planned to fulfill this directive.

*Bureau of International Labor Affairs [ILAB].*—The Committee recommendation includes \$116,125,000 for the Bureau of International Labor Affairs [ILAB] to carry out its statutory responsibilities, of which \$81,725,000 is available for obligation through December 31, 2024. These funds are in addition to the supplemental appropriations for ILAB in Public Law 116–113, the United States-Mexico-Canada Agreement Implementation Act, for its responsibilities under that law.

ILAB’s appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB’s statutory mandates and international responsibilities, including in promoting the elimination of the worst forms of child labor and forced labor. ILAB works to ensure workers and businesses in the United States are not put at a competitive disadvantage by trading partner countries not adhering to their labor commitments under trade agreements and trade preference programs. The bill continues language setting aside funding for grants, contracts and other arrangements for technical assistance on worker rights and for combatting child labor, with no less than \$30,175,000 available for worker rights programs and no less than \$30,175,000 for combatting exploitative child labor internationally. This flexibility will allow ILAB to target additional resources where conditions on the ground and other factors create the greatest opportunities to make significant progress on these issues and maintain a robust level of support for both critically important activities.

The Department shall report on plans for and uses of all funds available to DOL in the United States-Mexico-Canada Agreement Implementation Act (Public Law 116–113) in the fiscal year 2025 and subsequent year CJs. Such plans and updates shall also include information on how funds are being used for monitoring, oversight, and technical assistance in support of the purposes of such act, including Mexico’s implementation of nationwide labor reforms and compliance with labor obligations.

The Committee continues to support the critical role ILAB plays in working to eradicate child labor, forced labor, and human trafficking, including through its research and reporting in its Findings on the Worst Forms of Child Labor, List of Goods Produced by Child Labor or Forced Labor, List of Products Produced by Forced or Indentured Child Labor. The appropriation will support continued publication of these important reports, including the tracking of goods through supply chains and identifying inputs made with child and forced labor.

*Evaluation, and Evidence-Building and Use.*—The Committee recommendation provides \$4,281,000 for program evaluation and allows these funds to be available for obligation through September 30, 2025. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the De-

partment for evaluation purposes. The Committee bill continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

*Foundation for Evidence-Based Policymaking Act.*—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2025 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years.

*Women’s Bureau.*—The Committee recommendation provides \$23,000,000 for the Women’s Bureau. The Committee continues bill language allowing the Bureau to award grants, including not less than \$5,000,000 for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act. The Committee is particularly supportive of the Bureau’s plans to expand WANTO grants and continue to support paid leave programs.

*Paid Family Leave Tax Credit Awareness.*—The Committee encourages WB to begin coordinating a campaign designed to increase awareness of tax credits for paid family and medical leave authorized under section 45S of the Internal Revenue Code of 1986 and similar provisions. The Committee directs the Department to submit a report within 180 days after enactment on the progress of the awareness campaign.

*Voting-Related Activities.*—The Committee directs the Secretary to brief the House and Senate Committees on Appropriations no later than 90 days after enactment of this act regarding any strategic plans developed by the Department over the three prior fiscal years outlining the ways that the Department has promoted voter registration, and voter participation.

VETERANS’ EMPLOYMENT AND TRAINING

Appropriations, 2023 .....	\$335,341,000
Budget estimate, 2024 .....	347,627,000
Committee recommendation .....	335,341,000

The Committee recommendation of \$335,341,000 for the Veterans’ Employment and Training Service [VETS] includes \$65,500,000 in general revenue funding and \$269,841,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

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

The Committee provides \$185,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans’ Outreach Program specialists and Local Veterans’ Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning service



members early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee maintains language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information.

The Committee provides \$34,379,000 for the Transition Assistance Program [TAP] to support apprenticeship opportunities and employment workshops at military installations, and in virtual classrooms, worldwide for exiting service members and spouses.

The Committee recommendation includes \$47,048,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$65,500,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. The bill allows Incarcerated Veterans' Transition funds to be awarded to serve veterans who have recently been released from incarceration but are at risk of homelessness.

The Committee recommendation includes \$3,414,000 for the National Veterans' Training Institute, which provides training to Federal staff and veteran service providers.

The Committee recommendation includes \$500,000 to support the HIRE Vets Medallion program.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2023 .....	\$34,269,000
Budget estimate, 2024 .....	79,193,000
Committee recommendation .....	29,269,000

The Committee recommends \$29,269,000 for the Information Technology [IT] Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$6,889,000 is provided. The second activity, IT Infrastructure Modernization, is provided \$22,380,000 to support necessary activities associated with the Federal Data Center Consolidation Initiative and other efforts. These funds are available for obligation through September 30, 2025.

The Committee continues to request that the Department submit a report to the Committees on Appropriations not later than 90 days after enactment of this act that provides an update on projects to be funded, planned activities and associated timelines, expected benefits, and planned expenditures. The report should also include completed activities, remaining activities and associated timelines, actual and remaining expenditures, explanation of any cost overruns and delays, and corrective actions, as necessary, to keep the project on track and within budget.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2023 .....	\$97,028,000
Budget estimate, 2024 .....	111,280,000
Committee recommendation .....	97,028,000

The Committee recommends \$97,028,000 for the DOL Office of the Inspector General. The bill includes \$91,187,000 in general funds and authority to transfer \$5,841,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$368,000 is available by transfer from the Black Lung Disability Trust Fund. The bill continues to allow up to \$2,000,000 of the appropriation to be available until expended.

Through a comprehensive program of audits, investigations, inspections, and program evaluations, the Inspector General attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

#### GENERAL PROVISIONS

Section 101. The bill continues a provision limiting the use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate not to exceed Executive Level II.

Section 102. The bill continues a provision providing for general transfer authority.

Section 103. The bill continues a provision prohibiting funding for the procurement of goods and services utilizing forced or indentured child labor in industries and host countries already identified by the Department in accordance with Executive Order 13126.

Section 104. The bill continues a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Improvement Act (Public Law 106-313) may only be used for competitive grants that train individuals over the age of 16 who are not enrolled in school, in occupations and industries for which employers are using H-1B visas to hire foreign workers.

Section 105. The bill continues a provision limiting the use of the Employment and Training Administration [ETA] funds by a recipient or subrecipient for compensation of an individual at a rate not to exceed Executive Level II.

Section 106. The bill modifies a provision regarding transfer authority related to funds for technical assistance and program integrity.

Section 107. The bill continues a provision allowing up to 0.75 percent of discretionary appropriations provided in this act for all Department 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.

Section 108. The bill continues a longstanding provision regarding the application of the Fair Labor Standards Act (Public Law 74-718) after the occurrence of a major disaster.

Section 109. The bill continues a longstanding provision that provides flexibility with respect to the crossing of H-2B non-immigrants.

Section 110. The bill continues a provision related to the wage methodology under the H-2B program.

Section 111. The bill continues a provision regarding the three-fourths guarantee and definitions of corresponding employment and temporary need for purposes of the H-2B program.

Section 112. The bill continues a provision providing authority related to the disposition of excess property related to the training of apprentices.

Section 113. The bill continues a provision related to the Secretary's security detail.

Section 114. The bill continues a provision related to Job Corps property.

Section 115. The bill continues a provision related to Job Corps Civilian Conservation Centers.

Section 116. The bill modifies a provision rescinding funds from the H-1B program.

Section 117. The bill includes a new provision rescinding certain funds available to the Employment and Training Administration.

Section 118. The bill includes a new provision regarding the provision of technical assistance.

Section 119. The bill includes a new provision extending the period to liquidate obligations for construction of the Atlanta Job Corps center.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Any references in this title of the report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of HHS or the Department of HHS, respectively, unless otherwise noted.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration [HRSA] activities support programs to provide healthcare services to disadvantaged, medically underserved, and special populations; mothers and infants; the elderly and homeless; and rural communities. HRSA supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2023 .....	\$1,858,772,000
Budget estimate, 2024 .....	1,938,772,000
Committee recommendation .....	1,858,772,000

*Community Health Centers*

The Committee provides \$1,858,772,000 for the Bureau of Primary Health Care. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers’ federally approved scope of project.

*Addressing Intimate Partner Violence and Project Catalyst.*—The Committee includes no less than \$2,000,000 for the HRSA Strategy to Address Intimate Partner Violence.

*Alzheimer’s Disease.*—Little is known about people with Alzheimer’s disease and related forms of dementia served by HRSA funded health centers and look-alikes in the CHC program due to the lack of available data. Data is essential to understanding the level of need, resources, training and challenges needed to keep

people currently served in the CHC programs as they continue to age. The Committee strongly encourages HRSA to include Alzheimer's and related Dementia ICD-10 codes in the Uniform Data Collection System.

*Brain Health Equity Initiative.*—The Committee urges HRSA to establish a Brain Health Equity initiative to help drive the integration of brain health services into the workflow of primary care delivery that reaches underserved populations served by HRSA funded health centers and look-alikes.

*Children's Mental Health Services.*—The Committee continues to urge HRSA to provide funding to Health Centers to support vital mental health services for children.

*Early Childhood Development.*—The Committee continues no less than \$30,000,000 to further integrate early childhood development services and expertise, including by hiring or contracting for early childhood development specialists.

*Ending the HIV Epidemic.*—The Committee provides \$157,250,000 within the health centers program for the Ending the HIV Epidemic initiative. The initiative provides funding to Health Centers in high-need jurisdictions to increase prevention and treatment services for people at high risk for HIV transmission, including Pre-Exposure Prophylaxis [PrEP] related services, outreach, and care coordination through new grant awards in areas currently served by health centers.

*Free Clinics Medical Malpractice Coverage.*—The Committee provides \$1,000,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the Public Health Service [PHS] Act (Public Law 104-73). This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services to low-income individuals in medically underserved areas.

*Native Hawaiian Health Care.*—The Committee includes no less than \$27,000,000 for the Native Hawaiian Health Care Program. 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 to coordinate and support healthcare service provision to Native Hawaiians and strengthen 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.

*School-Based Health Centers [SBHCs].*—The Committee includes \$55,000,000 for awards to Health Centers operating school-based service sites under section 330 of the Public Health Service [PHS] Act to increase their capacity to meet the increasing demand for health services, including mental health services.

*Technical Assistance.*—The Committee believes funding for the training and technical assistance available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the health centers program. Funds are available within the amount provided to enhance technical assistance and training activities and further quality improvement initiatives that improve health outcomes.

*Vaccination and Screening for Hepatitis B.*—The Committee encourages HRSA to redouble its efforts to support 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 and March 2023 ACIP recommendation that all adults between 19 and 59 be screened for hepatitis B. To implement these policies, the Committee further encourages HRSA to ensure that health centers screen patients aged 19–59 for hepatitis B, offer to immunize all non-infected patients in the 19–59 age cohort, and navigate infected individuals into care. The Committee requests an update from HRSA before the end of fiscal year 2024 of its progress to meet this goal, including the number of individuals screened and number of individuals vaccinated for hepatitis B at HRSA-funded health centers.

BUREAU OF HEALTH WORKFORCE

Appropriations, 2023 .....	\$1,390,376,000
Budget estimate, 2024 .....	1,747,486,000
Committee recommendation .....	1,391,376,000

The Bureau of Health Workforce provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to eliminate them. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

The Committee also encourages HRSA to conduct outreach, provide technical assistance, and give priority in awarding cooperative agreements and grants to entities in high poverty areas and historically marginalized communities. The Committee encourages HRSA to work with these communities to develop their mental health workforce and requests an update in the fiscal year 2025 CJ on best practices and strategies to attract mental healthcare practitioners to these disproportionately impacted communities.

*National Health Service Corps*

The Committee provides \$128,600,000 for the National Health Service Corps [Corps], an increase of \$3,000,000 above the fiscal year 2023 enacted level. The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

Within this total, the Committee continues support for access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors. The Committee also continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract. The Committee recognizes the importance of the National Health Service Corps scholarship and loan-repayment programs with Corps members in all 50 States. Therefore, the Committee encourages HRSA to ensure that no State has fewer than five National Health Service Corps awardees in fiscal year 2024

and shall give preference to individuals working in their home State or the State in which they received their education.

*Maternity Care Target Areas [MCTAs].*—The Committee recognizes HRSA’s progress in determining MCTAs in order to begin making loan repayment awards to maternal health practitioners, such as OB/GYNs and Certified Nurse Midwives, who agree to serve in MCTAs. Within the total for the Corps, the Committee includes \$8,000,000, an increase of \$3,000,000 above fiscal year 2023, to support loan repayment and scholarships for maternity care health services in health professional shortage areas. The Committee requests that HRSA provide a briefing for the Senate Committee on Appropriations on this effort within 120 days of enactment of this act.

*Rural Health Equity.*—The Committee recognizes the importance of the Corps Scholarship Program, especially in combatting the rural healthcare provider shortage, and recommends that HRSA increase the number of scholarships provided. Providing NHSC scholarships, particularly to students from rural communities, will increase equitable access to medical school and help to solve the rural provider workforce shortages throughout the United States.

#### *Training for Diversity*

The Committee supports programs that improve the diversity of the healthcare workforce. HRSA’s diversity pipeline programs help advance patient care and ensure opportunity for all healthcare providers.

#### *Centers of Excellence*

The Committee recommends \$28,422,000 for the Centers of Excellence Program. 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. The Committee notes that COEs educate a disproportionate share of health professionals from minority and underserved backgrounds and address the need for a diverse and culturally competent healthcare workforce.

#### *Health Careers Opportunity Program*

The Committee includes \$16,000,000 for the Health Careers Opportunity Program [HCOP]. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds navigate careers into the health professions.

#### *Faculty Loan Repayment*

The Committee provides \$2,310,000 for the Faculty Loan Repayment Program. 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*

The Committee provides \$55,014,000 for Scholarships for Disadvantaged Students. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.

### *Primary Care Training and Enhancement*

The Committee provides \$49,924,000 for the Primary Care Training and Enhancement [PCTE] program to support the expansion of training in internal medicine, family medicine, and pediatrics. Funds may be used to develop training programs or provide direct financial assistance to students and residents.

*Administrative Academic Units.*—Funding of academic administrative units, such as medical school departments and divisions, under the PCTE program has been a critical part of the program both in its role in medical student selection of primary care training programs and in facilitating scholarly activity in departments of family medicine. The Committee directs HRSA to maintain this funding and to continue funding opportunities to support administrative academic units within medical schools.

*Eating Disorders Screening and Referrals.*—Within the total for PCTE, the Committee continues to support 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, 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 (Public Law 114–255).

### *Training in Oral Health Care*

The Committee provides \$42,673,000 for Training in Oral Health Care programs, which includes not less than \$13,000,000 for General Dentistry Programs and not less than \$13,000,000 for Pediatric Dentistry Programs, and not less than \$14,000,000 for State Oral Health Workforce grants. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants, predoctoral dental grants, and dental faculty loan repayment program [DFLRP] grants. The Committee 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.

### *Medical Student Education*

The Committee recommends \$36,000,000 to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage in 2025. The Committee notes that this program has significant unspent balances from previous fiscal year appropriations that will continue to be available to public universities that meet the program criteria.

### *Interdisciplinary, Community-Based Linkages*

#### *Area Health Education Centers*

The Committee provides \$47,000,000 for Area Health Education Centers [AHECs]. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have pre-



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

*Health Care Simulation Labs.*—The Committee provides no less than \$3,000,000 to continue competitive grants for AHEC recipients to expand experiential learning opportunities through simulation labs designed to educate and train healthcare professionals serving rural, medically underserved communities. HRSA shall include as an allowable use the purchase of simulation training equipment.

*Behavioral Health Workforce Education and Training Program*

The Committee provides \$172,000,000 for Behavioral Health Workforce Education and Training [BHWET] program, \$19,000,000 above the fiscal year 2023 enacted level. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

*Addiction Medicine Fellowship Program [AMF].*—Within the total for BHWET, The Committee includes \$30,000,000 for AMF to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.

*Peer Support Specialists.*—Within BHWET, the Committee includes \$16,000,000 to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

*Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program.*—The Committee also includes \$52,000,000 for this program within the total for BHWET. 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. The Committee also encourages HRSA to actively recruit SUD counselors to take advantage of its STAR Loan Repayment Program, so that underserved communities may benefit from the presence of these professionals.

*Geriatric Workforce Enhancement Program*

The Committee provides \$48,245,000 for the Geriatric Workforce Enhancement Program. This program supports training to integrate geriatrics into primary care delivery and develops academic primary care community based partnerships to address gaps in healthcare for older adults.

*Mental and Behavioral Health Programs*

The Committee includes \$44,053,000 for Mental and Behavioral Health programs.

*Graduate Psychology Education [GPE].*—Within the total for Mental and Behavioral Health programs, the Committee includes \$25,000,000 for the inter-professional 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 growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management in addressing the opioid epidemic. The Committee also notes new data from CDC demonstrating a mental health crisis among youth and adolescents and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands.

*Health Professions Workforce Information and Analysis*

The Committee provides \$5,663,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

*U.S. Healthcare Workforce Analysis.*—The Committee recognizes that the U.S. healthcare workforce, including physicians and nurses, is a critical national resource that requires up-to-date, accurate analysis of current trends and projections for future workforce needs. This data may inform recruiting and training practices to ensure an adequate supply of medical professionals in medically underserved areas. However, current data streams do not provide real-time insight into the health care workforce supply pipeline. The Committee directs HRSA to submit a report to the Committees of jurisdiction, not later than 12 months from the date of enactment of this act, providing data on: how the training and supply pipeline is matched against health workforce projections; whether any capability gaps exist; how regional conditions impact local and regional supply; what information is needed to implement the use of such data going forward; and if there are existing resources available to access that data more expediently.

*Public Health Workforce Development*

The Committee provides \$18,000,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act (Public Law 111–148) and supports awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

*Nursing Workforce Development Programs*

The Committee provides \$302,472,000 for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

*Native Hawaiian and Pacific Islander Recruitment.*—The Committee recognizes the importance of striving to ensure representation from underrepresented populations in the nursing workforce for better care and patient outcomes. The Committee also recognizes that nurses of Native Hawaiian and Pacific Islander backgrounds represent a far smaller share of registered nurses and ad-

vanced practice registered nurses than their proportional representation in the United States. The Committee encourages HRSA to increase efforts to recruit and retain graduate and undergraduate nursing students and faculty from Native Hawaiian and Pacific Islander backgrounds.

*Palliative Care Nursing Workforce.*—Palliative care is patient and family-centered care, involving the support of an inter-professional team of doctors, nurses, social workers, and other providers and specialists who provide care for people with serious illnesses. As the healthcare needs of the Nation evolve and grow in complexity, the Committee encourages HRSA to expand opportunities to train and strengthen the palliative care nursing workforce through existing programs and activities.

#### *Advanced Education Nursing*

The Committee recommends \$89,581,000 for Advanced Education Nursing programs, which increase the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development. The Committee recognizes the importance of strengthening the primary care workforce and training providers to work in community-based settings, particularly by funding Advanced Nursing Education and Residency Programs.

*Certified Nurse Midwives.*—The Committee includes \$8,000,000 to grow and diversify the maternal and perinatal nursing workforce by increasing and diversifying the number of Certified Nurse Midwives with a focus on practitioners working in rural and underserved communities. The program will help advance equity and address disparities in maternal mortality by awarding scholarships to students and Registered Nurses to cover the total cost of tuition for the duration of the nurse midwifery program.

*Sexual Assault Nurse Examiners Program.*—The Committee provides \$15,000,000 to support training and certification of Registered Nurses, Advanced Practice Registered Nurses, and Forensic Nurses to practice as sexual assault nurse examiners.

#### *Nurse Education, Practice, Quality and Retention Program*

The Committee includes \$60,413,000 for competitive grants within the Nurse Education, Practice, Quality and Retention program to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. Within this total, the Committee continues support for grants to enhance nurse education through the expansion of experiential learning opportunities. HRSA is directed to ensure that these grants include as an allowable use the purchase of simulation training equipment.

*Traineeships to Address the Nursing Shortage and Prepare Academic Faculty.*—The National Academies of Science, Engineering, and Medicine [NASEM] recently issued a report that provided recommendations to Congress to ease the nursing shortage in America. The Committee recognizes the urgent need to address the nursing shortage existing in all parts of the United States and grow the pipeline of nurse educators to meet the demand to grow the workforce. Therefore, the Committee encourages HRSA to provide traineeships and fellowships, including stipends, for eligible enti-

ties at both public and private institutions to expand opportunities that prepare individuals for careers in nursing.

*Nurse Practitioner Fellowship Program*

The Committee provides \$6,000,000 for grants to community-based nurse practitioner residency and fellowship training programs that are accredited, or in the accreditation process, for practicing postgraduate nurse practitioners in primary care or behavioral health, where supported education and training specialties will include family, adult family, adult gerontology, pediatric, women's healthcare, nurse midwife, and psychiatric mental health.

*Nurse Corps Scholarship and Loan Repayment*

The Committee includes \$92,635,000 for Nurse Corps. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

*Nurse Faculty Loan Repayment*

The Committee includes \$29,500,000 for Nurse Faculty Loan Repayment, an increase of \$1,000,000, to expand the number of qualified nursing faculty nationwide by providing low interest loans for individuals studying to be nurse faculty and loan cancellation for those who then go on to work as faculty.

*Nursing Workforce Diversity*

The Committee includes \$24,343,000 for Nursing Workforce Diversity to increase nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.

*Children's Hospitals Graduate Medical Education*

The Committee provides \$385,000,000 for the Children's Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children's teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

*Pediatric Subspecialty Loan Repayment Program*

The Committee recognizes that significant shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals is impeding access to care for children and adolescents in underserved areas. The Committee includes \$10,000,000 for section 775 of the PHS Act. The Committee understands that high student loan debt is a significant barrier to providers choosing to complete training that would enable them to provide specialized care to children with special needs.

*National Practitioner Data Bank*

The Committee provides \$18,814,000 for the National Practitioner Data Bank. As mandated by the Health Care Quality Improvement Act (Public Law 99–660), the National Practitioner Data Bank does not receive appropriated funds, but instead is financed by the collection of user fees.

The National Practitioner Data Bank collects certain adverse information, medical malpractice payment history, and information related to healthcare fraud and abuse. The data bank is open to healthcare agencies and organizations that make licensing and employment decisions. The Committee is aware that limitations may prevent certain healthcare providers, especially those who predominantly serve seniors, from accessing the National Practitioner Data Bank in a timely manner. HRSA shall evaluate opportunities to expand access to the National Practitioner Data Bank to all Medicare and Medicaid providers, with particular emphasis on providers who serve the senior population.

MATERNAL AND CHILD HEALTH

Appropriations, 2023 .....	\$1,171,430,000
Budget estimate, 2024 .....	1,357,830,000
Committee recommendation .....	1,169,430,000

The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation’s women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

*Maternal and Child Health [MCH] Block Grant*

The Committee provides \$603,584,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. Within this total, the Committee also proposes increases for a number of special projects to address the Nation’s rising rate of maternal mortality. The program supports a broad range of activities, including providing prenatal care, well-child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

*Stillbirth Prevention Technical Assistance.*—Stillbirth affects one in 175 pregnancies, with more than 21,000 babies stillborn each year. Despite medical advances, the Committee is concerned that the rate of early stillbirth has remained relatively the same over the past 30 years. The Committee directs HRSA to update its materials and guidance to States to clarify that stillbirth prevention activities are an allowable use of funds under title V, Maternal and Child Health Block Grant program. The Committee also urges HRSA to provide technical assistance to States and healthcare providers in carrying out stillbirth prevention activities.

*MCH Block Grant-Special Projects of Regional and National Significance [SPRANS]*

*Early Childhood Development Expert Grants.*—The Committee provides \$10,000,000 to expand placements of early childhood development experts in pediatrician offices with a high percentage of Medicaid and Children’s Health Insurance Program patients.

*Infant-Toddler Court Teams.*—The Committee includes \$18,000,000 to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.

*Minority-Serving Institutions.*—The Committee continues \$10,000,000 for a research network for minority-serving institutions to study health disparities in maternal health outcomes and develop curricula for training health professionals to identify and address the risks that climate change poses for vulnerable individuals and individuals that plan to become pregnant.

*Regional Pediatric Pandemic Network.*—The Committee provides \$25,000,000 within SPRANS to continue the work of the Regional Pediatric Pandemic Network to coordinate among the Nation’s pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics.

*State Maternal Health Innovation Grants.*—The Committee provides \$55,000,000 to support innovation among States to improve maternal health outcomes and address disparities in maternal health. With this funding, States collaborate with maternal health experts to implement State-specific action plans in order to improve access to maternal care services, identify and address workforce needs, and support postpartum and inter-conception care services.

*Maternal and Child Health Programs*

*Sickle Cell Anemia*

The Committee provides \$8,205,000 for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing, long-term follow-up and care coordination, and training of health professionals.

*Sickle Cell Disease Data Collection.*—The Committee recognizes that more than 100,000 Americans have sickle cell disease, which disproportionately affects patients of color and, every year, over 2,000 infants in the United States are born with this condition. Supporting sickle cell disease research helps identify and examine barriers to quality care services for patients living with sickle cell disease, including transportation barriers for patients seeking trained specialists in urban and rural communities. The Committee directs HRSA to submit a report to the Committee within a year of enactment of this act on current Federal efforts to: expand data collection through the Sickle Cell Anemia Demonstration Program and the Data Coordination Center; support existing programs that provide transition support for sickle cell disease patients who are aging out of pediatric care and receiving adult care; provide training, technical assistance, and educational opportunities; support education and advocacy programs that engage populations affected by sickle cell disease; disseminate information on health and community services; and improve access to care and treatment deci-

sion-making processes. The Committee encourages HRSA, in collaboration with the National Center for Birth Defects and Developmental Disabilities at the CDC, to support sickle cell disease surveillance activities.

#### *Autism and Other Developmental Disorders*

The Committee provides \$56,344,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities for autism and other developmental disorders, as reauthorized in the Autism Collaboration, Accountability, Research, Education and Support Act of 2019 (Public Law 116–60).

The Committee provides continued funding for the Leadership Education in Neurodevelopmental and Related Disabilities [LEND] programs. LEND programs are uniquely positioned to provide innovative strategies to integrate and enhance existing investments, including translating research findings on interventions, guidelines, tools, and systems management approaches to training settings, to communities, and into practice, and to promote life-course considerations—from developmental screening in early childhood to transition to adulthood issues. The funding is critical to the LENDs’ role in providing direct clinical assessment and evidence-based interventions.

#### *Healthy Start*

The Committee provides \$145,000,000 for Healthy Start. The primary purpose of Healthy Start is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

*Maternal Mortality.*—The Committee continues to support a new targeted expansion of an enhanced Healthy Start program model that began in fiscal year 2023. The Committee also continues to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

#### *Newborn Screening for Heritable Disorders*

The Committee provides \$20,833,000 for the Newborn Heritable Disorders Screening program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008 (Public Law 113–240). This program provides funding to improve States’ ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

*Newborn Screening for Duchenne Muscular Dystrophy.*—The Committee is aware that at its February 2023 meeting, the Advisory Committee on Heritable Disorders in Newborns and Children [ACHDNC] voted not to advance the nomination of Duchenne muscular dystrophy for evidence-based review for newborn screening. The Committee recognizes the challenges in collecting data for rare

diseases, particularly in young children. Duchenne muscular dystrophy typically isn't diagnosed until age five despite the efforts of CDC and others to move the age of diagnosis earlier. As a result, it is difficult to meet the newborn screening criteria despite strong potential for benefit. The Committee recommends expediting consideration of Duchenne muscular dystrophy for the Recommended Uniform Screening Panel for newborn screening, incorporating the patient community voice in the ACHDNC review, and developing appropriate flexible criteria.

*Universal Newborn Hearing Screening and Early Intervention*

The Committee provides \$18,818,000 for universal newborn hearing screening and early intervention activities. This program awards grants to 53 States and territories that support statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

*Emergency Medical Services for Children*

The Committee provides \$24,334,000 for the Emergency Medical Services for Children program which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

*Screening and Treatment for Maternal Mental Health and Substance Use Disorders [MMHSUD]*

The Committee provides \$11,000,000 for the Screening and Treatment for the MMHSUD program, which was reauthorized in the Consolidated Appropriations Act of 2023 (Public Law 117-328). HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

According to Maternal Mortality Review Committee data in 36 States mental health conditions are the leading cause of maternal mortality, accounting for 22 percent of pregnancy-related deaths from 2017–2019. Maternal mental health [MMH] conditions impact one in five pregnant or postpartum women, including as many as one in three in high-risk populations. MMHSUD, trains healthcare providers to screen, assess, and treat MMH conditions and substance use disorders, and provides specialized psychiatric consultation to providers. The Committee encourages HRSA to 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 encourages HRSA to provide technical assistance to both grantee and non-grantee States to implement activities under this program. The Committee requests a report within 6 months of enactment detail-



ing the technical assistance HRSA has provided to States and steps HRSA has taken to expand the number of grants to States.

*Pediatric Mental Health Care Access*

The Committee provides \$13,000,000 for expanding access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

*Poison Control Centers*

The Committee provides \$26,846,000 for Poison Control Centers.

*Alliance for Maternal Health Safety Bundles*

The Committee includes \$15,300,000 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.

*Pregnancy Medical Home Demonstration*

The Committee provides \$10,000,000 to reduce adverse maternal health outcomes and maternal deaths by incentivizing maternal healthcare providers to provide integral healthcare services to pregnant women and new mothers to optimize maternal and infant health outcomes.

*Maternal Mental Health Hotline*

The Committee provides \$7,000,000 to expand support for a maternal mental health hotline. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline.

HIV/AIDS BUREAU

Appropriations, 2023 .....	\$2,571,041,000
Budget estimate, 2024 .....	2,696,041,000
Committee recommendation .....	2,571,041,000

The Committee recommendation includes \$2,571,041,000 for the HIV/AIDS Bureau. The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act (Public Law 111–87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health, and nutritional services.

*Ending the HIV Epidemic [EHE].*—The Committee provides \$165,000,000 for the EHE initiative. The investment will support HIV care and treatment services; support evidence informed practices to link, engage, and retain HIV-positive individuals in care; and continue to build capacity into the system.

*Emergency Assistance*

The Committee provides \$680,752,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by

formula, and the remainder is awarded through supplemental competitive grants.

*Comprehensive Care Programs*

The Committee provides \$1,364,878,000 for HIV healthcare and support services. Funds are awarded to States to support HIV service delivery consortia, the provision of home- and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and support for State AIDS drug assistance programs [ADAP]. The Committee provides \$900,313,000 for AIDS medications in ADAP.

*Early Intervention Services*

The Committee provides \$208,970,000 for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

*Children, Youth, Women, and Families*

The Committee provides \$77,935,000 for grants for coordinated services to women, infants, children, and youth. Funds are awarded to a variety of providers, including community health centers, comprehensive hemophilia centers, county and municipal health departments, and other nonprofit community-based programs that provide comprehensive primary healthcare services to populations with or at risk for HIV.

*AIDS Dental Services*

The Committee provides \$13,620,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and post-doctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

The Ryan White Part F program provides for the Dental Reimbursement Program, which covers the unreimbursed costs of providing dental care to persons living with HIV/AIDS. Programs that qualify for reimbursement are dental schools, hospitals with post-doctoral dental education programs, and colleges with dental hygiene programs.

*AIDS Education and Training Centers*

The Committee provides \$34,886,000 for AIDS Education and Training Centers [AETCs], which train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

*Special Projects of National Significance*

The Committee provides \$25,000,000 for the Special Projects of National Significance program. This program supports the develop-

ment, evaluation, and dissemination of innovative models of HIV care and treatment to improve the retention and health outcomes of Ryan White HIV/AIDS Program clients.

HEALTH CARE SYSTEMS

Appropriations, 2023 .....	\$99,009,000
Budget estimate, 2024 .....	135,009,000
Committee recommendation .....	101,009,000

The Committee recommendation for the Health Care Systems Bureau is \$101,009,000.

The Health Care Systems Bureau protects the public health and improves the health of individuals through efforts to support and enhance the systems by which healthcare is delivered in America.

*Organ Donation and Transplantation*

The Committee provides \$33,049,000, an increase of \$2,000,000 above the fiscal year 2023 enacted level, for organ donation and transplantation activities that provide financial support for living donors and increase public education and awareness about organ donation.

*OPTN Modernization Initiative.*—HRSA has launched the OPTN Modernization Initiative, which aims to accelerate progress on technology improvements, data transparency and analytics, governance, operations, and quality improvement. The Committee encourages HRSA to implement its stated objectives and requests a briefing within 90 days of enactment that details the: actions the Department has or plans to take to improve oversight of the OPTN contractor(s), and the performance of duties and responsibilities under said contract(s); actions the Department will take to increase public and stakeholder trust in the OPTN organ allocation process; and the plan for tracking and evaluating the effectiveness and impact of the Initiative.

*National Cord Blood Inventory*

The Committee provides \$19,266,000 for the National Cord Blood Inventory [NCBI]. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

NCBI builds a racially and ethnically diverse inventory of high-quality umbilical cord blood for transplantation. The Committee applauds HRSA for increasing the number of units collected and maintained under NCBI.

*C.W. Bill Young Cell Transplantation Program*

The Committee provides \$33,009,000 for the C.W. Bill Young Cell Transplantation Program. The Committee continues to support cell transplantation through the use of bone marrow, peripheral blood stem cells, and cord blood. The Committee appreciates HRSA’s efforts to increase the diversity of the volunteer registry.

*National 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 programs support inpatient, outpatient, long-term care, as well as training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; 11 outpatient clinic sites in the continental U.S. and Puerto Rico; repair and maintenance of buildings at 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

Appropriations, 2023 .....	\$352,407,000
Budget estimate, 2024 .....	415,852,000
Committee recommendation .....	364,407,000

The Committee recommendation for Rural Health programs is \$364,407,000, an increase of \$12,000,000 above the fiscal year 2023 enacted level.

The Federal Office of Rural Health Policy [FORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60 million residents of rural communities. FORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens’ access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

*Rural-Urban Commuting Area [RUCA] Codes.*—The Committee recognizes FORHP’s use of RUCA codes and the Frontier and Remote codes, which are developed to define rural populations. However, neither of these codes sufficiently measure rurality in mountainous regions, such as the Appalachian Mountains. The Committee directs FORHP to coordinate with the U.S. Department of Agriculture’s Economic Research Service on reviewing and implementing the “Difficult Terrain and Access to Urban Area” project. The Committee also requests a report on how FORHP plans to utilize this project to better define rural in mountainous areas, such as Appalachia.

*Rural Communities Opioid Response Program [RCORP].*—The Committee provides \$155,000,000 for RCORP, an increase of \$10,000,000 to expand the program. Within the funding provided, the Committee includes \$10,000,000 to continue at least three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260 and 117–103. The Committee recognizes the success of the Centers in addressing substance use disorders within rural communities through various evidence-based treatment and recovery models. The Committee supports HRSA’s continued investment in the current Centers and would encourage HRSA to consider how the centers can expand their outreach into other underserved communities. Within the total provided for the Rural Communities Opioid Response program, the Committee includes \$4,000,000 to support career and workforce training services and other needs related to substance use challenges within the Northern Border Regional Commission’s rural regions to assist individuals affected by a substance use disorder.

*Rural Maternity and Obstetrics Management Strategies [RMOMS].*—The Committee provides no less than \$8,000,000 for RMOMS to support 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 Outreach*

The Committee provides \$94,975,000 for the Rural Health Outreach program, an increase of \$2,000,000 above the fiscal year 2023 level. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. Outreach grant programs include Outreach Service Grants, Rural Network Development Grants, Delta States Network Grant Program, Network Planning Grants, and Small Health Care Provider Quality Improvement Grants.

*Regional Grant Programs.*—The Committee includes no more than \$22,000,000 for the Delta States Rural Development Network Grant program and not less than \$10,000,000 for the Delta Region Community Health Systems Development program. The Committee provides no less than \$5,000,000 for HRSA's collaboration with the Northern Border Regional Commission to provide direct support to member States and help underserved rural communities with planning and implementing service coordination improvements that better population health. Lastly, the Committee provides no more than \$3,000,000 for HRSA's collaboration with the Appalachian Regional Commission.

#### *Rural Health Research*

The Committee provides \$11,076,000 for the Rural Health Research program. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service. Supported activities focus on improving the delivery of health services to rural communities and populations.

#### *Rural Hospital Flexibility Grants*

The Committee provides \$64,277,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to Critical Access Hospitals to focus on quality and performance improvement and to integrate emergency medical services.

The Committee continues to recognize the importance of supporting hospitals located in rural or underserved communities and recommends HRSA give preference in grant awards to Critical Access Hospitals serving rural communities that create community health teams to help coordinate care among rural populations to foster better outcomes in chronic disease management.

*State Offices of Rural Health*

The Committee provides \$12,500,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

*Black Lung Clinics*

The Committee provides \$12,190,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

*Radiation and Exposure Screening and Education Program*

The Committee provides \$1,889,000 for activities authorized by the Radiation Exposure Compensation Act (Public Law 109-482). 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 Residency Planning and Development*

The Committee provides \$12,500,000 for the Rural Residency Planning and Development program. The Committee commends FORHP for 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 Tracks.

The Committee provides \$2,000,000 to support family medicine/obstetrics training programs in States with high infant morbidity rates. The funding will reduce infant mortality and maternal morbidity by improving availability and accessibility of prenatal care through increasing family medicine/obstetrics training programs and graduates, increasing Family Medicine and OB/GYN faculty to train physicians, and by providing equipment, such as ultrasound, electronic fetal monitors, and telemedicine equipment with the training and support for this equipment to rural areas. HRSA is directed to brief the Committee on their plans no less than 15 days prior to releasing a Funding Opportunity Announcement.

FAMILY PLANNING

Appropriations, 2023 .....	\$286,479,000
Budget estimate, 2024 .....	512,000,000
Committee recommendation .....	286,479,000

The Committee provides \$286,479,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriations, 2023 .....	\$1,735,769,000
Budget estimate, 2024 .....	360,709,000
Committee recommendation .....	1,112,585,000

The Committee provides \$1,112,585,000 for HRSA-wide activities. Within the total, \$165,300,000 is provided for program management.

*Congressionally Directed Spending.*—Within the total for program management, the Committee also includes \$891,997,000 for projects financing the construction and renovation (including equipment) of healthcare and other facilities and for one-time grants supporting other health-related activities. The projects are specified in the table at the end of this Committee Report.

*Long COVID Centers of Excellence.*—The extensive incidence of individuals suffering from Long COVID (Post-Acute Sequelae of SARS CoV-2 COVID [PASC]) presents an ongoing challenge to the healthcare system, patients and their caregivers. The Committee supports the establishment of a network of Long COVID Centers of Excellence that can gather, develop and disseminate data regarding evidence-based treatment; educate and train providers on best practices; conduct outreach to affected populations and community organizations; and coordinate access to care. The Committee provides \$5,000,000 to competitively fund a network of such sites. In making awards, HRSA is instructed to leverage existing federally funded Long COVID research efforts, prioritize geographically diverse entities with experience recruiting, enrolling, and working with Long COVID patient populations on research and clinical care, and institutions with the ability to coordinate on data sharing and the identification of evidence-based treatments.

#### *Telehealth*

The Committee provides \$38,050,000 for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.

*Expanding Capacity for Health Outcomes.*—The Committee supports HRSA's use of technology-enabled collaborative learning and capacity building models, as authorized in Public Law 116-260, division BB, title III, section 313. The Committee urges HRSA to explore addressing Alzheimer's disease and other dementias, including improving Alzheimer's person-centered care coordination, improving care transitions, evaluating models to build the evidence-base, increasing advanced care planning and strengthening quality improvement measures.

*Telehealth Centers of Excellence [Centers].*—The Committee provides \$8,500,000 for the Centers 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. The Centers identify best practices, serve as national training resources and test the efficacy of different telehealth clinical applications. The Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols and by providing a comprehensive template for States to integrate

telehealth into their State health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced by rural America.

*Office of Pharmacy Affairs*

The Committee provides \$12,238,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug-pricing program, which requires drug manufacturers to provide discounts or rebates to a set of programs and hospitals that serve a disproportionate share of low-income patients. The 340B program is a critical lifeline to many of its program participants, 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 “stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services”, as Congress intended.

The Committee is concerned that manufacturers continue to deny 340B pricing for drugs purchased by covered entities for use in contract pharmacies, which threatens the ability of safety-net providers to care for patients in need. The Committee supports HRSA’s continued use of its authorities and any available measures, including the imposition of civil penalties, as 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.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2023 .....	\$15,200,000
Budget estimate, 2024 .....	26,200,000
Committee recommendation .....	15,200,000

The Committee includes \$15,200,000 for administrative costs associated with the Vaccine Injury Compensation Program. The National Vaccine Injury Compensation program provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and death benefits. The Vaccine Injury Compensation Trust Fund is funded by excise taxes on certain childhood vaccines.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, fiscal year 2023 .....	\$7,000,000
Budget request, fiscal year 2024 .....	15,000,000
Committee Recommendation .....	7,000,000

The Committee includes \$7,000,000 for administrative costs associated with the Countermeasures Injury Compensation Program [CICP]. 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

The Committee recommendation provides a program level of \$9,197,590,000 for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], and \$1,186,200,000 in transfers from the Prevention and Public Health [PPH] Fund.

The activities of CDC focus on several major priorities: providing core public health infrastructure and functions; detecting and responding to urgent health threats; monitoring the Nation’s health using sound scientific methods; preventing the leading causes of illness, injury, and death; assuring the Nation’s preparedness for emerging infectious diseases and potential pandemics; and providing training, support and leadership for the public health workforce.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2023 .....	\$919,291,000
Budget estimate, 2024 .....	1,255,930,000
Committee recommendation .....	919,291,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$919,291,000, which includes \$702,250,000 in transfers from the PPH Fund.

The mission of the National Center for Immunization and Respiratory Diseases is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Section 317 Immunization Program .....	681,933,000	681,933,000
Acute Flaccid Myelitis .....	6,000,000	6,000,000
Influenza Planning and Response .....	231,358,000	231,358,000

*317 Immunization Program.*—The Committee recognizes CDC’s immunization program plays a fundamental role in achieving national immunization goals and sustaining high vaccination coverage. In addition, this program underpins the protection of all children being vaccinated, even those fully insured, by providing Federal, State and local resources to investigate outbreaks, conduct surveillance, and provide public awareness campaigns to address vaccine hesitancy that continues to be the root cause of outbreaks for measles and other preventable diseases. The Committee continues to expect funding be used to promote health equity related to protection from vaccine preventable diseases [VPDs] as well as address vaccine hesitancy. CDC is directed to expand the existing immunization infrastructure, including implementing new strategies for hard-to-reach populations, such as those who may be vaccine-hesitant, those who are members of racial and ethnic or other minority groups, and those who are underserved due to socioeconomic or other reasons.

*Advisory Committee on Immunization Practices [ACIP] Process.*—The Committee recognizes the important work of ACIP in regularly evaluating and providing informed vaccine recommendations. Following an ACIP recommendation that the CDC Director has reviewed and approved, timely publication in the CDC Morbidity and Mortality Weekly Report [MMWR] is critical to ensuring health insurance coverage and timely provider implementation. Given the importance of the review, recommendation, and publication process, the Committee requests that CDC provide a report to the Committee outlining the resources necessary to support both routine and emergency reviews in real time as well as timely MMWR publication of recommendations to ensure appropriate patient access. The report should include recommendations for changes necessary to improve efficiency in the ACIP process that will result in expedited communication of recommendations.

*Cost Estimates.*—The Committee requests that the report on estimated funding needs of the Section 317 Immunization Program be updated and submitted not later than February 1, 2024, to the Committees on Appropriations. 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. The Committee also requests that the report 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 HPV and influenza. The Committee directs CDC to provide a professional judgment budget estimate to the Committee that specifically outlines the cost to fully fund an uninsured adult immunization program that includes the cost of purchase, storage, and administration of all ACIP-recommended adult vaccines and allows for provider choice of product, outreach, and counseling grants to providers and community-based organizations.

*Immunization Data Optimization.*—The Committee is aware that some States that receive resources to support Immunization Information Systems [IIS] allow providers to opt-into transmitting vaccination data for some populations to the IIS. The Committee is concerned that this could lead to gaps in data and potential outbreaks in VPDs. The Committee requests CDC, along with the Office of the National Coordinator for Health Information Technology [ONC], work with States to develop a plan to encourage all providers who vaccinate to report immunization data across the life course.

*Increasing Adult Hepatitis B Vaccination.*—The Committee urges CDC to promote hepatitis B vaccination among all adults ages 19 through 59 as recommended by ACIP. The Committee urges CDC to provide leadership to ensure the recommendation is implemented, and to coordinate implementation activities with the HHS Assistant Secretary for Health and HRSA and engage providers and community-based organizations as necessary. The Committee requests a report to Congress on current challenges and barriers to access that are limiting vaccination rates and preventing vaccine series completion required to achieve full immunity.

*Long COVID.*—The Committee encourages CDC to monitor and track incidence of Long COVID among children and adults, including developing a patient registry for Long COVID.

*Promoting Routine Vaccination.*—The Committee is concerned by the continued lag in routine vaccination across the life course due to the COVID–19 pandemic, with underserved populations affected to a greater degree and adolescents affected disproportionately. If not addressed, these trends will increasingly expose Americans to VPDs, outbreaks, and exacerbate existing disparities in care. The Committee urges CDC to prioritize and to allocate resources to engage providers, healthcare stakeholders, educators, community organizations, and families on the importance of ensuring that all receive routinely recommended vaccinations, ensuring that resources are allocated to address disparities in vaccination rates based on race/ethnicity and age. Within 60 days of the enactment, CDC shall provide the Committee with an update on the ongoing “Vaccinate with Confidence” campaign and the rate of routine vaccination across all ages, as well as an update on the forward-looking plan to administer missed doses. CDC should include updated recommendations about what other tools it could employ to address this health equity issue.

*Protecting Immunization Data.*—The Committee encourages CDC to continue its work with State and local health departments and affiliated partner organizations toward adoption of and adherence to nationally accepted privacy and security standards for immunization data captured across the life course that includes bi-directional data reporting between public health authorities and providers at the point of care. The Committee further asks CDC to provide an update on the status of immunization work to date in the context of the CDC data modernization initiative in the fiscal year 2025 CJ.

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

Appropriations, 2023 .....	\$1,391,056,000
Budget estimate, 2024 .....	1,544,556,000
Committee recommendation .....	1,395,056,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is \$1,395,056,000.

The Center administers CDC’s activities on HIV/AIDS, viral hepatitis, STDs, and TB, with the exception of the Global AIDS program, which is housed in the Center on Global Health.

The Committee recommends funding for the following activities in the following amounts:

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research .....	1,013,712,000	1,016,712,000
HIV Initiative .....	220,000,000	223,000,000
School Health .....	38,081,000	38,081,000
Viral Hepatitis .....	43,000,000	43,000,000
Sexually Transmitted Infections .....	174,310,000	174,310,000
Tuberculosis .....	137,034,000	137,034,000
Infectious Diseases and Opioid Epidemic .....	23,000,000	24,000,000

*Ending the HIV Epidemic [EHE] Initiative.*—The Committee includes \$223,000,000 for the EHE Initiative. The Committee is aware that having a sexually transmitted infection [STI] poses an increased risk of HIV acquisition. The Committee commends CDC for including dedicated funding in the EHE initiative for STI clinics, sexual health clinics and the STD Clinical Prevention Training Centers. Additionally, the Committee supports efforts to increase equitable access to pre-exposure prophylaxis [PrEP] medication that prevents HIV infection. CDC is encouraged to support the building blocks of a national program to increase awareness of PrEP, increase access to PrEP medication, laboratory services, essential support services such as case management, counseling, linkage, and adherence services, robust PrEP outreach and education activities, and PrEP provider capacity expansion.

*Hepatitis.*—The Committee has included funding to enhance efforts to eliminate the public health threat of viral hepatitis and to specifically implement and help fund the HHS National Viral Strategic Plan which offers a framework to eliminate viral hepatitis as a public health threat. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B and the CDC's recent universal screening guidelines and urges a coordinated Federal effort to implement these goals. Therefore, the Committee requests HHS complete a report before the end of fiscal year 2024 on government-wide coordinated efforts to make progress to meet this vaccination goal. Finally, the Committee encourages that funds provided by the Center be prioritized for jurisdictions with the highest infection rates.

*Infectious Diseases and Opioids.*—The Committee encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to SUDs and acute hepatitis C infection. CDC is also encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.

*School Health.*—The Committee has provided \$38,081,000 to promote school-based health and disease prevention for adolescents, including mental health. CDC is urged to collect and integrate data on school policies and practices that support student and staff physical and emotional well-being and positive mental health and wellness.

*Self-Testing.*—The Committee notes the important role that self-testing, self-collection, and rapid testing has played for HIV, COVID-19, and other conditions. The Committee encourages CDC to continue to advance opportunities to enhance access to these innovative technologies in order to further promote interventions that address inequities, including through the Ending the HIV Epidemic initiative, the Viral Hepatitis National Plan, the National STI Strategic Plan, and ongoing activities.

*Sexually Transmitted Infections [STIs].*—The Committee includes \$174,310,000 to combat and prevent the high incidence of STIs. The Committee further directs that a portion of these funds be used to ensure that none of the grantees receives less than the amount received in fiscal year 2023. Additionally, the Committee directs CDC to continue to move the grant year forward by 1

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 1 month each year for the next 3 years, contingent on the availability of funds. Finally, 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.

*Tribal Tuberculosis.*—The Committee is concerned about the insufficient staffing of tuberculosis technicians in Tribal areas. The Committee encourages CDC in conjunction with State and local health departments, to continue supporting TB prevention and treatment activities in populations at highest risk for TB disease, including American Indian/Native American communities.

EMERGING AND ZONOTIC INFECTIOUS DISEASES

Appropriations, 2023 .....	\$750,772,000
Budget estimate, 2024 .....	845,772,000
Committee recommendation .....	750,772,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$750,772,000, which includes \$52,000,000 in transfers from the PPH Fund.

The National Center for Emerging and Zoonotic Infectious Diseases aims to detect, prevent, and control infectious diseases from spreading, whether they are naturally occurring, unintentional, or the result of terrorism.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Antibiotic Resistance Initiative .....	197,000,000	197,000,000
Vector-Borne Diseases .....	62,603,000	64,103,000
Lyme Disease .....	26,000,000	27,500,000
Prion Disease .....	7,500,000	7,500,000
Chronic Fatigue Syndrome .....	5,400,000	5,400,000
Emerging Infectious Diseases .....	202,997,000	204,997,000
Harmful Algal Blooms .....	3,500,000	3,500,000
Food Safety .....	71,000,000	71,000,000
National Health Care Safety Network .....	24,000,000	24,000,000
Quarantine .....	58,772,000	53,772,000
Advanced Molecular Detection .....	40,000,000	40,000,000
Epidemiology and Laboratory Capacity .....	40,000,000	40,000,000
Healthcare-Associated Infections .....	12,000,000	12,000,000

*Advanced Molecular Detection [AMD].*—The Committee includes \$40,000,000 and recognizes the critical role the AMD program plays in bringing cutting edge technology to the front lines of public health by harnessing the power of advanced sequencing methods and high performance computing with bioinformatics and epidemiology expertise to study pathogens.

*Antimicrobial Resistance [AMR].*—The Committee continues to support the Administration’s proposal to address the problem of antimicrobial resistant bacteria and fungi through a “One Health” approach and by tracking and preventing the spread of resistance at the local, regional, national and global levels. The Committee continues to encourage CDC to competitively award research activi-

ties that address aspects of AMR related to “One Health”, including global surveillance and research and development for new tools to counter AMR.

*Lyme Disease and Related Tick-Borne Illnesses.*—With recent 2020 CDC data showing that nearly 500,000 Americans contract Lyme disease every year, especially in rural States across the United States, an improved understanding of the disease is essential to the health and wellbeing of Americans. CDC tracking of Nationally Notifiable Infectious Diseases shows that Lyme disease is the most common tick-borne disease and the most common vector-borne disease in the United States. In patients who suffer from long-term complications associated with Lyme disease, clear treatment pathways are often missed as a result of inaccurate and incomplete testing. The Committee provides \$27,500,000, an increase of \$1,500,000, to expand the programs authorized under the Kay Hagan Tick Act (Public Law 116–94) to promote a public health approach to combat rising cases of tick-borne diseases. In distributing these funds, the Committee directs CDC to prioritize entities focused on Lyme disease and related tick-borne diseases in the areas of surveillance, control, prevention, diagnosis, treatment, and education. The Committee directs CDC to develop and implement methods to improve surveillance to more accurately report the disease burden, including through the development of real time data for reporting Lyme disease and other tick-borne diseases as well as a process for estimating the prevalence of Post-Treatment Lyme Disease Syndrome. The Committee directs CDC to direct funding to improve early diagnosis of Lyme and related tick-borne diseases to prevent the development of late stage disease and more serious and long-term disability. The Committee recognizes the growing public health threat of Lyme disease and related tick-borne diseases and directs CDC to provide support in endemic areas as well as areas not yet considered endemic.

Given the impact of Lyme disease and the status of ongoing clinical trials, the Committee requests a report within 180 days on CDC’s research to date and recommendations on actions needed to facilitate a successful Lyme disease vaccine rollout that will build confidence and encourage uptake should a vaccine be approved by the FDA.

*Mosquito Control Activities.*—The Committee continues to urge CDC to direct funding from within the Vector-Borne Diseases budget to coordinate with States, mosquito control districts, universities, and other Federal partners to update spray drift models used in the pesticide registration process. The Committee urges CDC to move expeditiously in support of these activities. The Committee further encourages CDC, consistent with the provisions of the Strengthening Mosquito Abatement for Safety and Health Act (Public Law 116–22) to increase support to State and local mosquito control programs for mosquito-borne and other vector-borne diseases surveillance and control.

*Myalgic Encephalomyelitis/Chronic Fatigue Syndrome [ME/CFS].*—Given that a subset of patients with post-acute COVID–19 and other post-infectious syndromes meet the diagnostic criteria for ME/CFS, the Committee continues to encourage CDC to develop a national epidemiological and disease tracking study of post-infec-

tious syndromes prevalence, specifically the rates of ME/CFS in adults and children. The Committee expects CDC to strengthen collaboration with 1) interagency partners, 2) disease experts and stakeholders, and 3) the NIH's Collaborative Research Centers on study design protocol. Additionally, the Committee urges CDC to conduct a series of epidemiological studies into the causes, diagnosis, and risk factors of ME/CFS. Finally, the Committee expects CDC to engage physicians and patients in an effort to increase awareness of ME/CFS and disseminate updated clinical guidance.

*National Healthcare Safety Network [NHSN].*—The Committee includes \$24,000,000 for NHSN and recognizes the critical value of this system for healthcare quality measurement and improvement, as well as supporting national security needs for situational awareness of health systems capacity during major outbreaks and pandemic responses. 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 as called for by the National Biodefense Strategy to create an enduring domestic all-hazards hospital data collection capability.

*Prion Disease Surveillance.*—The Committee includes \$7,500,000 for surveillance efforts of human prion diseases, including Creutzfeldt-Jakob Disease, through the National Prion Disease Pathology Surveillance Center and CDC. Monitoring the prevalence of prion diseases, including whether a disease was acquired from animals or other humans, is particularly critical for Chronic Wasting disease endemic areas.

*Sepsis.*—The Committee provides \$2,000,000 within Emerging Infectious Diseases to integrate sepsis data from hospitals into the National Healthcare Safety Network [NHSN] to enable CDC to assess the impact of policies and programs (including sepsis 'Core Elements') across hospitals and assist in the improvement of sepsis care. These data will promote awareness and uptake of CDC's sepsis initiatives including the sepsis Core Elements through public and private clinical care partnerships and events based on the successful CDC strategy employed for antibiotic resistance and stewardship campaign, as appropriate. CDC, in collaboration with CMS, will use the quality measure development process to develop new, or identify existing, hospital quality measures for adult and pediatric sepsis.

*Vector-Borne Diseases [VBDs].*—The Committee is concerned about the risk of a vector-borne infectious disease outbreak in the U.S. and our readiness to quickly respond to and stop its spread. The recommendation includes \$64,103,000, an increase of \$1,500,000, to support activities like those of the Regional Centers of Excellence program, including State-level surveillance and research being conducted by partners in order to prevent and rapidly respond to emerging VBDs across the United States. The Committee encourages CDC to examine options to provide greater coverage of the Northwest region for VBD resources. Additionally, the Committee recognizes the importance of strong surveillance data to monitor and forecast the risk of infectious disease outbreaks in the U.S. 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 in the Caribbean and the Pacific regarding control and management of VBDs, the increased risk for prevalence and spread of these diseases due to their tropical climate, and how cases in these islands can impact the rest of the country. 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 2025 CJ on the ecological structure and epidemiological factors that must be known and monitored to estimate the mosquito-borne infectious disease outbreak risk.

*Wastewater Surveillance.*—The Committee continues to recognize the important role wastewater surveillance plays for our Nation’s biosecurity. In a January 2023 report, the National Academies of Sciences, Engineering, and Medicine highlighted how critical wastewater surveillance has been in detecting, managing and preventing further spread of the COVID–19 virus and affirms its continued value for managing infectious disease outbreaks, including resurgences of known pathogens and newly emergent pathogens. The Committee shares the National Academies’ vision of a wastewater surveillance system that is “flexible, equitable, integrated, actionable and sustainable.” This should include a system that would be able to track multiple pathogens simultaneously, has an open and transparent process for prioritizing targets, and can pivot quickly to detect emerging pathogens. The Committee further underscores the importance of a national wastewater surveillance system with geographic and temporal design informed by data and that strategically incorporates sites as a mechanism for early detection. Additionally, the Committee encourages CDC to continue working with States and localities to broaden the scope of wastewater surveillance capabilities to track COVID–19, additional pathogens, and high-risk substances such as fentanyl to assist with public health data analysis.

The Committee requests CDC provide information in the fiscal year 2025 CJ on how the National Wastewater Surveillance System program, and wastewater surveillance more broadly, can be leveraged to include analysis of future public health threats beyond infectious diseases, which may include high-risk substances such as fentanyl and other natural or manmade biotreats.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2023 .....	\$1,430,414,000
Budget estimate, 2024 .....	1,813,539,000
Committee recommendation .....	1,435,414,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,435,414,000, which includes \$254,950,000 in transfers from the PPH Fund.



The mission of the Center is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. More than one-half of all American adults have at least one chronic illness, and such diseases account for 70 percent of all U.S. deaths and over three-quarters of all healthcare costs in the United States. Chronic diseases are the leading causes of death and disability and while they affect all populations, the most disadvantaged Americans often suffer the highest burden of disease.

These conditions are largely preventable or improved through evidence-based programs and strategies. The Committee encourages CDC to continue working with State and local health departments and national organizations to maximize their investments in evidence-based programming and strategies at the community level.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Tobacco .....	246,500,000	246,500,000
Nutrition, Physical Activity, and Obesity .....	58,420,000	58,420,000
High Obesity Rate Counties .....	16,500,000	16,500,000
School Health .....	19,400,000	19,400,000
Health Promotion .....	62,600,000	64,100,000
Glaucoma .....	4,000,000	4,000,000
Vision and Eye Health .....	2,500,000	2,500,000
Alzheimer's Disease .....	38,500,000	40,000,000
Inflammatory Bowel Disease .....	1,500,000	1,500,000
Interstitial Cystitis .....	1,100,000	1,100,000
Excessive Alcohol Use .....	6,000,000	6,000,000
Chronic Kidney Disease .....	4,500,000	4,500,000
Chronic Disease Education and Awareness .....	4,500,000	4,500,000
Prevention Research Centers .....	28,961,000	28,961,000
Heart Disease and Stroke .....	155,105,000	155,105,000
Diabetes .....	155,129,000	156,129,000
National Diabetes Prevention Program .....	37,300,000	37,300,000
Cancer Prevention and Control .....	409,549,000	409,549,000
Breast and Cervical Cancer .....	235,500,000	235,500,000
WISEWOMAN .....	34,620,000	34,620,000
Breast Cancer Awareness for Young Women .....	6,960,000	6,960,000
Cancer Registries .....	53,440,000	53,440,000
Colorectal Cancer .....	44,294,000	44,294,000
Comprehensive Cancer .....	22,425,000	22,425,000
Johanna's Law .....	11,500,000	11,500,000
Ovarian Cancer .....	14,500,000	14,500,000
Prostate Cancer .....	15,205,000	15,205,000
Skin Cancer .....	5,000,000	5,000,000
Cancer Survivorship Resource Center .....	725,000	725,000
Oral Health .....	20,250,000	20,250,000
Safe Motherhood/Infant Health .....	108,000,000	110,500,000
Arthritis .....	11,000,000	11,000,000
Epilepsy .....	11,500,000	11,500,000
National Lupus Registry .....	10,000,000	10,000,000
Racial and Ethnic Approaches to Community Health (REACH) .....	68,950,000	68,950,000
Good Health and Wellness in Indian Country .....	24,000,000	24,000,000
Social Determinants of Health .....	8,000,000	8,000,000
Million Hearts .....	5,000,000	5,000,000
National Early Child Care Collaboratives .....	5,000,000	5,000,000
Hospitals Promoting Breastfeeding .....	9,750,000	9,750,000

*Alzheimer's Disease.*—The Committee is encouraged by research demonstrating the positive impact of risk reduction on dementia prevalence and commends the Secretary for updating the National Alzheimer's Plan to reflect the latest science. To ensure high burden populations are reached, the Committee directs CDC to increase capacity to reach populations disproportionately burdened by Alzheimer's disease, including Black/African American and Latino/Hispanic population through public health promotion and workforce development.

*Breast and Cervical Cancer.*—The Committee includes \$235,500,000 for the provision of critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women. The Committee is aware that there are still substantial barriers to screening like geographic isolation, limited health literacy, lack of provider recommendation, inconvenient times to access services, and language barriers. The Committee directs CDC to continue efforts to reduce breast and cervical cancer disparities especially in underserved communities and to work to reach women who may have delayed screening services during the COVID-19 pandemic.

*Chronic Disease Education and Awareness [CDEA] Program.*—The Committee is pleased with the administration of the CDEA program and includes \$4,500,000 for fiscal year 2024 to support existing and additional grants for chronic health conditions that do not have line item in CDC's budget. The CDEA program is supporting several important multi-year projects that are improving public and professional awareness, and the Committee urges CDC to continue to support these activities along with new initiatives.

*Chronic Disease Research on Children, Adolescents, and Young Adults.*—The Committee recognizes that children, adolescents, and young adults living with chronic conditions can be disproportionately affected by barriers to access to quality healthcare services. An estimated 39.8 million adults between ages of 18 and 34 years have at least one chronic condition and about 16.5 million adults in this age group have more than one condition. Limited access to quality care often results in a lack of awareness among healthcare providers, limited treatment options, and adverse health outcomes for children, adolescents, and young adults living with chronic conditions. The Committee directs the National Center for Chronic Disease Prevention and Health Promotion to submit a report to the Committee within a year of enactment of this act on the current state of Federal research on children, adolescents, and young adults living with chronic conditions, including information on disease prevalence, an evaluation of existing data collection programs for chronic conditions affecting this population, barriers to available treatment options, and related health outcomes. The report should also identify remaining knowledge gaps among healthcare providers and patients in understanding of chronic conditions affecting children, adolescents, and young adults, and recommendations for filling these gaps. Further, the Committee encourages CDC, in collaboration with NIH, to continue to support education, outreach, and awareness to promote early and accurate diagnosis of chronic conditions among children, adolescents, and young adults.

*Comprehensive Cancer.*—The Committee includes \$22,425,000 to advance the goals of the Cancer Moonshot Initiative through CDC’s cancer prevention, early detection and treatment, survivor support, and health equity activities. CDC is urged to use a portion of this increase to expand evidence-based cancer survivorship programs by State, Tribal and territorial program recipients in partnership with community-based organizations.

*Diabetes.*—The Committee includes \$156,129,000 to prevent diabetes and its complications, and to reduce inequities through prevention strategies, translational research, and education. In addition, the Committee includes \$37,300,000 for the National Diabetes Prevention Program to expand efforts of this public-private partnership that provides diabetes prevention for people with prediabetes. The Committee supports the continued expansion of CDC-recognized community-based prevention programs and encourages flexibility for organizations serving low-income populations to address barriers these populations face in losing weight.

*Early Child Care Collaboratives.*—The Committee includes \$5,000,000 to enable training of early care and education providers in the implementation of healthy eating and physical activity best practices. Funds will also support 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.

*Eating Disorders.*—The Committee remains concerned that mental health problems among youth are at an all-time high, with eating disorder-related emergency room admissions for youth doubling during the pandemic. Eating disorders have one of the highest fatality rates of any psychiatric illness, and the rate of diagnosis for youth ages 12–18 rose 25 percent since 2019. For 23 years, CDC conducted surveillance of the signs and symptoms of eating disorders within the Youth Risk Behavioral Surveillance System but ended that data collection in 2015. The resulting gap in data collection has left public health experts and researchers with limited data to address the current eating disorders crisis among youth. Additionally, the Committee supports the implementation of public awareness campaigns for eating disorders including education on proper prevention strategies.

*Epilepsy.*—The Committee includes \$11,500,000 and commends CDC for its ongoing leadership of this successful program and effective community collaborations, and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with epilepsy to health and community services. Additionally, the Committee recognizes the importance of surveillance to accurately understand the incidence, prevalence, and mortality rate of epilepsies and to address the long-term health outcomes, complications, and healthcare access needs of people living with epilepsies. The Committee requests CDC to report to the Committee within 120 days of enactment of this act on current gaps in surveillance data of people living with epilepsies and on the feasibility, cost, and timing of case reporting epilepsy through the addition of the disease to the National Neurological Conditions Surveillance System.

*Farm-to-School.*—The Committee continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities related to farm-to-school programs that result in promoting healthy eating habits for students. The Committee intends that these grants support multi-agency, multi-organizational State farm to early childhood initiatives. The Committee also directs CDC to coordinate farm-to-early childhood program efforts with the Office of Community Food Systems at the Department of Agriculture.

*Food Allergies.*—The Committee recognizes the serious issue of food allergies, which affect approximately 8 percent of children in the United States. The Committee includes \$2,000,000 for a school-based effort to address food allergies and reduce potentially fatal anaphylactic reactions.

*Food Service Guidelines [FSG] for Federal Facilities.*—The Committee supports the goal set forth in the National Strategy on Hunger, Nutrition, and Health to implement the Federal Food Service Guidelines for Federal Facilities. The Committee encourages CDC, in consultation with the Federal FSG Work Group it has convened, to create a comprehensive plan including an assessment of resources and other needs for implementation of the FSG across Federal food service operations and procurement where practicable for food served, sold, and distributed.

*Heart Disease and Stroke.*—The Committee includes \$155,105,000 for CDC's Heart Disease and Stroke Prevention program. CDC is encouraged to support community partnerships in additional States to control heart disease and stroke and help the more than 116.0 million Americans living with high blood pressure. The Committee continues funding to support implementation of the Cardiovascular Advances in Research and Opportunities Legacy Act (Public Law 117–224). In addition, the Committee also continues the WISEWOMAN program to increase the number of low-income, uninsured and underinsured women who are assessed and connected to resources.

*High Obesity Rate Counties.*—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. The Committee continues to support land grant universities in partnership with their cooperative extensions for counties with an obesity prevalence over 40 percent. CDC grantees are expected to work with State and local public health departments and other partners to support measurable outcomes through community and population-level evidence-based obesity intervention and prevention programs. Funded projects should integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity.

*Inflammatory Bowel Disease [IBD].*—The Committee commends CDC's ongoing efforts to continue epidemiological studies on Crohn's disease and ulcerative colitis, known collectively as IBD, and to establish awareness and education activities for patients and healthcare professionals to produce improved time to diagnosis and optimal disease management, including in medically underserved populations. The Committee recognizes that health literacy is an important factor in an individual's ability to find, understand,

and use information to inform health-related decisions and actions and that CDC has a leading role in improving health literacy. As CDC seeks to improve awareness of and education related to IBD, the Committee strongly encourages the agency to include health literacy activities within these activities and to work with multiple stakeholders to implement them.

*Kidney Disease.*—The Committee provides \$4,500,000 to support the Chronic Kidney Disease [CKD] program, which supports activities that identify risk factors for kidney disease, increase awareness, diagnosis, and treatment of [CKD] and improve health outcomes of people with CKD. The Committee encourages CDC to continue its ongoing Kidney Disease Surveillance System and enhance its capacity to track the progress of CKD prevention, detection, and management efforts. The Committee also supports activities that enhance health systems' capacity to identify, risk-stratify, and manage individuals with CKD with special emphasis on populations in low-income, geographically underserved areas, and communities with high burden of disease.

*Mississippi Delta Health Collaborative.*—Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to continue the Mississippi Delta Health Collaborative project and requests that CDC provide an update on these activities in the fiscal year 2025 CJ.

*Prostate Cancer.*—The Committee is aware of the continued rise in prostate cancer deaths and supports CDC's work to promote public awareness of prostate cancer risks, screening, and treatment in high-risk men. The Committee provides \$15,205,000 for CDC's prostate cancer activities, including for outreach and education initiatives among high-risk men, especially African American men.

*Psoriatic Disease.*—The Committee recognizes that psoriatic disease impacts 8,000,000 Americans and presents a significant public health burden, including increased risk of co-occurring conditions such as depression, anxiety, diabetes, and cardiovascular disease, as well as social isolation, and the need for costly treatments. The Committee commends CDC for its work through the CDEA program to raise awareness of psoriatic disease among underserved populations to improve diagnosis, and to update epidemiology and surveillance tools. This work, as well as the addition of a psoriatic disease question in the National Health Interview Survey, presents new opportunities to mitigate the public health burden of psoriatic disease. The Committee encourages CDC to build upon and expand these activities on psoriatic disease, with a focus on developing and disseminating public health interventions for those living with psoriatic disease and other co-occurring conditions.

*Racial and Ethnic Approaches to Community Health [REACH].*—The Committee includes \$68,950,000 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 \$24,000,000 for Good Health and Wellness in Indian Country.

*Safe Motherhood/Infant Health.*—The Committee recommendation builds upon the commitment made in the fiscal year 2023 bill

by providing an increase of \$2,500,000 for this portfolio of programs to improve health outcomes during and after pregnancy, including to reduce disparities in maternal and infant health outcomes. Maternal mortality continues to rise at an unacceptable rate in the United States, which reached 1,205 maternal deaths in 2021, a forty percent increase from 2020. The Committee continues to direct CDC to expand the 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 to increase support for other programs, including Sudden Unexplained Infant Death [SUID]. State MMRCs are working to collect complete data on pregnancy and delivery-related deaths, but more must be done to ensure the accuracy and completeness of the data. The Committee encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to create consistency in data collection, analysis and reporting across State MMRCs. The Committee requests CDC to provide a briefing to the Committees on Appropriations within 90 days of enactment of this act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. The Committee requests an update on the expansion of PQCs beyond the States currently funded, as well as any barriers to expansion. Finally, the Committee continues to support the SUID and Sudden Death in the Young Registry to expand the number of States and jurisdictions participating in monitoring and surveillance to improve data collection. This data works to identify, develop, and implement best practices to prevent infant death, including practices to improve safe sleep, in coordination with appropriate nonprofits.

*Skin Cancer Education and Prevention.*—The Committee is concerned with the growing number of people diagnosed with preventable forms of skin cancer, which is now the most commonly diagnosed cancer in the United States. The Committee provides \$5,000,000 for skin cancer education and prevention and encourages CDC to increase its collaboration and partnership with local governments, business, health, education, communities, nonprofit, and faith-based sectors.

*Social Determinants of Health [SDOH].*—The Committee recognizes the important impact of SDOH on outcomes and health inequities in communities. The Committee provides \$8,000,000 for SDOH activities. These activities should include expanding and implementing accelerator plans and providing grants for implementation of SDOH activities. CDC should award grants to improve the capacity of governmental and non-governmental public health organizations and community organizations to address SDOH in communities; support and conduct research on best practices; and improve health outcomes and reduce health inequities by coordinating SDOH activities across CDC. The Committee encourages CDC to continue efforts that support action plans and research into best practices that address SDOH.

*Sudden Cardiac Arrest.*—The Committee recognizes that sudden cardiac arrest [SCA] is a leading cause of death among athletes at all ages and that timely access to automated external defibrillators [AEDs] can significantly improve survival rates. The Committee

urges CDC to publish best practices for how to best deploy AEDs in sporting facilities, including schools, colleges, community centers, and stadiums. The best practices should include recommendations on optimal locations, maintenance, training, and coordination with emergency medical services, including the development of Emergency Action Plans for AED deployment. The Committee requests a report on its progress no later than 180 days after enactment of this act.

*Sudden Cardiac Arrest Registry.*—The Committee encourages CDC to expand the Cardiac Arrest Registry to Enhance Survival [CARES] program to capture data from additional States. Registry data is critical to improving sudden cardiac survival rates in all States by allowing communities to measure the quality of patient care, establish performance goals, and analyze emergency response data to identify opportunities for improvement.

*Tobacco.*—The Committee provides \$246,500,000 so that CDC, States and territories can continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality and expand the highly successful and cost-effective Tips from Former Smokers media campaign. The Committee remains concerned that 3,000,000 youth currently use at least one tobacco product and encourages CDC’s ongoing efforts to respond to and prevent youth use of e-cigarettes and other tobacco products.

*Vision and Eye Health.*—The Committee provides \$2,500,000 and encourages CDC to update national prevalence estimates on vision impairment and eye disease through use of the National Health and Nutrition Examination Survey. The Committee is aware that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, depression and anxiety, cardiovascular disease, and cognitive decline. Data on risk of vision loss and existence of vision loss in the United State is necessary to inform state and community partnerships that emphasize early detection and intervention and to address the biggest challenges in access to eye care that can prevent eye disease from progressing to permanent vision loss.

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

Appropriations, 2023 .....	\$205,560,000
Budget estimate, 2024 .....	222,560,000
Committee recommendation .....	206,060,000

The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$206,060,000.

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of hereditary blood disorders, and by promoting optimal child development and health and wellness among children and adults living with disabilities.

Within the total provided, the following amounts are available for the following activities:

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Child Health and Development .....	71,300,000	71,300,000
Other Birth Defects .....	19,000,000	19,000,000
Fetal Death .....	900,000	900,000
Fetal Alcohol Syndrome .....	11,500,000	11,500,000
Folic Acid .....	3,150,000	3,150,000
Infant Health .....	8,650,000	8,650,000
Autism .....	28,100,000	28,100,000
Health and Development for People with Disabilities .....	85,910,000	86,410,000
Disability and Health .....	45,500,000	45,500,000
Tourette Syndrome .....	2,500,000	2,500,000
Early Hearing Detection and Intervention .....	10,760,000	10,760,000
Muscular Dystrophy .....	7,500,000	8,000,000
Attention Deficit Hyperactivity Disorder .....	1,900,000	1,900,000
Fragile X .....	2,000,000	2,000,000
Spina Bifida .....	7,500,000	7,500,000
Congenital Heart .....	8,250,000	8,250,000
Public Health Approach to Blood Disorders .....	10,400,000	10,400,000
Hemophilia CDC Activities .....	3,500,000	3,500,000
Hemophilia Treatment Centers .....	5,100,000	5,100,000
Thalassemia .....	2,100,000	2,100,000
Neonatal Abstinence Syndrome .....	4,250,000	4,250,000
Surveillance for Emerging Threats to Mothers and Babies .....	23,000,000	23,000,000

*Autism.*—The Committee includes \$28,100,000 for the Autism Developmental Disabilities Monitoring [ADDM] Network and to continue surveillance of cerebral palsy to reach nearly all of its 16 ADDM Network sites.

*Blood Clots.*—The Committee is concerned about the enormous toll of blood clots on patients and the healthcare system, particularly for pregnant women, Black Americans, and cancer patients. The Committee again urges CDC to develop a comprehensive, nationwide blood clot education and awareness campaign for the general public focused on the treatment and prevention of blood clots and education and training of healthcare professionals about the signs and symptoms of blood clots.

*Diversity and Expansion of Blood Supply.*—The current pool of donors to the Nation's blood supply does not reflect the diversity of the population at large. To better serve the needs of those who require blood transfusions, diversifying and expanding the blood donor pool is crucial. Red blood cells carry markers that determine blood type beyond the common O, A, B and AB designation. Some blood types are more common among people of similar racial or ethnic backgrounds. Diversifying and expanding the blood supply decreases the chance of transfusion-related complications, especially among individuals who require regular transfusion, such as many with thalassemia or sickle cell disease. The Committee encourages the creation of strategies and campaigns aimed at creating a blood supply that more adequately reflects the diverse population of the United States and better meets the needs of the blood transfusion population.

*Congenital Heart Disease [CHD].*—The Committee includes \$8,250,000 for surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (Public Law 115–342), including to support additional longitudinal surveillance sites, survey activities on long-term outcomes and patient needs, engagement with healthcare providers, and analysis of healthcare claims and clinical data.



*Duchenne and Becker Muscular Dystrophy.*—The Committee includes \$8,000,000 to enhance Muscular Dystrophy research and disease surveillance initiatives, including the evaluation of the impact of incorporating the care considerations as identified in the recent report to the Committee, into the standards of care for Duchenne Muscular Dystrophy patients. In addition, the Committee encourages CDC to collaborate with stakeholders on an initiative to integrate the care considerations into electronic health records to improve care, understand disease outcomes, and model disease progression.

*Hemophilia Treatment Centers [HTC].*—The Committee recognizes the importance of the Community Counts Hemophilia Data Collection program and its role in identifying blood-borne infections and improvements in the care and treatment of individuals living with Hemophilia.

*Neonatal Abstinence Syndrome [NAS] Surveillance.*—The Committee includes \$4,250,000 to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on the use of opioids and other substances during pregnancy and related adverse outcomes from infancy through childhood, and identify best practices for care, evaluation, and management to help children.

*Physical Activity for People with Disabilities.*—The Committee includes funding to strengthen existing programs that address healthy athletes.

*Public Health Approach to Blood Disorders.*—The Committee provides \$10,400,000 for the Public Health Approach to Blood Disorders program and encourages CDC to implement innovative activities dedicated to supporting patients with immune thrombocytopenia and other rare platelet disorders, in a manner similar to programming and activities available for sickle cell and hemophilia.

*Sickle Cell Disease [SCD].*—The Committee recommendation includes \$6,000,000 for the sickle cell disease data collection program to allow for data collection and analysis in States currently participating in the program and encourages expansion to additional States. The Committee encourages CDC to provide technical assistance to additional States with a higher prevalence of SCD, so that they can successfully participate in this grant program to better identify affected individuals in their States and better meet their needs.

*Stillbirth.*—Stillbirth rates remain unacceptably high, affecting thousands of families each year. The Committee appreciates the findings and recommendations included in the March 2023 Stillbirth Task Force report and encourages CDC to implement the recommendations including improved recordkeeping, data collection, and analysis about stillbirths, addressing disparities in stillbirth risk, and provide better support for families after a stillbirth occurs.

*Surveillance for Emerging Threats to Mothers and Babies Network [SET-NET].*—The Committee includes \$23,000,000 for SET-NET. The program supports CDC's collaboration with State, Tribal, territorial, and local health departments to monitor the impact of emerging health threats, including COVID-19, on pregnant people

and their babies and inform public health and clinical decision-making to improve the health of pregnant and postpartum people and infants.

*Thalassemia.*—The Committee supports funding for thalassemia, a rare genetic blood disorder that requires lifelong blood transfusions, thus requiring chelation to remove excess iron, particularly from the heart and liver. The Committee is aware of the critical work done by the thalassemia program at CDC in identifying thalassemia patients and connecting them to services and to life-saving treatment centers. Thalassemia patients experience serious comorbidities that can impact almost every aspect of their lives. The Committee urges CDC to continue and strengthen this collaboration among thalassemia treatment centers, non-profit organizations, and patients and their families.

*Tourette Syndrome.*—The Committee provides \$2,500,000 and directs CDC to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, and co-occurring conditions of Tourette Syndrome.

PUBLIC HEALTH AND SCIENTIFIC SERVICES

Appropriations, 2023 .....	\$754,497,000
Budget estimate, 2024 .....	961,564,000
Committee recommendation .....	739,497,000

The Committee recommendation for Public Health Scientific Services is \$739,497,000.

This funding supports the work of all of the CDC Centers. In particular, these activities compile statistical information to inform public health policy; assure the accuracy and reliability of laboratory tests; apply digital information technology to help detect and manage diseases, injuries, and syndromes; support public health workforce development programs; and develop and inform the public health community on sound public health surveillance, laboratory protocols, and epidemiological practices.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Health Statistics .....	187,397,000	187,397,000
Surveillance, Epidemiology, and Informatics .....	298,100,000	298,100,000
Advancing Laboratory Science .....	23,000,000	23,000,000
Public Health Data Modernization .....	175,000,000	160,000,000
Public Health Workforce .....	71,000,000	71,000,000

*Community Health Workers and Community Health.*—The Committee recognizes the importance of the community health workforce in reaching underserved communities, preventing illness, and reducing related healthcare costs. The Committee urges CDC to encourage the use of community health workers in communities, including Tribal communities, to support the delivery of person-centered care.

*Epidemiology and Laboratory Capacity [ELC] Program.*—The Committee includes \$23,000,000 and recognizes the need to provide flexibility to State, territorial, and large local [STL] health depart-

ments to address gaps that are not funded by the disease specific sections of the ELC cooperative agreement. The ELC program provides critical foundational support for STL health departments to fund epidemiology, surveillance, laboratory, and data science staff positions that provide the backbone for STL public health programs. This program allows STL health departments to build the public health workforce and infrastructure that will allow them to be better prepared to respond to emerging threats more quickly.

*Familial Hypercholesterolemia [FH].*—The Committee continues to encourage CDC to address FH as a public health concern in order to improve diagnosis and care delivery and prevent heart disease. The Committee is concerned that many in the United States who are affected with FH are completely unaware of their condition. The Committee encourages the National Center for Chronic Disease Prevention and Health Promotion to work collaboratively with CDC's Office of Genomics and Precision Public Health to address FH as a public health concern in order to improve diagnosis and care delivery and prevent heart disease.

*Health Data Utilities [HDUs].*—The Committee urges CDC to encourage States to coordinate with ONC to designate existing neutral, trusted, and nonprofit health information exchange(s) [HIEs] to be the State's HDU. HDUs will build upon CDC's current work to create modern, integrated, and real-time public health infrastructure by building out a highly collaborative public utility infrastructure to facilitate State-wide electronic health data sharing across the healthcare ecosystem. A State-designated HDU will drive better health outcomes and more informed population health management programs and payment models. The CDC may use appropriated funding through the Data Modernization Initiative to support the development of HDUs. The Committee urges CDC to issue policy guidelines or best practices to support the establishment of HDUs across the country.

*National Center for Health Statistics.*—The Committee provides \$187,397,000 for the National Center on Health Statistics, which includes the National Health Interview Survey. The Committee intends this funding to support intersectional analyses of healthcare access, chronic health conditions, including Long COVID, and mental health status.

*Native Hawaiian and Pacific Islander National Health Interview Survey.*—The Committee recognizes that it has been 10 years since the Native Hawaiian and Pacific Islander National Health Interview Survey. The Committee directs the National Center for Health Statistics to provide the Committee a report within 90 days of enactment on the feasibility, advisability, and costs to re-issue this survey, as well as methods to ensure the inclusion of Native Hawaiian and Pacific Islanders in the annual National Health Interview Study.

*National Neurological Conditions Surveillance System.*—The Committee includes \$5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions—multiple sclerosis and Parkinson's disease.

*Public Health Data Modernization Initiative [DMI].*—The Committee commends CDC's work to advance public health data modernization and acknowledges that efforts to enhance public health

data system capabilities will result in fast and more reliable data sharing. The Committee provides \$160,000,000 for CDC to continue bringing together State, Tribal, local and territorial public health jurisdictions and public and private sector partners with the goal of establishing modern, interoperable, and real-time public health data and surveillance systems to protect the American public. This funding level reflects a shift of \$15,000,000 to Public Health Preparedness and Response for the Ready Response Enterprise Data Integration Platform. The Committee encourages CDC to create an advisory council or a sub-unit to an existing advisory council to formalize its engagement with representatives from State and local public health departments, healthcare providers, and the private sector toward the development and implementation of enterprise level public health data systems that will benefit all public health programs at all levels of the government for all diseases and conditions. Electronic birth and death registration systems are essential tools to monitor public health and fight waste, fraud, and abuse in Federal programs. The Committee recommends CDC ensure that funding from DMI is allocated to jurisdictions through the National Center for Health Statistics to support necessary upgrades to their vital statistics systems to enable more, better, and faster vital records data. The Committee requests a briefing within 90 days of enactment of this act on the progress and plans for programs and activities supported by DMI funding.

*Public Health Workforce.*—The Committee includes \$71,000,000 and urges CDC to invest in fellowship and training programs to rebuild the public health workforce that includes, but is not limited to, epidemiologists, contact tracers, lab scientists, community health workers, data scientists, behavioral scientists, disease intervention and prevention specialists, occupational health specialists, public health physicians, veterinarians, nurses, informaticians, program managers, economists, policy and evaluation experts, and communicators who can help protect the Nation’s communities.

ENVIRONMENTAL HEALTH

Appropriations, 2023 .....	\$246,850,000
Budget estimate, 2024 .....	420,850,000
Committee recommendation .....	246,850,000

The Committee recommendation for the National Center for Environmental Health is \$246,850,000. The Committee recommendation includes \$17,000,000 in transfers from the PPH Fund.

The National Center for Environmental Health addresses emerging pathogens and environmental toxins that pose significant challenges to public health. The Center conducts surveillance and data collection to determine which substances in the environment are found in people and to what degree. The Center also determines whether, and at what level of, exposure to these substances are harmful to humans.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Environmental Health Laboratory .....	70,750,000	70,750,000

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Newborn Screening Quality Assurance Program .....	21,000,000	21,000,000
Newborn Screening for SCID .....	1,250,000	1,250,000
Other Environmental Health .....	48,500,000	48,500,000
Environmental Health Activities .....	52,600,000	52,600,000
Safe Water .....	8,600,000	8,600,000
Amyotrophic Lateral Sclerosis Registry .....	10,000,000	10,000,000
Trevor's Law .....	3,000,000	3,000,000
Climate and Health .....	10,000,000	10,000,000
All Other Environmental Health .....	21,000,000	21,000,000
Environmental and Health Outcome Tracking Network .....	34,000,000	34,000,000
Asthma .....	33,500,000	33,500,000
Childhood Lead Poisoning .....	51,000,000	51,000,000
Lead Exposure Registry .....	5,000,000	5,000,000

*Amyotrophic Lateral Sclerosis [ALS] Registry.*—The Committee encourages CDC to continue its investment in research that will reduce incidence and prevalence of ALS in the United States. The Committee urges CDC to provide reports to the public that include State-by-State data on the incidence and prevalence of ALS. The Committee encourages CDC to continue its efforts to evaluate, update, and improve the National ALS Registry program, by ensuring that the most up to date information is provided to researchers, and ALS patients are connected with clinical trials, treatments, and resources in a timely manner. The Committee supports continued ALS prevalence reports, and urges CDC to publish these reports in a timely manner and provide updates regarding these prevalence reports. Additionally, the Committee urges CDC to collaborate with the Departments of Defense and Veterans Affairs to provide a publicly available report on the incidence and prevalence of ALS among military veterans. The Committee requests this report within 1 year of enactment, and requests the inclusion of a strategy to develop and test risk reduction strategies that will lower the incidence of ALS among active-duty personnel and veterans.

*Asthma.*—The Committee includes \$33,500,000 for the National Asthma Control Program [NACP] so CDC can work with States to improve health outcomes for people living with asthma. As the number and severity of wildfires increases, the Committee also directs the NACP to continue its efforts to develop public health interventions aimed at protecting people with asthma from wildfire smoke.

*Childhood Lead Poisoning.*—The Committee includes \$51,000,000 to improve health equity by building capacity to better prevent and mitigate childhood lead exposure and expand the data capabilities of the program to rapidly identify and address emerging threats in communities with elevated risk of exposure to lead. CDC is expected to support local capacity to improve the health of children through efforts to eliminate lead from their environment.

*Climate and Health.*—The Committee includes \$10,000,000 for the program to provide guidance, data, and technical assistance to all States, local health departments, and additional assistance to Tribes and territories, to identify possible health effects associated with a changing climate and implement health adaptation plans. Communities across the country are vulnerable to health effects from increasingly common events such as heatwaves, wildfires,

floods, droughts, and extreme storms. The Committee expects CDC to aid in the development and implementation of State-specific action plans to protect health from these threats.

*Per and Polyflouroalkyl Substances [PFAS].*—The Committee remains concerned that extended exposure to PFAS is associated with decreased antibody response, dyslipidemia, decreased infant and fetal growth, and increased risk of kidney cancer. CDC should work expeditiously to update its clinical guidance to advise clinicians to offer PFAS blood testing to patients who are likely to have a history of elevated exposure.

*Preventing Harmful Exposure to Phthalates.*—The Committee is concerned that despite action by the Consumer Product Safety Commission to limit chemicals known as ortho-phthalates (phthalates) in 2018 from children’s toys and other children’s items in addition to the three phthalates banned by Congress in 2008, several phthalates continue to be used in food packaging and food contact equipment. The Committee requests a briefing within 180 days of enactment of this act outlining trends in human exposure for the 13 phthalates measured in CDC’s National Exposure Report, including CDC’s efforts to measure human exposure to phthalates.

*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 2025 CJ on the program budget, including user fee and no-year funding balances, estimated user fee collections, and the anticipated workload.

INJURY PREVENTION AND CONTROL

Appropriations, 2023 .....	\$761,379,000
Budget estimate, 2024 .....	1,351,669,000
Committee recommendation .....	761,879,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$761,879,000.

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by non-occupational injuries including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents.

The Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Intentional Injury .....	164,550,000	164,550,000
Domestic Violence and Sexual Violence .....	38,200,000	38,200,000
Child Maltreatment .....	7,250,000	7,250,000
Child Sexual Abuse Prevention .....	3,000,000	3,000,000
Youth Violence Prevention .....	18,100,000	18,100,000
Domestic Violence Community Projects .....	7,500,000	7,500,000
Rape Prevention .....	61,750,000	61,750,000
Suicide Prevention .....	30,000,000	30,000,000
Adverse Childhood Experiences .....	9,000,000	9,000,000
National Violent Death Reporting System .....	24,500,000	24,500,000
Unintentional Injury .....	13,300,000	13,300,000
Traumatic Brain Injury .....	8,250,000	8,250,000
Elderly Falls .....	3,050,000	3,050,000

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Drowning Prevention .....	2,000,000	2,000,000
Other Injury Prevention Activities .....	29,950,000	29,950,000
Opioid Overdose Prevention and Surveillance .....	505,579,000	506,079,000
Injury Control Research Centers .....	11,000,000	11,000,000
Firearm Injury and Mortality Prevention Research .....	12,500,000	12,500,000

*Adolescent Mental Health.*—The Committee is aware that the United States is facing a crisis in adolescent and youth mental health. The Committee commends CDC for standing up a new Behavioral Health Coordinating Unit [BHCU] to coordinate and leverage existing CDC activities related to mental health, with a particular focus on adolescent mental health activities, including prevention and early intervention. The BHCU will identify opportunities for a streamlined, coordinated, and collaborative approach to CDC’s mental health activities to amplify the impact across the agency. The Committee encourages CDC to begin to develop a national strategy and establish goals to improve adolescent mental health, including linkages between adolescent mental health and substance use and overdose, adverse childhood experiences, suicide, and other areas that impact mental wellbeing. This effort is expected to include convening of key experts, in and out of government, with special considerations to ensure the voices of underserved communities and populations are represented. CDC is also encouraged to provide technical assistance, including through grants to partner organizations, to support collaborations and connections between multiple sectors in communities such as public health, education, community mental health organizations and other community-based organizations, youth serving organizations, parents, and social services providers to strengthen mental health prevention and promotion and improve mental health, well-being, and resilience in communities.

*Adverse Childhood Experiences [ACEs].*—The Committee provides \$9,000,000 for ACEs surveillance, research, and prevention efforts. The Committee commends CDC’s Injury Prevention Center for funding States and localities, including those with high rates of trauma, violence, and overdoses, to conduct surveillance on exposure to ACEs and target community-based interventions related to exposure to childhood trauma, ACEs, addiction, and violence. The Committee urges CDC to improve upon its previous ACEs research by focusing on building a diverse sample of participants, identifying the relative strength of risk and protective factors as well as community factors, understanding the impact of social and economic conditions on well-being, and measuring the intensity and frequency of specific ACEs and their effect on health outcomes.

*Child Sexual Abuse Prevention.*—The Committee includes \$3,000,000 in recognition of the severe and often life-long physical, cognitive, and emotional impact of child sexual abuse and commends CDC’s work in child sexual abuse prevention research. CDC is encouraged 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 commends CDC for its work to prevent youth and community vio-

lence through technical assistance, research, and partnerships between community organizations, schools, law enforcement, faith-based organizations, and academia to evaluate effective interventions to reduce violence. The Committee encourages CDC to scale up existing partnerships with organizations that have demonstrated success in reducing community violence and its risk factors, including those involving healthcare and community outreach organizations, as well as supporting academic-community collaborations and research to advance the science and practice of violence prevention, while reducing inequities from which such violence stems.

Additionally, as incidents of trauma continue to rise, the Committee urges CDC to develop innovative approaches to reduce the incidence of re-injury and re-incarceration caused by intentional violent trauma. Efforts may include facilitating the creation and expansion of comprehensive hospital-based violence intervention and prevention programs that focus on individuals at the highest risk for experiencing community violence. This may be done through partnerships with trauma centers and non-profit entities, such as community-based violence prevention programs, providing technical assistance, and facilitating or conducting research of hospital-based violence prevention programs.

*Core State Injury Prevention Program [Core SIPP].*—The Committee includes \$29,950,000 for the 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 provides \$38,200,000 for CDC to collect data on the connection between brain injuries and domestic and sexual violence, and implement a data collection project that follows up on and operates under CDC's National Intimate Partner and Sexual Violence Survey and asks questions about the prevalence and circumstances surrounding brain injuries.

*Drowning Prevention.*—The Committee continues \$2,000,000 to prevent fatal drownings. This funding will allow CDC to implement proven drowning prevention programs with national organizations working with underserved and diverse youth to support State drowning surveillance efforts, as well as to develop and begin implementation of a national plan on water safety.

*Firearm Injury and Mortality Prevention Research.*—The Committee includes \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the Committee recommends CDC take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director of CDC is to report to the Committees within 30 days of enactment of this act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.



*Injury Control Research Centers.*—The Committee includes \$11,000,000 for awards for multi-disciplinary research on the causes, outcomes, and prevention of injuries and violence.

*National Violent Death Reporting System [NVDRS].*—The Committee encourages CDC to support enhanced data linkage opportunities between NVDRS and emergency department data. The Committee recognizes the initial Linking ESSENCE and Death Surveillance initiative piloted across six health departments proved successful and should be expanded to additional sites to strengthen violence-related data linkage activities.

*Opioid Prescribing Guidelines.*—The Committee applauds CDC's release of the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, which updates and replaces the 2016 CDC prescribing guideline. The Committee directs CDC to continue its work educating patients and providers, and to encourage uptake and appropriate use of the Guidelines. The Committee urges CDC to continue coordination with other agencies including the VA, IHS, DoD and HRSA in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government.

*Opioid or Other Drug Use and Overdose Prevention.*—The Committee continues to encourage CDC to ensure that funding for opioid and stimulant use and overdose prevention, as well as other emerging substances and threats, reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. Additionally, CDC is directed to continue expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices.

*Public Safety Officer Suicide Reporting Module.*—The Committee continues funding for CDC to maintain its Public Safety Officer Suicide Reporting Module to collect data on the suicide incidence among public safety officers. These data will inform and aid in the development of prevention efforts to reduce suicide among public safety officers as described in the Helping Emergency Responders Overcome Act of 2020.

*Rape Prevention.*—The Committee includes \$61,750,000 to support rape prevention and education programs. In granting funds to States, the Secretary shall set forth procedures designed to ensure meaningful involvement of the State or territorial sexual assault coalitions and representatives from underserved communities in the application for and implementation of funding.

*Suicide Prevention.*—The Committee is concerned about data that show suicide rates increased in 2021 after 2 years of decline, and that in 2021, suicide was one of the leading causes of death for people aged 10–14 and 25–34. The Committee recognizes that suicide is a serious public health problem requiring strategic programming, especially among disproportionately impacted populations. The Committee also recognizes that suicide prevention requires a public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, tribes, and territories are well positioned to lead a comprehensive public

health approach to suicide prevention, which involves coordinating with multisector partners to take a data-driven, evidence-based process to address the broad range of risk and protective factors associated with suicide. The Committee directs CDC to prioritize funding to State public health departments to expand the Comprehensive Suicide Prevention program nationwide, and to help tribes and territories build capacity and implement strategies to prevent suicide.

*Traumatic Brain Injury.*—The Committee provides \$8,250,000 to initiate concussion surveillance, particularly among children and youth. The Committee appreciates CDC’s work to better understand the burden of concussions in the United States. Gaps still exist in capturing youth sports concussion, therefore a national concussion surveillance system is needed to accurately determine the incidence of all concussions among youth ages 5 to 21. CDC is encouraged to continue efforts to track traumatic brain injury, concussion mortality, and morbidity, particularly among youth.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2023 .....	\$362,800,000
Budget estimate, 2024 .....	362,800,000
Committee recommendation .....	362,800,000

The Committee recommendation for the National Institute for Occupational Safety and Health [NIOSH] programs is \$362,800,000. The Committee recognizes that NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines. Further, the Committee acknowledges that NIOSH continues to protect American workers through its work-related illness and injury research. The Committee encourages NIOSH to continue its objectivity so as to ensure the highest professional and ethical standards are maintained.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
National Occupational Research Agenda .....	119,500,000	119,500,000
Agriculture, Forestry, Fishing (non—add) .....	29,000,000	29,000,000
Education and Research Centers .....	32,000,000	32,000,000
Personal Protective Technology .....	23,000,000	23,000,000
Mining Research .....	66,500,000	66,500,000
National Mesothelioma Registry .....	1,200,000	1,200,000
Firefighter Cancer Registry .....	5,500,000	5,500,000
Other Occupational Safety and Health Research .....	115,100,000	115,100,000

*Agriculture, Forestry, and Fishing Program.*—The Committee includes \$29,000,000 for efforts to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education, and prevention. NIOSH is directed to provide a briefing to the Committee not later than 90 days after the date of enactment of this act on the execution of the Commercial Fishing

Safety Research and Training program and grants since the program's inception in Public Law 113–281.

*Coal Workers' Health Surveillance Program Mobile Medical Unit.*—The Committee is concerned about the prevalence of coal workers' pneumoconiosis, also known as black lung, and the recent increase in progressive massive fibrosis, the most severe stage of black lung, among younger miners. According to NIOSH, one in 10 underground coal miners who have worked in mines for at least 25 years were identified as having black lung. Coal miners in central Appalachia are disproportionately affected with as many as one in five having evidence of black lung—the highest level recorded in 25 years. Early screening and detection of black lung can improve health outcomes and reduce mortality. However, a NIOSH report has identified several potential barriers to screening for miners—including the ability to participate in screening. To improve access to screening for miners, the Committee encourages CDC NIOSH to prioritize funds for the purchase of an additional mobile medical unit.

*Education and Research Centers [ERCs].*—The Committee includes \$32,000,000 for ERCs in recognition of their important work to improve workplace safety and health by translating scientific discoveries into practice through effective education, training, and outreach. The Committee applauds the work of NIOSH to implement innovative approaches, and its translational research. The agency's priorities and efforts have included work on the protection of workers from heat hazards as well as the effects of the COVID–19 pandemic on the workplace, including the mental and emotional health impact on workers. The Committee directs NIOSH to increase support for new and existing ERCs to support education and training programs for undergraduate and graduate students, particularly in Environmental and Industrial Hygiene, Occupational Health Nursing, Occupational Medicine Residency, and Occupational Safety and Health Engineering.

*Heat Stress and Worker Illnesses and Injuries.*—The Committee recognizes that working under high heat conditions causes symptoms of heat illness, including fatigue, loss of balance, nausea, headache, loss of physical and mental capacity, heavy sweating, muscle cramps, and other symptoms that cause or contribute to workplace injuries and illnesses. Injuries incurred may be minor, serious, life-threatening, illnesses, or fatal and may result in long-term injuries or permanent disabilities. The Committee directs the CDC, in collaboration with appropriate partners, to research the relationship between heat stress and workplace illnesses and injuries and to identify means for more accurate data collection, including the recording and reporting of heat related injuries and illnesses, in outdoor and indoor workplaces.

*National Firefighter Registry for Cancer.*—The Committee includes \$5,500,000 as the registry recruits and enrolls participants.

*Potential PFAS Exposure Source for Firefighters.*—The Committee is committed to advancing research on occupational exposure of firefighters to PFAS. NIOSH is directed to engage with the National Institute of Standards and Technology on their ongoing study to identify a firefighter's relative risk of exposure to PFAS released from their protective gear.

*Ryan White Act Emergency Responder Notification Compliance Program.*—The Committee encourages CDC to implement Part G of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111–87), which is intended to establish and facilitate a notification process for emergency response employees who may have been exposed to certain potentially life-threatening infectious diseases while attending, treating, assisting, or transporting victims of emergencies.

*Total Worker Health Program.*—The Committee continues funding for 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. This funding supports critical priorities, including addressing the Nation’s mental health, suicide, and substance use disorder crises, in the context of work design and employment.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2023 .....	\$55,358,000
Budget estimate, 2024 .....	55,358,000
Committee recommendation .....	55,358,000

The Committee recommendation for the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398) is \$55,358,000. This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

GLOBAL HEALTH

Appropriations, 2023 .....	\$692,843,000
Budget estimate, 2024 .....	764,843,000
Committee recommendation .....	692,843,000

The Committee recommends \$692,843,000 for global health-related activities at CDC.

CDC’s global efforts promote health security and prevent disease in the United States and abroad through rapid detection and response to emerging and re-emerging health threats.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Global HIV/AIDS Program .....	128,921,000	128,921,000
Global Tuberculosis .....	11,722,000	11,722,000
Global Immunization Program .....	230,000,000	230,000,000
Polio Eradication .....	180,000,000	180,000,000
Measles and Other Vaccine Preventable Diseases .....	50,000,000	50,000,000
Parasitic Diseases and Malaria .....	29,000,000	29,000,000
Global Public Health Protection .....	293,200,000	293,200,000

*Global Health Protection.*—The Committee includes \$293,200,000 and recognizes CDC’s unique role in supporting public health capacity development through scientific and technical leadership both domestically and globally, to ensure that disease threats anywhere are prevented, detected early and responded to robustly through a coordinated, multisectoral approach. The Committee supports the creation of a deputy director for global health within the director’s

office to oversee and unify CDC’s global health activities. CDC is a leader in global health research on infectious diseases and in developing and validating tools to detect, prevent, and respond to infectious diseases that are used in U.S. bilateral and multilateral global health and global health security programs. The Committee applauds the global health research and related partnerships led by the Global Health Center, the National Center for Immunization and Respiratory Diseases, and the National Center for Emerging and Zoonotic Infectious Diseases. In addition, the Committee urges CDC in its international engagements to emphasize the importance of research and development to global health security.

*Malaria and Parasitic Diseases.*—The Committee provides \$29,000,000, recognizing the important role CDC plays in the fight against malaria and parasitic disease, particularly providing parasitic lab capabilities for the United States. CDC provides life-saving services and expertise in research, diagnosis, treatment, surveillance, consultation, and education of parasitic diseases to States and countries, U.S. government agencies, and other public health partners. The Committee encourages further support for these activities so CDC can enhance its parasitic diseases laboratory, close the gap on parasitic disease-related health inequity in the United States, and advance global control and elimination of malaria and targeted neglected tropical diseases.

*Polio Eradication.*—The Committee includes \$180,000,000 to support CDC activities related to wild poliovirus and vaccine-derived polio surveillance, vaccine procurement, and outbreak response. CDC is urged to continue to provide technical assistance to countries for polio immunization campaigns, conduct environmental surveillance of polio viruses to ensure prompt detection and to prevent potential outbreaks of paralytic polio disease.

*Population-based Surveillance Platforms.*—The Committee continues \$7,000,000 to continue to support longitudinal integrated population-based infectious disease surveillance platforms that enable comparative analysis between urban and rural populations in Africa.

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

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2023 .....	\$883,200,000
Budget estimate, 2024 .....	943,200,000
Committee recommendation .....	898,200,000

The Committee recommendation for CDC’s Preparedness and Response activities is \$898,200,000.

CDC’s preparedness and response mission is to build and strengthen national preparedness for public health emergencies including natural, biological, chemical, radiological, and nuclear incidents. This funding supports national response programs, as well as grants to States and localities to enhance preparedness efforts across the country.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement .....	735,000,000	735,000,000
Academic Centers for Public Health Preparedness .....	9,200,000	9,200,000
All Other CDC Preparedness .....	139,000,000	139,000,000

*Centers for Public Health Preparedness and Response.*—The Committee includes \$9,200,000 and understands that despite unprecedented efforts to address the COVID–19 pandemic, many questions remain about which evidence-informed or evidence-based practices may reduce the spread of SARS–COV–2 and its variants to improve public health preparedness and response. The Committee encourages CDC to consider equitable distribution across geographical regions when designating and funding Centers for Public Health Preparedness and Response as authorized in Public Law 117–328.

*Public Health Emergency Preparedness Cooperative Agreements.*—The Committee includes \$735,000,000 to support State and local 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 continues to request a State distribution table in the fiscal year 2025 CJ, which should also include information about how funding is being allocated to local health departments and how States are determining these allocations.

*Ready Response Enterprise Data Integration [RREDI] Platform.*—The Committee provides \$15,000,000 for RREDI and is aware of the unprecedented challenge recent public health emergencies, such as MPox, RSV, influenza, and COVID–19, pose to Federal, State, and local governments’ ability to collect and share data in a meaningful way to ensure informed policy and operational decisionmaking. This platform, the next generation of HHS Protect, the platform used in the COVID–19 response, has proven vital to allow for a common operating picture to collect, integrate and analyze enormous amounts of data for situational awareness and decision-making regarding public health response resources. The Committee recognizes the investment the U.S. government has made into this platform and includes funding for CDC to continue to maintain this capability to ensure preparedness for future public health emergencies.

BUILDINGS AND FACILITIES

Appropriations, 2023 .....	\$40,000,000
Budget estimate, 2024 .....	40,000,000
Committee recommendation .....	40,000,000

The Committee recommendation for Buildings and Facilities is \$40,000,000.

*CDC–Owned Buildings and Facilities.*—The Committee continues funding to make progress on reducing CDC’s backlog of maintenance and repairs at its campuses nationwide, including its Atlanta headquarters. The Committee acknowledges that in order to protect Americans from health threats and to rapidly respond to public

health emergencies, CDC needs a safe, secure, and fully operational infrastructure in the form of its own laboratories, buildings, and facilities. COVID-19 and other recent public health emergencies have required urgent action and demonstrated that CDC laboratories and facilities need to be ready to respond quickly and comprehensively. The Committee supports the completion of the CDC Masterplan Build Out, including continued progress with the Atlanta Masterplan Build Out.

*Mine Safety Research Facility.*—The Committee requests the continuation of quarterly updates on progress in the construction of the new mine safety research facility and laboratory, costs incurred, and unanticipated challenges which may affect timeline or total costs until completion of the facility.

CDC-WIDE ACTIVITIES

Appropriations, 2023 .....	\$723,570,000
Budget estimate, 2024 .....	1,038,570,000
Committee recommendation .....	693,570,000

The Committee provides \$693,570,000 for public health leadership and support activities at CDC.

The recommendation includes \$160,000,000 in transfers from the PPH Fund.

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

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant .....	160,000,000	160,000,000
Public Health Leadership and Support .....	128,570,000	128,570,000
Infectious Diseases Rapid Response Reserve Fund .....	35,000,000	10,000,000
Public Health Infrastructure and Capacity .....	350,000,000	350,000,000
Center for Forecasting and Outbreak Analytics .....	50,000,000	45,000,000

*Center for Forecasting and Outbreak Analytics [CFA].*—The Committee includes funding for the CFA 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. As an interagency resource for early warnings related to emerging infectious disease threats, the Center will support the public health system in detecting, responding to, and eventually preventing future epidemics and outbreaks.

*Infectious Diseases Rapid Response Reserve Fund [IDRRRF].*—The Committee includes \$10,000,000 for IDRRRF. The IDRRRF provides an immediate source of funding to ensure that funds are available when an emerging infectious disease crisis is detected. Funds are available until expended. CDC is expected to provide updates to the Committees on Appropriations as outlined in the Joint Explanatory Statement accompanying Public Law 117-328.

*Local Public 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. The Committee encourages CDC to require

States to fund local health departments when programmatically appropriate.

*Office of Rural Health [ORH].*—The Committee is encouraged by efforts from the agency to establish the ORH. The Committee directs the agency to ensure that the established ORH will guide the CDC's rural health leadership across the entire agency. This includes developing purposeful public health guidance for rural health departments, analyzing and developing initiatives to expand the rural public health workforce, coordinating with the Federal Office of Rural Health Policy under HRSA, and otherwise serving as a resource and technical assistance hub for public health in rural communities. The Committee includes \$5,000,000 for the continued efforts to establish the ORH.

*Public Health Infrastructure and Capacity.*—The Committee includes \$350,000,000 in public health funding that is not segmented by disease, condition, activity. Rather, it is provided for cross-cutting, core public health infrastructure needs, including but not limited to workforce, health information and data systems, public health policy and communications, equity, financial management, community partnership development, and organizational capacity. By providing maximum flexibility, this funding will allow public health agencies to determine and address their greatest needs and build core capabilities that will strengthen and support new and existing programmatic functions. The Committee again directs that no less than 70 percent of this funding be awarded to health departments. The Committee encourages CDC to strengthen infrastructure in local health departments by continuing to directly award funds to local health departments, and by urging State health department recipients to allocate resources to local health departments. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments.

*Public Health Leadership and Support.*—The Committee includes \$128,570,000 to support CDC's foundational public health activities and to facilitate partnerships. The Committee commends CDC for its commitment to the development of a diverse healthcare and public health workforce. The Committee continues funding for the John R. Lewis CDC Undergraduate Public Health Scholars Program.

#### NATIONAL INSTITUTES OF HEALTH

The Committee provides \$49,224,000,000, an increase of \$943,000,000, for the National Institutes of Health [NIH].

Within the total appropriation, the Committee provides \$407,000,000 in budget authority authorized in the 21st Century Cures Act (Public Law 114–255). Per the Cures Act, \$86,000,000 is transferred to the National Institute of Neurological Disorders and Stroke [NINDS] and \$86,000,000 to the National Institute of Mental Health [NIMH] for the BRAIN Initiative; and \$235,000,000 to the Office of the Director [OD] for the *All of Us* precision medicine initiative. The total also includes \$1,412,482,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).



More than 80 percent of NIH’s appropriated budget is awarded for extramural research each fiscal year. This funding supports more than 58,000 meritorious grants to more than 2,700 academic universities, hospitals, small businesses, and other organizations throughout the United States and internationally. This investment has allowed NIH to continue its mission 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.

As in previous years, the Committee has targeted NIH funding in areas of promise of scientific advancement and urgency, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee increases support for mental health research by \$100,000,000, provides an increase of \$100,000,000 for research on Alzheimer’s disease and Alzheimer’s disease-related dementias research, increases support for cancer research by \$60,000,000, and increases support for diabetes research by \$10,000,000. The bill also includes an increase of \$20,000,000 for the Helping to End Addiction Long-term or HEAL Initiative, \$12,000,000 for a new palliative care research program, and an increase of \$10,000,000 for the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone [IMPROVE Initiative] to combat recent alarming rates of maternal mortality. Finally, the bill provides \$1,500,000,000 for the Advanced Research Projects Agency for Health [ARPA–H], the President’s bold and promising proposal to accelerate the pace of breakthroughs in medicine using the Defense Advanced Research Projects Agency as a model.

The Committee directs NIH to include updates on the following research, projects, and programs in the fiscal year 2025 Congressional Justification: metastatic breast cancer; future goals for each of the deadliest cancers (brain, esophagus, liver, lung, ovary, pancreas, stomach and mesothelioma); the link between obesity and endometrial cancer; melanoma; neuroblastoma; pediatric immunotherapy clinical trials; congenital heart disease; kidney transplant disparities; lower urinary tract symptoms; celiac disease; Maternal-Fetal Medicine Units Network; pelvic organ prolapse; Usher syndrome; indoor pollutants; amyloidosis; Childhood Post-Infectious Neuroimmune Disorders/Pediatric Acute-Onset Neuropsychiatric Syndrome [PANS]/Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus [PANDAS]; Congenital Cytomegalovirus; Native Hawaiian Early Career Development; Von Hippel-Lindau Disease; NCI’s plans to update the Surveillance, Epidemiology, and End Results Registry; pulmonary fibrosis; cellular immunity; and opportunities to enhance childhood cancer research efforts, including coordinating efforts already underway through the Trans-NIH Pediatric Research Consortium.

NATIONAL CANCER INSTITUTE

Appropriations, 2023 .....	\$7,104,159,000
Budget estimate, 2024 .....	7,820,159,000
Committee recommendation .....	7,380,159,000

The Committee recommendation includes \$7,380,159,000 for the National Cancer Institute [NCI]. Of this amount, \$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

*Alaska Native Colorectal Cancer.*—The Committee is concerned the Alaska Native people are twice as likely to be diagnosed with colorectal cancer as the White population. A recent study shows that Alaska Natives have the world’s highest rate of colorectal cancer. Colorectal cancer often has no symptoms until later stage, but screenings help detect growth at earlier stages. These high rates have led the Alaska Native Tribal Health Consortium and the Alaska Native Medical Center to amend their guidelines to lower the screening age from 45 to 40 in order to detect early onset colorectal cancer. The Committee encourages NCI to expand research efforts to reduce Alaska Native cancer disparities and improve outreach.

*Childhood Cancer Data Initiative [CCDI].*—The Committee includes no less than \$50,000,000 for the CCDI, including to support continued enhancement of the CCDI Molecular Characterization Initiative.

*Childhood Cancer STAR Act.*—The Committee includes \$30,000,000, the same as the fiscal year 2023 enacted level, for continued implementation 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 all children, adolescents, and young adults with cancer. The Committee has also included sufficient funding to carry out childhood cancer survivorship research and programs as authorized in the STAR Act, such as supporting research to inform best practices for the treatment of late effects of childhood cancers, research to improve collaboration among providers so that doctors are better able to care for this population as they age, and research to inform innovative models of care for childhood cancer survivors. This amount also includes \$2,000,000 provided for the CDC’s ongoing efforts to enhance cancer registry case capture efforts for childhood and adolescent cancers.

*Clinical Research Workforce Training.*—The Committee is concerned that a shortage of staff who are qualified to support and administer cancer clinical trials has reached a crisis point and is slowing our Nation’s progress in developing new treatments. In some cases, trials have been delayed or even abandoned because the sponsor or cancer center conducting the trial could not hire enough staff to run them. The shortage is especially acute in trials involving cellular therapies, such as CAR-T, which are customized for each individual patient. Specialized skills are required to run trials that involve extracting a patient’s cells, re-engineering them in the lab, and infusing them back into the patient. Therefore, the Committee urges the NCI to address the shortage of clinical research staff by working with the academic community to support the training of highly specialized clinical research staff, including in the area of cellular therapy.

*Deadliest Cancers.*—The Recalcitrant Cancer Research Act [RCRA] of 2012 (Public Law 112–239) focuses on cancers with a 5-year survival rate below 50 percent, which account for over 40 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last several decades, there has been limited progress reducing mortality for these diseases. In fiscal year 2020 (Public Law 116–94), Congress directed NCI to develop a scientific framework using the process outlined in the RCRA for stomach and esophageal cancers. In response, NCI formed a multi-disciplinary working group of its Clinical Trials and Translational Research Advisory Committee [CTAC] and has released a report listing suggested research focus areas. The Committee appreciates that NCI has transmitted its framework for gastric and esophageal cancers to Congress, emphasizing the important research efforts underway, as well as future opportunities. The Committee requests to be kept informed of NCI's efforts on the pancreatic, lung, glioblastoma, esophageal and stomach cancer frameworks and directs NCI to start a similar process for primary liver cancer, including cholangiocarcinoma. Finally, given the devastating toll of all recalcitrant cancers and the lack of diagnostic and treatment resources currently available, the Committee urges NCI to identify future goals for each of the deadliest cancers (brain, esophagus, liver, lung, ovary, pancreas, stomach and mesothelioma) in the fiscal year 2025 CJ.

*Endometrial Cancer and Obesity.*—Endometrial cancer is the most common gynecologic cancer, and the fourth most common malignancy among women in the United States trailing only breast, lung, and colorectal. In fact, in 2023, it is estimated that 66,200 new cases of uterine cancer will be diagnosed, and about 13,030 women will die from the disease. Obesity is the strongest known risk factor for the most common type of endometrial cancer, and the disease is more than three times as common in people with obesity. The Committee recognizes that obesity is a growing public health issue, and as rates of obesity continue to increase, the number of women diagnosed with endometrial cancer is also expected to rise. Therefore, the Committee requests an update in the fiscal year 2025 CJ on collaborative research efforts across NIH, other NIH-supported extramural research projects, and research efforts focusing on the link between obesity and endometrial cancer.

*Geriatric Cancers.*—As our population ages and cancer treatments improve, more patients with cancer are living long into their late decades. Adults aged 65 and older currently account for 67 percent of cancer survivors but are projected to account for 73 percent by 2040. Survivorship programs, however, have primarily focused on the late effects of cancer diagnosed at younger ages rather than supporting older adults. In addition, older adults with cancer remain significantly underrepresented in clinical trials, making treatment of these patients challenging for oncologists. The Committee urges NCI to continue to support funding opportunities across the geriatric oncology research continuum. Investments in this area will allow clinicians to provide a higher quality of care to this vulnerable and growing cancer patient population.

*Glioblastoma [GBM].*—GBM is a cancer with less than a 5 percent 5-year relative survival rate. The average survival time from diagnosis has improved by only 6 months over the last 30 years. To date, only five drugs and one medical device have been approved by the FDA for treating GBM. With prior Congressional investment in NCI programs, glioblastomas have been molecularly characterized, resulting in a new and promising understanding of these tumors, including identifying potential clinical strategies and agents, trial designs, and imaging and pathology technologies. The Committee commends NCI for its establishment and implementation of the GBM Therapeutics Network [GTN] and requests an update on the status of the program's implementation and progress. The GTN's cross-cutting teams' capabilities to conduct pre-clinical studies and early-phase clinical trials enable 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. The Committee urges NCI to continue to support the GTN 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.

*Helping Cancer Patients Quit Smoking.*—The Committee is concerned that not all cancer patients who smoke and are treated at NCI designated cancer centers are being offered tobacco cessation services. Research indicates that smoking cessation can lead to improved cancer treatment outcomes for all cancers. The Committee commends NCI for identifying this gap and launching the Cancer Center Cessation Initiative with the long-term goal of helping cancer centers and other hospitals build and implement tobacco cessation treatment programs for cancer patients. The Committee is eager to read new findings and publications from the pilot program and urges NCI's continued support for this initiative to ensure its sustainability. The Committee also is aware that tobacco use and lung cancer rates are higher in rural areas. The Committee encourages NCI to provide input on Agency for Healthcare Research and Quality efforts to develop model tobacco cessation programs for cancer patients in rural hospitals to improve health outcomes.

*Liver Cancer.*—The Committee applauds NCI for seeking input on how best to address the need to prioritize early detection, screening, and prevention sciences for primary liver cancer. Primary liver cancer has a dismal 5-year survival rate of only 18 percent, is the third most common cause of cancer death in the U.S., and unlike most cancers the rate of liver cancer mortality continues to increase. The Committee urges NCI to continue to support a robust research portfolio in early detection, screening, and prevention of liver cancer. The Committee applauds the NCI for its Early Detection of Liver Cancer consortia initiatives as a means of fostering progress and collaboration. The Committee encourages NCI to continue such programs as well as Program Projects, R01 and U01 Cooperative Research to advance progress against liver cancer. Also, as hepatitis B is estimated to cause up to 60 percent of the cases of liver cancer, the Committee applauds NCI for its collaboration

to implement the Strategic Plan for Trans-NIH Research to Cure Hepatitis B.

*Maternal and Child Cancer Risks.*—The Committee is concerned about knowledge gaps regarding the risk and impact of exposure to environmental carcinogens associated with common cancers in women and children, particularly in understudied and highly impacted populations such as communities of color and low-income populations. Additional research is needed to understand the windows of exposure and the relationships between multiple exposures to environmental contaminants and intermediate cancer risk to develop effective prevention programs for environmentally mediated cancers and address health inequities. The Committee encourages NCI to continue to support research to understand the impact of multiple exposures to environmental chemicals, pollutants, and social stressors across a diverse population of pregnant women and children.

*Melanoma.*—The Committee encourages NCI to continue support for research on mutagenesis, early detection and treatment. Continued study of gene expression profiling in melanoma and its precursors is needed to define patient subsets by their risk of melanoma and their prognosis, which will be able to guide management of early-stage disease as has been the case in breast cancer. Melanoma research over the last decade has produced groundbreaking advances in targeted therapy and immunotherapy that have not only led to a decline in melanoma mortality, but have been the foundation for advances in many other cancer types. The Committee encourages NCI to continue to support research on mechanisms of primary and secondary drug resistance, new drug targets and validation of predictive biomarkers that will allow selection of optimal therapy. Basic and translational goals should be facilitated through development and use of ever-improving models of human melanoma, including those involving rare subtypes. In addition, 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 further rare melanoma research through the use of patient data and biospecimen banks where populations are not adequate for randomized trials. The Committee requests an update on melanoma research efforts in the fiscal year 2025 CJ.

*Neuroblastoma.*—The Committee encourages NCI to continue to support research on high-risk neuroblastoma, including continued support for an innovative treatment consortium that tests new therapies for relapsed and refractory patients in early phase clinical trials. The Committee requests an update on neuroblastoma research efforts in the fiscal year 2025 CJ.

*Pediatric Cancer Immunotherapy.*—The Committee encourages NCI to continue to support pediatric immunotherapy translational and clinical research. The Committee is aware of the transition from the Pediatric Immunotherapy Discovery and Development Network to the Pediatric Immunotherapy Network. The Committee requests an update on progress made in ensuring the continuation

of multi-site pediatric immunotherapy clinical trials in the fiscal year 2025 CJ.

*Surveillance, Epidemiology, and End Results [SEER] Program.*—The Committee recognizes NCI for recent efforts to modernize the SEER registry and bolster data collection, including innovative activities to better capture the prevalence and progression of metastatic cancers. NCI is directed to further support SEER modernization activities in a meaningful way, and to continue to update the Committee on progress and unmet needs in this area in the fiscal year 2025 CJ.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2023 .....	\$3,982,345,000
Budget estimate, 2024 .....	3,985,158,000
Committee recommendation .....	3,982,345,000

The Committee recommendation includes \$3,982,345,000 for the National Heart, Lung, and Blood Institute [NHLBI].

*Community Engagement Alliance Against COVID–19 Disparities [CEAL] Initiative.*—The Committee includes \$30,000,000 for the CEAL initiative, consistent with the fiscal year 2023 enacted level. CEAL connects researchers with community organizations to foster trust in science, to conduct research and increase participation of people from underrepresented communities in clinical trials for treatments, vaccines, and research on critical areas of public health need.

*Congenital Heart Disease [CHD].*—The Committee commends NHLBI for its continued work to better understand causation, improve treatments and outcomes, support the growth of the clinical and research workforce, and integrate registry data and research datasets to facilitate research on congenital heart disease across the lifespan, including through the Pediatric Heart Network and the Pediatric Cardiac Genomics Consortium. The Committee encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and comorbidities, improving treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks. The Committee requests NHLBI include in its fiscal year 2025 CJ a report on steps being taken to close these research gaps.

*Lung Health Research.*—The burden of chronic lung diseases continues to rise. In order to accelerate progress in addressing these challenges for the approximately 15 million Americans diagnosed with chronic obstructive pulmonary disease [COPD] and other airway diseases such as non-cystic fibrosis bronchiectasis, the Committee encourages NHLBI to support critical research on these conditions including: (1) development of complex tissue and cellular systems to mimic the disease process in the lung to help identify molecular pathways of disease; (2) research to promote earlier diagnosis; (3) clinical research of early disease to identify appropriate targets to modulate disease progression before irreversible tissue damage has occurred; and, (4) proof-of-concept clinical trials including translational and experimental medicine studies. The Committee directs NHLBI to provide a report to the Committee within

180 days of enactment on the current and planned activities in these areas.

*Pulmonary Fibrosis.*—Many pulmonary fibrosis [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 three to 5 years. Therefore, the Committee encourages NHLBI to support research into biomarkers that can aid in earlier, safer diagnosis of PF, as well as tools that can help predict which patients will experience disease progression. The Committee commends NHLBI for hosting a Pulmonary Fibrosis Stakeholders Summit in November 2022 to develop a blueprint for PF-related research priorities over the next 5 years, and requests an update on the plan's implementation in the fiscal year 2025 CJ. The plan's priorities include a focus on early disease detection and improved diagnosis and innovative clinical trial designs. The Committee urges NHLBI to support the development of advanced research models and integrate these models into preclinical studies in order to facilitate faster drug development. The Committee also hopes the PF plan will lead to increased support for related research and coordination to address this deadly disease.

*Rare Blood Disorders.*—The Committee is encouraged by new leadership and emerging vision for the Division of Blood Diseases and Resources. NHLBI is encouraged to sustain its focus in immune thrombocytopenia, warm autoimmune hemolytic anemia and other rare blood disorders, including through community collaborations and partnerships with other Institutes and Centers, to sustain scientific progress in this important area.

*Sleep Disorders.*—The Committee applauds NHLBI and other NIH Institutes and Centers for the ongoing commitment to sleep and circadian research, and notes the wealth of opportunities for further progress in specific sleep disorders and the promotion of sleep health. The Committee encourages the National Center for Sleep Disorders Research [NCSDR] to advance the blueprint for ongoing and emerging activities outlined through the recent NIH Sleep Research Plan and to advise the Committee of any resources, infrastructure, or innovation needed to facilitate further progress.

*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 continue to support 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, about 25,000 people die each year in the U.S. from heart valve disease, primarily due to underdiagnoses and under-treatment of the condition. The Committee strongly supports more research into the causation of and risk factors for valvular heart disease. Such research

should focus on the use of advanced technological imaging and other relevant methods to generate data related to valvular heart disease, and assessing potential risk factors for sudden cardiac arrest or sudden cardiac death from valvular heart disease. Additionally, the Committee supports efforts by NIH to convene a workshop of subject matter experts and stakeholders to identify research needs and opportunities to develop recommendations for the identification and treatment of individuals with mitral valve prolapse, including individuals who may be at risk for sudden cardiac arrest or sudden cardiac death.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2023 .....	\$520,163,000
Budget estimate, 2024 .....	520,138,000
Committee recommendation .....	520,163,000

The Committee recommendation includes \$520,163,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

*Dental Care.*—The Committee reaffirms that dental care is integral to the medical management of numerous diseases and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates NIH’s support for research that has demonstrated that dental care is closely linked to and crucial to the clinical success of other covered medical services. The Committee urges NIH to fund additional research in this area and conduct trials to determine which oral care interventions are most effective for improving medical management and reducing the prevalence of malignant oral cancers, preventing pneumonia in hospitals, and lowering hospitalization and emergency department admission rates for non-traumatic oral conditions.

*Dental, Oral and Craniofacial Tissue Regeneration Consortium.*—The Committee commends NIDCR for establishing a multidisciplinary Dental, Oral and Craniofacial Tissue Regeneration Consortium [DOCTRC] that will develop effective clinically-applicable strategies for regeneration of functional tissues of the human dental, oral and craniofacial complex. The goal of DOCTRC is to develop technologies based on cells, biologics, devices, combination products and associated protocols ready for the initiation of clinical trials and to prepare them for submission for FDA approval.

*Oral Health in America Report.*—The Committee commends NIDCR for publishing its 2021 report Oral Health in America: Advances and Challenges documenting 20 years of progress since the first Oral Health Report in 2000. The Committee encourages NIDCR to prioritize funding the research gaps that were identified in the report.

*Temporomandibular Disorders [TMD].*—The Committee encourages NIDCR to maintain a patient-centered approach in the implementation of the TMD–IMPACT Concept. The Committee is encouraged by NIDCR’s collaboration with agencies and institutes, and encourages further collaboration with other government agencies and Institutes, Centers, and Offices within NIH with appropriate scientific expertise. The Committee directs NIH to provide an update within 90 days of enactment on efforts to implement the next phase of the initiative including the recruitment of other NIH



ICs as partners, the role of the patient perspective, and NIDCR’s use of the National Academies of Sciences, Engineering, and Medicine [NASEM] Report on TMDs and the TMJ Patient-led Roundtable.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2023 .....	\$2,300,721,000
Budget estimate, 2024 .....	2,303,098,000
Committee recommendation .....	2,310,721,000

The Committee recommendation includes \$2,310,721,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

*Diabetes.*—The Committee commends the efforts of NIDDK to prioritize the discovery and validation of biomarkers and urges NIDDK to continue to prioritize this important work that will accelerate the designing and conducting of clinical trials to prevent, treat, and cure type 1 diabetes. Given the growing prevalence of diabetes, the Committee provides an additional \$10,000,000 for diabetes related research. The Committee is concerned that additional research is needed to determine how to improve the treatment of a common complication, diabetic foot ulcers to reduce amputations, and urges NIDDK to support such efforts. Further, given the aging population, the Committee urges NIDDK to work with the National Institute on Aging to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer’s disease in racially and ethnically diverse populations.

*Hepatitis B.*—The Committee applauds NIDDK efforts to create common resource services and materials for the research community and urges continued focus on clinical networks, data bank development and precision medicine approaches. The Committee further encourages the development of experimental animal and cell culture models to help advance cure research against the widest possible set of therapeutic targets and research focused on understanding the virology and immunology of people with low levels of HBsAg—a protein on the surface of the HBV virus—as this category of people are more responsive to therapy. The Committee is aware of the view within the scientific community that finding a cure for hepatitis B, as has been achieved for hepatitis C, is a winnable goal and is within reach in the near-term.

*Kidney Transplant Disparities.*—The Committee appreciates the ongoing efforts of NIDDK’s Health Disparities and Health Equity Working Group, particularly on disparities in the prevention, diagnosis, and treatment of kidney diseases through new studies to address disparities in kidney transplant care. The Committee reaffirms the importance of reducing health disparities and urges NIDDK to support health disparities research to improve kidney transplant care. The Committee requests an update on these efforts in the fiscal year 2025 CJ.

*Lower Urinary Tract Symptoms.*—Lower urinary tract symptoms [LUTS] describe symptoms related to the storage and voiding of urine. Conditions associated with LUTS include overactive bladder, stress urinary incontinence, as well as neurogenic and non-neurogenic voiding dysfunction. The effectiveness of treatment for these

conditions varies depending on patient characteristics and symptoms. Unfortunately, an established repository of patient phenotypes for LUTS does not exist. Knowledge in this area would enable the identification of symptom clusters to advance LUTS treatment. Therefore, the Committee urges NIDDK to conduct a workshop that will lead to the development of LUTS precision medicine approaches, including the characterization of LUTS clusters and their association to treatment responsiveness, identification of markers for phenotype clusters, development of functional and physiologic assessment measures specific to individual phenotype profiles to objectively correlate symptoms and treatment outcomes. The Committee requests an update on research activities to advance LUTS prevention and treatment in the fiscal year 2025 CJ.

*Pancreatitis.*—The Committee applauds NIDDK for featuring research into pancreatitis and conditions of the pancreas prominently through the 2023 Recent Advances and Emerging Opportunities report. Due to the lack of effective treatment options for patients impacted by pancreatitis and a variety of access challenges, NIDDK is encouraged to facilitate additional scientific progress in this important area.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2023 .....	\$2,813,925,000
Budget estimate, 2024 .....	2,739,418,000
Committee recommendation .....	2,849,925,000

The Committee recommendation includes \$2,849,925,000 for the National Institute of Neurological Disorders and Stroke [NINDS].

*Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias [AD/ADRD].*—The Committee includes an increase of \$100,000,000 across NIH for AD/ADRD research, including an increase of \$10,000,000 in NINDS and \$90,000,000 in NIA.

*Brain Aneurysms.*—The Committee remains concerned that an estimated 1 out of every 50 individuals in the United States 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. Despite the widespread prevalence of this condition and the high societal cost it imposes on our Nation, the Federal Government only spends approximately \$2.08 per year on brain aneurysm research for each person afflicted with a brain aneurysm. The Committee encourages NINDS to increase its support for research focused on prevention and early detection of brain aneurysms.

*Frontotemporal Degeneration [FTD].*—The Committee encourages NIH to continue to support research to identify and validate biomarkers for FTD and other neurodegenerative diseases among racially and ethnically diverse cohorts. The Committee also urges NIH to support efforts to better understand the social determinants of health that lead to inequity in access to diagnosis and care for FTD and other dementias so that new treatments and best practices in care will be available to all, regardless of age, racial, ethnic, cultural, socioeconomic and geographic background. Equally critical is the development of a data biosphere that enhances secure sharing of clinical and research data and biological samples for FTD. Broad sharing of datasets will enable the larger commu-

nity of researchers to bring their expertise to bear on the challenge of treating and preventing FTD and other ADRDs. The Committee also encourages NIH to find ways to support more effective communication across researchers, and between clinical science and broader society, to ensure that the research advances driven by NIH can have maximum effect on improving health. FTD is rare and tends to occur at a younger age than other forms of dementia. This creates additional challenges for clinical trials and research. To overcome these challenges as well as recruitment and retention issues, the Committee urges NIH to continue to advance regulatory science and develop innovative clinical trial designs that recruit diverse populations so that potential therapies can be effectively tested.

*Opioids, Stimulants, and Pain Management.*—The Committee provides no less than \$290,295,000, an increase of \$10,000,000, in NINDS for the HEAL Initiative. The Committee encourages NINDS to continue its efforts through the HEAL Initiative, with a focus on grant opportunities to support research and education for effective and non-addictive pain management to improve outcomes for people with pain in diverse settings across the United States.

*Pediatric-Onset Epilepsies Research.*—The Committee is aware of the enormous economic cost and toll in human suffering resulting from epilepsies and considers research in this area a high priority. While there are approximately 470,000 children currently living with epilepsy, there are many different kinds of epilepsies, and the number of children with one specific disease type is relatively small. A number of these types of epilepsy do not respond to existing medications. To develop and test more effective therapies, studies must precisely classify children with the same type of epilepsy for clinical trials. Large numbers of patients are critical to ensuring that study results are meaningful and result in improved patient outcomes. Using a collaborative research model and enrolling patients from many hospitals in the same system greatly increases the ability to detect meaningful differences due to interventions, can significantly accelerate therapy development, and expedites translation of research findings into standard clinical care. Therefore, the Committee encourages NIH to continue to enable cooperative research studies, accelerate the development of knowledge about epilepsies, and rapidly advance therapeutic options and their implementation to improve treatments and healthcare outcomes. Additionally, to better facilitate implementation of translational research, the Committee urges NINDS to prepare and submit a report to the Committee on progress and incorporate key findings and planned actions resulting from convenings of the Curing the Epilepsies conference.

*Undiagnosed Diseases Network [UDN].*—The Committee continues to provide \$18,000,000 to fund UDN and directs the continuation of the coordinating center, all clinical sites, DNA sequencing core, central biorepository, model organisms screening center, and other necessary testing in the pursuit of diagnoses, including but not limited to: metabolomics, infectious and toxic exposures, and immune abnormalities.

## NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2023 .....	\$6,562,279,000
Budget estimate, 2024 .....	6,561,652,000
Committee recommendation .....	6,562,279,000

The Committee recommendation includes \$6,562,279,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

*Celiac Disease.*—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 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 encourages NIH to devote focused research on the study of celiac disease and continues to urge NIH to: support new research on celiac disease; better coordinate existing research; and focus new research efforts toward causation, diagnosis, management, treatment, and, ultimately, a cure of this disease. The Committee directs NIH to include updates on research, projects, and programs for celiac disease in the fiscal year 2025 CJ.

*Centers for Research on Emerging Infectious Diseases [CREID].*—NIAID works with partners in 30 countries to understand how and where viruses can emerge to develop diagnostic tests. The Committee urges NIAID to ensure the CREID Network is sufficiently supported to coordinate and conduct research on, and active surveillance for, emerging pathogens.

*Equipping NIH Research Programs to Target HIV/AIDS Hotspots.*—The Committee directs the NIH Office of AIDS Research to coordinate NIH-wide resources to focus on areas with the highest prevalence of HIV/AIDS, for example, utilizing Centers for AIDS Research [CFARs] to develop targeted interventions that increase the use of pre-exposure prophylaxis [PrEP] and better protect those communities from HIV transmission and its consequences.

*Food Allergies.*—The Committee recognizes the serious issue of food allergies which affect approximately 8 percent of children and 10 percent of adults in the United States. 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 Consortium for Food Allergy Research [CoFAR]. The Committee encourages CoFAR to expand its clinical research network, identify new research centers, and conduct new, larger, and in-depth clinical trials and observational studies.

*Gonorrhea.*—The Committee continues to be concerned with recent reports from the World Health Organization [WHO] and U.S. public health officials, that antimicrobial resistant gonorrhea continues to increase, reducing the treatment options. The Committee commends NIAID for their continued efforts to develop new antibiotics to combat the bacterium that causes this disease and encourages NIAID to accelerate work to find new diagnostic tools and treatments for these new strains of bacterium.

*Hepatitis B.*—The Committee applauds NIAID for leading the effort to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B, so it remains a robust road map to find a cure. The Committee is aware of the widely held view in the scientific com-

munity that finding a cure for hepatitis B, as has now been achieved for hepatitis C, is a winnable goal and is within reach in the near-term. For these reasons, the Committee urges that research, based on the needs as identified in the updated Plan, be funded in fiscal year 2024 and beyond. The Committee urges NIAID to expand the use of Program Projects, R01 and U01 Cooperative Research Agreements, as was successfully used to discover cures for hepatitis C, as well as cooperative research programs modeled after the Martin Delaney Collaborations and applauds the success of the point of Care Technologies Research Network [POCTRN] and Rapid Acceleration of Diagnostics [RADx] programs and urges more use of these programs for development of point of care tests for HBV, HDV and the cancers caused by these viruses. Finally, the Committee understands that research to enhance the human immune system to control and cure hepatitis B is promising and the continued use of animal models is a research tool that needs to be continued.

*Metabolism of Infectious Disease.*—The Committee recognizes that research to understand how metabolic responses are altered by infection and connected with the immune response and comorbidities is increasingly important due to the prevalence of emerging and reemerging infectious diseases. As such, the Committee urges NIAID to fund as many meritorious proposals as possible.

*Neglected Disease Research.*—The Committee strongly supports NIAID's neglected disease research programs. NIH is the world's single largest funder of neglected disease research and has supported the development of high-impact technologies for health areas that receive little attention from industry. Many innovation gaps persist, and so these programs should remain a priority for NIAID leadership.

*Regional Biocontainment Laboratories [RBLs].*—The Committee continues to provide \$52,000,000 to the 12 RBLs to support core and shared resources for BSL-3 containment enabling them to develop and maintain the research resources, facilities and personnel needed to meet national, regional and local biodefense and emerging infectious diseases research needs in the event of a bioterrorism or infectious disease emergency. Of this amount, the Committee directs that no less than \$1,000,000 shall be provided to each of the 12 RBLs to support training and maintaining a capable research workforce with broad, relevant biomedical, technological, veterinary, and regulatory expertise, developing and contributing to an organizational structure to ensure the RBL network is prepared to respond effectively to national needs, and supporting operations, facilities, and equipment purchase costs. The Committee directs that the remaining funding shall go to the 12 RBLs to support: (1) research on biodefense, emerging infectious disease agents, and other infectious disease threats to global health; (2) training new researchers, including in biosafety level 3 practices; (3) maintaining a workforce skilled in BSL-3 research; and (4) establishing best practices for the safe, effective, and efficient conduct of research in BSL-3 facilities.

*Research on Antimicrobial Resistance [AMR].*—The Committee provides no less than \$565,000,000 to fund NIAID research to com-

bat AMR and the training of new investigators to improve AMR research capacity as outlined in the 2020–2025 National Action Plan to Combat Antibiotic Resistant Bacteria.

*Syphilis.*—The Committee continues to be concerned with the rising syphilis rates, and correlation with the syphilis increase in women of childbearing age, which often leads to congenital syphilis. The Committee commends NIAID for their continued work in developing new diagnostic tests for both adults and newborns and encourages acceleration of vaccine development and new treatment options.

*Universal Flu Vaccine.*—The Committee includes \$270,000,000 to support efforts to develop universal influenza vaccines that provides long-lasting protection against numerous flu strains, rather than a select few. Such vaccines would eliminate the need to update and administer the seasonal flu vaccine each year or could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic.

*Viral Pathogen Research.*—The Committee supports investments in research on highly pathogenic zoonotic viruses with pandemic potential including filoviruses, flaviviruses, paramyxoviruses, and bunyaviruses. The Committee notes that research on high consequence zoonotic viruses requires high-containment BSL–4 labs. High-containment BSL–4 labs enable researchers to diagnose and investigate these types of pathogens, and develop rapid and reliable diagnostics, novel antiviral therapeutics and vaccines, without endangering the staff or population at large. Additional investments in BSL–4 infrastructure for research in highly pathogenic zoonotic viruses is critical.

*Warm Autoimmune Hemolytic Anemia [wAIHA].*—The Committee recognizes that wAIHA is a prototypical autoimmune disorder where the body’s immune system attacks healthy red blood cells and little is known about underlying causes or effective treatment beyond the use of immunosuppressive therapies. NIH is encouraged to advance wAIHA research and to consider key partnerships among Institutes and Centers that have an interest in or have shown progress in this area, such as NHLBI, NIAID, and the Office of Autoimmune Disease Research [OADR].

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2023 .....	\$3,239,679,000
Budget estimate, 2024 .....	3,239,679,000
Committee recommendation .....	3,239,679,000

The Committee recommendation includes \$3,239,679,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,412,482,000 in transfers available under 241 of the PHS Act (Public Law 104–73 as amended).

*Increasing Diversity in Biomedical Research.*—The Committee strongly supports opportunities for the Nation’s next generation of researchers and efforts to enhance diversity in biomedical research. Early-stage researchers, particularly women and racial and ethnic minorities, spend longer periods of time in postdoctoral positions with lower salaries, receive inadequate mentorship, and are offered fewer opportunities for professional advancement, resulting in lower retention rates for those groups. Even with these obstacles,

many early-stage researchers tackle riskier projects and have contributed to research that has generated positive outcomes for the benefit of society. Grant programs offering support and opportunities for researchers at key career transition points requiring little or no preliminary data, are critical to ensuring innovative scientists from diverse backgrounds succeed in biomedical research. The Committee urges NIGMS to expand the Maximizing Opportunities for Scientific and Academic Independent Careers [MOSAIC] program and the Minority Access to Research Careers undergraduate programs that train the next generation of scientists while enhancing the diversity of the biomedical research workforce and enabling promising scientists to pursue high-risk, high-reward research.

*Institutional Development Award [IDeA].*—The Committee recognizes the importance of the IDeA program in enhancing geographical representation across NIH’s research portfolio, and provides no less than \$425,956,000 for the program. In order to ensure that research investments from IDeA programs provide maximum benefit, the Committee urges NIH to examine ways to increase NIH IDeA state participation in major grant programs across NIH’s portfolio, including those that support biomedical research facilities, instrumentation, and training. The Committee notes the Biomedical Research Workforce Working Group report and supports growing the IDeA funding level to its minimum recommended level, which will allow NIH to take advantage of the full diversity of the Nation’s assets: diversity of individuals, diversity of institutions, and diversity of geography. Finally, the Committee opposes any efforts within NIH to change eligibility for the IDeA program to a system that would be based on States’ populations or to limit the number of awards per State. Currently eligible States have historically had low aggregate success rates for grant applications to NIH and rely on the IDeA program to help build a research infrastructure and enhance research capacity at institutions in those States.

*Minority Serving Institutions.*—Congress recognizes the importance of highly trained physician-scientists to serve diverse communities, decrease health disparities, and enhance the biomedical research workforce. The Committee encourages NIGMS to support medical scientist training at Minority Serving Institutions as defined in title III of the Higher Education Act. Such efforts should support dual degree programs that train students in medicine and biomedical research.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2023 .....	\$1,749,078,000
Budget estimate, 2024 .....	1,747,784,000
Committee recommendation .....	1,759,078,000

The Committee recommendation includes \$1,759,078,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

*Andrological Health.*—The Committee strongly supports translational and clinical research into andrological health, and urges NICHD to prioritize and expand these research programs.

*Autism Research.*—The Committee encourages NICHD to increase support for and prioritization of collaborations to build the methodological base and infrastructure for large scale longitudinal neuroimaging studies of autistic individuals with linkages to clinical data and outcomes. Projects supported by this investment could include proof of concept multicenter approaches to address major challenges for collaborative groups, such as linking longitudinal neuroimaging data with measures of behavioral change and outcomes, including information from clinical records, and to aggregate the resulting information into usable datasets that are harmonized across study sites and clinical centers. The Committee further encourages NICHD to support studies that allow for data to be collected across wide ranges in age.

*Congenital Syphilis [CS].*—The Committee continues to be concerned with the continued rise in the rates of congenital syphilis. CS can lead to life-long deformities and disabilities, but with preventative care and treatment, these outcomes can be avoided. The Committee encourages NICHD to coordinate efforts with NIAID on new testing, diagnosis, and treatment efforts.

*Endometriosis.*—The Committee is aware that endometriosis is a chronic disease originating in the female reproductive system affecting 10 percent of women of reproductive age worldwide and it has been linked to ovarian cancer. The Committee also recognizes that endometriosis is the third-leading cause of female infertility in the United States. The Committee encourages NIH to advance research to increase earlier detection, develop more accurate diagnostics and for education to inform healthcare providers and their patients regarding diagnosis and treatment of endometriosis.

*Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone [IMPROVE] Initiative.*—The Committee provides no less than \$53,400,000 for this activity.

*Maternal Fetal Medicine Units.*—The Committee appreciates NICHD's continued support of research focused on improving maternal and infant health outcomes. A critical part of this work is the Maternal-Fetal Medicine Units Network [MFMU]. Since 1986, the MFMU Network has been performing multi-site clinical research focused on gathering data needed to ensure obstetric patients across the country and the world are receiving evidence-based and cost effective care. The Committee was pleased to see NICHD release a request for applications in 2022 for a new funding cycle for the MFMU Network that maintains the Network's existing infrastructure, ensuring high-quality, high-impact multi-site clinical studies continue. However, unlike the prior funding cycles, clinical study proposals for the MFMU Network will now undergo NIH peer review to assure greater rigor and transparency. In addition, the Network infrastructure will now be made available to the entire community of researchers. The Committee requests an update in the fiscal year 2025 CJ on the total funding for MFMU Network supported clinical trials awarded in each of fiscal years 2010—2022. This update should detail amounts spent on clinical trials and separately account for base funding for the MFMU Network clinical sites and data coordinating center. Further, NICHD should include in the update plans to ensure that NIH will con-



tinue to fund clinical research conducted by the MFMU at the appropriate levels based on scientific need.

*Pelvic Organ Prolapse.*—Pelvic organ prolapse [POP] occurs when the pelvic floor muscles and connective tissue supporting the pelvic organs no longer support these organs, causing one or more of the pelvic organs to fall downward into the vagina. POP is a common problem, with 1 out of 8 women undergoing surgery for prolapse at some point in their life. Symptomatic POP is associated with urinary incontinence, depression, anxiety, sleep disturbance, sexual dysfunction, deteriorating physical function and diminished socialization. No effective preventative strategies for POP have been identified and the development of novel preventative strategies related to pregnancy is needed. Therefore, the Committee urges the NICHD to convene a workshop to assess peripartum, intrapartum, and postpartum preventative strategies for POP including ways to decrease pelvic floor trauma/denervation during delivery, with the goal of reducing the risk of subsequent POP and its complications. The Committee requests an update on this issue and on research activities to advance POP prevention and treatment in the fiscal year 2025 CJ.

*Population Research.*—The Committee commends NICHD for fulfilling its statutory authority by supporting a robust population research portfolio that includes population representative longitudinal surveys, research centers and networks, training programs, and grant mechanisms. Over the decades, these investments have yielded numerous scientific advances regarding the causes and consequences of population change on human and child development, maternal health, and the health and well-being of individuals across the life course. Most recently, the Baby's First Years Study and Panel Study of Income Dynamics Child Supplement Survey provided key insights into the impact of COVID mitigation strategies and economic relief measures on infant and child development. The Committee encourages NICHD to enhance its support of these and its other large-scale longitudinal surveys to help, among other things, elucidate the pandemic's impacts on child and adolescent development. In addition, the Committee commends NICHD for supporting initiatives that facilitate collaborations and resource sharing between the Population Dynamics Research Centers and outside institutions and for funding the innovative Data Sharing for Demographic Research data repository, which makes high-quality demographic data widely available to the scientific research community.

*Reproductive Medicine Network [RMN].*—Infertility, defined as the inability to conceive within 1 year of unprotected intercourse, affects an estimated 19 percent of reproductive aged couples. In addition, about 26 percent of women have difficulty getting pregnant or carrying a pregnancy to term. The RMN, which has since been replaced by the Consortia for Infertility and Reproductive Medicine [ConFIRM] Clinical Trial Program of linked R01s, had a proven track record of supporting infertility research by providing a single hub that supported multiple substudies and secondary analyses. Most importantly, it informed major changes to clinical practice and supported the training of young investigators in the field. While the Committee understands that NICHD has moved away

from the U01/U10 mechanism the RMN utilized, it is noted that the ConFIRM Clinical Trial Program may not be supporting coordination or a pipeline of young investigators in this field in the same manner as the RMN. The Committee urges NICHD to report on its plans to support clinical trials on infertility within 180 days of enactment.

*Women’s Reproductive Health Research [WRHR] Program.*—The Committee encourages NICHD to fund additional scholars, with the goal of increasing the diversity of the scholars, sites, and research supported by the program. The Committee recognizes the effectiveness of the WRHR program, which provides an opportunity for obstetrician/gynecologists who recently completed postgraduate clinical training to further their training in basic, translational and clinical research.

*Youth Tobacco Cessation Research.*—The Committee recognizes that despite two million youth using at least one tobacco product, there are no FDA-approved tobacco cessation therapies for people ages 17 and under and few well-studied, evidence-based behavioral interventions for youth tobacco use. The Committee encourages NIH to continue to support research on effective tobacco cessation modalities for youth under age 18, including pediatric studies of the safety and effectiveness of cessation treatments currently approved for adults. Studies should account for the broad range of tobacco products used by youth, including cessation options for individuals interested in quitting cigarettes, e-cigarettes, smokeless tobacco, and cigars. The Committee urges NIH to consider research recommendations published by the U.S. Preventive Services Task Force.

NATIONAL EYE INSTITUTE

Appropriations, 2023 .....	\$896,549,000
Budget estimate, 2024 .....	896,136,000
Committee recommendation .....	896,549,000

The Committee recommendation includes \$896,549,000 for the National Eye Institute [NEI].

*Usher Syndrome.*—The Committee encourages NIH to enhance and prioritize Usher syndrome research at NEI. The Committee requests an update in the fiscal year 2025 CJ. The update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2023 .....	\$913,979,000
Budget estimate, 2024 .....	938,807,000
Committee recommendation .....	913,979,000

The Committee recommendation includes \$913,979,000 for the National Institute of Environmental Health Sciences [NIEHS].

*Disaster Research Response Program.*—The Committee urges NIEHS to support research and community engagement activities related to the health of individuals affected by the train derailment in East Palestine, Ohio, including first responders and local residents in both Ohio and Pennsylvania.

*Environmental-related Health Conditions.*—The Committee urges NIEHS to expand efforts 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, chronic conditions such as asthma, mental health, and health disparities. Such research may include evaluation of both preventative and intervention strategies for such conditions.

*Environmental exposures and Cancer in Firefighters.*—The Committee encourages NIH and CDC/NIOSH to continue their efforts to better understand the cancer risks firefighters may experience, including efforts to measure environmental exposures in firefighters and determine the mechanisms that lead to increased cancer incidence, morbidity, and mortality. The Committee also encourages NIH to continue to support research to improve health equity among firefighters to evaluate potential differences and exposure risk.

*Indoor Air.*—Health outcomes from the use of combustion indoors depend on individual health characteristics, the fuel used, and mitigations. The Committee encourages NIEHS to research and collaborate with appropriate partners to understand effects of indoor emissions on health and the degree to which mitigation strategies reduce exposures and other impacts. Research should include the impacts of other indoor pollutants to fully understand the indoor air landscape. The Committee requests an update on these activities in the fiscal year 2025 CJ.

NATIONAL INSTITUTE ON AGING

Appropriations, 2023 .....	\$4,407,623,000
Budget estimate, 2024 .....	4,412,090,000
Committee recommendation .....	4,509,623,000

The Committee recommendation includes \$4,509,623,000 for the National Institute on Aging [NIA].

*Alzheimer’s Disease/Alzheimer’s Disease-Related Dementias [AD/ADRD].*—Since fiscal year 2015, Congress has increased research funding for AD/ADRD by more than 500 percent, making it the largest expenditure of its kind in NIH. By 2050, the cost to treat and care for those suffering from Alzheimer’s disease is expected to rise to as high as \$1,100,000,000,000 a year. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare- and Medicaid-related costs could rise more than four-fold. NIH-funded research offers hope for finding solutions to manage this disease successfully in the future. Therefore, the Committee continues to support Alzheimer’s disease research, including multi-disciplinary approaches into the basic science and pathology of the disease, which builds upon the funding goals needed to prevent and effectively treat Alzheimer’s by 2025 identified in the National Plan required by the National Alzheimer’s Project Act (Public Law 111–375). The Committee previously directed NIA to collaborate with NINDS and NASEM to pinpoint research priorities for preventing and treating AD/ADRD, including identifying barriers to advancing large-scale precision medicine approaches in this space. Of the approximately 6.5 million Americans over age 65 with AD, more than half have genetic risk variants linked to glial cell function, which makes them a key target for precision therapeutics. The Committee encourages NIA to increase support for research focused on miti-

gating immune dysfunction with precision inspired therapeutics for AD/ADRD and directs NIA and NINDS to provide a joint report to the Committee within 120 days on its progress in advancing these efforts.

*Clinical Trials.*—Although Alzheimer’s disease and other dementias disproportionately affect Black Americans, Hispanic Americans, Asian American and Pacific Islanders, and Native Americans, they continue to be underrepresented in AD/ADRD clinical trials. The Committee directs NIA to work with the Alzheimer’s Disease Research Centers and other organizations to promote participation in clinical trials within underrepresented populations and, to the maximum scientifically-feasible extent, reduce the burden of participating. These efforts should include expanding community engagement and outreach to these populations, incentivizing trial locations in areas of unmet need, encouraging the diversity of clinical trial staff, allowing appropriate flexibility in trial design and inclusion and exclusion criteria, and utilizing technology like remote patient monitoring, where appropriate, to facilitate clinical trial participation and retention.

*Geroscience.*—Recent advances in geroscience suggest it may be possible to prevent or treat a wide range of adult-onset health concerns, including functional declines such as frailty and lost resilience, and overt diseases such as Alzheimer’s Disease, cancer, cardiovascular diseases and many others. This could be achieved by slowing or reversing certain genetic, molecular and cellular hallmarks of aging discovered through research on the basic biology of aging. The Committee strongly urges NIA to prioritize funding for geroscience research. The Committee also understands that the enormous promise of this field is limited by a shortage of investigators with expertise in the biology of aging and the clinical translation of basic research findings. Therefore, NIA should increase support for early career investigators, especially postdoctoral researchers and junior faculty, to help attract, retain, and develop top talent in the field of geroscience. Finally, the Committee encourages NIA to increase funding for basic and translational research in aging to provide more options and test more treatments as quickly as possible.

*Palliative Care Research.*—Palliative care is specialized medical care for people living with a serious illness and is focused on treating the discomfort, symptoms, and stress of such illness. Palliative care has the potential to improve patient care, patient-clinician communication, and patient-centered outcomes while decreasing unwanted and/or burdensome treatments and enhancing quality of life for people with serious illness, their loved ones, and their care partners. The Committee provides \$12,500,000 for NIA to implement a trans-Institute, multi-disease strategy to focus, expand, and intensify national research programs in palliative care. NIH is directed to establish a comprehensive multi-Institute and multi-Center initiative aimed at a wide variety of palliative care research, training, dissemination, and implementation of projects to intensify the strategic coordination of palliative care research efforts. Funding is provided to establish an extramural-based palliative care research consortium with no less than three sites to provide technical assistance, pilot and exploratory grant funding, research dissemi-

nation, data repositories, data analytics, and career development support for interdisciplinary palliative care. NIH shall prioritize grantees with a recognized expertise and leadership in palliative care. The Committee encourages NIH to fund several multi-year, early-career development grants modeled after NIA’s GEMSSTAR program. Appropriations provided in fiscal year 2024 for training are expected to cover 2 years of funding for career development awards. The Committee requests a briefing within 120 days of enactment on how this strategy will be established and implemented, including timelines on when funding opportunities will be issued and when funding will be awarded.

*Population Research.*—NIA supports a rigorous population aging research portfolio that includes research grants, centers, networks, and population representative longitudinal surveys examining how demographic, social, and economic factors impact the health and well-being of older adults over the life course. The Committee is pleased to learn that in fiscal year 2024 NIA will be renewing several transdisciplinary research networks devoted to studying issues such as rural aging, psychosocial stress measurement, and social genomics. The Committee encourages the NIA to stimulate additional research projects addressing high priority areas such as rising midlife mortality rates, socioeconomic disparities, and the unique impacts of climate change on older individuals. Further, the Committee urges the Institute to explore how multidisciplinary nationally representative studies, such as the Health and Retirement Study, can improve the representation of Asian American sub-populations.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2023 .....	\$685,465,000
Budget estimate, 2024 .....	687,639,000
Committee recommendation .....	685,465,000

The Committee recommendation includes \$685,465,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

*Musculoskeletal Regenerative Medicine.*—The Committee recognizes the increasingly fundamental role that extracellular vesicles [EVs] play as a mechanism of communication between cells, organs, organ systems, and organisms in providing a snapshot of a wide range of disease processes including musculoskeletal disorders. The Committee also understands that the field of regenerative medicine is in the early stage of exploring the potential of EVs to help treat patients, including veterans, living with significant musculoskeletal injuries such as osteoarthritis, tendon, and ligament diseases. The Committee therefore encourages support for research to optimize regenerative medicine through analyzing EVs and other approaches through partnerships that bring together scholars, creators, and entrepreneurs to work in a collaborative space to discover and deliver solutions that utilize the body’s healing capacity to improve the lives of those living with musculoskeletal disorders.

*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 may be warranted.

NATIONAL INSTITUTE OF DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2023 .....	\$534,333,000
Budget estimate, 2024 .....	534,330,000
Committee recommendation .....	534,333,000

The Committee recommendation includes \$534,333,000 for the National Institute of Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2023 .....	\$197,693,000
Budget estimate, 2024 .....	197,671,000
Committee recommendation .....	197,693,000

The Committee recommendation includes \$197,693,000 for the National Institute of Nursing Research [NINR].

*Health Disparities Research.*—The Committee continues to provide \$10,000,000 for NINR to support research related to identifying and reducing health disparities.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2023 .....	\$595,318,000
Budget estimate, 2024 .....	596,616,000
Committee recommendation .....	595,318,000

The Committee recommendation includes \$595,318,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

*Alcohol and Polysubstance Use.*—The Committee is pleased to see NIH supporting research on alcohol and polysubstance use, and urges NIH to increase research in this area through more comprehensive centers across the United States. The Committee is concerned by the high rates of alcohol misuse and alcohol-related morbidity and mortality in the United States, particularly in Indigenous, frontier, and rural communities. The Committee encourages NIH to support studies, and form multi-tier prevention programs for R1 Research Centers, that focus on rural and minority communities with high rates of alcohol and polysubstance use mortality. These centers could develop, test, and implement prevention programming to reduce alcohol misuse, including through social media as well as web-based and mobile applications. These programs could also train community health providers in delivering person-centered brief interventions to help reduce alcohol misuse and alcohol-related harms.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2023 .....	\$1,662,695,000
Budget estimate, 2024 .....	1,663,365,000
Committee recommendation .....	1,672,695,000

The Committee recommendation includes \$1,672,695,000 for the National Institute on Drug Abuse [NIDA].

*Barriers to Research.*—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substances Act effectively limits the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, psychedelics, marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when we need as much information as possible about these drugs and antidotes for their harmful effects, we should be addressing 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.

*Cocaine.*—The Committee remains concerned about the drug addiction public health crisis and the surge in overdose deaths involving stimulants, including cocaine. The Committee recognizes that NIDA is prioritizing research and development of treatments which can rapidly reverse cocaine toxicity and reduce mortality rates, addressing the severe gap in this unmet medical need. Due to the unavailability of an FDA-approved cocaine overdose reversal medication, the Committee encourages NIDA to continue prioritization of additional research and development to advance a life-saving treatment for overdoses caused by cocaine.

*Investments in Basic Research.*—The Committee is aware that basic research is the foundation for clinical research, both of which pave the way to new or improved treatments for substance use disorders. Basic research can focus on the causal mechanisms underlying the functioning of the human body and provides a critical understanding of the short- and long-term impacts of drug use. The discoveries that are made through basic research can be translated directly into improved patient care, including novel medications, fewer drug-related fatalities, and science-based methods for preventing addiction. The Committee encourages NIDA’s continued investments in investigator-initiated grants in basic research and support for training of young investigators to ensure a healthy and growing population of researchers.

*Medication for Methamphetamine Use Disorder.*—The Committee is concerned with the rise in methamphetamine use and addiction in the United States. While there are currently approved medication treatments for alcohol and opioid addiction there remains no approved medication for methamphetamine addiction. The Committee urges the Institute to continue their ongoing trials in order to expeditiously find and approve a medication for methamphetamine.

*Methamphetamine and Other Stimulants.*—The Committee is concerned that, according to predicted provisional data released by CDC, overdose deaths involving drugs in the categories that include methamphetamine and cocaine increased by 41 and 40 percent respectively between 2021 and 2022. The sharp increase has led some to refer to stimulant overdoses as the “fourth wave” of the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-

related substances. No FDA-approved medications are available for treating methamphetamine, cocaine, and other stimulant use disorders. The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamine and other stimulant use disorders and related deaths.

*Opioid Initiative.*—The Committee continues to be concerned about the high mortality rate due to the opioid overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. Approximately 174 people die each day in this country from drug overdose (over 100 of those are directly from opioids), making it one of the most common causes on non-disease-related deaths for adolescents and young adults. The Committee is also aware of increases in opioid deaths from 2020 to 2021, with the primary driver being the increased overdose deaths involving synthetic opioids, primarily fentanyl. 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 with addiction to these drugs. To combat this crisis, the Committee has provided within NIDA's budget no less than \$365,295,000, an increase of \$10,000,000, for the Institute's share of the HEAL Initiative and in response to rising rates of stimulant use and overdose. The Committee encourages NIDA to support research on the development of safe and effective medications and new formulations and combinations to treat substance use disorders and prevent or reverse overdose, and to support research on comprehensive care models in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medication treatment and methods to scale up these interventions; and develop evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings. The Committee has included language expanding the allowable use of these funds to include research related to stimulant use and addiction.

*Overdose Analogs.*—Recognizing the increasing severity of the National opioid crisis and the need to better our options for responding to, treating, and preventing overdoses, the Committee encourages NIDA to prioritize research to expedite treatments for and prevention of overdose from fentanyl and related analogs. Grant recipients should be able to develop and advance additional treatment and overdose prevention options such as a human IgG1 monoclonal antibody specific for fentanyl and structurally related fentanyl analogs to be delivered by intravenous, subcutaneous, and/or intramuscular (i.e., auto-injection) routes of administration.

*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 healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of ef-



forts 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, emergency medicine, and pediatrics). The Committee encourages NIDA to continue to provide clinical resources to providers to help identify and treat patients with substance use disorder.

*Youth E-Cigarette Use.*—The Committee understands that electronic cigarettes (e-cigarettes) and other vaporizing equipment remain popular among adolescents, and requests that NIDA continue to fund research on the use and consequences of using these devices. The Committee is pleased that NIDA continues to support the Monitoring the Future survey and Population Assessment of Tobacco and Health studies, which provide timely data on tobacco products and other drug use. Finally, with more than 4 million young people using e-cigarettes, there is a greater need for research into therapeutic options for nicotine cessation among youth who have developed addiction to nicotine. The Committee encourages NIDA to support research to develop therapies, including both pharmacologic and behavioral therapies, to combat nicotine addiction in pediatric populations.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2023 .....	\$2,337,843,000
Budget estimate, 2024 .....	2,455,653,000
Committee recommendation .....	2,437,843,000

The Committee recommendation includes \$2,437,843,000 for the National Institute of Mental Health [NIMH].

*Autism Spectrum Disorder [ASD].*—The Committee encourages NIH to support greater investment in research on autism, particularly in areas outlined in the Interagency Autism Coordinating Committee’s [IACC] Strategic Plan for ASD. The Committee urges NIMH to work in close partnership with the other Institutes that serve on the IACC to provide an update on the level of research investment for each of the 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 encourages NIMH to work collaboratively with NIMHD to support research on the socioeconomic, racial, and ethnic health disparities associated with ASD, and to work collaboratively with other institutes including NIA, NIEHS, and NINDS to support research on the impact of neurological, social, and environmental factors leading to co-occurring health conditions.

*Cost of Serious Mental Illness [SMI].*—Despite increased spending on mental health services, the prevalence of SMI has grown by almost fifty percent since 2008. In response to Congressional direction included with the Consolidated Appropriations Act, 2023, NIH

developed a professional judgement budget setting the stage for near- and intermediate-term improvements in mental healthcare to address the Nation’s growing mental health crisis. The agenda outlines a 15-year vision for four independent but complementary projects that will address different needs in the prevention, diagnosis, and treatment of SMI. To develop this budget, NIMH considered input from the National Academy of Medicine Fora on Mental Health and Substance Abuse and Neuroscience; the National Advisory Mental Health Council; and NIMH-sponsored convenings over the past 3 years. The Committee urges NIMH to launch the four projects proposed under the initiative, and NIMH is directed to brief the House and Senate Committees on Appropriations on how these time-limited, goal-driven investments will accelerate emerging science and support high-risk/high-reward research.

*Mental Health Research.*—In recognition of the country’s unprecedented mental health crisis, the Committee provides a \$100,000,000 increase for mental health research. This funding is provided to support research focused on developing targeted prevention of and treatment for mental illness. The Committee expects this funding will be used to accelerate better diagnostics, improved therapeutics and behavioral treatments, and enhanced precision of mental healthcare; develop a new Precision Psychiatry Initiative; and support studies of social media’s impact on mental health. The Committee supports NIMH efforts to launch a new depression biomarker development effort to guide treatment decisions for major depression and identify research gaps and opportunities for understanding relationships among social media behavior, social media engagement, and youth mental health. These initiatives will combine innovative physiological and behavioral methods to better predict patient prognosis and optimize treatment.

*Suicide Prevention.*—The Committee is concerned by alarming rates of suicide, particularly among youth between the ages of 10 and 24 year old, which climbed to the highest point in more than 20 years during the pandemic. Data show that the groups that experience higher rates of suicide or suicide attempts include veterans, people who live in rural areas, sexual and gender minorities, middle-aged adults, people of color, and Tribal populations. Suicide is complex, and multiple factors—biological, psychological, social, and environmental—play a role. The Committee encourages NIMH to direct additional attention to suicide prevention research across all of these areas, as well as the application of novel measurement techniques, statistical analysis, digital initiatives and information systems. The Committee also encourages NIMH to promote greater collaboration with other NIH Institutes and Centers supporting research in areas that can contribute to suicide prevention, including NIA, NICHD, NHGRI, NIAAA, NIDA and NINDS.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2023 .....	\$663,200,000
Budget estimate, 2024 .....	660,510,000
Committee recommendation .....	663,200,000

The Committee recommendation includes \$663,200,000 for the National Human Genome Research Institute [NHGRI].

*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 urges NHGRI to utilize existing resources to engage with academia and domestic industry partners to expand its research into this cutting-edge field.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2023 .....	\$440,627,000
Budget estimate, 2024 .....	440,625,000
Committee recommendation .....	440,627,000

The Committee recommendation includes \$440,627,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2023 .....	\$170,384,000
Budget estimate, 2024 .....	170,277,000
Committee recommendation .....	170,384,000

The Committee recommendation includes \$170,384,000 for the National Center for Complementary and Integrative Health [NCCIH].

*Pain Management.*—The Committee includes \$5,000,000 to support research into non-pharmacological treatments for pain management and urges NCCIH, along with DOD and VA, to continue to support research, including comorbidities such as opioid misuse, abuse, and disorder among military personnel, veterans, and their families. The Committee urges NIH, VA, and DOD to expand research on non-pharmacological treatments for veterans and service members.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2023 .....	\$524,395,000
Budget estimate, 2024 .....	525,138,000
Committee recommendation .....	524,395,000

The Committee recommendation includes \$524,395,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

*Research Centers at Minority Institutions [RCMI] Program.*—The Committee encourages NIMHD to continue investing in this program to provide more opportunities for health professions institutions with historical missions and precedence of serving minorities and building research infrastructure to conduct minority health and health disparities research.

*Research Endowment Program.*—The Committee is pleased with NIMHD’s reinvigoration of the Research Endowment Program and has provided \$12,000,000 for fiscal year 2024 to implement the revitalized program. The Committee urges NIMHD to work swiftly on its implementation to expand and assist eligible institutions re-

ceiving grants with this additional funding through a competitive process.

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

Appropriations, 2023 .....	\$95,162,000
Budget estimate, 2024 .....	95,130,000
Committee recommendation .....	95,162,000

The Committee recommendation includes \$95,162,000 for the Fogarty International Center [FIC].

*Fogarty International Center [FIC].*—The Committee recognizes the need to support resources for FIC for its work in strengthening health research systems, training infectious disease researchers, and improving pandemic preparedness in low- and middle-income countries [LMICs]. These programs improve national and global health security and produce health interventions that can improve public health and reduce costs in low-resource settings everywhere, including in the United States. The Committee supports expanding FIC's role in pandemic preparedness and research capacity building, including by strengthening international coordination, increasing capacity for computational modeling and outbreak analytics, and supporting research to reduce health disparities and improve implementation of health interventions in low-resource settings.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2023 .....	\$497,548,000
Budget estimate, 2024 .....	495,314,000
Committee recommendation .....	497,548,000

The Committee recommendation includes \$497,548,000 for the National Library of Medicine [NLM].

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2023 .....	\$923,323,000
Budget estimate, 2024 .....	923,323,000
Committee recommendation .....	923,323,000

The Committee recommendation includes \$923,323,000 for the National Center for Advancing Translational Sciences [NCATS].

*Addressing All Rare Diseases.*—The Committee directs NCATS to host a public workshop convening rare disease expert stakeholders including scientists, Federal agency representatives including FDA, patient advocacy leaders, clinicians, therapy and diagnostics developers, and regulators. Developing a therapy for conditions occurring in very small populations involves overcoming unique regulatory and research hurdles due to their small patient populations. The workshop will address current research and treatment efforts for rare diseases, including focusing on commonalities across diseases and therapeutic platforms, the outcome of which would also be applicable for rare diseases with small patient populations, and rare diseases with no path to commercialization.

*Clinical and Translational Science Awards [CTSA] Program.*—The Committee provides \$629,560,000 for the CTSA program. The Committee once again emphasizes that allocated resources shall be used to provide additional support to CTSA hubs and further en-

hance ongoing activities. The Committee maintains its strong support for the CTSA program and reaffirms previous language preserving the size, scope, and historic mission of the CTSA program, including the direction that no competitively funded hub shall receive less than 95 percent of the resources that were provided prior to fiscal year 2022. The CTSA program has helped modernize the Nation’s approach to effective and efficient medical research and will continue to be fully supported to facilitate further scientific progress through this critical infrastructure. Finally, the CTSA program is encouraged to catalyze emerging opportunities in AI, big data, and other areas, while maintaining the commitment to critical activities, such as training the next generation of cutting-edge physician scientists.

*Collaboration with Business Incubators.*—The Committee urges NCATS to continue proactive outreach to redouble its efforts to leverage its mission by exploring opportunities or potential collaborations with business incubators that host small to midsize science, research and pharmaceutical companies that use service-based approaches to nurture and guide their member companies to success.

*National Clinical Cohort Collaborative [N3C].*—The Committee continues to support NCATS N3C’s open-science privacy-preserved data-sharing platform to accelerate biomedical research and discovery. N3C combines electronic health record data with imaging, mortality, viral genome sequences, and Medicare and Medicaid data from CMS to answer key research questions on a variety of diseases. The Committee encourages NCATS to expand use of its virtual data research infrastructure to accelerate research and cures for a variety of diseases through re-use of NCATS repositories, other NIH repositories including clinical trial data, and readily available real-world data including Federal agency data such as CMS claims data.

*Rare Disease Research.*—The Committee encourages NCATS to leverage the investments made in NCATS rare disease research to accelerate the development of new treatments for the 95 percent of rare diseases with no approved treatment, to strengthen the innovation of diagnostics to shorten the average 6.3 year-long diagnostic odyssey, and to lower the nearly \$1,000,000,000,000 annual economic burden of rare diseases. The Committee urges NCATS to increase funding for rare disease research, helping to grow the newly created Division of Rare Diseases Research Innovation.

OFFICE OF THE DIRECTOR

Appropriations, 2023 .....	\$2,655,514,000
Budget estimate, 2024 .....	2,903,379,000
Committee recommendation .....	2,834,514,000

The Committee recommendation includes \$2,834,514,000 for the Office of the Director [OD]. Within this total, \$722,401,000 is provided for the Common Fund, and \$12,600,000 is included for the Gabriella Miller Kids First Research Act (Public Law 113–94).

*ADRD Clinical Trial Diversity/Health Equity.*—The Committee recommends that NIH fund or conduct Black/African American-, Latino/Hispanic- and women- only research studies to better understand the underlying etiology of cognitive impairment and demen-

tia in these groups that have disproportionately higher prevalence of disease.

*ALS Research, Treatments, and Expanded Access.*—The Committee continues to provide funding for ALS research to reduce the burdens of people with ALS as quickly as possible. It is crucial for people living with ALS and people diagnosed with ALS in the future, that NIH dramatically grows its ALS portfolio and the research workforce with additional grant funding and increases its focus on research that will lead to measurable changes in the lives of people living with ALS. The Committee directs NIH to handle funding of expanded access grants as authorized by the Accelerating Access to Critical Therapies [ACT] for ALS (Public Law 117–79) as separate, not competitive with, funding for other research on ALS and includes \$75,000,000 for this purpose. Expanded Access Grants support scientific research utilizing data from expanded access to investigational drugs for people with ALS who are not eligible for clinical trials. The Committee requests NINDS include ALS clinics across the country in an ALS Clinical Research Network to increase capacity for research utilizing data from expanded access and other clinical research at geographically distributed sites. The Committee continues to direct NINDS and OD to brief the Committees prior to any execution of expanded access grants or programmatic funding. Once awards are announced, the Committee directs NINDS and OD to provide the Committees with an explanation of the funded grants, including a clear breakdown of what the funding is to be used for. Furthermore, after the review and awards of meritorious applications under Section 2, the Committee directs NIH to apply any unused funds to programs authorized under ACT for ALS including Section 3 public-private research partnership. Finally, if sufficient eligible applications are not received, or NINDS and OD have any reason to believe any funding should lapse, the ICs are directed to notify the Committees prior to notifications of awards. This notification shall include: (1) a detailed explanation as to why applications cannot be funded; (2) the technical assistance provided to applicants to assist them in submitting eligible grant applications; and (3) a proposed plan to award funding for other ALS research identified by the NIH ALS Strategic Priorities prior to the end of the fiscal year.

*Amyloidosis.*—The Committee urges NIH to expand its research efforts in amyloidosis, a group of rare and often fatal diseases. Amyloidosis is characterized by abnormally folded protein deposits in tissues. Federal and foundation support over the past years has given hope for successful new treatments. However more efforts are needed to accelerate research and awareness of the disease and to help patients with amyloidosis related multi-organ dysfunction. The Committee directs NIH to provide an update in the fiscal year 2025 CJ 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/Machine Learning [AI/ML].*—The Committee provides \$135,000,000 to support NIH's efforts to build capacity to leverage AI, ML and data science to accelerate the pace of biomedical innovation. The Committee supports NIH's efforts to build AI-based analytical tools to help NIH optimize investments in

biomedical research by identifying emerging topics and predicting which ones will produce transformative breakthroughs. To build upon NIH's progress in this area, the Committee encourages NIH to continue expanding the application of AI, ML, and data science across its research portfolio, with a particular emphasis on activities that bring together research grants and the Office of Data Science [ODSS] as it implements the NIH Strategic Plan for Data Science. To increase AI, ML, and data science expertise on NIH review panels, the Committee encourages ODSS to partner with the Center for Scientific Review to increase outreach to the AI, ML, and data science community. Finally, the Committee continues to support collaboration between NIH and the Department of Energy [DOE] to bring together biomedical scientists with computer scientists, computational scientists and other data science experts. The Committee directs NIH to be consistent with the ODSS policies regarding use of AI/ML in biomedical and behavioral sciences research when carrying out AI/ML initiatives. The Committee requests an update within 180 days of enactment on NIH-wide ethical standards when biomedical research utilizes AI/ML.

*Autoimmune and Immune Mediated Diseases.*—The Committee recognizes the important role the new Office of Autoimmune Disease Research within the Office of Research on Women's Health will play in coordinating and fostering collaborative research across Institutes and Centers. As the office develops a strategic research plan, the Committee strongly encourages it to seek input from external stakeholders particularly patient advocacy organizations that represent the populations affected by autoimmune and immune-mediated diseases.

*Biosecurity in Synthetic Nucleic Acid Synthesis.*—The Committee urges NIH to develop additional policies to advance the adoption of strong biosecurity practices for synthetic biology technologies. Specifically, NIH should explore approaches to encourage grantees receiving NIH research dollars to prioritize the purchase of domestically produced synthetic genetic materials and tools from companies that have implemented appropriate biosecurity practices, including but not limited to the 2010 HHS Screening Framework Guidance for Providers of Synthetic Double-Stranded DNA or when available, an updated version of this guidance. In creating and implementing any such approaches, the Committee encourages NIH to coordinate with the Administration for Strategic Preparedness and Response.

*Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.*—The Committee continues to support the BRAIN Initiative which is revolutionizing our understanding of the brain and fostering discoveries, collaborations, and partnerships that will lead to treatments and cures for brain diseases, disorders and injuries. The Committee provides \$680,000,000 for the BRAIN Initiative. The Committee requests the BRAIN Initiative to communicate about the progress and achievements of the key projects and studies it is supporting with these funds by reporting on their objectives and anticipated/actual outcomes within 90 days of enactment.

*Cannabis Research.*—The Committee is concerned that marijuana policies on the Federal level and in the States (medical mari-

juana, recreational use, etc.) are being changed without the benefit of scientific research to help guide those decisions. The Committee recognizes the increased interest and need to study cannabis and its constituent cannabinoids. The Committee encourages NIH to expand its current research agenda across its Institutes and Centers, including additional research on higher potency THC, alternative cannabis formulations and extracts, and additional minor cannabinoids. The Committee also encourages NIH to expand research on the potential medical uses of cannabis, such as for chronic pain, appetite stimulation, immune diseases, cancer, metabolic and digestive disorders, epilepsy, glaucoma, MS, sleep disorders, and a variety of mental health conditions such as anxiety and PTSD. The Committee encourages NIH to continue to take an integrated approach to cannabis research across its Institutes and Centers. Finally, the Committee encourages NIH 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.

*Cephalopod Research.*—The Committee recognizes that there are no federally required welfare standards for the use of cephalopods in federally-funded research because all invertebrate animals are excluded from the Public Health Service [PHS] Policy on the Humane Care and Use of Laboratory Animals, which provides certain welfare standards for vertebrate animals. The Committee acknowledges that other countries have established oversight requirements for cephalopods when used in government-funded research. Due to cephalopods' current exclusion in Federal regulations, there is limited oversight of their involvement in research. The Committee recognizes that researchers must still justify their use and numbers when proposing research seeking NIH funding. As interest in the welfare of these animals in research is increasing, the Committee encourages the NIH to consider developing guidance for the humane care and use of cephalopods in NIH-supported research, including possibly expanding the current definition of "animal" in the PHS Policy.

*Childhood Post-Infectious Neuroimmune Disorders/PANS/PANDAS.*—The Committee is concerned that although NIH supports research on Pediatric Acute-Onset Neuropsychiatric Syndrome [PANS] and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus [PANDAS], significantly more needs to be done to fully understand causes, diagnosis, and treatment of these devastating disorders. Research and physician education are essential to early identification and intervention, thereby reducing the risk of chronic illness and associated costs to families, school systems, healthcare 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 increase prioritization of research in this area, and report to the Committee in the fiscal year 2025 CJ on the progress being made on the understanding of the causes, diagnostic criteria, and treatment of these conditions.

*Chimera Research.*—The Committee supports NIH's funding limitation regarding the introduction of human pluripotent cells into



non-human vertebrate animal pre-gastrulation stage embryos. The Committee takes seriously the bioethical considerations regarding the creation of human-animal chimeras and the continuation of research using these cells.

*Congenital Cytomegalovirus [cCMV].*—cCMV is the most common viral infection infants are born with in the United States and the leading non-genetic cause of hearing loss. cCMV can cause stillbirth or miscarriage, visual impairment, developmental delays, and other health complications. Current anti-viral and prevention strategies for cCMV that have been clinically studied are based on outdated innovations. The Committee encourages NIH to support research on the development of lower-cost and high-sensitivity prenatal (fetal) diagnosis and newborn screening technologies; the design, evaluation, and acceleration of clinical trials for vaccines; strategies to prevent CMV-related stillbirth and miscarriages; cCMV disparities research; effectiveness studies of risk reduction measures during pregnancy; treatment trials for those who are pregnant to reduce transmission and fetal disease; and intervention trials to assist those infants born with CMV. The Committee directs NIH to submit an update in the fiscal year 2025 CJ on the development of this research.

*Common Fund.*—The Gabriella Miller Kids First Research Act authorized \$126,000,000 for a 10-year Pediatric Research Initiative. These funds are used to advance research for pediatric birth defects and childhood cancer. As authorized by the act, \$12,600,000 is provided to support pediatric research.

*Common Data Elements [CDEs].*—The Committee recognizes the continued need to develop CDEs in disease areas where they currently do not exist, particularly in complex autoimmune and immune-mediated conditions. The Committee encourages the Office of Data Science Strategy [ODSS] to collaborate with the Office of Research on Women's Health and Institutes and Centers that oversee research on autoimmune and immune-mediated conditions to prepare a roadmap for developing CDEs for these conditions. The Committee encourages ODSS to engage outside stakeholders, including professional societies and patient organizations, in this work, as appropriate.

*Compensation for Trainees and Early Career Researchers.*—The Committee appreciates that the future of U.S. economic competitiveness and our Nation's ability to address national, economic, and health security threats depends on sustaining a robust STEM workforce. Ensuring individuals from communities that are underrepresented in the STEM field can enter and sustain a career as part of the STEM workforce is essential to strengthening the research workforce going forward. The Committee is deeply concerned that entrenched financial barriers are increasingly deterring graduate and postdoctoral students, particularly those from underrepresented communities, from pursuing STEM careers. The lack of Cost-of-Living Adjustments [COLAs] can make it financially unrealistic for postdoctoral students to accept positions, particularly in high-cost areas; areas in which academic medical centers are located. The Committee is aware of NIH's concerns about instituting COLAs for postdoctoral students, however, the Committee believes attracting and retaining New and Early-Stage Investigators and in-

creasing diversity in biomedical science are paramount goals. The Committee directs NIH to evaluate the adequacy of compensation for trainees and early career researchers, including COLAs, supported through fellowships, training grants, and research awards. Within 180 days of enactment, the Committee directs NIH to provide a report on this analysis, and such a report shall include the estimated budgetary needs of instituting COLAs for postdoctoral students.

*Creutzfeldt-Jakob Disease.*—The Committee encourages NIH to continue to fund projects investigating Creutzfeldt-Jakob Disease [CJD] and other prion diseases, which are rapidly progressive and fatal neurodegenerative diseases, including projects that are also relevant to Alzheimer's Disease and Related Dementias [ADRD]. CJD is caused by the abnormal folding of the prion protein in the brain, and closely resembles ADRDs.

*Developmental Delays.*—The Committee continues to provide \$10,000,000 for research on developmental delays, including speech and language delays in infants and toddlers, characterizing speech and language development and outcomes in infants and toddlers through early adolescence. The Committee urges NIH to support research including longitudinal studies, translation of research into clinical practice, and novel approaches to study children with speech and language delays to provide parents, teachers, pediatricians, and other caregivers with the information they need to help late talking children grow and thrive in school and other social environments.

*Diet and Chronic Disease Research.*—The Committee recognizes the importance of ongoing activities to better understand the impact of food and diet on the development of mucosal immunity and the relevance of this topic to Crohn's disease and ulcerative colitis and to other digestive and autoimmune or immune-mediated diseases. The Committee encourages NIH to convene a scientific workshop, supported by multiple Institutes, Centers or Offices, including the Office of Nutrition Research, and to report to the Committee the outcomes of the workshop, including possible future research opportunities.

*Duchenne and Becker Muscular Dystrophy.*—The Committee supports the research conducted by the Wellstone Muscular Dystrophy Research Network Centers of Excellence program established in 2003. The Committee directs NIH to provide a report to Congress and the public on the key scientific accomplishments of the Centers to date and their current activities. The NIH also should use this information to update its website content regarding the program.

*Eating Disorders.*—The Committee commends NIH for supporting multi-Institute research on the chronic, serious, and fatal mental illness of eating disorders impacting nearly 30 million Americans during their lifetimes. More than seventy percent of people with eating disorders have comorbid mental health conditions including anxiety disorders, mood disorders, and trauma-related symptoms. Lifetime prevalence of comorbid substance use disorder among individuals with eating disorders was recently reported as 27.9 percent. The Committee remains concerned about the lack of research surrounding binge-eating disorder, the most common eating disorder in the United States and encourages NIH

to increase eating disorder research across all sub-types to better reflect the U.S population, including historically underrepresented populations. The Committee requests an update within 180 days of enactment on steps NIH is taking to diversify research across all eating disorder sub-types and resources needed to address gaps in genetics, prevention, diagnosis, and treatment of eating disorders.

*Encouraging Innovation and Experimentation.*—The Committee recognizes that there are many ideas for how NIH could improve its operations and funding models—such as lotteries for funding mid-range proposals, funding the person rather than the project, and more—yet there is not enough evidence to directly mandate any of these ideas. The Committee urges NIH to examine how best to create or empower a team that would engage in NIH-wide experimentation with new ideas regarding peer review, funding models, and others, so as to enhance NIH’s operations and ultimately to improve biomedical progress. The Committee directs NIH to provide a report within 1 year on these efforts.

*Endotoxemic Septic Shock.*—The Committee encourages NIH to convene a stakeholder workshop to discuss research needs to inform the development of diagnostic criteria for characterizing endotoxemic septic shock in recognition of clinical advances in knowledge and emerging medical technologies to assess and treat this condition.

*Environmental Influences on Child Health Outcomes [ECHO].*—The Committee includes \$180,000,000, for the ECHO program. ECHO currently funds the Navajo Birth Cohort Study. The Committee encourages expanding the study to include a larger representation of Navajo children in the cohort to allow for a better understanding of the impacts of environmental exposure in the Navajo Nation.

*Expanding Support for Young Investigators.*—NIH has been criticized for funding too many late career scientists while funding too few early career scientists with new ideas. The Committee is concerned that the average age of first-time R01 funded investigators remains 42 years old. More than twice as many R01 grants are awarded to investigators over 65 than to those under 36 years old. The Committee appreciates NIH’s efforts to provide support for early-career researchers through several dedicated initiatives, including the NIH Director’s New Innovator Award, Next Generation Researchers Initiative, Stephen Katz award, and the NIH Pathway to Independence Award. The Committee encourages NIH to continue supporting these important initiatives and to expand support for early career researchers by increasing the number of award recipients for these programs in future years. Finally, to better understand what is needed to advance these efforts, the Committee directs NIH to provide a report within 180 days of enactment on its full range of programs for early career scientists including the annual cost per program over the last five fiscal years and the average number of recipients per year by award. Such report shall include a “professional judgement” budget to estimate the additional funding needed to grow and retain the early career investigator pool, accelerate earlier research independence, and ensure the long term sustainability of the biomedical research enterprise.

*Firearm Injury and Mortality Prevention.*—The Committee provides \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the Committee recommends NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director is to report to the Committees within 30 days of enactment of this act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

*Foreign Influence.*—To support NIH's efforts to expeditiously complete grant compliance reviews, the Committee continues to include \$2,500,000 for this activity within the Office of Extramural Research. The Committee directs NIH to provide biannual briefings on compliance, oversight, and monitoring reviews where non-compliance has been identified.

*Full Spectrum of Medical Research.*—The Committee recognizes the growing importance of supporting the full spectrum of medical research at NIH, to ensure breakthroughs in basic science are translated into innovative therapies, diagnostic tools, and health information with a tangible benefit to the patient and professional communities. The Committee encourages NIH to support the flagship CTSA program and to catalyze emerging opportunities in AI, big data, and other areas, while maintaining the commitment to critical activities, such as training the next generation of cutting-edge physician-scientists.

*Fund the Person, Not the Project.*—While many labs are funded by R01-equivalent grants, the R35 mechanism arguably allows scientists more flexibility and freedom to pursue the best possible science. At present, only NIGMS uses the R35 to a significant extent (more than four times as often as the rest of NIH put together), with its Maximizing Investigators' Research Award [MIRA] program. The Committee directs NIH to convene an expert panel on expanding the R35/MIRA grant type such that is more widely used across NIH Institutes and Centers, and to report back to the Committee within 1 year on NIH's plans for expanding the R35 along with its plans for evaluating the impact on scientific progress.

*Funding Replication Experiments and/or Fraud Detection.*—The Committee recognizes that many biomedical research studies have turned out to be irreproducible or even outright fraudulent. The recent Reproducibility Project in Cancer Biology showed that cancer biology studies in top journals often failed to be replicable, and a prominent line of Alzheimer's studies was recently found to be based on an allegedly fraudulent study funded by NIH in the early 2000s. Given the importance of detecting both reproducibility and fraud, the Committee provides \$10,000,000 to establish a program to fund replication experiments on significant lines of research, as well as attempts to proactively look for signs of academic fraud. The Committee directs NIH to brief the Committee within 180 days

of enactment on the establishment, staffing and plans for this effort in fiscal years 2024 and 2025.

*Genomic Data.*—The Committee encourages NIH to support development of technology that would allow biomedical researchers to manage and analyze genomic clinical data for research, in a user-friendly way, independent of bioinformaticians in an environment for users without coding skillsets.

*Harassment Policies.*—The Committee is concerned by recent reports that despite being disciplined for sexual harassment against multiple trainees and co-investigators, NIH allowed the transfer of a principle investigator from one academic institution to another, where he continued to harass trainees, and was later awarded an additional \$2,500,000 grant from NIH. The Committee directs NIH to provide a full reporting of this incident to the Committees, including an update on how NIH will rectify this particular case. In addition, NIH is directed to provide an update to the Committees on how it intends to prevent enabling “pass the harasser” in the future, and make clear to institutions and researchers that harassment is not acceptable and that both institutions and researchers will be held accountable, including through the loss of Federal funding, for such incidents.

*HEALing Community Study.*—The Committee supports the goals of the HEALing Communities study to test the integration of prevention, overdose treatment, and medication-based treatment to combat the opioid crisis, and encourages NIH to continue funding the study to completion.

*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 potential correlations between increased use of digital media and technologies and suicidal thoughts and ideation among children. The Committee encourages 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 encourages collaboration between NIMH and NICHD for these activities.

*Improving Clinical Trials.*—The clinical trial enterprise has been criticized for conducting too many clinical trials where small size may lead to the production of limited evidence relevant to clinical outcomes. The Committee directs NIH to convene an independent panel (at least 51 of whom must be non-Federal employees) in order to assess the rate at which NIH-funded clinical trials are not of sufficient size or quality to be informative. The panel should randomly sample at least 300 NIH-funded trials from each of the years between 2010 and 2020, and should make recommendations as to how to fund fewer non-informative trials in the future. The Committee directs NIH to provide a report within 1 year as to the independent panel’s findings.

*INCLUDE Initiative.*—The Committee includes no less than \$90,000,000, the same as the fiscal year 2023 enacted level, within OD for the INCLUDE Initiative. The Committee encourages NIH to make further investments in health equity-focused research and care for African Americans and other underrepresented groups with Down syndrome. The Committee remains pleased with a focus on large cohort studies across the lifespan, novel clinical trials, and multi-year, NIH-wide research driving 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 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.

*Kleine-Levin Syndrome.*—The Committee commends NIH for its December 2021 publication of the Sleep Research Plan. The Committee encourages the inclusion of Kleine-Levin Syndrome [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.

*Low-Code Application Development.*—The Committee encourages NIH to continue to utilize commercially available tools to expand Low-Code Application Development and that NIH also seek to bring that increased efficiency and effectiveness to the entire NIH enterprise with the intent to improve cybersecurity posture, reduce Operation and Maintenance costs associated with legacy applications, reduce open-ended reliance upon external services vendors, and train and empower personnel to create solutions that can be replicated at lower cost by other users across the enterprise, utilizing Low-Code Application development technologies.

*Lyme Disease and Related Tick-Borne Illnesses.*—The Committee urges NIH to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects, and other tick-borne diseases. The Committee encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The Committee urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases, including vertical transmission. The Committee encourages NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The Committee encourages NIH to coordinate with CDC including through the HHS Tick-borne Disease Working Group on publishing reports that assess diagnostic advancements,

methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses.

*Mitochondrial Disease Research.*—The Committee is aware of the efforts by NIH to advance research on mitochondrial disorders and translate advances in mitochondrial research to therapies for mitochondrial disorders and their secondary diseases, such as Alzheimer’s disease, Parkinson’s disease, muscle myopathies, and cancer. It is noteworthy progress that the first treatment for a primary mitochondrial disease—Freidereich’s Ataxia—was very recently approved by the FDA. The Committee is also aware of considerable evidence implicating the impairment of mitochondrial function resulting from infection with SARS-CoV-2 in the causation of so-called “Long COVID” disease. Accordingly, the Committee encourages NIH to promote interest in primary mitochondrial disease research, continue its ongoing outreach and collaboration with FDA related to research that may lead to future mitochondrial disease-related drug approvals, ensure that support for Long COVID research includes opportunities for studies to explore the role of mitochondrial impairment, and fund collaborative research on mitochondrial disease to centralize a critical mass of research, clinical care, and provider education.

*National Primate Research Centers.*—The Committee includes \$30,000,000 in funding to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for non-human primate resource infrastructure, as authorized under 42 U.S.C. section 283k.

*Native Hawaiian Early Career Development.*—The Committee acknowledges the underrepresentation of Native Hawaiian health research-related activities across the agency and within the Native Hawaiian community. The Committee encourages NIH to continue to explore NIH-wide early career development awards that provide support for early-career investigators from populations underrepresented in the U.S. research enterprise, including Native Hawaiian investigators, and encourages outreach to entities with a proven track record of working closely with Native Hawaiian communities. The Committee requests an update on progress in the fiscal year 2025 CJ.

*National Security.*—The Committee believes that NIH should consider relevant national security issues when developing and executing the NIH-Wide Strategic Plan.

*Near-Misses.*—The Committee recognizes that in many cases, top biomedical scientists (even Nobel winners) attest that they struggled to get NIH funding for the work leading up to their major discoveries. The failure of the NIH peer review process to recognize and award groundbreaking science is separate from the issue of hypercompetition, and warrants investigation. The Committee urges NIH to fund a major, independent study of how often this phenomenon happens, the possible reasons behind it, and potential reforms that could alleviate the problem in the future.

*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 continue to support a robust 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 continue their support of research 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 Support for Pediatric Research.*—The Committee commends NIH for its efforts to coordinate pediatric research across its Institutes and Centers through the recently established Trans-NIH Pediatric Research Consortium. The Committee understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The Committee requests an update in the fiscal year 2025 CJ on efforts underway through the Trans-NIH Pediatric Research Consortium to enhance pediatric research across NIH, including efforts to strengthen the pediatric research workforce. The Committee desires NIH to maintain a robust pediatric research portfolio spanning basic, translational and clinical research, to adequately support researchers at all career stages, particularly early career investigators focused in pediatrics, and to ensure pediatric components are included within larger NIH research priorities. The Committee includes \$1,500,000 for the National Academies of Science, Engineering, and Medicine to assess the current NIH pediatric research portfolio and structure, including how projects are categorized as pediatrics, how pediatric components have been included or excluded from larger NIH initiatives, structural or process impediments to pediatric applicants, how pediatric research priorities are established, and how pediatric research activity is coordinated across Institutes and Centers and to make recommendations to address deficiencies and improve NIH's overall support of child health research.

*Office of the Chief Officer for Scientific Workforce Diversity [COSWD].*—The Committee continues to provide \$22,415,000 to the Office of COSWD.

*Office of Nutrition Research [ONR].*—The Committee recognizes that understanding the complex factors that affect the nutritional needs of older adults is critical to informing the Dietary Guidelines for Americans, which serves as the foundation for Federal food assistance and meal programs, including the Older Americans Act Nutrition Program, which serves millions of older adults each year. However, there is limited research examining older adult nutrition.



The Committee encourages ONR and NIA to coordinate and to study the nutritional needs of older adults, particularly those ages 85 and older. Bolstering older adult nutrition research will support older adults in adequately meeting their dietary needs, which can contribute to improved health outcomes and quality of life and reduce the need for long-term care services and supports. In addition, the Committee encourages ONR and NIA to review all research currently underway at the NIH as it pertains to older adult nutrition and submit a report on the status of such research, as well as gaps in research, to the Committees on Appropriations no later than 270 days after enactment.

*Office of Research on Women's Health [ORWH].*—The Committee notes bill language that was included in the Consolidated Appropriations Act, 2022 that funding for ORWH be made available for direct grant making to address women's health research needs that are not being addressed by Institutes and Centers. The Committee provides \$76,480,000 for ORWH. 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. Congress recognizes ORWH's critical leadership in promoting women's health research and spearheading research programs like the Building Interdisciplinary Research Careers in Women's Health [BIRCWH] program, which aims to increase the number and skills of investigators who conduct research on sex and gender influences on health and disease, and the Specialized Centers of Research Excellence on Sex Differences, a program designed to expedite the development and application of new 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 Committee recognizes persistent gaps remain in the knowledge of women's health. Within the total for ORWH, the Committee provides \$7,000,000, an increase of \$2,000,000 above the fiscal year 2023 enacted level, to expand the BIRCWH program. ORWH is encouraged to support additional researchers focused on women's health and sex differences, including research focused on cancer and maternal health.

*Osteopathic Medical Schools.*—The Committee recognizes that osteopathic medicine is one of the fastest growing healthcare professions in the country and osteopathic medical schools educate 25 percent of all medical students. The Committee understands that osteopathic medical students receive 200 hours of additional training in the musculoskeletal system and learn the value of osteopathic manipulative treatment as a non-pharmacological alternative to pain management. Over half of osteopathic physicians' practice in the primary care specialties of family medicine, internal medicine, and pediatrics, and a disproportionate share of osteopathic medical graduates locate in rural and underserved areas. Osteopathic research is needed to enhance primary care and improve healthcare for rural and underserved populations. Over the past 5 years, osteopathic medical school applications have seen similar success rates as seen in NIH overall. The Committee recognizes that increased access to research funding for the osteopathic profession will significantly bolster NIH's capacity to support robust recovery from the COVID-19 pandemic, address health dis-

parities in rural and medically-underserved populations, and advance research in primary care, prevention, and treatment. The Committee urges NIH to consider how best to incorporate colleges of osteopathic medicine into research activities and involvement of their researchers on NIH National Advisory Councils and study sections to have better representation of the osteopathic medicine field.

*Pain and Addiction.*—The Committee commends NIH, NIDA, and NINDS for their focus on addressing addiction and developing alternatives to opioids for safe and effective pain management strategies that reduce reliance on opioids. In particular, NIDA and NINDS' commitment to research on improved pain management and prevention or recovery from opioid addiction as part of NIH's HEAL Initiative continues to help fuel the next generation of scientists and clinicians focused on mitigating chronic pain with non-addictive therapies and prevention and treatment of drug addiction. The Committee encourages NIH, NIDA, and NINDS to continue their efforts through the HEAL Initiative in fiscal year 2024, with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction in diverse settings across the United States, particularly those located in areas with high incidence of people living with chronic pain.

*Peripheral Neuropathy.*—The Committee is concerned about the lack of research funding for peripheral neuropathy, a condition that affects 30 million Americans and can cause considerable pain and disability in those diagnosed with the disease. The Committee encourages NIH to develop a coordinated approach to better understand the causes of and find potential new treatments for peripheral neuropathy. Among other things, research could focus on developing a natural history database, collecting serial blood biomarkers and creating a tissue bank, and identifying genetic risk factors and other strategies to facilitate the diagnosis and treatment of various types of peripheral neuropathy. The Committee also encourages NIH to support research on idiopathic peripheral neuropathy, which affects 10 million Americans.

*Polycystic Ovary Syndrome [PCOS].*—PCOS is a common female endocrine disorder that affects women across the lifespan. The Committee recognizes the significant and pervasive health and economic burden of PCOS, which may have reproductive, metabolic, cardiovascular, maternal, and mental health effects. Therefore, the Committee encourages NIH to continue to prioritize PCOS research and to devote additional resources to support research on cardiometabolic, endocrine, and other comorbidities that impact the health and quality of life of patients with PCOS such as insulin resistance, hirsutism and dermatologic conditions, cardiovascular diseases and their risk factors, mental health disorders, stroke, and cancer; as well as resources on research focused on ethnic and racial differences. The Committee directs NIH to submit an update to the Committee within 180 days of enactment on the findings from the 2021 NIH workshop on the cardiovascular risks across the lifespan in PCOS and the recommendations and plans to address identified gaps.

*Postural Orthostatic Tachycardia Syndrome [POTS].*—The Committee requests an update within 90 days of enactment on the NIH's work to establish a new multi-institute Notice of Special Interest to spur new research on POTS as directed in fiscal year 2023.

*Psychedelic Research.*—The Committee recognizes the increased interest and need to study psychedelics, including MDMA, ketamine, and psilocybin, and their potential therapeutic effects. The Committee encourages NIH to expand its current research agenda across its Institutes and Centers, potentially by forming a cross-Institute research group, and to encourage psychedelic research at the NIH Clinical Center. The Committee also encourages NIH to work with FDA in developing and supporting public-private collaborations to advance all forms of psychedelic research for therapeutic purposes.

*Research on Enhanced Potential Pandemic Pathogens [ePPPs].*—The Committee supports the recommendations outlined the March 2023 National Science Advisory Board for Biosecurity [NSABB] Report on Proposed Biosecurity Oversight Framework for the Future of Science. Periodic reassessment of NIH's biosafety and biosecurity oversight ensures that the agency effectively addresses existing and emerging safety and security concerns surrounding the research it funds while preserving scientific progress and innovation. In accordance with the NSABB recommendations, NIH is directed to articulate specific roles, responsibilities, and expectations for investigators and institutions in the identification, review, and evaluation of research for potential involvement of ePPPs in its terms and conditions of awards. NIH is urged to prioritize resources for the independent review of such research identified by institutions that receive NIH support for life sciences research either directly or indirectly, and ensure that the conduct of ePPP research at international institutions receiving NIH support is subject to oversight requirements that are equivalent to domestic U.S. policies and procedures. Finally, in preparation for the Office of Science and Technology Policy's updated December 2023 Federal policy governing the review and oversight of ePPP research, the Committee provides \$1,000,000 for NIH to establish an implementation office to serve as a resource for the research community. The implementation office shall serve as the main point of contact within NIH that provides technical assistance for research institutions regarding the ePPP policy. The office shall also develop tools and training guidance for the extramural research community to strengthen risk-assessment, safety, security, and ethical considerations surrounding proposed ePPP research at research institutions. NIH is directed to provide an update on the implementation of these activities within 120 days of enactment. Finally, NIH is directed to deliver with the fiscal year 2025 CJ a professional judgement budget on the funding required to support facilities and administration costs, including additional inspections and review of policies and procedures, at its high containment laboratories in addition to the grant funding it provides. This budget should estimate additional funding needed to support biosafety training and safeguard research involving pathogens to protect laboratory workers, public health, and national security.

*Research with Non-Human Primates.*—The Committee recognizes the critical role of non-human primate [NHP] research in virtually all areas of biomedical research. Research with unique animal models makes irreplaceable contributions to understanding the biological processes that cause disease, which is necessary for the development, safety and efficacy testing of new therapeutics before clinical trials. NHP research will be vital to studying both the underlying mechanisms and potential cures for costly and emergent diseases. The Committee is concerned about the condition and availability of critical Federal research assets outlined in the 2023 National Academies report on the State of the Science and Future Needs for Nonhuman Primate Models in Biomedical Research. In particular, the Committee is alarmed that NIH has no central data management or reporting structure for tracking the number of NHPs required to meet current and future research needs. The Committee directs NIH to develop a strategic management plan for NHP research resources to bolster cooperative efforts, data sharing, purposeful planning, and data-driven care and management methods. The Committee urges NIH to award funding to meritorious research proposals using NHPs to study neurological diseases as well as research into preventing the next pandemic. NIH is also encouraged to continue the development and validation of new approach methodologies that reduce the need for, enhance the utility of, and mitigate shortages and costs of NHP models in the future.

*Research Transparency.*—As demonstrated over the past several years, the Committee remains committed to funding NIH research and ensuring that our Nation's researchers, particularly our early career scientists, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the best possible research that fulfill the core research mission of NIH. NIH is encouraged to justify, in writing made available on a publicly accessible website, that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

*Sex as a Biological Variable [SABV] Policy.*—The appropriate analysis and reporting of data by sex can enhance the rigor and applicability of preclinical biomedical research. The NIH SABV Policy was necessary because historical research data that only uses one sex has been misleading and ungeneralizable to another sex. Furthermore, studying only one sex may lead to false conclusions due to hidden sex-specific effects that, left unreported, can have serious health consequences. To track and analyze NIH's progress in integrating SABV into biomedical research across its Institutes and Centers, the Committee encourages NIH to explore options for assessing policy implementation and how well studies are satisfactorily incorporating SABV into research designs, analyses, and reporting.

*Spinal Muscular Atrophy.*—The Committee remains committed to continued NIH research into spinal muscular atrophy [SMA], a neuromuscular disease that causes degenerative nerve damage and results in severe muscle loss and impaired motor function. Past SMA research at NIH, particularly through NINDS, has led to dis-

ease-modifying SMA treatments and greater knowledge of the nervous system, which has benefited other neurological and neuromuscular disorders. While current SMA treatments slow or stop future degeneration, they do not cure SMA. Individuals with SMA, particularly adults, 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 the significant unmet need that exists across all ages and disease stages of SMA by supporting new SMA 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.

*Reducing the Administrative Burden on Researchers.*—The Committee recognizes that according to a national survey by the Federal Demonstration Partnership, federally-funded researchers report spending 44 percent of their research time on bureaucracy, including the time to prepare proposals and budgets, post-grant reporting of time and effort, ethical requirements, and other compliance activities. Although NIH and other agencies tasked with reducing administrative burden conducted extensive consultations with the research community that resulted in a 2019 final report on their implementation plans, the Committee is concerned about the status of the implementation by NIH and any plans to evaluate the outcome. The Committee directs NIH to form a Board on reducing administrative burden, with at least 75 percent representation from non-Federal organizations and at least 25 percent representation from early-career researchers (including post-docs). Within 1 year of enactment, the Board is directed to provide a report that includes an evaluation of current efforts to reduce administrative burden and to provide recommendations aiming to reduce the administrative burden on researchers by 25 percent over the next 3 years. The Committee strongly encourages NIH to put recommendations into effect as soon as practicable. The Committee requests a briefing on this effort 90 days from the enactment. The report recommendations shall be made available to the public on the agency website.

*Scientific Management Review Board.*—The Committee recognizes that under the NIH Reform Act of 2006 (Public Law 109–482), a Scientific Management Review Board [SMRB] was created with the specific mission of reviewing the overall “research portfolio” of NIH, and advising on the “use of organizational authorities,” such as abolishing Institutes or Centers, creating new ones, and reorganizing existing structures. Yet this Board has not met or issued a report since 2015, despite the obligation to do so every 7 years. The NIH Advisory Committee to the Director [ACD] does not have the statutory authority or mandate to serve as a substitute for the SMRB, and the Committee rejects any efforts to assign the ACD to undertake these efforts. The Committee directs NIH to reconvene the SMRB within 1 year of enactment in order to fulfill its statutory duty to advise Congress, the Secretary, and

the NIH Director on how best to organize biomedical research funding.

*Term Limits.*—Congress' decision to limit ARPA-H managers to a maximum of two 3-year appointments (4 years for the ARPA-H Director) is a break from NIH's longstanding practice of allowing its top officials to effectively serve indefinitely. The Committee believes that a healthy degree of turnover in leadership is critical for sustaining the vitality of NIH. It also provides the opportunity for leading scientists across the Nation to leave their positions for a set period of time and come to NIH to provide effective leadership to critical elements of the Nation's biomedical enterprise. The Committee supports the recommendations outlined in the 2003 Institute of Medicine report *Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges*. Specifically, the Committee supports Recommendation 10, to set term limits for IC Director appointments to two 5-year terms. The Committee believes regular replacement of IC Directors following a maximum of two terms would be an overall benefit to medical research by ensuring the periodic introduction of fresh perspectives. The Committee provides \$500,000 and directs NIH to begin the planning process for implementing this policy, and to report to the Committees within 180 days of enactment on these efforts.

*Thalassemia.*—Nutrition can be an important tool in the management of rare diseases. Currently, there is no guidance on nutrition approaches for the management of thalassemia, which occurs most often in people of Mediterranean, Chinese, South Asian, 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 evidence-based advice for patients, both on diets that would help improve and manage their condition, and those that may be harmful. The Committee encourages NIH to study the impact of nutrition on disease management and improving clinical understanding.

*The HEALTHY Brain and Child Development [HBCD] Study.*—The Committee recognizes and supports the NIH HBCD 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 participants through 27 sites across the United States, 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 [EEG]. 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 risks 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 interven-

tion. The Committee recognizes that the HBCD Study is supported in part by the NIH HEAL Initiative, and NIH Institutes, Centers, and Offices [ICOs], including OBSSR, ORWH, NEI, NIMHD, NIBIB, NIEHS, NICHD, NINDS, NIAAA, NIMH, and NIDA, and encourages additional NIH support for this important study.

*Von Hippel-Lindau [VHL] Disease.*—The Committee recognizes that finding a treatment and cure for VHL disease, in which the VHL tumor suppressor gene is damaged or nonexistent, is key for treating and curing not only the rare disease of VHL but also many other forms of cancer. The role of the VHL gene is central in how cells sense and adapt to oxygen and nutrient availability and how this mechanism leads to abnormal cell or cancer growth. As a result, nearly a dozen medications currently used to treat various forms of cancer are the direct result of research in VHL biology. The Committee encourages NIH to continue to support research on VHL disease and biology, seeking both pharmacological and gene therapy treatments for VHL and other cancer patients. The Committee requests an update on VHL research efforts in the fiscal year 2025 CJ.

*Wastewater Surveillance R&D.*—The Committee recognizes the potential and importance of wastewater surveillance in public health surveillance, including its use during the pandemic to inform COVID–19 surveillance. The Committee encourages NIH to continue programs, including the Rapid Acceleration of Diagnostics [RADx] that support innovation in developing and improving wastewater surveillance capabilities.

*Women’s Health Clinical Research Network.*—The Committee directs NIH to expand and more formally coordinate its support women’s health clinical research by leveraging the CTSA program. The Committee urges NCATS and CTSA awardees to focus on women’s health within its efforts to modernize the translation of research into health benefits across the full spectrum of medical research. The Committee directs NCATS to collaborate with ORWH to evaluate how to better promote research and collaborations that address the distinctive medical and health needs of women and advance the dissemination and implementation of research results. The Committee requests an update on these activities with 120 days of enactment.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriations, 2023 .....	\$1,500,000,000
Budget estimate, 2024 .....	2,500,000,000
Committee recommendation .....	1,500,000,000

The Committee includes \$1,500,000,000 for the Advanced Research Projects Agency for Health [ARPA–H], the same level as fiscal year 2023. The Committee continues to believe ARPA–H requires a different culture and mission than NIH’s other 27 Institutes and Centers. The Committee continues to direct ARPA–H to provide quarterly briefings to the Committee on its establishment process, hiring, and scientific priorities and progress. The Committee expects such briefings to address how ARPA–H’s activities are designed to advance biomedical research and development and the mission to create breakthrough technologies, as well as how to

balance long-term trans-disciplinary scientific challenges with short-term research goals.

*Amyotrophic Lateral Sclerosis [ALS].*—The Committee urges ARPA–H to consider funding ALS research that prioritizes time to beneficial impacts on people living with ALS and their families.

*Geroscience.*—Geroscience research is a revolutionary way to approach health and aligns well with the mission of ARPA–H to identify and invest in high-risk, high-reward research projects that have the potential to transform healthcare and improve public health. By uncovering new insights into the underlying causes of age-related diseases, geroscience research could lead to treatments and therapies that offer the possibility of improving people’s “healthspan,” so they remain healthier longer, and address the growing burden of age-related diseases on society. The Committee urges ARPA–H to prioritize two areas of geroscience research that could advance the field dramatically: biomarkers and epigenetic reprogramming. Discovering and validating biomarkers for aging would significantly improve the efficacy of interventions, while epigenetic reprogramming of cellular age could slow down or even reverse the aging process and thereby prevent or delay the entire panoply of age-related diseases.

*Mission and Independence.*—The Committee recognizes that ARPA–H plays a unique role in the U.S. science and technology enterprise. Modeled after the Defense Advanced Research Agency [DARPA] but singularly focused on improving health outcomes, ARPA–H is expected to pursue transformative advances in health beyond the scope of other public or private efforts. U.S. citizens and interests can be threatened by endemic and emerging diseases in any part of the world. The Committee expects ARPA–H to contribute in unique ways to combating existing and emerging health threats here and abroad, and to strengthen U.S. science and technology capacity, competitiveness, and leadership. While the Committee supports the structure of ARPA–H as an independent entity within NIH, it understands that ARPA–H will utilize many of NIH’s administrative functions and will cover its appropriate share of the cost of these functions, like NIH’s Institutes and Centers. In all other respects, where collaboration with other parts of NIH may occur, the Committee strongly encourages ARPA–H and NIH to co-fund the collaboration following precedent of NIH projects co-funded with other government agencies. The Committee directs ARPA–H to report to the Committee within 180 days of enactment with details on any scientific collaborations with NIH, including the allocation of costs.

*Recalcitrant Cancers.*—Given the toll recalcitrant cancers exact on society and the lack of diagnostic and treatment resources currently available to help these patients, the Committee encourages ARPA–H to work with NIH and NCI to ensure that approved projects focus on the hardest problems and areas where medical practice will be dramatically changed, including the deadliest cancers.



BUILDINGS AND FACILITIES

Appropriations, 2023 .....	\$350,000,000
Budget estimate, 2024 .....	350,000,000
Committee recommendation .....	292,000,000

The Committee includes \$292,000,000 for Buildings and Facilities. For the fourth time in as many years, the recommendation does not include authority for NIH to transfer up to 1 percent of its research funding to the Buildings and Facilities account. This is extraordinary authority for a Federal agency and NIH has yet to provide an explanation for why this mechanism would be appropriate. Funding provided for research should not be unilaterally transferred without a sound explanation and robust justification of need. The Committee commends the agency for continuing to develop a sound capital planning process and for keeping the Committee informed on such activities. These efforts have been supported by the Committee with modifications of section 216 of this act which permit NIH to use up to \$100,000,000 of research funding for alterations and repairs. The Committee directs NIH to continue to provide quarterly updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds \$5,000,000, including any changes to those plans and the original baseline estimates for individual projects. The Committee directs NIH to provide a detailed briefing on the proposed Center for Pediatric and Adult Diseases, including how the size and activities in the Center compare to the footprint and activities in the existing facilities that would be demolished to make way for it. Finally, the Committee also directs NIH to describe in its fiscal year 2025 and future CJs how the projects requested in its budgets tie to its capital planning process, including the Research Facilities Advisory Committee's role in determining which projects are selected for inclusion in the budget.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2023 .....	\$419,000,000
Budget estimate, 2024 .....	407,000,000
Committee recommendation .....	235,000,000

The Committee recommendation includes \$235,000,000 to be spent from the NIH Innovation Account for the All of Us precision medicine initiative. The Committee expects NIH to transfer funding shortly after enactment of this act.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$7,550,268,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended) and \$12,000,000 in transfers from the PPH Fund.

SAMHSA is the public health agency responsible for supporting mental health programs and behavioral healthcare, treatment, and prevention services throughout the country.

The Committee recommendation continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG], the Substance

Use Prevention Treatment, and Recovery Services Block Grant, and the State Opioid Response grant from being used as a source for the PHS evaluation set-aside in fiscal year 2024.

MENTAL HEALTH

Appropriations, 2023 .....	\$2,788,546,000
Budget estimate, 2024 .....	4,529,395,000
Committee recommendation .....	2,850,546,000

The Committee recommends \$2,850,546,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for Mental Health Programs of Regional and National Significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], Protection and Advocacy for Individuals with Mental Illness [PAIMI], and the National Child Traumatic Stress Initiative.

*Programs of Regional and National Significance*

The Committee recommends \$1,077,453,000 for PRNS within the Center for Mental Health Services. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
<b>CAPACITY:</b>		
Seclusion & Restraint .....	\$1,147,000	\$1,147,000
Project AWARE .....	140,001,000	140,001,000
Mental Health Awareness Training .....	27,963,000	27,963,000
Healthy Transitions .....	30,451,000	30,451,000
Infant and Early Childhood Mental Health .....	15,000,000	15,000,000
Interagency Task Force on Trauma Informed Care .....	2,000,000	2,000,000
Children and Family Programs .....	7,229,000	7,229,000
Consumer and Family Network Grants .....	4,954,000	4,954,000
Project Launch .....	25,605,000	23,605,000
Mental Health System Transformation .....	3,779,000	3,779,000
Primary and Behavioral Health Care Integration .....	55,877,000	55,877,000
National Strategy for Suicide Prevention .....	28,200,000	28,200,000
Zero Suicide .....	26,200,000	26,200,000
American Indian and Alaska Native Set-Aside .....	3,400,000	3,400,000
Mental Health Crisis Response Grants .....	20,000,000	20,000,000
988 Lifeline .....	501,618,000	519,618,000
Garrett Lee Smith-Youth Suicide Prevention		
State Grants .....	43,806,000	43,806,000
Campus Grants .....	8,488,000	8,488,000
American Indian and Alaska Native Suicide Prevention .....	3,931,000	3,931,000
Tribal Behavioral Grants .....	22,750,000	22,750,000
Homeless Prevention Programs .....	33,696,000	33,696,000
Minority AIDS .....	9,224,000	9,224,000
Criminal and Juvenile Justice Programs .....	11,269,000	7,269,000

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Assisted Outpatient Treatment .....	21,420,000	21,420,000
Assertive Community Treatment for Individuals with Serious Mental Illness .....	9,000,000	9,000,000
Science and Service:		
Garrett Lee Smith-Suicide Prevention Resource Center .....	11,000,000	11,000,000
Practice Improvement and Training .....	7,828,000	7,828,000
Consumer and Consumer Support Technical Assistance Centers .....	1,918,000	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance .....	1,991,000	1,991,000
Minority Fellowship Program .....	11,059,000	11,059,000
Disaster Response .....	1,953,000	1,953,000
Homelessness .....	2,296,000	2,296,000

*988 Suicide and Crisis Lifeline [Lifeline].*—Suicide is a leading cause of death in the United States, claiming over 48,000 lives in 2021. Suicide rates among youth and young adults between the ages of 10–24 reached a 20 year high in 2021. The Committee provides \$519,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the National Suicide Prevention Lifeline [NSPL], which coordinates a network of more than 180 crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee requests a briefing within 90 days of enactment on the 988 Lifeline spend plan and related activities.

This funding is intended to support local crisis center capacity including through partnerships in behavioral health crisis response and the centralized network functions necessary to respond to the anticipated increase in contacts in fiscal year 2024. The Committee encourages SAMHSA to use additional funding for 988 to expand existing intervention and suicide prevention hotline and web services, including texts, e-mails, photos, videos or other digital modes of communications and focus outreach to youth, teens, young adults and their families. Additionally, the Committee understands the importance of peer services, particularly for youth in crisis. The Committee recommends the inclusion and expansion of peer services as a component of the 988 Lifeline, which may include integrating training on youth peer services across contact centers within the Lifeline network, along with highly coordinated referrals and connections for youth peer-run support lines that are not formally embedded within the 988 Lifeline.

*Behavioral Health Crisis and 988 Coordinating Office.*—Within the total for 988 and Behavioral Health Crisis Services, the Committee recommendation includes \$7,000,000 to continue the office dedicated to the implementation of the 988 Lifeline and the coordination of efforts related to behavioral health crisis care across HHS operating divisions, including CMS and HRSA, as well as with external stakeholders. The Committee requests that the Secretary include a multi-year, crisis care system roadmap in the fiscal year 2025 CJ.

*988 Text and Chat-Based Capabilities.*—Within the total for 988 Suicide and Crisis Services, the Committee again includes \$10,000,000 for specialized services for Spanish speakers seeking access to 988 services through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capac-

ity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.

*Specialized Services for LGBTQ+ Youth.*—The Committee understands that LGBTQ+ youth are four times more likely to attempt suicide than their peers. Within the total for the 988 Lifeline, the Committee includes \$33,100,000 which shall be used to provide specialized services for LGBTQ+ youth, including training for existing counselors in LGBTQ+ youth cultural competency and the establishment and operation of an Integrated Voice Response [IVR] to transfer LGBTQ+ youth to a specialty organization. This funding shall be awarded through a competitive process to an organization with experience working with LGBTQ+ youth and with the capacity and infrastructure to handle calls, chats, and texts from LGBTQ+ youth through IVR technology and other technology solutions where appropriate.

*Depression.*—The Committee notes that depression and bipolar disorder afflict a growing number of Americans and are one of the most costly medical conditions in the United States. The Committee encourages the establishment of a national Depression Center of Excellence to help translate academic treatment advances into clinical care. This Center will help address the need for earlier clinical detection of depression and new strategies to prevent recurrences of depressive illnesses, as well as ways of reducing their length and severity.

*Garrett Lee Smith Youth Suicide Prevention.*—The Committee recommends \$43,806,000 for Garrett Lee Smith Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee recommends \$11,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center.

*Garrett Lee Smith Campus Suicide Prevention Grant Program.*—The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under-resourced. To help meet these growing needs and address disparities in access to mental health services, the Committee directs the Secretary to waive the requirement of matching funds for minority-serving institutions and community colleges as defined by the Higher Education Act of 1965. The Secretary may continue to waive such requirement with respect to an institution of higher education not covered by those definitions, if the Secretary determines that extraordinary need at the institution justifies the waiver.

*Healthy Transitions.*—The Committee includes \$30,451,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental healthcare 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.

*Infant and Early Childhood Mental Health.*—The Committee provides \$15,000,000 for grants to entities such as State agencies, Tribal communities, universities, 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. Additionally, the Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. The Committee encourages SAMHSA to work with States to support services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems and networks for referral; and improving access to quality services for children and families who are in need of support.

*Interagency Task Force on Trauma Informed Care.*—The Committee recommends \$2,000,000 to continue the Interagency Task Force on Trauma-Informed Care as authorized by the SUPPORT Act (Public Law 115–271). The Committee supports the Task Force’s authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs and the Task Force is encouraged to collaborate with the National Child Traumatic Stress Network.

*Mental Health Awareness Training.*—The Committee provides \$27,963,000 to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans as well as first responders to recognize the signs and symptoms of common mental disorders. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$120,000,000 for Mental Health Awareness Training over 4 fiscal years, with \$30,000,000 made available each fiscal year through September 30, 2025, to support mental health awareness training. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program.

*Mental Health Crisis Response Grants.*—The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee continues \$20,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, emergency medical technicians, and crisis workers to provide immediate support and stabilization to those in crisis.

*Minority Fellowship Program.*—The Committee includes \$11,059,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations. The Committee understands the importance of increasing the pool of culturally competent pediatric mental health professionals, including child and adolescent psychiatrists, to address the Nation's youth mental health crisis. The Committee encourages SAMHSA to prioritize and increase the number of pediatric behavioral health treatment providers, including child and adolescent psychiatrists, selected to participate in the minority fellowship program and requests a report within 1 year showing the number and type of primary care, physician specialists and subspecialists, and other mental health professionals participating in the program and describing how the program is working to support youth mental health across communities.

*National Strategy for Suicide Prevention.*—The Committee includes \$28,200,000 for suicide prevention programs. Of the total, \$26,200,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.

Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to the CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee recommends \$3,931,000 for the AI/AN Suicide Prevention Initiative.

*Outreach in Underserved Communities.*—The Committee directs SAMHSA to conduct outreach, provide technical assistance and give priority in awarding cooperative agreements and grants to underserved States and communities. Underserved States and communities disproportionately suffer from a high prevalence of substance use disorders, high suicide rates, and high poverty rates, combined with severe mental health provider shortages of rates less than half the National benchmark for full-time equivalent mental health providers, psychologists, and psychiatrists. The Committee urges SAMHSA to work with these communities to better develop a mental health workforce. The Committee requests a report, not later than 180 days of enactment of this act, on best practices and strategies to attract healthcare and mental healthcare practitioners to these underserved communities.

*Primary and Behavioral Health Care Integration Grants and Technical Assistance.*—The Committee notes that Congress recently enacted changes to the Primary and Behavioral Health Care Integration Grant program, with the goal of improving patient access to bidirectional integrated care services. The Committee provides \$55,877,000 for the program, and \$1,991,000 for technical assistance and directs SAMHSA to fund the psychiatric collaborative care model implemented by primary care physician practices as authorized under section 1301(i)(2) of division FF of Public Law 117-328.

*Project AWARE.*—The Committee provides \$140,001,000 for Project AWARE. This program increases awareness of mental health issues and connects young people who have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school-aged youth, and provide an update on these efforts in the fiscal year 2025 CJ.

In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$240,000,000 for Project AWARE over 4 fiscal years, with \$60,000,000 made available each fiscal year through September 30, 2025, to support mental health services for youth.

Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$17,500,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2023 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees 180 days after enactment of this act.

*Trauma Support Services in Educational Settings.*—The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families. The Committee also recognizes the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$12,000,000 for student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (Public Law 115–271).

#### *Community Mental Health Services Block Grant*

The Committee recommends \$1,042,571,000 for the Mental Health Block Grant [MHBG]. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$250,000,000 over 4 fiscal years, with \$62,500,000 made available each fiscal year through September 30, 2025, to support the MHBG.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee continues to direct SAMHSA to include in budget justifications a detailed table showing at a minimum

each State's allotment, name of the program being implemented, and a short description of the program.

*Crisis Set-Aside.*—The Committee continues the 5 percent set-aside within the MHBG for States to implement evidence-based, crisis care programs to address the needs of individuals in crisis including those with serious mental illnesses and children with serious mental and emotional distress. The Committee directs SAMHSA to continue 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 24/7 mobile crisis units, local and State-wide call centers with the capacity to respond to distressed or suicidal individuals, and other programs that allow the development of systems where individuals can always receive assistance during a crisis.

#### *Children's Mental Health Services*

The Committee recommends \$130,000,000 for the Children's Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first-episode psychosis.

#### *Projects for Assistance in Transition from Homelessness [PATH]*

The Committee recommends \$66,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

#### *Protection and Advocacy for Individuals with Mental Illness [PAIMI]*

The Committee recommends \$40,000,000, for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

#### *National Child Traumatic Stress Initiative*

The Committee recommends \$93,887,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$40,000,000 for the National Child Traumatic Stress Network over 4 fiscal years, with \$10,000,000 made available each fis-



cal year through September 30, 2025, for trauma services for youth.

The Committee supports the National Child Traumatic Stress Network for building, evaluating, disseminating, and delivering evidence-based 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 the network maintains its focus on collaboration, data collection, and the provision of direct services, and that the NCTSN mission or grant opportunities not be limited to training only.

*Certified Community Behavioral Health Clinics [CCBHC]*

The Committee includes \$400,000,000, an increase of \$15,000,000. The CCBHC expansion program allows communities to improve access to mental health and substance use disorder treatment services.

The Committee continues to direct SAMHSA to prioritize resources to entities within States that are able to quickly stand-up a CCBHC, including those part of the demonstration authorized by section 223(a) of the Protecting Access to Medicare Act of 2014 [PAMA] (Public Law 113–93).

SUBSTANCE ABUSE TREATMENT

Appropriations, 2023 .....	\$4,157,298,000
Budget estimate, 2024 .....	5,463,087,000
Committee recommendation .....	4,219,298,000

The Committee recommends \$4,219,298,000 for substance use disorder services and treatment programs, including PRNS and the substance use prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

*Programs of Regional and National Significance*

The Committee recommends \$576,219,000 for PRNS within the Center for Substance Abuse Treatment. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches, as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
CAPACITY:		
Opioid Treatment Programs/Regulatory Activities .....	\$10,724,000	\$10,724,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT] .....	33,840,000	33,840,000
PHS Evaluation Funds .....	2,000,000	2,000,000
Targeted Capacity Expansion-General .....	122,416,000	122,416,000
Medication Assisted Treatment .....	111,000,000	111,000,000

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Tribal Set-aside .....	14,500,000	14,500,000
Grants to Prevent Prescription Drug/Opioid Overdose .....	16,000,000	16,000,000
First Responder Training .....	56,000,000	57,000,000
Rural Focus .....	31,000,000	32,000,000
Pregnant and Postpartum Women .....	38,931,000	38,931,000
Recovery Community Services Program .....	4,434,000	4,434,000
Children and Families .....	30,197,000	30,197,000
Treatment Systems for Homeless .....	37,114,000	37,114,000
Minority AIDS .....	66,881,000	66,881,000
Criminal Justice Activities .....	94,000,000	94,000,000
Drug Courts .....	74,000,000	74,000,000
Improving Access to Overdose Treatment .....	1,500,000	1,500,000
Building Communities of Recovery .....	16,000,000	17,000,000
Peer Support Technical Assistance Center .....	2,000,000	2,000,000
Comprehensive Opioid Recovery Centers .....	6,000,000	6,000,000
Emergency Department Alternatives to Opioids .....	8,000,000	8,000,000
Treatment, Recovery, and Workforce Support .....	12,000,000	12,000,000
Youth Prevention and Recovery Initiative .....	2,000,000	2,000,000
Science and Service:		
Addiction Technology Transfer Centers .....	9,046,000	9,046,000
Minority Fellowship Program .....	7,136,000	7,136,000

*Building Communities of Recovery and Peer Support Networks.*—The Committee appreciates SAMHSA’s implementation of new funding for community-based networks assisting individuals with substance use disorder recovery, and urges SAMHSA to promote the expansion of recovery support services and to reduce stigma associated with addictions. The Committee notes that peer support networks focus on long-term, sustainable recovery and incorporate a full range of services such as case management, counseling, and community supports. To further support these recovery community organizations, the Committee provides \$2,000,000 for the National Peer Run Training and Technical Assistance Center to provide addiction recovery support to peer networks and recovery communities.

*Comprehensive Opioid Recovery Centers.*—The Committee includes \$6,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act.

*Confidentiality of Substance Use Disorder Patient Records.*—The Committee appreciates SAMHSA and the Office for Civil Rights [OCR] developing proposed rules updating the Confidentiality of Substance Use Disorder Patient Records. This action holds the potential to reduce drug overdose rates and help coordinate treatment for those with substance use disorder. The Committee directs SAMHSA and OCR to complete the rulemaking process as soon as is practicable in order to improve treatment and save lives.

*Drug Courts.*—The Committee recommends \$74,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and tech-

nical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

*Emergency Department Alternatives to Opioids.*—The Committee includes \$8,000,000 to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.

*First Responder Training.*—The Committee provides \$57,000,000 for First Responder Training grants. Of this amount, \$32,000,000 is set aside for rural communities with high rates of substance use. In addition, \$11,500,000 of this funding is provided to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone and protective equipment) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334). The Committee directs SAMHSA to ensure funding is for new awardees and allows awards in amounts less than the maximum award amount to ensure nationwide funding.

*Medication-Assisted Treatment.*—The Committee includes \$111,000,000 for medication-assisted treatment, of which \$14,500,000 is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Abuse Treatment to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.

*Medications for Opioid Overdose Reversal and Treatment.*—The opioid epidemic remains a major concern for the Committee. Provisional data from CDC's National Center for Health Statistics indicate that there were an estimated 109,680 drug overdose deaths in the United States in 2022, the highest level ever recorded. Among these overdoses, there has been a dramatic increase of deaths due to illicit fentanyl, which is increasingly found mixed with xylazine in the illicit drug supply, putting users at an even higher risk of a fatal overdose. Opioid overdose reversal agents remain a key tool for law enforcement, first responders, and other community intervention organizations. The evolving nature of the epidemic and the increasing prevalence of synthetic opioids among overdose deaths have led to substantial innovation in reversing opioid overdoses. To ensure the availability of opioid overdose reversal agents throughout the country, including innovative technologies, the Committee urges the Secretary to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal, and other clinically appropriate services to treat opioid use disorder.

*Minority Fellowship Program.*—The Committee includes \$7,136,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance

use disorder treatment services for minority populations that are underserved.

*Opioid Use in Rural Communities.*—The Committee is aware that response to the opioid misuse crisis continues to pose unique challenges for rural America. Rural areas can struggle with limited access to care and there is a lack of health professionals necessary for identifying, diagnosing, and treating patients with substance use disorders, as well as assisting individuals in recovery. As a result, responding to the opioid crisis in rural America requires a comprehensive approach, which may involve: an integrated approach to care; collaboration when appropriate with patients and their families; involvement of community partners and institutions; advancing competency and skills development for healthcare providers treating people with substance use disorders; training to provide care in a culturally responsive manner; the use of technologies to ensure improved access to medically underserved areas through the use of telehealth and the addition of treatment programs where feasible. The Committee encourages SAMHSA to support initiatives to advance these objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.

*Opioid Use Disorder Recurrence.*—The Committee is concerned that relapse following withdrawal management from opioids is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the Federal grant population by emphasizing the potential benefits of withdrawal management for opioid use disorder followed by medication to prevent recurrence and encourages SAMHSA to disseminate and implement this policy in all settings where withdrawal management is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.

*Pregnant and Postpartum Women Program.*—The Committee includes \$38,931,00 for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders. A provision in the Comprehensive Addiction and Recovery Act authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient, and related services to pregnant and postpartum women using a family-centered approach. The Committee again encourages SAMHSA to fund an additional cohort of States above and beyond the pilots already funded.

*Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT].*—The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is an effective strategy to prevent problems later in life. The Committee is also aware that

SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance use, but that many health providers, especially pediatricians and those in underserved communities, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age, as well as for the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.

*Treatment Assistance for Localities.*—The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support medication-assisted treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support medication-assisted treatment in its grant programs.

*Treatment, Recovery, and Workforce Support.*—The Committee includes \$12,000,000 for SAMHSA to continue implementation of section 7183 of the SUPPORT Act.

#### *State Opioid Response [SOR] Grants*

The Committee provides \$1,595,000,000 for grants to States to address the opioid crisis. Bill language provides \$60,000,000 for grants to Indian Tribes or Tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117–328. Activities funded with this grant may include treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized to account for comprehensive services to individuals. The Committee continues to direct SAMHSA to make prevention and treatment of, and recovery from, stimulant use an allowable use of these funds. The Committee directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA's website. The Committee directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the State Opioid Response grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and Territory State Opioid Response grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.

*SOR Funding Cliffs.*—The Committee continues to direct SAMHSA to avoid significant cliffs between States with similar opioid mortality data and to prevent unusually large changes in a

State’s SOR allocation when compared to the prior year’s allocation. In ensuring the formula avoids such cliffs, the Assistant Secretary may consider options including, but not limited to, expanding the number of States that are eligible for the 15 percent set aside and using multiple years of data to minimize the effect of temporary changes in overdose mortality rates. The Assistant Secretary is encouraged to apply a weighted formula within the set aside based on state ordinal ranking. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.

*Substance Use Prevention, Treatment, and Recovery Services [SUPTRS] Block Grant*

The Committee recommends \$2,048,079,000 for the SUPTRS Block Grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. The Committee also notes the importance of the block grant’s 20 percent prevention set-aside, which is a vital source of primary prevention funding. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2023 .....	\$236,879,000
Budget estimate, 2024 .....	245,738,000
Committee recommendation .....	236,879,000

The Committee recommends \$236,879,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance use prevention services.

The Committee is concerned about SAMHSA’s lack of emphasis and funding for primary substance use prevention to stop use and delay the age of initiation. SAMHSA has conflated mental health promotion with substance use prevention, thereby diluting the already scarce resources for actual substance use prevention in CSAP. The Committee instructs SAMHSA to ensure that all the funding provided to the Center for Substance Abuse Prevention, as well as the 20 percent prevention set aside in the Substance Use Prevention, Treatment, and Recovery Services Block Grant, be used only for evidence-based substance use prevention activities and not for any other purposes, to include mental health promotion and harm reduction. The Committee further requests a report to Congress within 120 days of enactment that includes how this guidance is being applied to all CSAP programs as well as in the guidance to the States and territories regarding the 20 percent prevention set aside in the SUPTRS Block Grant.

*Programs of Regional and National Significance*

The Committee provides \$236,879,000 for PRNS within the Center for Substance Abuse Prevention. These programs support the development of new practice knowledge on substance use prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance use prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
<b>CAPACITY:</b>		
Strategic Prevention Framework/Partnership for Success .....	\$135,484,000	\$135,484,000
Strategic Prevention Framework Rx .....	10,000,000	10,000,000
Federal Drug-Free Workplace .....	5,139,000	5,139,000
Minority AIDS .....	43,205,000	43,205,000
Sober Truth on Preventing Underage Drinking (STOP Act) .....	14,500,000	14,500,000
National Adult-Oriented Media Public Services Campaign .....	2,500,000	2,500,000
Community Based Coalition Enhancement Grants .....	11,000,000	11,000,000
Interagency Coordinating Committee to Prevent Underage Drinking .....	1,000,000	1,000,000
Tribal Behavioral Health Grants .....	23,665,000	23,665,000
Science and Service:		
Center for the Application of Prevention Technologies .....	9,493,000	9,493,000
Science and Service Program Coordination .....	4,072,000	4,072,000
Minority Fellowship Program .....	1,321,000	1,321,000

*Prevention Technology Transfer Centers [PTTC] Network.*—The Committee supports the work of the PTTC Network and efforts related to certified prevention specialists and the Prevention Fellowship program.

*Strategic Prevention Framework.*—The Committee recommends \$135,484,000 for the Strategic Prevention Framework. Within the total provided, \$125,484,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and Tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State’s top substance use issues for high-risk youth as determined by the State’s epidemiological data. The Committee directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions. Finally, the Committee directs SAMHSA to issue a report to the Committees on Appropriations assessing the extent to which the work of local grantees complements and aligns with the primary prevention efforts led by the corresponding State alcohol and drug agency.

*Sober Truth on Preventing [STOP] Underage Drinking Act.*—The Committee provides \$14,500,000 for the STOP Act. Of this funding, \$11,000,000 is for community-based coalition enhancement grants, \$2,500,000 is for the National media campaign, and \$1,000,000 is

for the Interagency Coordinating Committee on the Prevention of Underage Drinking.

*Substance Use Disorder Prevention Workforce Report.*—The Committee appreciates SAMHSA’s work to conduct a comprehensive national study regarding the substance use prevention workforce as directed in fiscal year 2022. The study will collect information on the existing availability of and access to data on prevention workforce size, salaries, and current challenges in maintaining support for an adequate workforce, a plan to address these challenges and potential Federal programming to help implement the plan. The Committee looks forward to a briefing from SAMHSA on the study’s findings within 60 days of issuing the final report.

*Tribal Behavioral Health Grants.*—SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance use prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee continues to urge the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2023 .....	\$333,360,000
Budget estimate, 2024 .....	182,255,000
Committee recommendation .....	243,545,000

The Committee recommends \$243,545,000 for Health Surveillance and Program Support activities. The recommendation includes \$31,428,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA’s surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2023 appropriation	Committee recommendation
Health Surveillance .....	\$50,623,000	\$50,623,000
PHS Evaluation Funds .....	30,428,000	30,428,000
Program Support .....	84,500,000	84,500,000
Performance and Quality Information Systems .....	10,200,000	10,200,000
Drug Abuse Warning Network .....	13,000,000	13,000,000
Public Awareness and Support .....	13,260,000	13,260,000
Behavioral Health Workforce Data .....	1,000,000	1,000,000
PHS Evaluation Funds .....	1,000,000	1,000,000

*Block Grant Reporting Requirements.*—The Committee acknowledges the important role of the Community Mental Health Services and Substance Use Prevention, Treatment, and Recovery Services Block Grants in supporting States’ efforts to provide resources for expanded mental health and substance use disorder 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 encourages SAMHSA to begin implementing public reporting on their existing block grants. The Committee directs SAMHSA to submit a report, 180 days after the enactment of this act, to identify any staffing, IT infrastructure, legislative policies, or funding barriers that would prevent grantees and SAMHSA from collecting and providing outcome data on their block grant programs.

*Congressionally Directed Spending.*—Within the funds included in this account, \$70,962,000 are for the projects, and in the amounts, specified in the table titled “Congressionally Directed Spending Items” at the end of this Committee Report.

*Data Collection for SUD Grants to States.*—A December 2020 GAO report [GAO 21–58] examining SUD grants to States found that SAMHSA does not have consistent, relevant, and timely data on the number of individuals provided treatment and recovery support through the SUPTRS Block Grant, State Targeted Response to the Opioid Crisis Grant, and SOR programs. The Committee recognizes the challenges the lack of data poses in evaluating the effectiveness of these grants and encourages SAMHSA to adopt GAO’s recommendation to identify and implement changes to their data collection efforts to improve the consistency, relevance, and timeliness of data collected on the number of individuals who receive substance use disorder treatment and recovery support services with funding from the SUPTRS Block Grant and SOR programs.

*Drug Abuse Warning Network.*—The Committee recommends \$13,000,000 for the Drug Abuse Warning Network [DAWN]. Authorized by the 21st Century Cures Act, DAWN is a surveillance system to monitor emergency department visits in order to help public health workers, policy makers, and other stakeholders respond effectively to emerging substance use trends.

*Drug Testing.*—The Committee recognizes that section 5402 of the Fixing America’s Surface Transportation [FAST] Act (Public Law 114–94) required the Secretary to “issue scientific and technical guidelines for hair testing as a method of detecting the use of a controlled substance for purposes of section 31306 of title 49, United States Code”, which is the drug and alcohol testing program for operators of commercial motor vehicles. While more than seven years have passed since the enactment of the FAST Act, the Committee understands that HHS is currently considering hair testing as an alternative method of drug testing and issued proposed mandatory guidelines relating to hair testing in September 2020, but has not issued final guidelines, as required by the FAST Act. Therefore, the Committee calls on HHS to produce guidelines for the use of hair testing as an alternative drug testing method for commercial motor vehicle operators, in accordance with section 5402 of the FAST Act.

*National Survey on Drug Use and Health [NSDUH].*—Recent data from NSDUH indicates that LGBTQ+ adults are more likely to experience mental health conditions such as depression and suicidality. The Committee encourages SAMHSA to continue to use NSDUH to better understand how to support the LGBTQ+ community through mental health and substance use programs.

*Program Support.*—The Committee recommends \$84,500,000 for program support, to ensure SAMHSA has the resources and staff to further its mission.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2023 .....	\$373,500,000
Budget estimate, 2024 .....	447,500,000
Committee recommendation .....	370,500,000

The Committee provides \$370,500,000 for the Agency for Healthcare Research and Quality [AHRQ]. This funding is combined with the \$116,000,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ’s mission is to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics, such as promoting high-quality care and patient safety, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

HEALTH COSTS, QUALITY, AND OUTCOMES

Health costs, quality, and outcomes [HCQO] research activity is focused upon improving clinical practice, strengthening the healthcare system’s capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

*Center for Primary Care Research.*—The Committee includes no less than \$2,000,000 for the Center for Primary Care Research authorized at 42 U.S.C. 299b–4(b). The center supports clinical primary care research as well as strategies to improve primary care delivery and advancing the development of primary care researchers. The Committee supports efforts to coordinate research in areas such as multiple chronic conditions, symptom syndromes such as Long COVID, behavioral and social health integration, telehealth in primary care, shared decision-making, and patient experience of care. The areas of focus should include, but not be limited to, expanding research on persons with multiple co-morbid conditions and improving primary care in rural and underserved areas.

*Improving Maternal Health.*—The Committee supports AHRQ efforts to address the complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death.

*Long COVID Research.*—The extensive incidence of individuals suffering from Long COVID (Post-Acute Sequelae of SARS CoV–2 COVID [PASC]) presents an ongoing challenge to the healthcare system, patients and their caregivers. The Committee recommendation includes \$10,000,000 to support access to comprehensive, coordinated, and person-centered care, particularly for underserved, rural, vulnerable, or minority populations that are disproportionately impacted by the effects of Long COVID. This funding supports health-systems research that develops and implements new or improved care delivery models, expands access and services of-

ferred, and strengthens care coordination. The Committee expects AHRQ to coordinate these efforts on Long COVID health-systems research with HRSA and other Federal healthcare agencies.

*Nonalcoholic Fatty Liver Disease [NAFLD] Study.*—The Committee acknowledges the public health burden of NAFLD and values having a comprehensive understanding of NAFLD. Therefore, the Committee encourages AHRQ, in collaboration with other relevant Federal agency stakeholders, to evaluate the prevalence, diagnoses, treatments, and complications associated with NAFLD. The Committee requests that such study: (1) assess the prevalence of NAFLD in the United States; (2) assess the costs associated with individuals diagnosed with NAFLD, including the costs to patients, families, and government programs; (3) assess the costs and impact on patients and the healthcare system if NAFLD is unaddressed and progresses to nonalcoholic steatohepatitis [NASH], liver failure, poor liver function, or liver transplant; (4) identify and address barriers to preventing, diagnosing, and treating NAFLD and NASH; and (5) include an analysis of any disparities in access to care and other outcomes, such as health status, among minority populations. The Committee requests that AHRQ provide an interim report on the findings of this study, if applicable, in the fiscal year 2025 Congressional Justification and to provide a final report, if applicable, in the fiscal year 2026 Congressional Justification.

*Opioid Research.*—The Committee continues to support the research AHRQ has undertaken to better equip practitioners with evidence-based interventions to treat opioid and multi-substance misuse. The Committee expects AHRQ to continue its opioid-related research to include equitable access to treatment, management of substance use disorders with other co-occurring chronic conditions, and how changes in service delivery could improve outcomes.

*Patient Safety.*—The Committee continues to support AHRQ's research to address failures in the diagnostic process and to support Diagnostic Safety Centers of Excellence to develop systems, measures, and new technology solutions to improve diagnostic safety and quality.

*People with Disabilities.*—The Committee continues to support AHRQ's work with stakeholders to develop a research agenda and report for dissemination on health promotion, disease prevention, and intervention strategies for people with disabilities.

*Telehealth.*—The Committee notes that telehealth now represents a significant share of healthcare delivery. The Committee encourages AHRQ to issue guidance on effective strategies to engage individuals with disabilities and individuals with limited English proficiency, and to assess and publish the effectiveness of beneficiary telehealth readiness tools commonly used across the health system, such as digital navigators and provision of technology.

*Unites States Preventive Services Task Force [USPSTF]*

The Committee recommends \$11,542,000 for USPSTF, which works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.

*Medical Innovations.*—The Committee notes concerns with the USPSTF’s ability to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by improving timely access to and compliance with USPSTF-recommended screenings. The Committee continues to encourage the 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 continues to urge the USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the Food and Drug Administration that is a preventive strategy or modality pertaining to, but not included, in a previous USPSTF recommendation.

*USPSTF Public Engagement.*—The Committee encourages the USPSTF to advance open processes that help ensure meaningful engagement by the public, including underrepresented groups.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee recommends \$71,791,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee recommends \$73,100,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2023 .....	\$367,357,090,000
Budget estimate, 2024 .....	406,956,850,000
Committee recommendation .....	406,956,850,000

The Committee recommends \$406,956,850,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2024 recommendation excludes \$197,580,474,000 in fiscal year 2023 advance appropriations for fiscal year 2024. As requested by the administration, \$245,580,414,000 is provided for the first quarter of fiscal year 2025.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, and the U.S. territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State’s average per capita income relative to the National average and cannot be less than 50 percent.

## PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2023 .....	\$548,130,000,000
Budget estimate, 2024 .....	476,725,000,000
Committee recommendation .....	476,725,000,000

The Committee recommends \$476,725,000,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare Part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for Part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

## PROGRAM MANAGEMENT

Appropriations, 2023 .....	\$3,669,744,000
Budget estimate, 2024 .....	4,550,070,000
Committee recommendation .....	3,669,744,000

The Committee recommends \$3,669,744,000 for CMS program management, which includes funding for research and evaluations, program operations and demonstrations, survey and certification programs, and Federal administration.

*Program Operations*

The Committee recommends \$2,479,823,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

*Affordable Care Act Notifications.*—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations not less than two full business days before any public release of the information.

*Alzheimer's Disease [AD].*—The Committee remains disappointed about CMS' decision to restrict coverage of an FDA-approved monoclonal antibody treatment for Alzheimer's disease. That decision set a dangerous precedent that undermines FDA decision-making and may have far reaching consequences that extend well beyond Alzheimer's treatments. Even now that FDA has granted traditional approval for such a treatment, the Committee is concerned that CMS continues to create barriers to care by requiring Medicare patients be enrolled in a qualifying registry. Given the substantial new clinical evidence published since the national coverage decision was issued and the FDA's confirmation of clinical benefit in keeping with its traditional approval of a treatment in this class, the Committee expects CMS to reconsider the National Coverage Determination policy to provide full access for Medicare beneficiaries to these FDA-approved Alzheimer's treatments.

*AD Diagnostics.*—AD is among the top 10 causes of death in the United States and disproportionately affects racial and ethnic minorities. CMS' rate-setting policies may discourage the use of advance diagnostics for AD in certain care settings. The Committee notes that CMS' bundled payment policy for advance radiopharma-

ceuticals in the hospital outpatient setting makes these diagnostic imaging services cost prohibitive for many hospitals and doctors, especially those providing care to racial and ethnic minorities, who already face more significant delays in obtaining a timely diagnosis. The Committee encourages CMS to review these rate-setting policies and the impacts these payment rules have on utilization of AD diagnostics among racial and ethnic minority groups. Furthermore, the Committee directs CMS to review the utilization of AD diagnostics and consider potential modifications that could make access to advanced imaging for AD more equitable.

*Biosimilars.*—The Committee notes concerns about the lack of access to lower cost biosimilars for Medicare Part D enrollees, including the prevalence of formulary exclusions of lower priced biosimilars and the application of step therapy by some plans to require enrollees to use a higher-priced brand product before accessing a biosimilar. The Committee notes the potential savings for patients and taxpayers through swift inclusion of biosimilars on Medicare Part D formularies. The Committee therefore urges CMS to prioritize policies that accelerate the adoption of all biosimilars on Medicare Advantage and Part D formularies. In doing so, CMS should examine existing barriers to biosimilar adoption, including Part D plan practices that impede access to lower-priced products. CMS should also provide beneficiary-focused education on the availability of biosimilars on Medicare Plan Finder and real-time benefit tools, as well as ensure guidance and regulations for Part D formulary development and design appropriately encourage the adoption of biosimilars with lower list prices, given that beneficiaries often pay coinsurance as a percentage of a product's list price under the program.

*Birth-Friendly Hospitals.*—The Committee supports CMS' new Birth-Friendly Hospital designation to assist consumers in choosing hospitals that have demonstrated a commitment to maternal health through the implementation of best practices that advance healthcare quality, safety, and equity for pregnant and postpartum patients. The Committee encourages CMS to explore expanding the criteria for which this designation would be awarded in the future and requests a briefing on additional steps to address maternal health outcomes and improve patient care within 120 days of enactment of this act.

*Cardiac Computed Tomography [CT].*—The Committee notes that unstable and low Medicare payments for cardiac CT services contribute to significant disparities in access to services among minority and underserved populations. The Committee encourages CMS to review the reimbursement structure and to make appropriate adjustments.

*Cardiovascular Disease [CVD].*—The Committee notes the economic and public health burden of CVD, including atherosclerotic CVD [ASCVD], which can lead to heart attack or stroke. More than 200 studies with over 2.0 million patients have broadly established that elevated low-density lipoprotein cholesterol [LDL-C] levels can cause ASCVD. The Committee encourages CMS to evaluate whether to add a quality measure of appropriate LDL-C testing as part of its Universal Foundation initiative.

*Certified Registered Nurse Anesthetists [CRNAs].*—The Committee notes concerns about patient access to anesthesia services, particularly in rural areas, and is encouraged by some positive outcomes resulting from the suspended physician supervision requirements for CRNAs during the COVID-19 Public Health Emergency. The Committee urges CMS to use empirical data analysis and stakeholder input to consider whether permanently waiving the physician supervision requirement for CRNAs under Medicare Part A Conditions of Participation can increase access to safe and effective anesthesia services.

*Diabetes Self-Management Training.*—Given the prevalence and cost of diabetes, particularly among communities of color, the Committee continues to be concerned that barriers to accessing the Medicare diabetes self-management training benefit have resulted in utilization by only 5 percent of newly diagnosed Medicare beneficiaries. The Committee encourages CMS to obtain additional feedback from stakeholders on the barriers to accessing the diabetes self-management benefit and to consider changes to address these barriers to the extent permitted by the statute. Within 120 days of enactment of this act, the Committee directs CMS to provide a report to the Committees on Finance and Appropriations of the Senate detailing the agency's efforts to address these barriers.

*Disproportionate Share Hospital [DSH] Payments.*—The Committee recognizes that the Federal Medicaid statute generally requires DSH payments to hospitals treating large numbers of low-income patients in every State except Tennessee, whose DSH allotment is currently scheduled to cease after fiscal year 2025. The Committee encourages CMS to provide the necessary and adequate data to Congress to ensure a long-term Medicaid DSH allotment for Tennessee in the near future.

*Expanding Support for Screening and Diagnostic Testing in Cancer Treatment.*—The Committee understands that the use of pre-treatment interventions, such as screening for signs of cancer or testing with a companion diagnostic to determine a specific cancer type, can help healthcare providers select treatment options with a greater probability of better outcomes for patients. The Committee also recognizes that the use of these interventions can reduce unnecessary costs in the healthcare system by avoiding ineffective treatments and that awareness of genetic risk factors can encourage preventive care and early diagnosis. The Committee urges CMS to identify ways to expand access to such screening and testing.

*Healthcare for People with Mobility Disabilities.*—The Committee encourages CMS to require disability clinical care training and the availability of accessible medical and diagnostic equipment into its conditions of participation for Part A and Part B providers and suppliers.

*Health Insurance Exchange.*—The Committee continues bill language that requires CMS to provide cost information for the following: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center,

Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Exchange Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act [ACA]. CMS is also required to include the estimated costs for fiscal year 2025.

*Home and Community Based Services.*—The Committee is supportive of efforts to increase access to care in homes and communities, which includes support for family caregivers and direct care workers that provide essential care and services. Within existing resources, the Committee expects CMS to strengthen and expand access to HCBS, facilitate State planning, encourage innovative models that benefit the workforce and care recipients, and support quality and accountability.

*Hospice Respite Care.*—The Committee requests an update in the fiscal year 2025 CJ on the current capacity and best practices for the provision of hospice respite care, including in the home. The update should assess and provide recommendations on what would be needed to ensure greater access to home respite care for hospice beneficiaries and their caregivers, including but not limited to changes to the current benefit to expand access to in-home respite. It should also evaluate the adequacy of the current five-day inpatient respite limit and make recommendations on parameters and situations in which an expanded eligibility definition and benefit duration might be appropriate.

*Hospital Wage Index.*—The Committee encourages CMS to continue its low wage index policy, as established in the Fiscal Year 2020 Medicare Hospital Inpatient Prospective Payment System Final Rule, which helps many rural, low-wage hospitals attract and maintain a skilled workforce. This policy increases reimbursements for many vulnerable, rural hospitals while ensuring overall budget neutrality in order to avoid further depleting the already strained Medicare Hospital Insurance Trust Fund.

*Non-Emergency Medical Transportation [NEMT].*—The Committee continues to monitor patient outcomes resulting from changes to NEMT policies. The Committee encourages CMS to evaluate existing State Medicaid NEMT access for beneficiaries and timeliness of services, and if appropriate, pursue alternative options to provide NEMT for partial dual eligible beneficiaries and to establish a data exchange between the Medicare Administrative Contractors and State Medicaid agencies to identify affected beneficiaries.

*Nursing Home Medical Directors.*—The Committee continues to be concerned that post-acute and long-term care setting facility medical directors remain underutilized and invisible to most patients, families and others in the healthcare field. The Committee requests that CMS and the Secretary identify better ways for public health agencies to contact nursing facility medical directors with mechanisms like Care Compare or on [data.cms.gov](https://data.cms.gov). This effort aligns with recent HHS proposed rule to increase the transparency of nursing home ownership and management through the administrative process.

*Nurse Staffing Levels for Patient Safety.*—The Committee recognizes high-quality nursing staff are essential to patient safety and



outcomes. As part of its accrediting oversight function, CMS is charged with ensuring that Medicare-participating hospitals meet important patient safety standards, including meeting appropriate nurse staffing requirements. The Committee encourages CMS to work with stakeholders to support the post-acute workforce, including by ensuring burdensome requirements do not result in decreased access for patients.

*Osteoporosis.*—The Committee notes that current Medicare payment policies may not be adequate to encourage comprehensive care to reduce osteoporosis-related bone fractures. As such, the Committee is pleased that CMS is considering implementing a care coordination payment mechanism for secondary prevention of osteoporotic fractures through future rulemaking. These services have the potential to reduce the rates of costly secondary fractures through improved screening, treatment and adherence, patient and caregiver education and counseling, and comprehensive fall prevention strategies.

*Pediatric Oral Health.*—The Committee appreciates CMS' ongoing work to improve access to pediatric oral healthcare. However, as CMS and States work to meet Oral Health Initiative targets, the Committee urges CMS to continue to look towards innovative approaches to improve pediatric oral healthcare by coordinating with other agencies and programs that serve Medicaid and CHIP populations such as the Department of Agriculture's Women, Infants and Children [WIC] and Supplemental Nutrition Assistance Program [SNAP] programs. Efforts may include expanding programs to integrate care into different settings and increasing education for parents and families on the importance of oral healthcare for children throughout each stage of development.

*Prescription Digital Therapeutics.*—The Committee is encouraged that a new cutting-edge medical modality of software-based, FDA-cleared products called prescription digital therapeutics [PDTs] is beginning to improve the lives of Americans living with serious diseases and conditions like substance use disorder, attention-deficit/hyperactivity disorder, insomnia, major depression, diabetes, stroke, schizophrenia, and cancer. The Committee directs CMS to explore coverage of PDTs in the Medicare and Medicaid programs under existing benefit categories until a distinct benefit category can be created for these products through legislation.

*Rare Disorders.*—The Committee notes the limitations of bundled payments for rare and ultra-rare diseases. The Committee urges the HHS Inspector General to review bundled payment systems and quality reporting methodologies across care settings. The review should evaluate barriers to accessing treatments, diagnostics, clinicians, and specialists, as appropriate.

*Risk Corridor Program.*—The Committee continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments.

*Robotic Stereotactic Radiosurgery [SRS].*—The Committee remains concerned that inadequate payments for robotic stereotactic radiosurgery and robotic stereotactic body radiation therapy [SBRT] may threaten patient access to this important treatment option for many types of cancer in both the hospital and free-standing cancer settings. CMS' statement in the 2023 Medicare

Physician Fee Schedule Final Rule that the agency intends to review coding and payment policies for radiation therapy services, including possible adoption of revised CPT codes established in 2015. The Committee urges CMS and contractors to maintain existing G codes describing robotic SRS and robotic SBRT in order to protect Medicare beneficiary access to these services which safely deliver life-saving and life-changing cancer treatment in a timely and cost-efficient manner, improving patient compliance and reducing burdens on patients, providers, and the healthcare system.

*Rural Emergency Hospitals.*—The Committee is encouraged by CMS' timely implementation of the Rural Emergency Hospital [REH] designation, as created by Public Law 116-260. The Committee urges CMS to continue working with stakeholders to ensure the regulatory geographic requirements for the REH designation are clear for interested parties, especially rural hospitals located in or near metropolitan statistical areas.

*Rural Hospital Closures.*—The Committee notes that 135 rural hospitals have closed in the past decade and many others are vulnerable to closure. The Committee continues to direct CMS to provide information to the Committees on Appropriations, Energy and Commerce, and Ways and Means of the House of Representatives and the Committees on Appropriations and Finance of the Senate on existing policies that provide support for struggling hospitals in rural and under-served communities.

*Tribal Health Care Reimbursements.*—The IHS rate does not reimburse Tribal healthcare providers for the cost of chemotherapeutics provided by a physician in the office setting. This makes the provision of cancer treatment on Indian reservations unsustainable for Medicare patients and damages the ability of American Indians to access local cancer treatment. The Committee urges CMS to clarify reimbursement procedures and amounts for Part B oncology drugs dispensed at IHS facilities to ensure parity among IHS and non-IHS facilities.

*Whole Child Health Model.*—The Committee is aware that social determinants of health influence health outcomes, particularly for children and youth. The Committee commends CMS for establishing the Integrated Care for Kids Model and for supporting State flexibility to address social drivers of health through recent guidance and waivers. The Committee encourages CMS to issue a report on options for a whole child health demonstration centered in primary care settings that would build state capacity to address youth mental health through sustainable payment and delivery models. Options included in such report would address the mental, developmental and social factors affecting children served by Medicaid and CHIP through pediatric value-based care models and locally driven strategies, to align financial incentives and resources across Medicaid and other programs. The Committee directs CMS to provide an update to the Committees on Energy and Commerce and Appropriations of the House of Representatives and the Committees on Finance and Appropriations of the Senate within 180 days of enactment of this act on options for benefit designs, including cost estimates for implementation.

*State Survey and Certification*

The Committee recommends \$397,334,000 for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

*Annual Reports.*—The Committee directs CMS to provide, in the fiscal year 2025 Congressional Justification, a report to the Committees regarding operational milestones and funding activities under this heading. Such reports shall, at a minimum, include quarterly obligations, unobligated balances (including a breakdown of committed and uncommitted balances), and expenditures of current year discretionary budgetary authority by originating statute. Such reports shall also include operational metrics, such as those found on pages 78 and 80 of the fiscal year 2024 Congressional Justification, regarding the numbers and rates of survey and complaint visits by provider type for the applicable quarter.

*Federal Administration*

The Committee recommends \$772,533,000 Federal Administration, which funds the majority of CMS’ staff and operating expenses for routine activities, such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2023 .....	\$893,000,000
Budget estimate, 2024 .....	937,000,000
Committee recommendation .....	915,000,000

The Committee recommends \$915,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control activities. The Committee recommendation includes a discretionary base amount of \$311,000,000 and an additional \$604,000,000 in resources through a budget cap adjustment, in alignment with the parameters set forth in the Fiscal Responsibility Act of 2023. Proactively identifying healthcare waste, fraud, and abuse continues to be a priority for the Committee.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2023 .....	\$2,883,000,000
Budget estimate, 2024 .....	3,309,000,000
Committee recommendation .....	3,309,000,000

The Committee recommendation includes \$3,309,000,000 in fiscal year 2024 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,400,000,000 in advance funding for the first quarter of fiscal year 2025.

These funds support States’ efforts to promote the economic security of low-income families, including administrative expenses,

matching funds, and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2023 .....	\$4,000,000,000
Budget estimate, 2024 .....	4,111,000,000
Committee recommendation .....	4,075,000,000

The Committee recommendation includes \$4,075,000,000 for the Low Income Home Energy Assistance Program [LIHEAP], which is \$75,000,000 over the fiscal year 2023 enacted level. LIHEAP provides home heating and cooling assistance to low-income households. In addition to funding made available in this bill, the Infrastructure Investment and Jobs Act (Public Law 117–58) provided \$500,000,000 in LIHEAP funding, with \$100,000,000 available each fiscal year through September 30, 2026, for home energy assistance.

Sudden, significant, and unexpected decreases in annual funding for States, even when based in part on changes in home energy costs or other formula factors, can be difficult for States to manage. Accordingly, the Committee recommendation continues to limit year-to-year fluctuations in allocations to States.

*Technical Assistance and Program Administration.*—Within the total, the Committee recommendation continues to include up to \$9,600,000 for program integrity and oversight efforts. A portion of this funding is intended to support ongoing efforts to implement a formula system, which will allow ACF to provide estimates more readily when requested by the Committee. Once such a system is in place, the Committee instructs HHS to work collaboratively with the Committee to promptly respond to requests for estimates and to ensure no request shall be outstanding for longer than 10 calendar days. The Committee requests a briefing on the progress that has been made on a formula system within 90 days of enactment of this act.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2023 .....	\$6,427,214,000
Budget estimate, 2024 .....	7,258,755,000
Committee recommendation .....	6,427,214,000

The Committee recommends \$6,427,214,000 in base discretionary funding for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security [DHS] or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The Committee recommendation continues the directive to provide monthly updates to the Committees on Appropriations of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied children. Such updates shall include any changes in estimated funding needs as a result of changing trends. The Committee notes that ORR has consistently relied on supplemental funding to address funding needs in this program, and the Committee will continue to work closely with HHS to evaluate and address fiscal year 2024 funding needs.

The Committee believes that the U.S. Refugee Admissions Program [USRAP] serves as a reflection of U.S. humanitarianism as well as the Nation's strategic interests. In times of changes in the pace and projections of refugee arrivals, the Committee encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and other populations of concern who remain statutorily eligible for integration services, and to ensure that there is capacity for future arrivals to be adequately served.

*Community Engagement and Quarterly Consultation.*—The Committee recognizes that quarterly consultations and regular community engagement are critical to support refugee integration and encourages HHS to pursue efforts to ensure robust participation in regular community consultations.

*Coordination with DHS and DOJ.*—The Committee notes that not all refugees (including all populations eligible for ORR-funded services) receive ORR-funded services. The Committee encourages ORR to better coordinate with DHS and the Department of Justice to improve the referral process for eligible arrivals.

*Mental Health and Trauma Informed Care.*—The Committee recognizes that mental health is an important component of ORR's work. Many of the individuals that ORR serves have endured torture, war, loss of homes and loved ones, and other traumatic events. The Committee encourages ORR to partner with an outside organization to evaluate the mental healthcare needs of ORR-eligible populations and any ongoing gaps and challenges in current mental health provision across populations ORR serves. This should also include recommendations for enhancing programming or additional investments needed to address any gaps and for ensuring that mental health services are trauma-informed and culturally appropriate. The Committee also encourages ORR to assess the need for training for ORR staff who regularly engage with potential trauma survivors, including: training on recognizing signs of trauma exposure, understanding culturally specific behaviors of people exposed to trauma, and sensitive or trauma-informed principles for interacting; and secondary trauma and resilience training and support.

#### *Transitional and Medical Services*

The Committee recommendation includes \$564,000,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

*Matching Grant Program.*—The Committee continues to support the Matching Grant [MG] program and strongly encourages HHS to expand the program, including increasing the number and percentage of eligible arrivals served by the program; increasing the government's per capita contribution to respond to inflation and cost of living; and easing the burden of the match requirement. The Committee also strongly encourages HHS to give matching grant organizations flexibility in administering their programs, including, when justified, carrying over unexpended funding and slots and extending exemptions to the 31-day enrollment period. The Committee also encourages HHS to continue permitting flexibilities in dispersing MG funds, such as continuing to separate direct assistance and administrative portions, and encourages HHS to create a plan to expand case management for MG enrollees. Finally, the Committee encourages HHS to work with resettlement sites to ensure continuity of MG enrollments and services during the transition from one fiscal year to the next.

*Refugee Support Services*

The Committee recommendation includes \$307,201,000 for Refugee Support Services [RSS]. This program provides a combination of formula and competitive grants to States and nonprofit organizations to help refugees become self-sufficient and address barriers to employment.

The Committee strongly encourages ORR to the greatest extent possible allocate RSS funding based on best data available that reflects actual needs of providing services to newly arrived refugees. The Committee directs ORR to include information in its fiscal year 2025 CJ on what flexibilities ORR has applied in allocating funding to better reflect needs, and any ongoing limitations in doing so.

*Preferred Communities.*—The Committee recognizes that the increase in refugee arrivals projected for fiscal year 2024 requires expanded capacity among the resettlement network and the Preferred Communities program is an important part of that. The Committee directs HHS to include information in its fiscal year 2025 CJ on the Preferred Communities program, including an estimate of funding to be spent on the program and funding needed to maintain Preferred Communities programming at all resettlement sites.

*Intensive Case Management.*—The Committee recognizes the importance of expanding intensive case management [ICM] and virtual case management, particularly in locations where expanded resettlement capacity relies on remote placement. The Committee encourages HHS to expand the availability of virtual case management to provide ICM services, particularly in locations without existing resettlement sites nearby. The Committee directs HHS to include information in its fiscal year 2025 CJ on such efforts, including an assessment of the use of virtual ICM services.

*Victims of Trafficking*

The Committee recommendation includes \$30,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within this amount the Committee recommendation includes no less than \$5,000,000 for the National human trafficking hotline. The Committee notes concern with reports that the hotline has not consistently and promptly reported tips, when appropriate and consistent with Federal and State law, of trafficking of adults to law enforcement. The national trafficking hotline is authorized to assist victims of severe forms of trafficking in persons in communicating with service providers. It is critical that that the hotline maintain a person-centered approach focused on the victim's well-being. The Committee also notes that hotline plays an important role in notifying law enforcement of potential trafficking when that is appropriate. Accordingly, the Committee directs ACF to ensure the National trafficking hotline is complying with applicable laws and policies regarding the operation of the hotline, assisting victims of severe forms of trafficking in persons, and referring potential cases of trafficking to law enforcement.

*Unaccompanied Children*

The Committee recommendation includes \$5,506,258,000 for the Unaccompanied Children [UC] program. The UC program provides temporary care for children who have no lawful immigration status in the United States and who have been apprehended by DHS without a parent or a guardian. HHS provides care for children until they can be placed with a parent or other sponsor living in the United States pending resolution of their immigration status.

*Bond Hearings and Placement Reviews.*—The Committee expects HHS to approach placement review and Flores bond requests with expediency, fairness, child-centered procedures, and trauma-informed approaches prior to and during Flores bond hearings and placement review panel adjudications.

*Influx Care Facilities [ICFs].*—The Committee appreciates that ORR has significantly reduced the need for ICFs in fiscal year 2023, but has significant concerns that the administration has not been aggressive enough in reducing capacity in ICFs and closing them when they are no longer needed. The Committee expects that ICFs will only be used in the future when absolutely necessary and directs ORR to include in its fiscal year 2025 CJ estimates of how much it will spend on ICFs, its estimated capacity needs, the methodology it uses and factors it considers when estimating ICF capacity needs, and in what specific circumstances it will activate capacity in ICFs. The Committee also expects that if ICFs are needed in the future, HHS will continue to improve the quality of care provided in ICFs, including ensuring they have the physical infrastructure to provide developmentally appropriate care for children, including appropriate space for education services, and confidential space for the provision of healthcare, mental healthcare, and legal services.

*Maintaining Family Contact.*—The Committee strongly encourages ORR to work with its care providers to ensure that children have as much access as possible via telephone and video calls to their parents, family members, and caregivers while maintaining appropriate child welfare safeguards.

*Mental Health and Related Services for Children in ORR-Care.*—The Committee appreciates the steps ORR has taken to improve

mental health services for children in their care, and encourages ORR to continue to expand such services and ensure that they are developmentally appropriate, trauma-informed, culturally competent, and provided in the most integrated, least restrictive setting. This should also include in-person training for ORR and ORR-contracted staff on trauma and trauma-informed care. The Committee also expects ORR to work with residential care providers, disability experts, and child welfare experts to ensure adherence to Federal, State, and local laws related to standards of care for children with disabilities. ORR should also work with protection and advocacy organizations to support monitoring visits and access to information. Finally, the Committee recognizes that unaccompanied children often share extensive personal information to case managers, clinicians, or other adults while in ORR care, and expects ORR and its grantees and contractors to protect sensitive personal information, behavioral health records, and mental health records consistent with all applicable child welfare laws, regulations, and licensing requirements. The Committee directs ORR to include information in its fiscal year 2025 CJ on these efforts.

*Office of the Ombudsperson.*—The Committee strongly supports efforts to increase independent oversight of the UC program. Accordingly, the Committee supports the establishment of an Office of the Ombudsperson, to provide independent child-welfare focused recommendations to ORR and the Secretary regarding the care of unaccompanied children, including on policies to ensure children are safe, cared for, and receive the services they need both while in HHS custody and after they have been released to a sponsor. The Committee strongly encourages HHS to establish the Office of the Ombudsperson as soon as possible. The Ombudsperson shall monitor, including by making site visits, for compliance with all applicable laws and standards relating to unaccompanied children. The Committee directs the Ombudsperson to submit a report to Congress no less than once each fiscal year including a summary of activities carried out during the preceding fiscal year, as well as recommendations for improving the UC program and a description of the priorities for the subsequent fiscal year.

*Post-Release Services, Legal Services/Access to Counsel, and Child Advocates.*—The Committee recommendation includes no less than the fiscal year 2023 funding level for post-release services; legal services and access to counsel; and child advocates. The Committee expects that HHS will continue to expand child-welfare focused post-release services to increase the number of children and families receiving services, and improve the types of services they receive, including case management assistance with school enrollment, and access to legal services, healthcare, mental health, and community services. These post-release services are critical to ensuring that children are in safe and appropriate homes after they have been released from ORR's care and that children and families have access to the services they need. The Committee encourages 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 pro-



gram and 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 and children whose primary language is neither English nor Spanish are referred for post-release services. Finally, the Committee supports ORR's plans to provide tiered levels of services, and strongly encourages ORR to prioritize post-release services for children released to category 2 and 3 sponsors.

The Committee also expects these funds will be used to provide access to counsel, consistent with the goals of the Trafficking Victims Protection Reauthorization Act of 2008 for all children to have access to counsel in their immigration proceedings. The Committee understands the supply of service providers may be constrained in some areas, and encourages ORR to allow grantees to use flexibilities in contracting expenses, to the extent practicable, to build the capacity to ensure the necessary legal requirements are met to provide expanded services to children. The Committee also expects ORR to ensure in-person Know Your Rights presentations and legal screenings for every child in ORR custody and access to legal counsel for any child in prolonged ORR-care. The Committee expects that legal services will be in person absent exigent circumstances and that ORR will ensure that there is sufficient confidential space available for legal services at all facilities, including emergency or influx facilities. When services are provided remotely, ORR must make sufficient technology and confidential space available for communication via video whenever possible, and telephone if necessary.

The Committee directs ORR to include information in its fiscal year 2025 CJ on how children are prioritized for post-release services, legal services, and child advocate services, and the number and percentage of children that have and are estimated to receive services annually, including broken out by specific types and levels of services.

*Prioritization of Small-Scale, Community- and Family Based Placements.*—The Committee continues to direct ORR to prioritize the placement of children in small-scale, community- and family-based care providers, including transitional foster care, small group homes, and long-term foster care. The Committee directs ORR to pursue efforts to expand capacity in such programs, which are both more appropriate for children, and reduce the need for ICFs. This should include predictably posting funding opportunity announcements, providing technical assistance to both existing and potentially new providers, and working with providers to address any staffing-related issues that limit their capacity. Finally, the Committee directs ORR to include information in its fiscal year 2025 CJ on its actual and planned capacity by program type and a review of past funding opportunity announcements. This review should include any challenges or barriers with expanding capacity in such programs, including detailed explanations of why applicants were unsuccessful and what ORR has done to address such barriers and challenges as well as steps taken to improve technical assistance for and communication with both current and potential new providers.

*Special Education.*—The Committee strongly encourages ORR to conduct a study on the education support needs of children with disabilities in its care, identify any gaps or challenges in addressing such needs, and take steps as necessary to address them.

*Spend Plan.*—The Committee directs ORR to continue to provide quarterly spend plans with actual and estimated obligations by major category, at the same level of detail has been provided in previous years. The Committee further expects at least this level of detail to be included in future budget justifications.

*Sponsor Suitability Determination Policies.*—The Committee directs ORR to conduct targeted reviews of its sponsor suitability determination policies and procedures. This should include reviews of a sampling of cases of children released to different categories of sponsors during fiscal year 2023 to evaluate specific policies for how they promote the welfare of all children referred to their care, and ensure that children are placed with safe and appropriate sponsors. The Committee requests a briefing within 180 days of enactment on these reviews.

*Trusted Adult Relatives.*—The Committee recognizes efforts to colocate ORR staff at the border in designated locations to verify family relationships, screen out risks of trafficking, and otherwise conduct sponsor suitability determinations for children travelling with a close adult relative. This allows children, when it’s determined to be appropriate, safe, and in the best interest of the child, to be quickly released to the care and custody of a close relative, avoiding unnecessary trauma from separation. This also has the potential to decrease ORR shelter capacity and funding needs, as such children would otherwise be in ORR care for a longer period of time, in some cases significantly longer. The Committee requests information be included in the fiscal year 2025 CJ on any such efforts.

*Youth Aging Out of ORR Care.*—The Committee directs ORR to have developed a concrete post-18 plan for every 17-year-old unaccompanied child in ORR care at least 30 days in advance of their 18th birthday to ensure that an appropriate placement has been identified and arranged for the child, along with any necessary social support services, prior to discharge from ORR. The Committee directs ORR to ensure that it is complying with its obligation to protect children’s private and confidential information in fulfilling its obligation to engage in post-18 planning for children aging out of ORR care.

*Victims of Torture*

The Committee recommendation includes \$19,000,000 for the Victims of Torture program to provide support to non-profit organizations providing direct support to torture survivors and their families.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT  
BLOCK GRANT

Appropriations, 2023 .....	\$8,021,387,000
Budget estimate, 2024 .....	9,000,000,000
Committee recommendation .....	8,721,387,000

The Committee recommends \$8,721,387,000, an increase of \$700,000,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2023 .....	\$1,700,000,000
Budget estimate, 2024 .....	1,700,000,000
Committee recommendation .....	1,700,000,000

The Committee recommends \$1,700,000,000 for the Social Services Block Grant [SSBG], a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly in order to reduce poverty.

The Committee continues to note that SSBG funding can be used for a wide-range of activities and encourages HHS to ensure that States are aware that funding can be used to support child support programs by providing job training and employment services for non-custodial parents.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2023 .....	\$14,618,437,000
Budget estimate, 2024 .....	16,139,665,000
Committee recommendation .....	14,801,100,000

The Committee recommends \$14,801,100,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; survivors of child abuse, neglect, and domestic violence; and other vulnerable populations.

*Head Start*

The Committee recommendation includes \$12,271,820,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Within the total, the Committee recommendation includes a \$275,000,000 cost of living adjustment for all Head Start grantees to help keep up with rising costs, to recruit and retain highly qualified staff, and to continue to provide high-quality services to children and families.

*American Indian and Alaska Native [AIAN] and Migrant and Seasonal Head Start [MSHS] Eligibility.*—The Committee recognizes the efforts OHS has made to ensure AIAN and MSHS programs are aware of the flexibilities that exist for determining eligibility under these programs. Nevertheless, AIAN and MSHS programs continue to face difficulty enrolling families who are functionally very low income due to high costs and wage inflation in some parts of the country. To address this issue, the Committee includes bill language allowing flexibility for AIAN and MSHS providers to enroll families at their discretion.

*Designation Renewal System [DRS].*—The Committee continues to encourage HHS to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such

grantees' compliance with health and dental screening requirements as part of the DRS.

*Facility Improvement Funding.*—The Committee continues to strongly encourage ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, the Committee continues to encourage ACF to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds.

*Tribal Colleges and Universities-Head Start Partnership Program.*—The Committee recommendation continues \$8,000,000 for the Tribal Colleges and Universities-Head Start Partnership Program.

#### *Preschool Development Grants*

The Committee recommendation includes \$310,000,000 for Preschool Development Grants. This program, as authorized in the Every Student Succeeds Act (Public Law 114–95), provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children.

The Committee recommends ACF encourage States to consider how providing access to kindergarten preparedness services, including those that are innovative, technology-enabled for use in the home, and focused on parent engagement, could improve their birth through five systems.

*Dual Language Learners [DLL].*—The Committee encourages ACF to support States that choose to develop high-quality and culturally competent dual immersion preschool programs through Preschool Development Grants. The Committee recommends a focus on training, professional development, and postsecondary education for all caregivers, teachers, and directors to meet the needs of DLLs through dual language acquisition, engaging culturally and linguistically diverse families, home language support, and culturally and linguistically appropriate assessment.

#### *Consolidated Runaway and Homeless Youth Program*

The Committee recommendation includes \$125,283,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

The Committee continues to support the ability of grantees to provide prevention services such as counseling and case management, regardless of their enrollment in residential services. The Committee urges ACF to advise grantees that they are not required to enroll youth in shelter or residential services, nor require the young person to physically travel to the grantee's location in

order for an at-risk youth to receive prevention and supportive services.

The Committee continues to encourage the program to notify applicants if grant applications are successful at least 30 days before the grant begins or no less than 30 days before an existing grant is set to end.

The Committee again strongly urges the program to ensure that service delivery and staff training comprehensively address the individual strengths and needs of youth, as well as language-appropriate, gender-appropriate interventions that are culturally sensitive and respectful of the complex social identities of youth. 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.

*Child, Youth, and Family Homelessness.*—The Committee is concerned about the impact of homelessness on the wellbeing and development of children, youth, and families, including the instability and overcrowding that accompany child, youth, and family homelessness. In light of this, the Committee urges ACF to assess the current state of child, youth, and family homelessness, including the strengths, barriers, and opportunities across ACF and HHS to provide two-generation services to end the cycle of homelessness. In particular, the Committee urges ACF to develop a plan to lead and coordinate efforts to provide holistic services to homeless children, youth, and families to break the cycle of homelessness, including by identifying existing resources and gaps. The Committee directs ACF to provide a report to Congress outlining progress on these efforts not later than 1 year after the date of enactment of this act.

*National Communications System, National Runaway Safeline.*—The Committee remains concerned with the number of homeless children and youth and those at risk of homelessness and the ability of those youth and parents to access information that can help connect them with the needed services, resources, and support both at school and in the community. The Committee encourages ACF to coordinate with the Department of Education to increase outreach and raise awareness in school districts and community-based organizations of services and resources provided by the National Runaway Safeline.

*Education and Prevention Grants to Reduce Sexual Abuse of Runaway Youth*

The Committee recommendation includes \$21,000,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to, or are at risk of being subjected to, sexual abuse or exploitation.

*Child Abuse Prevention and Treatment State Grants*

The Committee recommendation includes \$105,091,000 for the Child Abuse Prevention and Treatment State Grant program. This

program provides formula grants to States to improve their child protective service systems.

*Infant Plans of Safe Care.*—Within the total, the Committee recommendation includes \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (Public Law 93–247). The Committee again urges HHS to support States in their implementation of the plans by providing specialized, non-punitive family support services for infants and their birth parents affected by substance use disorders to reduce the need for child welfare or foster care system involvement. The Committee continues to direct HHS to provide technical assistance to States on best-practices in this area to address the health, developmental, housing, and treatment needs of infants and their parents and to evaluate States’ activities on plans of safe care. The Committee also encourages HHS to provide technical assistance to States on best practices for developing notification systems that are distinct and separate from the system used in the State to report child abuse and neglect in order to promote a public health response to infants affected by substance use disorders, and not for the purpose of initiating an investigation of child abuse or neglect. The Committee also encourages HHS to ensure such technical assistance includes an emphasis on the role of public health focused plans of safe care in reducing racial disproportionality in child protective services investigations and removals.

#### *Child Abuse Discretionary Activities*

The Committee recommendation includes \$36,000,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

*Child Abuse Hotline.*—The Committee supports ongoing efforts to address and support youth and families impacted by child abuse and neglect. Within the total, the Committee includes \$2,000,000 for broad, ongoing support for the existing national child abuse hotline in order to provide resources and intervention through multiple modalities, including chat, text, and call, to respond to the urgent needs of youth and concerned adults facing these challenges.

#### *Community-based Child Abuse Prevention*

The Committee recommendation includes \$70,660,000 for the Community-based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

#### *Child Welfare Services*

The Committee recommendation includes \$268,735,000 for Child Welfare Services. This formula grant program helps State and Tribal public welfare agencies improve their child welfare services

with the goal of keeping families together. These funds help States and Tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

*Child Welfare Research, Training, and Demonstration*

The Committee recommendation includes \$21,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

*Community Partnership Pilot Program.*—The Committee urges ACF to carry out a community partnership pilot program to provide grants to non-profit organizations building partnerships between child welfare agencies and local community organizations, to leverage private dollars, goods, and human resources in the community to meet the needs of at-risk children and their families interacting with the child welfare system, which may include establishing the ability for child welfare agency employees to seek community support for the needs of children and families through an electronic portal.

*Emergency Relief for Foster Youth.*—The Committee urges ACF to establish a demonstration program to provide emergency relief, including clothes and basic necessities, to youth entering the foster care system and improve pre-placement services offered by foster care stabilization agencies. Additionally, the Committee continues to be concerned by the high rates of homelessness among children who age-out of the foster care system. The Committee encourages HHS to support the development, implementation, and evaluation of innovative programs that effectively serve vulnerable populations of youth transitioning out of the foster care system.

*Strengthening State ICWA Compliance.*—The Committee recognizes the important role State child welfare agencies play in ensuring the safety of Indian children who come into contact with the State child welfare system. The Committee appreciates the work of the Children's Bureau to support State compliance with the Indian Child Welfare Act [ICWA] through technical assistance and through grants to develop strong working relationships between States and tribes. The Committee provides \$3,000,000 for State-Tribal partnership grants to build collaborations between States and tribes to better address the ongoing challenges Tribal communities face. Further, the Committee recommends ACF, in coordination with the relevant Federal agencies, develop guidance for States to better serve Indian children who come into contact with the child welfare system. This guidance may include best practices on the timely identification of Indian children and extended family members; timely notice to Tribes of State child custody proceedings; foster care or adoptive placements of Indian children; and case recordkeeping as it relates to transfers of jurisdiction, termi-

nation of parental rights, and insufficient active efforts, as defined by ICWA.

#### *Adoption Opportunities*

The Committee recommends \$51,000,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

The Committee recognizes that adoption arrangements at risk of a disruption or dissolution that would result in a foster care placement are eligible for funding under the Family First Prevention Services Act. However, no programs expressly designed to meet the needs of these families have been approved by the Title IV–E Prevention Services Clearinghouse. The Committee directs not less than \$2,000,000 for the evaluation of such programs that could qualify for funding under the Family First Prevention Services Act and aim to meet the evidence standards established by the Title IV–E Prevention Services Clearinghouse in accordance with the Family First Prevention Services Act. The Committee encourages ACF to prioritize the evaluation of programs with existing evidence and to support studies that can be completed as rapidly as possible while meeting the evidence standards of the Title IV–E Prevention Services Clearinghouse.

The Committee recommendation includes \$2,000,000 to continue the National Adoption Competency Mental Health Training Initiative. This initiative supports ongoing resources for a national organization with the capacity and expertise to continuously evaluate and update the training curriculums, and will provide all States, tribes, and territories the necessary technical assistance to ensure that the curriculums are appropriately used by State child welfare and mental health professionals. This funding should also be used to initiate the development of derivative trainings for courts and continuing medical education for medical professionals to ensure consistency across disciplines. The Committee again recommends the agency take steps to standardize the National Adoption Competency Mental Health Training Initiative's curriculum to provide consistent training in all State child welfare agencies.

#### *Adoption and Legal Guardianship Incentive Payments*

The Committee recommends \$70,000,000 for the Adoption and Legal Guardianship Incentive Payments program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

#### *Social Services Research and Demonstration*

The Committee recommends \$70,523,000 for Social Services Research and Demonstration. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.



*Benefits Programs.*—The Committee recommends the creation of a pilot program to align Federal assistance programs for low-income Americans into one application. The result of these improvements should expand access and enrollment in Federal, State, Tribal, and local benefits, such as SNAP, WIC, Medicaid, TANF, and the Housing Choice Voucher program, and improve coordination of critical services such as mental healthcare and childcare.

*Congressionally Directed Spending.*—Within the funds included in this account, \$40,011,000 shall be for the Congressionally Directed Spending projects, and in the amounts, as specified in the table titled “Congressionally Directed Spending Items” at the end of this Committee Report.

*Diaper Distribution Grant Demonstration.*—The Committee recommendation continues \$20,000,000 for the purposes of carrying out a diaper distribution grant program. The diaper distribution program will provide grants to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

*Preventing Youth Homelessness.*—The Committee includes \$3,000,000 for a demonstration program to identify and implement strategies and services for youth between ages 12 and 26 in order to prevent homelessness, including strategies designed to serve youth and young adult populations with a high likelihood of imminently experiencing homelessness, housing instability, or other forms of victimization such as human trafficking to include individuals transitioning out of foster care, the juvenile justice system, or a residential behavioral health system. Funds shall be made available to State agencies, tribes, counties, cities, or other unit of local government for demonstration grants to provide primary prevention services for youth at risk of homelessness and implement or improve cross-system collaboration with key partners within the community that serve youth at risk of homelessness. Grantees shall show collaboration with youth with lived expertise in project design and implementation, including establishment of local youth advisory boards. The Committee requests a briefing 1 year after award of such grants on the initial findings of this demonstration program. Further, the Committee notes that this demonstration program is in addition to other, ongoing Family and Youth Services Bureau initiatives.

#### *Native American Programs*

The Committee recommends \$60,500,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

*Native American Language Preservation.*—Within the total, the Committee recommendation includes \$15,000,000 for Native American language preservation activities, including no less than \$6,000,000 for Native American language immersion programs, as authorized by section 803C(b)(7)(A)-(B) of the Native American Programs Act (Public Law 88–452).

*Community Services Block Grant*

The Committee recommendation includes \$765,000,000, for the Community Services Block Grant [CSBG]. CSBG is a formula grant to States and Indian tribes to provide a wide-range of services to alleviate causes of poverty in communities and to assist low-income individuals. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

*Community Economic Development*

The Committee recommendation includes \$22,383,000 for the Community Economic Development program. Community Economic Development grants fund non-profit, Community Development Corporations that help communities address the needs of low-income individuals and families by creating employment and business development opportunities.

*Rural Community Facilities*

The Committee recommendation includes \$12,000,000 for the Rural Community Facilities program. The Rural Community Facilities program provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and waste water facilities.

*National Domestic Violence Hotline*

The Committee recommendation includes \$20,500,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

The Committee recommendation includes continued support for the StrongHearts Native Helpline, which provides critical support and resources to meet the unique legal and cultural needs of American Indians and Alaska Natives affected by domestic violence.

*Family Violence Prevention and Services*

The Committee recommendation includes \$235,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for survivors of domestic violence and their dependents.

*Culturally Specific Services for Domestic Violence.*—The Committee understands that women and girls of color are often disproportionately impacted by domestic violence and sexual assault yet often lack access to family violence prevention services in their communities that incorporate or reflect their specific needs. In order to foster programming for this community, the Committee continues \$7,500,000 for culturally specific, community-based organizations to provide culturally specific services for survivors of domestic violence.

*Native Hawaiian Resource Center on Domestic Violence.*—The Committee includes \$2,000,000 for the Native Hawaiian Resource Center on Domestic Violence. This Resource Center will continue to

build capacity to engage Native Hawaiian communities in developing local responses to domestic violence and support critical networking and coalition building between Native Hawaiian advocates across the State and the Nation.

*Chafee Education and Training Vouchers*

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

*Disaster Human Services Case Management*

The Committee recommends \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and Federal Emergency Management Agency contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

*Program Administration*

The Committee recommendation includes \$218,500,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2023 .....	\$431,515,000
Budget estimate, 2024 .....	451,000,000
Committee recommendation .....	417,515,000

The Committee recommends \$417,515,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act (Public Law 74–271) and \$72,515,000 in discretionary appropriations.

This program enables States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

*Family First Clearinghouse.*—The Committee includes \$2,750,000 for the Family First Clearinghouse. The Committee continues to recognize the need to support research into programs that provide rigorous evaluations of established foster care prevention and family support programs within the child welfare population, including programs that support adoption arrangements at risk of a disruption or dissolution that would result in foster care placement, provide mental health prevention and treatment services, substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator programs.

*Kinship Navigator Programs.*—The Committee recommendation includes \$10,000,000 for Kinship Navigator Programs to improve services for grandparents and other relatives taking primary responsibility for children, particularly children and families affected by opioid addiction and substance use disorder. The Committee en-

courages HHS to encourage States to collaborate with agencies with experience serving kinship families both inside and outside foster care, and to demonstrate how they are preparing their navigator programs to meet evidence-based kinship navigator standards included in the Family First Prevention Services Act (Public Law 115–123).

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2023 .....	\$7,606,000,000
Budget estimate, 2024 .....	8,594,000,000
Committee recommendation .....	8,594,000,000

The Committee recommends \$8,594,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$3,400,000,000 in advance mandatory funding for the first quarter of fiscal year 2025. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2023 .....	\$2,565,487,000
Budget estimate, 2024 .....	3,055,322,000
Committee recommendation .....	2,524,592,000

The Committee recommends \$2,524,592,000 for the Administration for Community Living [ACL], which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] (Public Law 116–131) and the Developmental Disabilities Act (Public Law 106–402), as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities. 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 \$410,000,000 for the Home and Community Based Supportive Services program. This program provides formula grants to States and territories to fund a wide-range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance.

*Senior Centers.*—Senior centers play an important role in providing programs to combat isolation and loneliness, which can be risk factors for depression, substance use disorder and even suicide. The Committee encourages ACL and the State and local agencies

administering programs funded through the Older Americans Act to provide ample funding to senior centers to support their general operations and for programming that promotes the health and well-being of seniors, including fitness and falls prevention programs, nutrition classes and consultation, and foot clinics.

*Preventive Health Services*

The Committee recommends \$26,339,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

*Protection of Vulnerable Older Americans*

The Committee recommends \$26,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The Ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

*National Family Caregiver Support Program*

The Committee recommends \$210,000,000 for the National Family Caregiver Support program. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

*National Family Caregiver Strategy.*—The Committee notes the publication of the 2022 National Strategy to Support Family Caregivers [National Strategy], as required by the RAISE Family Caregivers Act. The National Strategy includes nearly 350 commitments from over a dozen Federal agencies for actions to support family caregivers. It also includes more than 150 recommended actions for State and local governments and the private sector to begin to build a system that ensures family caregivers have the resources they need to maintain their own health, well-being, and financial security while providing crucial support for those in their care. The Committee includes \$5,000,000 to support demonstration grants that develop, test, and scale models that implement commitments and recommended actions from the National Strategy. The Committee directs ACL to provide a briefing for the Committee on Appropriations no later than 180 days after enactment of this act with an update on the implementation of this effort.

*Direct Care Worker Shortage.*—The Committee notes worker shortages occurring in parts of the direct care sector, such as aging

care and disability care. The Committee notes that such shortages may be driven by a host of factors, including wages, established workplace benefits and protections, increased prevalence of workplace violence, and competition from other employment sectors. These factors can make it difficult to recruit and retain qualified workers. The Committee is further concerned with the potential effects of worker shortages on increasing healthcare costs, such as emergency room visits and re-hospitalizations, as well as the costs to employers that need to hire and train new workers. Expanding access to quality, long-term care will become more urgent as the U.S. population of adults who are 65 and older will grow substantially in the coming decades.

The Committee notes ACL's recent launch of the Direct Care Workforce [DCW] Capacity Building Center, which will serve as a hub to improve home and community-based services and enhance the direct care workforce. DCW will disseminate best practices for agency-based and consumer-directed care arrangements, as well as provide tools, resources, and training to assist state systems, service providers, and other key stakeholders to strengthen the direct care workforce. The Committee directs ACL, in coordination with DOL and CMS, to examine data on the potential impacts of worker shortages on long-term care affordability and accessibility. The agencies shall submit a report analyzing the above-mentioned data to the Committees on Appropriations not later than 120 days after enactment of this act.

*Native American Caregiver Support Program*

The Committee recommends \$12,000,000 to carry out the Native American Caregiver Support program. 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 disability, as well as for grandparents caring for grandchildren.

*Congregate and Home-Delivered Nutrition Services*

The Committee recommends \$565,342,000 for congregate nutrition services and \$381,342,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once per day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

*Nutrition Services Incentives Program [NSIP].*—The Committee recommends \$112,000,000 for NSIP, consistent with the budget request level. ACL expects that the reduction will be offset by State and private funding, as well as the Committee's recommended increases for the two primary nutrition programs. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and Tribes may choose to receive all or part of their funding in the form of commodities from the U.S. Department of Agriculture.

*Aging Grants to Indian Tribes and Native Hawaiian Organizations*

The Committee recommends \$38,264,000 for grants to Native Americans. This program provides grants to eligible Tribal organizations for the delivery of nutrition and supportive services to Native Americans.

*Aging Network Support Activities*

The Committee recommends \$30,461,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

*Holocaust Survivor Assistance.*—The Committee provides \$8,500,000 for the Holocaust Survivor 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.

*Alzheimer's Disease Program*

The Committee recommends \$16,800,000, including \$14,700,000 to be transferred from the PPH Fund, for the Alzheimer's Disease Program which includes Demonstration Grants to States and the Alzheimer's Disease Initiative. Within this funding, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers. The Committee recommends no less than \$2,000,000 to continue the National Alzheimer's Call Center.

*Lifespan Respite Care*

The Committee recommends \$11,500,000, an increase of \$1,500,000, for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

*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 [CDSMP]. This program assists those with chronic disease with education to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. Multiple studies have shown CDSMP to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

*Elder Falls Prevention*

The Committee recommends \$7,500,000, including \$5,000,000 to be transferred from the PPH Fund, for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement.

*Elder Rights Support Activities*

The Committee recommends \$33,874,000 for Elder Rights Support activities, which support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

*Aging and Disability Resource Centers*

The Committee recommendation includes \$8,619,000 for Aging and Disability Resource Centers. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence.

*State Health Insurance Assistance Program*

The Committee recommends \$55,242,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

*Paralysis Resource Center*

The Committee recommends \$10,700,000 for the Paralysis Resource Center [PRC]. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the over five million people living with paralysis and their families. The Committee directs ACL to support the National PRC at not less than \$10,000,000.

*Limb Loss*

The Committee recommends \$4,200,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

*Traumatic Brain Injury*

The Committee recommends \$13,118,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.



*Developmental Disabilities State Councils*

The Committee recommends \$81,000,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

*Technical Assistance.*—The Committee recommends that ACL to provide not less than \$800,000 for technical assistance and training for the State Councils on Developmental Disabilities. In addition, the Committee encourages ACL to consult with Developmental Disabilities Assistance and Bill of Rights Act [DD 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 \$45,000,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

*Proper Settings of Care.*—The Committee encourages ACL consider the needs and desires of patients, families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, in its enforcement of the DD Act.

*Voting Access for Individuals with Disabilities*

The Committee recommends \$10,000,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

*Developmental Disabilities Projects of National Significance*

The Committee recommends \$12,250,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

*University Centers for Excellence in Developmental Disabilities*

The Committee recommends \$43,119,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs] to continue to meet their obligations under the DD Act. UCEDDs provide training, technical assistance, service, research, and information dissemination to people with disabilities, their families, State and local government agencies, and providers, to build the capacity of

communities and create improvements in the service delivery system for people with I/DD and other disabilities, including those from underrepresented populations. The funding also will support technical assistance to strengthen and support the National network of UCEDDs as they disseminate research, training, and practices nationwide.

*Independent Living*

The Committee recommends \$128,183,000 for the Independent Living Program, which helps ensure that individuals with disabilities can live productive and independent lives in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

*National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]*

The Committee recommends \$119,000,000 for the NIDILRR, which supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities. NIDILRR is the only government entity charged to focus on the whole person with a disability and their ability to function independently and maintain a high quality of life among all personal, societal and environmental factors. The recommendation continues funding to support the Traumatic Brain Injury Model Systems National Data and Statistical Center [NDSC].

*Assistive Technology*

The Committee recommends \$40,000,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities. With the reauthorization of the 21st Century Assistive Technology Act last Congress, the Committee supports implementation to meet the increased demand for access to assistive technology for people with disabilities and older adults. In doing so, the Committee eliminates the alternative financing program that duplicates resources already available under the 21st Century Assistive Technology Act.

*Program Administration*

The Committee recommends \$47,813,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

*Congressionally Directed Spending.*—The Committee includes \$29,268,000 for aging and disability services projects, as specified in the explanatory statement accompanying this act.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

The Committee recommends \$3,673,677,000 for the Administration for Strategic Preparedness and Response [ASPR]. This appropriation supports the activities of ASPR and other components within the Office of the Secretary to prepare for the health con-

sequences of bioterrorism and other public health emergencies, including pandemic influenza.

*Department of Defense Coordination.*—The Committee understands the critical role of the Department of Defense [DoD] in the larger U.S. Government and private sector efforts to address chemical, biological, radiological, and nuclear [CBRN] threats as well as emerging infectious diseases. The DoD possesses unique capabilities that contribute to interagency efforts to prevent, detect, and respond to outbreaks of infectious disease worldwide. The Committee encourages prioritizing and aligning investments in medical countermeasures among all Federal stakeholders to ensure that effective countermeasures are developed to meet both military and civilian needs, and to prevent potential duplication of efforts. The Committee urges ASPR and DoD to coordinate to leverage private industry expertise to meet these needs.

*Public Health Emergency Medical Countermeasures Enterprise [PHEMCE].*—The Committee recognizes the importance of the PHEMCE in ensuring the Nation's preparedness for CBRN and emerging infectious disease threats. The Committee directs ASPR to continue to partner with PHEMCE interagency partners in the execution of those functions. The Committee further directs ASPR, working with PHEMCE and intelligence community partners, to provide an annual classified threat briefing to the Committee, and as situations arise that may materially impact our medical countermeasure enterprise. Finally, in accordance with the recommendations outlined in the National Academies of Sciences, Engineering and Medicine November 2021 report, Ensuring an Effective PHEMCE, the Committee encourages ASPR to create an advisory committee to the PHEMCE of rotating private sector and non-Federal partners and stakeholders. To the extent practicable, PHEMCE's strategic planning and decision-making around stockpile needs, requirements, and interactions with other government agencies and the communication of such decisions should be made in concert with the advisory committee considering the inputs from private partners. ASPR is directed to report to the Committee within 120 days of enactment to provide an update on these activities.

*Reporting.*—The Committee directs ASPR to brief the Committees on Appropriations monthly regarding activities funded by this act and other available appropriations. The agency shall notify the Committee at least 24 hours in advance of any obligation greater than \$25,000,000 from any appropriation available to ASPR. Such notification shall include the source of funding, including the applicable legislative citation, and a description of the obligation. In addition, ASPR shall submit a monthly obligation report in electronic format summarizing the details of these obligations to the Committees on Appropriations. Such report shall be due not later than 30 days after the end of each month and shall be cumulative for the fiscal year with the most recent obligations listed at the top. Furthermore, the Secretary shall include in this monthly report the current inventory of COVID-19 vaccines and therapeutics, as well as the deployment of these vaccines and therapeutics during the previous month as reported by States and other jurisdictions until the inventory is expended.

## RESEARCH, DEVELOPMENT, AND PROCUREMENT

Appropriations, 2023 .....	\$3,062,991,000
Budget estimate, 2024 .....	3,215,123,000
Committee recommendation .....	3,056,991,000

The Committee recommends \$3,056,991,000 for ASPR's Research, Development, and Procurement activities. This appropriation supports the advanced research, development, regulatory approval, and procurement of life-saving medical products—drugs, vaccines, therapeutics, diagnostics, and medical devices—that are collectively known as medical countermeasures [MCMs]. These MCMs serve as life-saving technologies during public health emergencies involving CBRN threats and other emerging threats, while advancing the day-to-day public health and medical capabilities. In addition to developing these products, this appropriation also supports ensuring certain qualifying MCMs and medical supplies are stockpiled to be ready to deploy when needed.

*Biomedical Advanced Research and Development Authority [BARDA]*

The Committee recommendation includes \$970,000,000, an increase of \$20,000,000, for BARDA. BARDA supports the advanced development of vaccines, therapeutics, diagnostics and devices for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases. BARDA played a critical role in the COVID-19 and Mpox outbreak responses, and swiftly acted in response to recent Marburg, Sudan, and Ebola Zaire outbreaks. The Committee encourages BARDA to expand its portfolio of partnerships for broader success.

*Antimicrobial Resistance [AMR].*—The Committee continues to support advanced research and development of broad-spectrum antimicrobials, particularly for multi-drug resistant pathogens, and next-generation therapeutics that address the increasing incidence of antimicrobial resistance.

*Blood Supply.*—The Committee remains concerned about the vulnerability of the blood supply after the peak COVID shortages and the HHS Advisory Committee on Blood and Tissue Safety and Availability report indicating that the blood supply faces significant threats and challenges. The Committee supports the report's recommendation to implement new technologies to improve the safety and reliability of the blood supply. The BARDA strategic objective to develop next generation blood products must go beyond treatment of radiation injuries and be expanded to include products that can be used regardless of the patient's blood group, expand availability to all hospitals, prevent shortages, and be suitable for use throughout the continuum of care including first responders. Suitable products that are in clinical trials should be considered a priority for funding. The Committee urges BARDA to rapidly expand the development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications encompassing treatment of hemorrhagic disease, use in general surgery, obstetrics, and trauma. The Committee encourages the Secretary to consider a pilot project to expand manufacturing capacity

such that a national inventory adequate to provide a national response capability can be established.

*CBRN Threats.*—The Committee notes with concern the elevated risks posed by CBRN weapons across the globe and provides robust funding for BARDA’s core national security mission to protect Americans against these deliberate, man-made or naturally occurring threats. The Committee urges ASPR to prioritize the development and stockpiling of critical CBRN vaccines, treatments, and diagnostics to ensure there is no disruption in the availability of these life-saving MCMs in the Strategic National Stockpile [SNS]. The Committee encourages ASPR to engage more frequently with private sector partners to speed the development of new MCMs and stockpiling of existing MCMs against CBRN threats.

*Infectious Diseases.*—The Committee supports robust funding for BARDA’s naturally occurring infectious disease programs, including emerging infectious diseases, AMR, and pandemic influenza. The Committee encourages BARDA to account for low-resource settings and vulnerable populations, such as children and neonates, in its funding decisions to produce tools that have wide applicability for many geographies in the United States and globally that lack advanced health infrastructure. The Committee encourages ASPR to project its spending on emerging infectious diseases, pandemic influenza, and AMR in its annual 5-year budget plan. The Committee requests that BARDA continue publicly updating its research portfolios and to include pathogen, product, phase, and funding data for all its programs, and to provide the underlying data in tabular form.

*Infectious Disease Outbreaks with Pandemic Potential.*—The Committee supports robust funding for BARDA to support advanced research and development of innovative platform technologies and medical countermeasures focused on (but not limited to) vaccines, therapeutics, diagnostics, and other MCMs for emerging infectious diseases, including novel pathogens and priority viral families with pandemic potential. The Committee encourages ASPR to collaborate with the heads of other appropriate Federal departments, agencies, and offices as well as the private sector and other stakeholders to identify promising MCMs and platform technologies that can be leveraged. The Committee directs BARDA to prioritize expeditious development of such MCMs and innovative platform technologies. The Committee directs BARDA to allocate no less than \$10,000,000 in fiscal year 2024 to create a Disease X Medical Countermeasure Program at BARDA for expeditious development of MCMs against priority viral families, including those effective against novel pandemic pathogens. The Committee requests a briefing within 90 days of enactment to provide an update on such efforts.

*Valley Fever.*—The Committee is concerned by projections of the growing geographic spread of coccidioidomycosis, commonly known as Valley fever, throughout the western United States. The Committee is encouraged by recent progress toward a canine vaccine to prevent Valley fever and urges close collaboration between NIAID and BARDA to identify, facilitate, and engage in translational research and opportunities for public-private partnerships to advance a Valley fever vaccine for humans.

*Project Bioshield Special Reserve Fund*

The Committee recommendation includes \$820,000,000 for Project Bioshield. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. These funds support the acquisition of promising MCMs developed through BARDA contracts for the most serious public health threats.

*Strategic National Stockpile*

The Committee includes \$965,000,000, for the Strategic National Stockpile [SNS].

*Acute Radiation Syndrome [ARS].*—The Committee notes ASPR has the responsibility of developing and procuring MCMs for naturally occurring and intentional threat agents while ensuring that these are quickly available in the event of an emergency, and that these threats include nuclear and radiological events. The Committee is concerned, however, that ASPR/SNS has only been able to meet 55 percent of their requirement to protect Americans from ARS. Considering the risks associated with international supply chains and recent geopolitical developments, the Committee urges ASPR/SNS to enter into agreements that will allow them to achieve the requirements for FDA-approved MCMs for ARS that reflect the expected conditions for their deployment and use. The Committee requests a report within 30 days of enactment that includes an update on ASPR's plans to ensure existing ARS products are maintained and secure the continued availability of a diverse set of domestically manufactured ARS countermeasures that will be effective under expected conditions of deployment and use.

*Improving Testing Protocols for Auto-Injectors.*—The Committee is concerned shelf-life extension protocols for auto-injector delivered drugs in the SNS only verify the life-cycle of the active pharmaceutical ingredients inside the auto-injector, but there is no protocol to verify the mechanical and functional efficacy of the auto-injector's delivery device. The Committee requests a report within 120 days of enactment on the agency's plans, in coordination with FDA, to commence routine testing of auto-injector mechanisms for continued viability, along with active pharmaceutical viability.

*Made in America Strategic National Stockpile.*—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 [PPE]. The Committee strongly urges ASPR to develop a long-term sustainable procurement plan that gives preference to and results in purchases directly from domestic manufacturers to the maximum extent practicable.

*Nerve Agent Countermeasures.*—The Committee is concerned the Nation is not sufficiently prepared for the threats posed by chemical weapons and nerve agents, particularly threats to the American public. Anti-convulsant medicines provide a key means of treatment, yet the SNS currently stockpiles only diazepam auto-injectors, all of which received previous shelf-life extensions that are set to expire in October 2023. The Committee is concerned the existing anti-convulsants will soon expire and no plan is in place to resupply the stockpile. The Committee directs ASPR to provide

a report within 45 days of enactment on the agency's plans to begin the replacement of expiring diazepam auto-injectors with FDA approved anti-convulsant medicines.

*Poxvirus Vaccine.*—The Committee commends ASPR for their role in the successful campaign to stop the 2022 Mpox outbreak by deploying MCMs that were previously developed, purchased and stockpiled for smallpox preparedness. The Committee is concerned however that there may now be an insufficient supply of poxvirus vaccine for immunocompromised individuals in the stockpile, especially in light of the continued national security threat of an intentional or accidental release of smallpox. The Committee requests ASPR prioritize replenishment of medical countermeasures used during the Mpox outbreak and requests a briefing within 60 days of enactment on the stockpiling requirements for poxvirus vaccine as determined by the PHEMCE.

*Replenishing Influenza Antivirals.*—The Committee remains concerned about the perennial threat of pandemic influenza. In addition to vaccines, antivirals are a critical medical countermeasure. The Committee supports the Department's multi-year strategic initiative to supplement shelf-life extended flu antivirals in the stockpile with therapeutics that have not undergone extensions, in order to meet the full requirements. ASPR is encouraged to prioritize acquiring influenza antivirals to the full requirements that can be safely used during pregnancy and in children under 5. The Committee also strongly urges HHS to diversify and replenish its stockpile of emergency influenza antivirals to ensure the Nation has multiple current treatment options in the event of an influenza pandemic.

*Shelf-life Extension Program.*—The Joint Explanatory Statement accompanying the fiscal year 2023 Consolidated Appropriations Act (Public Law 117–328) expressed concern that efforts to achieve cost savings through the Shelf-Life Extension Program [SLEP] could negatively impact the distribution of, patient adherence to, and ultimately consumer confidence in certain products in the SNS, particularly aged antivirals. It also required an audit of SLEP for antivirals in the SNS as well as inclusion of recommendations to safeguard SNS's ability to effectively respond to future severe influenza outbreaks, and the Committee expects delivery of those materials expeditiously. Moreover, additional MCMs in the SNS, which have been procured to support domestic readiness in the event of a biological event, are expired or approaching expiry but are not currently included in the SLEP. The Committee directs ASPR, in coordination with FDA, to develop an appropriate strategy to evaluate the potency and utility of these products in a public health emergency. ASPR is directed to update the Committee on these activities within 120 days of enactment.

*Supply Chain Risk Assessment.*—The Committee urges ASPR, in coordination with FDA, to prioritize the identification of upstream pharmaceutical supply chain risks to reduce medicine supply disruptions while also providing evidence to inform public investment and policy reforms that build more resilience. This includes the ability to leverage integrated data analytics from a range of data sources to identify key risk indicators and improve both demand forecasting and capacity management. The Committee directs

ASPR to identify opportunities to support the development of capabilities to continually assess the global supply chain for essential medicines, that covers source location, volume, and the number of facilities involved in the product of Active Pharmaceutical Ingredients [APIs] and Key Starting Materials [KSMs], finished dosage forms, and other required components. A special emphasis should be placed on drug shortages, particularly sterile injectable drugs, which were found to be the drugs most commonly in short supply in the FDA’s report *Drug Shortages: Root Causes and Potential Solutions*.

*Domestic Supply Chain of Essential Medicines.*—The Committee urges ASPR, in coordination with FDA, to identify opportunities to support the development of capabilities to produce essential medicines in the United States. Particular attention should be paid to the production of antibiotics, which are experiencing drug shortages and are found on FDA’s List of Essential Medicines.

*Pandemic Influenza Preparedness*

The Committee recommendation includes \$327,991,000, for Pandemic Influenza Preparedness, which includes \$26,000,000 in unobligated balances from pandemic influenza supplemental appropriations. This funding supports efforts to modernize influenza research and development of vaccines and next-generation influenza medical countermeasures, preparedness testing and evaluation, as well as critical domestic vaccine manufacturing infrastructure. Of the total, \$27,991,000 is provided in annual funding and \$274,000,000 in no-year funding. The Committee expects the \$26,000,000 in unobligated balances from pandemic influenza supplemental appropriations shall be provided to BARDA for pandemic influenza activities.

OPERATIONS, PREPAREDNESS, AND EMERGENCY RESPONSE

Appropriations, 2023 .....	\$566,686,000
Budget estimate, 2024 .....	656,790,000
Committee recommendation .....	541,686,000

The Committee recommends \$541,686,000 for ASPR’s Operations, Preparedness, and Emergency Response activities. This appropriation supports the operations and logistics capabilities across ASPR’s programs as well as the tools and resources necessary to support its emergency preparedness and response mission. This includes ASPR’s financial management, acquisition, information technology, and its suite of integrated Federal medical response capabilities that is prepared to respond when disaster strikes.

*HHS Coordination Operations and Response Element [H-CORE].*—The Committee includes \$50,000,000 to ensure the operational coordination and logistical support for the COVID–19 response and other threats, as they arise.

*Preparedness and Emergency Operations*

The Committee includes \$31,154,000 for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which supports the 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 \$96,904,000, for the National Disaster Medical System [NDMS] to improve the disaster readiness of the Nation by better coordinating existing assets with States and regions.

*Mission Zero.*—The Committee includes \$4,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

*Pediatric Disaster Care.*—The Committee includes \$7,000,000, to support the pediatric disaster care program.

*Public Health Preparedness Equipment.*—The Committee continues to include \$20,000,000 for ASPR to invest in next generation air mobility solutions that will ensure more cost-effective health delivery systems. The Committee supports the establishment of a federally-funded research and development center, led by an academic medical center, to improve far-forward medical response, training and innovation, specifically utilizing health information technology, unmanned aerial systems, countermeasure delivery, and remote patient assessment and triage.

*Health Care Readiness and Recovery*

The Committee's recommendation includes \$305,055,000 for Health Care Readiness and Recovery [HCRR], formerly the Hospital Preparedness Program. The HCRR portfolio includes critical programs and activities that strengthen healthcare sector readiness to provide innovative, coordinated, and lifesaving care in the face of emergencies and disasters. The Committee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to public health emergencies. Within HCRR, the Committee includes \$240,000,000, for cooperative agreements, critical support to State, local, and regional partners to advance healthcare system preparedness and response.

*Collaborative Learning Models.*—The Committee notes the use of technology-enabled collaborative learning models, such as Project ECHO, during the COVID-19 pandemic and encourages ASPR to leverage these solutions in its healthcare emergency preparedness and response.

*EMS Preparedness and Response Workforce Shortage Program.*—The Committee urges ASPR to address the crippling EMS workforce shortage, including in underserved, rural, and Tribal areas and/or address health disparities related to accessing prehospital ground ambulance healthcare services, including critical care transport. The Committee encourages ASPR, in consultation with the National Highway Traffic Safety Administration's Office of EMS, to develop a national pilot program of grants to governmental and non-governmental EMS organizations to support the recruitment and training of emergency medical technicians and paramedics in underserved, rural, and Tribal areas and/or addressing health dis-

parities related to accessing prehospital ground ambulance healthcare services.

*National Special Pathogen System [NSPS].*—The Committee includes \$7,500,000, to continue to support the National Emerging Special Pathogens Training and Education Center [NETEC], and \$21,000,000 to continue to support existing Regional Emerging Special Pathogen Treatment Centers [RESPTCs] and Special Pathogen Treatment Centers [SPTCs] to prepare for future pandemic threats. Funding will support efforts to maintain and improve the Nation’s preparedness against highly infectious pathogen threats. Funding will continue to be available to NETEC and RESPTCs for readiness to respond to outbreaks of infectious diseases, for additional treatment centers, for special pathogen medical transport and further establish the National Special Pathogen Systems of Care tier network.

*Regional Disaster Health Response System.*—The Committee includes \$7,000,000 to support ASPR’s efforts to improve disaster readiness by better coordinating healthcare infrastructure and systems with States and across regions. The Committee urges ASPR to continue improving regional readiness efforts to increase regional ability to respond to threats, leverage local, State, and Federal healthcare assets across coalition and State lines, and improve communications and coordination among participating agencies.

*Medical Reserve Corps*

The Committee recommendation includes \$6,240,000 for the Medical Reserve Corps [MRC] program, which is a national network of local volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee appreciates that funding for MRCs has historically been provided to local units quickly and effectively, thereby allowing for grants to help build and sustain local communities’ ability to prepare for and respond to emergencies. The Committee encourages ASPR to continue this locally-driven approach and to allocate this funding and any remaining funding from the American Rescue Plan Act via established mechanisms that provide funds directly to local MRC units, which are made up of representatives from their communities.

MANUFACTURING AND PRODUCTION

Appropriations, 2023 .....	
Budget estimate, 2024 .....	\$400,000,000
Committee recommendation .....	75,000,000

The Committee recommends \$75,000,000 for ASPR’s Manufacturing and Production and Pandemic Preparedness and Biodefense activities. This appropriation supports the permanent establishment of the Industrial Based Management and Supply Chain Office to ensure that critical supplies are manufactured in the United States. It also provides new resources to bolster pandemic preparedness and biodefense against new and emerging threats, which may include investments to accelerate advanced development of investigational vaccines, therapeutics and diagnostics; support emergency manufacturing of critical MCMs and ancillary supplies; and, to the extent feasible, invest in the expansion of the domestic medical supply chain.

*Industrial Based Management and Supply Chain [IBMSC]*

The Committee directs that this funding shall be used to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines and diagnostics in the event of a national health emergency.

*Active Pharmaceutical Ingredients.*—The Committee is concerned with the National security risk of our increased reliance on foreign-based sources of APIs, their chemical components, and drug production. Key identified vulnerabilities in the essential medicine supply chain include the current lack of the ability to manufacture high-quality products for the U.S. market, need for diversification of the drug supply chain, and establishing redundancy in the supply chain, such as incentivizing the existence of multiple manufacturers for each product and its precursors. The Committee recognizes the importance of domestic drug manufacturing and onshore production of medicine and provided supplemental emergency funding in pandemic relief legislation to support increased U.S. based manufacturing capabilities. The Committee urges IBMSC to engage in public-private partnerships for U.S. based advanced manufacturing for APIs including their chemical precursors for the SNS. The Committee directs IBMSC to provide a report within 180 days of enactment detailing their efforts to promote domestic drug manufacturing, including efforts during the COVID–19 public health emergency, and recommendations for Congress to support onshore pharmaceutical production.

*Strengthening Domestic Manufacturing and Production.*—The Committee commends ASPR for its support of industrial base management capabilities launched during the COVID–19 pandemic, including global supply chain situational awareness, market capabilities, rapid acquisition execution, and coordination of Defense Production Act [DPA] and Emergency Support Function [ESF]-8 authorities. This work has been essential to creating a secure and resilient domestic supply of quality and affordable essential medicines and PPE. These strategic investments in domestic technologies and industries ensure our Nation’s health and biosecurity. However, the Committee remains concerned about the Nation’s limited infrastructure to produce essential products such as medical devices, equipment, pharmaceuticals, and PPE. The Committee supports efforts by ASPR to expand upon the domestic industrial base to end the reliance on foreign sourced medical equipment, PPE, diagnostic tests, medical devices, and to secure the pipeline for critical medicines, including antibiotics. The Committee directs IBMSC to use available funds to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines in the event of a national health emergency. IBMSC should seek opportunities to expand domestic manufacturing facilities with end-to-end capabilities to produce bulk drug substance, support platform technologies for MCMs, and provide fill-finish capacity. The Committee urges ASPR to use available funds to support manufacturers in building, expanding, upgrading, modifying, and/or recommissioning facilities in the U.S. to increase manufac-

turing capacity of critical medicines or their active pharmaceutical ingredients.

*Warm-Base Manufacturing for Diagnostics.*—The Committee remains concerned the COVID–19 pandemic has demonstrated the need for warm-base manufacturing for U.S. domestic diagnostic companies. Warm-base manufacturing programs for diagnostics, like those established for vaccines, would be a significant benefit to the United States and global health. In addition, the pandemic highlighted the expansion and success of Over-the-Counter [OTC] testing as a pivotal part of the Administration’s Test-to-Treat program to address the public health emergency. The Committee encourages ASPR to continue to support the investments made during the pandemic for testing, supply chain, and surge capacity for U.S. diagnostic manufacturing to maintain U.S. readiness and future preparedness. Further, the Committee urges ASPR to promote policies for flexible contracting and the expansion of OTC tests, and tests appropriate for use in low resource settings, to improve public health surveillance beyond COVID–19.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2023 .....	\$601,972,000
Budget estimate, 2024 .....	704,566,000
Committee recommendation .....	601,972,000

The Committee recommends \$601,972,000 for General Departmental Management [GDM]. The recommendation includes \$64,828,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This appropriation supports activities that are associated with the Secretary’s role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [OASH], including the Office of the Surgeon General. GDM funds also support the Department’s centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

*Addressing Factors Related to Improving Health Outcomes.*—The Committee encourages the Secretary to support efforts to coordinate health and social services, enable information sharing on health and social services, and provide technical assistance and related support for entities engaging in efforts to better coordinate health and social services as authorized in Public Law 117–328.

*Adult Cellular Therapies.*—The Committee encourages the Department to support collaborative evidence development in coordination with FDA, NIH, and HRSA, to fully operationalize an outcomes database for adult cellular therapies that are FDA-approved or being administered under FDA Investigational New Drug or Investigational Device Exemption protocols. The Committee also encourages engagement of experts and stakeholders to define data types and standards necessary for such a database.

*Alzheimer's Advisory Council.*—The Committee directs ASPE to fulfill the legislative objectives for the Advisory Council on Alzheimer's Research, Care, and Services, as created by the National Alzheimer's Project Act (Public Law 111-375).

*Antimicrobial Resistance [AMR].*—The Committee continues to support the Administration's proposal to combat antibiotic-resistant infections by strengthening national One Health surveillance efforts, encouraging the development of innovative diagnostic tests for resistant bacteria, and accelerating the development of new antibiotics, other therapeutics, and vaccines. The Committee directs OASH, NIH, ASPR, CDC, and AHRQ to jointly brief the Committee no later than 60 days after the enactment of this act detailing how HHS and its agencies are coordinating their AMR-related efforts, as well as domestic and international AMR trends.

*Artificial DNA Synthesis.*—The Committee remains concerned about the potential for state actors or terrorist organizations to modify existing pathogens using DNA synthesis technologies to create dangerous biological agents that could be used as bioweapons. HHS, in collaboration with the Department of Homeland Security [DHS], is currently required to establish and regulate the list of biological agents and toxins that have the potential to pose a severe threat to public health and safety, referred to as "Select Agents and Toxins." Current DNA synthesis technologies are enabling the production of Select Agents, as well as nontraditional Agents, that could pose a significant risk to National Security and may not be covered by current HHS select agent review or regulations. The Committee is concerned by the potential for commercial DNA synthesis providers to manufacture and distribute synthetic genetic material (directly or indirectly through providing synthesizing instruments) that could enable the production of infectious forms of agents with potential to cause serious intentional or unintentional harm. The Committee encourages the Secretary of HHS to consult with DHS on the current threat landscape and for the Secretary to evaluate the need for a regulatory framework for screening synthetic genetic material to prevent the mistaken or malicious production of biological agents.

*Barriers to Behavioral Health Care for Students.*—The Committee encourages the Secretary to investigate barriers to continuity of behavioral healthcare due to State licensing agreements, particularly for students in higher education. The Committee is concerned that students who move or reside out-of-State from their primary behavioral health provider may not be able to maintain access to their provider via telehealth. The Committee directs the Secretary to submit a report within 1 year of enactment of this act on the circumstances under which providers may be eligible to deliver telehealth services to patients located out-of-State, with their informed consent, including follow up care for patients in higher education with an established therapeutic (patient-provider) relationship. The report should also provide recommendations on how to alleviate such barriers to care.

*Bio-Attribution.*—The Committee is aware that there is a need to improve U.S. capacity to determine the origins of serious future epidemics or pandemics, referred to as bio-attribution whether they come from a natural, accidental, or deliberate source. Having

strong national bio-attribution capabilities to allow the identification of a pandemic could help to prevent further events. Developments in the complementary fields of genomics, proteomics, metabolomics, and data analytics provide opportunities for development of improved bio-attribution capabilities. The Committee encourages HHS to work with other government agencies towards the development, maturation, and implementation of new bio-attribution technologies through both internal government scientific development programs, grants or contracts, as appropriate.

*Brain Aneurysm.*—The Committee directs the Secretary to develop best practices on brain aneurysm detection and rupture for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers.

*Breast Cancer Diagnostics.*—The Committee remains concerned about access to breast cancer diagnostic and supplemental imaging for individuals with commercial insurance, including financial barriers to care, and the financial costs associated with delayed care. The Committee urges the Secretary to work with Congress, and stakeholders to ensure adequate access to diagnostic and supplemental breast imaging, which are integral services of breast cancer screening and early detection. The Committee also requests a report to Congress on existing barriers to breast cancer diagnostic and supplemental imaging, financial costs associated with delayed care relative to breast cancer screenings, actions the Secretary could take to address this issue, and recommendations to Congress on how to alleviate such barriers within 180 days of enactment of this act.

*Broadband Deployment.*—The Committee notes that HHS has not submitted the report on broadband deployment as requested in the joint explanatory statement that accompanied Public Law 117–328. HHS is directed to submit the report to the Committees on Appropriations detailing the progress it has made to date to coordinate with the Federal Communications Commission and carry out its responsibilities to populate the Deployment Locations Map pursuant to section 60105 of the Infrastructure and Jobs Act (Public Law 117–58), including responsibilities not yet fulfilled.

*Children’s Interagency Coordinating Council.*—The Consolidated Appropriations Act of 2023 provided HHS with \$3,000,000 to create a Children’s Interagency Coordinating Council to foster greater coordination and transparency on child policy across agencies. The Committee requests that the Department provide a briefing for the House and Senate Committees on Appropriations on this effort within 90 days of enactment of this act.

*Continuous Manufacturing.*—The Committee is concerned that the lack of clear standards and realistic quality assessment methods for continuous pharmaceutical manufacturing are creating unnecessary risk for capital investments in advanced manufacturing equipment. The Committee urges the Secretary to issue updated guidance that provides clear standards and realistic quality assessment methods for continuous pharmaceutical manufacturing, such as by creating a monitoring system for finished drug quality performance. Furthermore, the Committee urges the Secretary to hold industry forums with domestic pharmaceutical manufacturers and to make dedicated staff available to assist innovators and drug

manufacturers in navigating the regulatory process for new and emerging advanced manufacturing practices and technologies.

*Dietary Guidelines.*—The Committee notes that section 772 of division A of the Consolidated Appropriations Act, 2023 (Public Law 117–328) includes funding for the Secretary of Agriculture, in consultation with the Secretary of HHS, to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine [NASEM] to conduct a study of the eight topics and scientific questions related to alcohol previously published by USDA and HHS, and other relevant topics. Section 772 further directs the Secretary of Agriculture to ensure the process for developing the 2025 Dietary Guidelines includes recommendations that are based on the preponderance of scientific and medical evidence consistent with section 5341 of title 7 of the United States Code, and that it is fully transparent and includes a balanced representation of individuals who are unbiased and free from conflicts of interest. The Committee expects the Secretary of HHS will ensure the same, and requests a briefing within 120 days of enactment on how HHS will incorporate the findings and recommendations of the NASEM study into the process for developing the 2025 Dietary Guidelines.

*Embryo Adoption Awareness Campaign.*—The Committee includes funding 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.

*Grants.gov.*—Grants.gov, operated by HHS for all Federal agencies, allows Indian tribes, Tribal organizations, and Native Hawaiian organizations to search for Federal grants for which they are eligible. Alaska Native Corporations [ANCs], created by Congress, are not able to search for the funding opportunities for which they are eligible in the same manner. The Committee directs HHS to report within 120 days of enactment on how the Department is ensuring ANCs are aware of their eligibility through search functions on grants.gov.

*Ending the HIV Epidemic.*—The Committee continues support for this initiative but is concerned by a lack of quantifiable data showing outcomes of a program started in 2019. Therefore, the Committee directs HHS to: (1) provide a spend plan to the Committees no later than 60 days after enactment of this act, to include resource allocation by State; (2) brief the Committees on the fiscal year 2024 plans no later than 90 days after enactment of this act; (3) provide the Committees an update on the program's performance data since the beginning of the initiative through the latest available data, making sure to address each of the initiative's goals and performance metrics, no later than 180 days after enactment of this act and updated annually throughout the life of the initiative.

*Evaluation of 211 Hotlines.*—The Committee directs ASPE, in collaboration with ACF and ACL, and in consultation with State, local, and Tribal governments, to conduct a study on the usage,

quality, shortcomings, and best practices of the 211 hotline and submit a report to the Committee within 1 year of enactment of this act on the findings of such study. The report shall include findings on the prevalence of 211 hotline usage, effectiveness of 211 referrals, any gaps in service coverage, modes of communication used to disseminate information, accuracy, timeliness, data protections, and satisfaction of 211 users. The report should also provide recommendations for the improvement to the 211 hotline, including funding, technology, accessibility, quality of social service information, and measurement of outcomes.

*Global Health Research.*—The Committee requests an update in the fiscal year 2025 CJ on how CDC, FDA, BARDA, NIH, including the Fogarty International Center, and other agencies jointly coordinate global health research activities with specific metrics to track progress and collaboration toward agreed upon health goals.

*Hepatitis B Initiatives.*—The Committee encourages OASH to lead the development of a government wide coordinated effort to ensure the implementation of the Advisory Committee on Immunization Practices' [ACIP] recommendation that all adults between 19 and 59 be vaccinated for hepatitis B. The Committee requests a report, in partnership with CDC, to be prepared before the end of fiscal year 2024 on a government-wide coordinated effort needed to make progress to meet this vaccination goal. The Committee also urges HHS to take action on its Viral Hepatitis National Strategic Plan.

*Housing-Related Supportive Services.*—Individuals who have serious and complex health challenges, including mental health and substance use disorders, and chronic medical conditions require additional supports to maintain stable housing. The Committee supports the effort underway in partnership with the Department of Housing and Urban Development, CMS, SAMHSA, ACL, and ASPE to provide direct technical assistance to communities leveraging programs, like Medicaid, to cover and provide housing-related supportive services and behavioral healthcare. The Committee directs HHS and HUD to jointly brief the House and Senate Committees on Appropriations on this effort within 180 days of enactment of this act.

*Impairment after Mastectomy.*—The Committee is aware of research demonstrating that long-term impacts after mastectomy can lead to both functional impairment and quality of life issues in breast cancer survivors. Impairment due to numbness, muscle weakness, and chronic swelling may occur. The Committee is aware that technological procedure advancements are now available to shift the focus of reconstructive breast surgery beyond cosmetic-only results to include the restoration of typical breast functions, such as sensation. The Committee requests that the Secretary, in collaboration with other relevant HHS agencies, explore technological advances impacting health outcomes after mastectomy. The Committee requests an update in the fiscal year 2025 CJ about this issue.

*Maternal Health.*—The CDC recently released a new study on the maternal mortality crisis in the United States, finding that the rate has risen 40 percent since 2020, the highest numbers in almost 60 years. The Committee is concerned with these alarming



statistics, and directs HHS to prioritize efforts to improve maternal health outcomes and reduce maternal mortality. The Committee directs HHS to focus on efforts to improve coordination across maternal health programs, expand the maternity care workforce, advance equity through the development of a maternal health quality outcomes measure, and enhance postpartum social supports for families.

*Mental Health Grants.*—The Committee supports the continued efforts of the Federal Government in addressing the growing mental health crisis across the country. The Committee encourages the Secretary, in coordination with other Federal agencies, to establish an interactive online dashboard to allow the public to review information for Federal grant funding related to mental health programs across agencies in order to promote increased accessibility of Federal funding to effectively address mental health.

*Mental Health Parity.*—The Committee encourages the Secretary to support State insurance departments for the implementation of mental health parity as authorized in Public Law 117–328.

*Nonrecurring Expenses Fund [NEF].*—The Committee directs the Secretary to prioritize obligations from resources in the NEF for projects currently underway, including the CDC NIOSH facility in Cincinnati, Ohio. The Secretary should complete outstanding projects in a timely manner and prior to funding new projects.

*Obligation Reports.*—The Committee directs the Secretary to submit electronically to the Committees an excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation not later than 30 days after the end of each quarter.

*Polycystic Ovary Syndrome [PCOS].*—Research shows that the prevalence of PCOS, one of the most common endocrine disorders in women-reported in health systems data is significantly less than the population prevalence of PCOS. One potential factor in underdiagnoses is a lack of education and awareness about the disorder by healthcare professionals and patients. The Committee urges HHS to increase education about PCOS among medical and allied health providers within health systems and insurers and work in partnership with PCOS patient organizations to increase education and awareness among patients. The Committee urges HHS to investigate and report on gaps in care for PCOS patients regarding metabolic, cardiovascular, cerebrovascular, mental, reproductive, oncologic, maternal, and adolescent health, and any other identified care gaps.

*Programs of All-Inclusive Care for the Elderly.*—The Committee notes that before the COVID–19 pandemic and during the COVID–19 Public Health Emergency, Programs of All-Inclusive Care for the Elderly [PACE] have been effective in keeping their medically complex, nursing home eligible population safe at home. Given the increasing demand for home and community based services by older adults and those living with disabilities, within 120 days of enactment of this act, the Committee directs the Secretary to submit a report providing details of an implementation plan for PACE-specific model tests that examine methods of increasing access and affordability for Medicare and Medicaid beneficiaries.

*Rare Kidney Disease Diagnostic Issues.*—The Committee encourages the Secretary to convene a conference focused on rare kidney disease diagnostic issues. The Committee notes the need to analyze the impact of the decline of routine urinalysis on the timely diagnosis of rare kidney disease and on the quality of patient care as well as the quality and reliability of kidney biopsy in diagnosis of rare kidney disease. The Committee further encourages the Secretary to report to Congress on whether genetic and genomic testing may improve preventative care, precision medicine and health outcomes.

*Rare Kidney Disease Transplant and Dialysis.*—The Committee notes the high costs of dialysis and transplant associated with rare kidney disease. The Committee encourages the Secretary to conduct experiments to evaluate methods for treating rare kidney disease, particularly those that would delay or eliminate the need for dialysis and transplant through a comprehensive study of methods to increase public awareness of rare kidney disease, including in communities of color. The Committee requests an update on these activities as part of the fiscal year 2025 CJ.

*Rural Media.*—The Committee recognizes the critical role local media plays in delivering public health messages to small or rural communities. Therefore, the Committee directs the Secretary to ensure that local media in small or rural markets are part of the Federal public health advertising campaigns. To further this goal, the Committee directs the Secretary, in coordination with the Assistant Secretary for Public Affairs and their media buyer contractors, to prioritize local news media in rural areas for HHS Federal advertising campaigns to reach citizens in these communities with key health messages. Local media should include newspapers, including non-daily newspapers, television, and radio. The Committee directs the Office of the Secretary to provide to the Committee within 90 days of enactment an update on the efforts of the Department to ensure that local media in rural areas are part of the Department's public health advertising campaigns, including a breakdown of money allocated to local media in rural areas for each of the health focused public affairs campaigns for fiscal year 2023.

*Staffing Reports.*—The Committee includes a general provision requiring the Department to submit a biannual staffing report to the Committees. The Excel table shall include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous 180 days.

*Stillbirth Working Group.*—The Committee continues funding for implementation of the Stillbirth Working Group's recommendations across HHS, including at NIH and CDC.

*Voting-Related Activities.*—The Committee directs the Secretary to brief the House and Senate Committees on Appropriations no later than 90 days after enactment of this act regarding any strategic plans developed by the Department over the three prior fiscal years outlining the ways that the Department has promoted voter registration, and voter participation.

*Wuhan Institute of Virology.*—The Committee is encouraged with the action Referral Memorandum issued on July 17, 2023, with respect to the suspension and debarment of Wuhan Institute of Virol-

ogy, Chinese Academy of Sciences Capital Construction from participating in the United States Federal Government programs. The Committee directs the Department to provide a report to the Committee within 30 days of enactment regarding compliance with the Memorandum and ways the Department is ensuring that Federal funds are not awarded to entities that are likely to have failed to comply with Federal biosafety requirements based on evidence that provides cause for suspension under 2 C.F.R § 180.700(a)–(c).

#### *Teen Pregnancy Prevention*

The Committee recommendation includes \$101,000,000 for the Teen Pregnancy Prevention Program [TPPP]. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches and develop and evaluate new and innovative approaches to prevent teen pregnancy and STIs among adolescents. In addition, the recommendation includes \$6,800,000 in transfers available under section 241 of the PHS Act.

*TPPP.*—The Committee includes \$900,000 for ASPE to support the TPPP Evidence Review. The Evidence Review is an independent, systematic, rigorous review of evaluation studies that informs grant making and provides a clearinghouse of evidence-based programs for other Federal, State, and community initiatives.

#### *Office of Minority Health*

The Committee recommends \$74,835,000 for the Office of Minority Health [OMH]. The Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to identifying and disseminating innovative and effective approaches for improving health outcomes for racial and ethnic minority individuals.

*Achieving Equitable Maternal Health Outcomes.*—The Committee continues \$7,000,000 to support community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial and ethnic minority families. The Department should support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing social determinants of health; promoting evidence-based health literacy, and pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing culturally congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.

*Center for Indigenous Innovation and Health Equity.*—The Committee continues \$4,000,000 to support the Center for Indigenous Innovation and Health Equity. The Committee recognizes the Center's efforts to partner with institutions of higher education with a focus on Indigenous health research and policy among American Indians and Alaska Natives, as well as institutions of higher education with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders. The Committee encourages the Center to both continue and expand these efforts.

*Promoting Language Access Services.*—The Committee continues no less than \$4,000,000 to support the development of methods of informing limited English proficient [LEP] individuals about their right to and the availability of language access services. The Committee supports the Department’s efforts to improve external communications, which should include mediums such as television and radio, to reach LEP communities. However, the Committee encourages the Department to review communication practices and create uniform applications across all HHS agencies to strengthen communication practices to include digital, television, and radio advertising when working with LEP communities.

*Minority HIV/AIDS*

The Committee includes \$60,000,000 for the Secretary’s Minority HIV/AIDS Fund to strengthen and expand services provided by minority-serving community-based organizations [CBOs] for HIV education and awareness campaigns, testing, prevention, linkage to care, and engagement in care to racial and ethnic minority individuals at risk for or living with HIV in order to address the decline in HIV testing and the challenges with linkage to and retention in care and treatment that occurred during the COVID–19 pandemic. Funding may be prioritized for minority-serving CBOs in the South, which has the highest burden of HIV of any region nationwide.

*Office of Women’s Health*

The Committee recommends \$44,140,000 for the Office of Women’s Health [OWH]. This office develops, stimulates, and coordinates women’s health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction to address the disparities in women’s health.

The Committee recommendation includes \$10,100,000 to combat violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers’ ability to help victims of violence and improve prevention programs. The Committee continues to recommend OWH create a State-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence.

*Access to Lactation Support Services.*—The Committee supports HHS’ initiatives to improve access to lactation support services for all individuals who choose to breastfeed. The Committee notes that despite guidance from the HHS Women’s Preventive Services Initiative recommending that families receive comprehensive lactation support services to optimize the successful initiation and maintenance of breastfeeding, many families struggle to gain access to quality lactation care. The Committee notes that the Consolidated Appropriations Act of 2023 (Public Law 117–328) included funding for HHS to enter into an agreement with NASEM to provide an evidence-based, non-partisan analysis of the macroeconomic, health, and social costs of U.S. breastfeeding rates and national

breastfeeding goals. The Committee expects that this analysis should also examine how health insurers have implemented comprehensive lactation services, the standards set to determine reimbursement rates for breastfeeding supplies and services, and the current best practices used to provide coverage to help women breastfeed.

*Women’s Health Research Study.*—To address the persistent gaps of knowledge of women’s health and improve access to care, the Committee continues to expect the Secretary to coordinate with NIH and NASEM in support of research that explores the proportion of research on conditions that are more common or unique to women. This research should establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluates 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 and submit to Congress a report containing the findings and recommendations of the study no later than 18 months after enactment of this act.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2023 .....	\$196,000,000
Budget estimate, 2024 .....	199,000,000
Committee recommendation .....	196,000,000

The Committee provides \$196,000,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2023 .....	\$66,238,000
Budget estimate, 2024 .....	103,614,000
Committee recommendation .....	71,238,000

The Committee makes available \$71,238,000, in transfers available under section 241 of the PHS, to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

*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.

*Health Information Exchanges [HIE].*—The Committee recognizes the importance of electronic health data as a critical piece to address the health needs and care delivery challenges of diverse communities. The Committee strongly encourages HHS to work with States to designate existing neutral, trusted, and nonprofit HIEs to be the State’s health data utility [HDU]. HDU models are designed and implemented in alignment with States’ policies and priorities to address the needs of a broader health and healthcare ecosystem. An HDU can be defined as one or more entities, guided by a diverse stakeholder governance structure, that combine, enhance, and exchange disparate electronic health data sets for treatment, care coordination, quality improvement, population health, public health emergencies, and other public and community health purposes. The Committee recognizes that each State designated HDU is essential in establishing a national framework that fulfills a current gap in healthcare by implementing a comprehensive digital health infrastructure as a public utility that will support data sharing between public and private health data stakeholders. The Committee directs HHS, through ONC and other relevant Federal agencies, to leverage existing authorities, funds, and other resources to construct policy and regulations that strengthen existing HIE infrastructure to facilitate their transition into HDUs. If necessary, the Committee encourages the Secretary to issue policy guidelines, or best practices, to encourage each State to designate an HIE or HIEs to be a State’s HDU.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2023 .....	\$87,000,000
Budget estimate, 2024 .....	116,801,000
Committee recommendation .....	87,000,000

The Committee recommends \$87,000,000 for the HHS Office of Inspector General [OIG].

OIG conducts audits, investigations, and evaluations of the programs administered by the Department’s operating and staff divisions, including the recipients of the Department’s grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department’s programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2023 .....	\$39,798,000
Budget estimate, 2024 .....	78,000,000
Committee recommendation .....	39,798,000

The Committee recommends \$39,798,000 for the Office for Civil Rights [OCR] in budget authority. OCR is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2023 .....	\$710,327,000
Budget estimate, 2024 .....	792,691,000
Committee recommendation .....	792,691,000

The Committee provides an estimated \$792,691,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2023 .....	\$137,892,000
Budget estimate, 2024 .....	278,318,000
Committee recommendation .....	115,992,000

The Committee recommends \$115,992,000 for the Public Health and Social Services Emergency Fund [PHSSEF]. This appropriation supports the activities to prepare for, respond to, and recover from the consequences of a wide range of natural and man-made medical and public health security threats and includes the HHS Office of the Chief Information Officer Cybersecurity Program, the Office of National Security [ONS], the Office of Global Affairs [OGA], pandemic programs, and other HHS-wide preparedness activities.

*Cybersecurity*

The Committee recommends \$100,000,000 for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department’s cybersecurity posture. These funds provide continuous monitoring and security incident response coordination for the Department’s computer systems and networks.

*Office of National Security*

The Committee recommends \$8,983,000 for the Office of National Security to support strategic all-source information, intelligence, defensive counterintelligence, insider threat intelligence, enterprise supply chain risk management, security for classified information, and communications security support across the Department. These funds sustain the Department’s security and threat awareness and its ability to respond swiftly and effectively to national and homeland security threats.

*Office of Global Affairs*

The Committee recommends \$7,009,000 for the HHS Office of Global Affairs to support its work to lead global health diplomacy and policy coordination efforts for HHS to strengthen U.S. health security and pandemic preparedness.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2024, the level transferred from the PPH Fund after accounting for sequestration is \$1,225,900,000. The Com-

mittee 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:

[In thousands of dollars]

Account	Program	Committee recommendation
Aging and Disability Services Programs .....	Alzheimer's Disease Prevention Education and Outreach.	\$14,700,000
Aging and Disability Services Programs .....	Chronic Disease Self-Management .....	8,000,000
Aging and Disability Services Programs .....	Falls Prevention .....	5,000,000
Immunization and Respiratory Diseases .....	Section 317 Immunization Grants .....	702,250,000
Emerging and Zoonotic Infectious Diseases .....	Epidemiology and Laboratory Capacity Grants .....	40,000,000
Emerging and Zoonotic Infectious Diseases .....	Healthcare Associated Infections .....	12,000,000
Chronic Disease Prevention and Health Promotion ..	Office of Smoking and Health (Tobacco Prevention/ Media & Quit Lines).	125,850,000
Chronic Disease Prevention and Health Promotion ..	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	9,750,000
Chronic Disease Prevention and Health Promotion ..	Million Hearts Program .....	5,000,000
Chronic Disease Prevention and Health Promotion ..	Heart Disease & Stroke Prevention Program .....	57,075,000
Chronic Disease Prevention and Health Promotion ..	Diabetes .....	52,275,000
Chronic Disease Prevention and Health Promotion ..	Early Care Collaboratives .....	5,000,000
Environmental Health .....	Lead Poisoning Prevention .....	17,000,000
CDC-Wide Activities .....	Preventive Health and Health Services Block Grants	160,000,000
Mental Health .....	Suicide Prevention (Garrett Lee Smith) .....	12,000,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II or capping NIH investigator salaries.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Committees on Appropriations of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill modifies a provision authorizing the transfer of up to 2.8 percent of PHS Act (Public Law 78-410) funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which states that no provider of services under title X of the PHS Act (Public Law 78-410) may be exempt from State laws regarding child abuse.



Section 209. The bill continues language that restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision that facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language that requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 215. The bill continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill continues a provision permitting NIH to use up to \$100,000,000 of IC funding for construction, improvements, and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Sections 219. The bill continues a provision requiring the CJ to include certain FTE information with respect to the ACA.

Section 220. The bill continues a provision related to ACA exchange funding transparency.

Section 221. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 222. The bill continues a provision requiring the Secretary to transfer Prevention and Public Health Fund resources within 45 days.

Section 223. The bill continues a provision related to breast cancer screening recommendations.

Section 224. The bill continues a provision on NIH indirect costs.

Section 225. The bill continues a provision requiring Congressional notification prior to NIH transfers of opioid funds internally.

Section 226. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 227. The bill continues a provision related to Medicare administrative funds.

Section 228. The bill continues a provision requiring staffing reports.

Section 229. The bill continues a provision on HHS staff travel for medical care.

Section 230. The bill continues a provision allowing private donations for the care of unaccompanied children.

Section 231. The bill continues a provision limiting the use of funds for unlicensed shelters for unaccompanied children.

Section 232. The bill continues a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied children.

Section 233. The bill continues a provision regarding Member access to unaccompanied children facilities.

Section 234. The bill continues a provision requiring monthly reporting of unaccompanied children.

Section 235. The bill continues a provision for CDC employees dependents' schooling of CDC employees stationed in a U.S. territory.

Section 236. The bill includes a new provision related to eligibility criteria for certain Head Start enrollees.

Section 237. The bill includes a new provision related to eligibility criteria for certain Head Start enrollees.

Section 238. The bill includes a provision rescinding funding from the Nonrecurring Expenses Fund.

TITLE III

DEPARTMENT OF EDUCATION

Any references in this title of the Committee Report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of Education or the Department of Education, respectively, unless otherwise noted.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2023 .....	\$19,087,790,000
Budget estimate, 2024 .....	21,254,551,000
Committee recommendation .....	19,262,790,000

The Committee recommends \$19,262,790,000 for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2024–2025 school year.

*Grants to Local Educational Agencies*

The Committee recommends \$18,561,802,000 for the title I–A grants to local educational agencies [LEAs] program. Title I–A grants to LEAs provide supplemental education funding, especially in high-poverty areas, for LEAs to provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs in which the vast majority of students participate in title I–A programs, help all students in high-poverty schools meet challenging State academic standards. Title I–A grants are distributed through four ESEA formulas in amounts provided by this act: basic, concentration, targeted, and the education finance incentive grant [EFIG].

Of the funds available for title I–A grants to LEAs, up to \$5,000,000 shall be available on October 1, 2023, for transfer to the Census Bureau for poverty updates; \$7,715,625,000 will become available on July 1, 2024; and \$10,841,177,000 will become available on October 1, 2024. The funds that become available on July 1, 2024, and October 1, 2024, will remain available for obligation through September 30, 2025.

The fiscal year 2024 President’s budget also proposes to reserve up to \$100,000,000 from amounts available for EFIG and targeted grants to support voluntary activities to help school systems address inequities in school funding through voluntary State school funding equity commissions and voluntary local educational agency equity reviews. Given the limited allocation and necessity to invest in formula allocations needed to sustain investments that assist with academic recovery and student well-being, the Committee recommendation does not include this requested authority.

*School Improvement and Support.*—The Committee appreciates the Department’s targeted monitoring of implementation of ESEA

requirements related to resource allocation reviews and resource inequities. The Committee also appreciates this summer's release of a dear colleague letter that shares recommendations for effectively implementing these requirements. The Department also must continue efforts to assist SEAs and LEAs with implementing all of the school improvement requirements of ESEA. The Committee is concerned the Department has not identified any actions or plans to implement direction in the explanatory statement accompanying last year's appropriations act which directed the Department to increase transparency on the amount reserved by each State for the school improvement set aside, method of distribution to eligible LEAs, and uses of such funds. The Committee directs the Department to provide a briefing on actions taken and planned to be taken to provide transparency for school improvement investments, including information required to be reported in State report cards.

*Students Experiencing Homelessness.*—The Committee continues to be concerned by the challenges faced by students experiencing homelessness and the continued lack of compliance by LEAs with requirements intended to ensure such students receive necessary amounts required to be reserved under section 1113(c)(3)(A) of the ESEA for a wide variety of services, including those not ordinarily provided with title I–A funds to other students served by title I–A programs such as all or part of the homeless liaison's salary, education-related fees, and other necessary items or services. The Department has taken important steps by recently revising its monitoring protocol and planning to work with SEAs to ensure they provide guidance on coordination between the LEA's title I and McKinney-Vento staff and provide training on methods for determining required set-aside amounts. The Committee looks forward to seeing the changes that result from these and other efforts and directs the Department to report in its fiscal year 2025 CJ the specific State policy changes resulting from these efforts. In addition, the Department should widely disseminate specific State policy changes resulting from monitoring findings and recommendations that produce more collaborative and transparent approaches to the determination of set-aside amounts under such section providing necessary resources to fulfill needs assessments conducted for students experiencing homelessness to meet State challenging academic standards and effectively take advantage of educational opportunities.

In addition, as was noted in the explanatory statement accompanying last year's appropriations act, more must be done to improve transparency on amounts reserved by LEAs under section 1113(c)(3)(A). The Committee understands the Department is planning to analyze the variation of per-homeless-pupil amounts across LEAs within a State and take other steps to improve the quality of reported data. However, this must be accompanied with actions to provide transparency on amounts reserved and spent with funds available under such section, including effective technical assistance and support being provided to title I SEA and LEA leaders on the wide variety of services supported by these funds, implementation of an adequate needs assessment, and determination of a sufficient reservation under such section. The Committee re-

quests a briefing on actions taken and planned on these issues not later than 45 days after enactment of this act.

*Comprehensive Literacy State Development Grants*

The Committee recommendation includes \$194,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to SEAs that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve the literacy skills of children and students from birth through 12th grade in high-need schools and early education programs in a State for each of several age bands through implementation of evidence-based practices and interventions. The fiscal year 2024 appropriation will support approximately 12 new and continuation State grant awards and funding reservations for Bureau of Indian Education schools, the outlying areas, and national activities, including evaluation.

*Evidence-based Instruction for Students with Language-based Learning Disabilities.*—The Committee is aware ESEA requires the Secretary to prioritize applications proposing evidence-based activities to develop or enhance comprehensive literacy instruction plans that ensure high-quality instruction and effective strategies in reading and writing for children from early childhood education through grade 12. In developing the notice inviting applications for this program consistent with the requirements of the ESEA, the Committee encourages the Department to consider applications that include activities designed to strengthen and enhance teacher training on the identification of language-based learning disabilities and evidence-based methods of literacy instruction for students with language-based learning disabilities.

*Innovative Approaches to Literacy*

The Committee recommendation includes \$30,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities.

The Committee continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. School library programs increase access to a wide range of print and electronic resources and provide learning opportunities for all students, particularly those who are less likely to have access to such materials at home. In addition, the Committee directs the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas.

*Migrant Education Program*

The Committee recommends \$375,626,000 for the title I Migrant Education program. This funding supports grants to SEAs to ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic standards that all children are expected to meet and help such children overcome

educational disruption and other factors that inhibit the ability of such children to succeed in school. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

*Neglected and Delinquent*

The Committee recommends \$49,239,000 for the Neglected and Delinquent program. This program, authorized under subpart 1 of title I–D of the ESEA, provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent program funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. The Department is authorized to reserve up to 2.5 percent of the appropriation for national activities, including technical assistance. The Committee urges the Department to increase its direct and technical assistance support to further assist grantees in their efforts to improve and report on program outcomes.

*Special Programs for Migrant Students*

The Committee recommends \$52,123,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [CAMP]. HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency credential and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education in order to support postsecondary education program completion.

The bill does not include language proposed in the budget which allows the Secretary the ability to fund the highest quality HEP and CAMP applications regardless of the allocation requirements of the Higher Education Act.

IMPACT AID

Appropriations, 2023 .....	\$1,618,112,000
Budget estimate, 2024 .....	1,618,112,000
Committee recommendation .....	1,628,151,000

The Committee recommends \$1,628,151,000 for the Impact Aid program. Impact Aid provides financial assistance to LEAs affected by the presence of Federal activities and federally owned land. These LEAs face unique challenges because they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary

source of revenue for LEAs. LEAs also enroll students residing on private property whose parents may be exempt from paying sales and income taxes, reducing the revenue available to support these LEAs.

*Basic Support Payments*

The Committee recommends \$1,477,000,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally-connected children, with a priority placed on making payments first to 23 heavily impacted LEAs and providing any remaining funds for regular basic support payments.

*Student Weighting.*—The Committee understands that this year one LEA benefitting from increased student weighting for serving a large total student and on-base military and civilian connected student population has experienced a decline in total student population that jeopardizes their eligibility for such student weighting. Such a change could cause a significant reduction in Impact Aid payment. The Committee notes there are other changes impacting LEAs eligibility for Impact Aid and understands the need for continued work to address these issues in a comprehensive manner that reflects the input of all stakeholders. The Department should be prepared to engage in these discussions and seamlessly implement changes.

*Payments for Children With Disabilities*

The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act [IDEA].

*Facilities Maintenance*

The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

*Construction*

The Committee recommends \$19,000,000 for eligible LEAs for school construction activities allocated through the authority for formula grants to LEAs under section 7007(a) of the ESEA.

*Payments for Federal Property*

The Committee recommends \$79,000,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the LEA.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2023 .....	\$5,810,642,000
Budget estimate, 2024 .....	5,890,278,000
Committee recommendation .....	5,820,642,000

The Committee recommendation includes \$5,820,642,000 for the School Improvement Programs account.

*Supporting Effective Instruction State Grants*

The Committee recommends \$2,190,080,000 for Supporting Effective Instruction State Grants. States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, improving equitable access to effective teachers, and implementing teacher mentoring systems, evaluation and support systems, merit pay, and merit-based performance systems. These funds may also be used by LEAs to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2024–2025 academic year. Of the funds provided, \$508,639,000 will become available on July 1, 2024, and \$1,681,441,000 will become available on October 1, 2024. These funds will remain available for obligation through September 30, 2025.

The Committee notes that title II, part A funds can be targeted toward effective preparation and professional development designs that enable teachers and school leaders to expand their knowledge and skills regarding the sciences of child and adolescent learning and development, including teaching challenging content, teaching diverse learners, and supporting social-emotional and academic development in culturally and linguistically responsive ways.

*Supplemental Education Grants*

The Committee recommendation includes \$24,464,000 for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM]. This grant program was authorized by the Compact of Free Association Amendments Act of 2003 (Public Law 99–239). Under the Compact, funds were transferred from the Department to the Secretary of the Interior for grants to these entities. The Committee bill continues language requested in the budget and contained in previous appropriations acts that allows the Secretary of Education to reserve 5 percent of these funds to provide FSM and RMI with technical assistance.

*Nita M. Lowey 21st Century Community Learning Centers*

The Committee recommends an appropriation of \$1,329,673,000 for the Nita M. Lowey 21st Century Community Learning Centers program. Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learn-



ing opportunities, such as before and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a school-wide program under title I of the ESEA or serve high percentages of students from low-income families.

#### *State Assessments Grants*

The Committee recommends \$380,000,000 for the State Assessments Grants program. This program provides formula grants to States for the development and implementation of standards and assessments required by the ESEA. This program may assist States and LEAs in carrying out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments. The recommendation includes nearly \$11,000,000 more than the statutorily required amount for formula grants that would be available for new competitive grants for state assessments.

The Committee recommendation does not include language proposed in the President's budget that would provide up to \$100,000,000 in grants to LEAs for a new demonstration program that would develop, improve, or scale-up diagnostic and formative assessments.

#### *Education for Homeless Children and Youth*

The Committee recommends \$129,000,000 for carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act. This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth to develop and implement State plans for educating children and youth experiencing homelessness, and to make subgrants to LEAs to support the education of those children and youth. Grants are made to States based on the total that each State receives in title I–A grants to LEAs. States must subgrant not less than 75 percent of funds received to LEAs and may reserve remaining funds for State level activities. Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that children and youth experiencing homelessness have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee recommendation includes new language providing an additional 12 months for educational agencies and institutions to obligate and expend EHCY funds provided last year and in this year's act.

#### *Training and Advisory Services*

For Training and Advisory Services authorized by title IV of the Civil Rights Act (Public Law 88–352), the Committee recommends \$6,575,000. The funds provided will support awards to operate regional equity assistance centers [EACs]. EACs provide services to LEAs, SEAs, and other customers upon request. Activities include

disseminating information on successful practices and legal requirements related to nondiscrimination in educational programs on the basis of race, sex, religion, or national origin and evidence-based activities to improve equity and access to high-quality educational settings.

*Native Hawaiian Education*

The Committee recommends \$45,897,000 for the Education for Native Hawaiian program. In addition, the Committee bill continues a provision that clarifies the use of funds for administrative costs.

The Committee recommendation provides \$650,000 for the Native Hawaiian Education Council, which includes an increase of \$150,000 for the Council to fulfill the statutory requirement for data collection.

The Committee recommendation continues the set-aside established last year of funds made available for the Education for Native Hawaiians program for grants for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school, that serves a predominantly Native Hawaiian student body. The Committee intends increased funds above the prior year be used for this purpose, which shall be made competitively available to organizations in need of assistance with infrastructure improvement for increased capacity to serve a predominantly Native Hawaiian student body.

*Alaska Native Education*

The Committee recommends \$44,953,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

*Use of Funds.*—The Committee continues language that allows funding provided by this program to be used for construction and overriding the authorizing statute's requirement to make non-competitive awards to certain organizations.

*Outreach and Program Responsiveness.*—The Committee directs the Department to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs ready to go with the start of Alaska's school year in mid-August. The Committee continues to direct the Department to ensure that Alaska Native Tribes, Alaska Native regional non-profits, and Alaska Native corporations have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications. The Committee also strongly encourages the Department to include as many peer reviewers as possible who are Alaska Natives or who have experience with Alaska Native education and Alaska generally on each peer review panel.

### *Rural Education*

The Committee recommends \$220,000,000 for rural education programs. The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

In 2020, the Department announced that some LEAs were using alternative poverty data to demonstrate eligibility for the Rural and Low-Income School Program in place of the U.S. Census Bureau's Small Area Income and Poverty Estimates, as required by section 5221(b)(1)(A)(i) of the ESEA. The Department had routinely accepted these data since the program was created in 2002. In fiscal years 2021, 2022 and 2023, those LEAs that would have been eliminated abruptly from eligibility were held harmless at a declining rate that would continue to fall this fiscal year through fiscal year 2027. The Committee has also increased funding for the Rural Education Achievement Program in the fiscal year 2021 through 2023 bills and recommends an increase of \$5,000,000 for this fiscal year. The Committee understands that changes to eligibility for funding received under this program create very significant challenges for several LEAs and States, at no fault of their own, and therefore includes bill language that will hold the affected LEAs harmless during this fiscal year.

### *Comprehensive Centers*

The Committee recommends \$50,000,000 for the Comprehensive Centers program. These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof. Centers provide training and technical assistance identified in annual State service plans to build the capacity of SEAs and the Bureau of Indian Education [BIE], and through them LEAs, and schools, to provide a high quality education to all students.

The Committee understands the Department is considering changes for the scheduled 2024 competition for regional and content centers. The Committee requests a briefing not later than 14 days prior to issuance of a notice of proposed priorities or notice inviting applications on how the assessments of the Regional Advisory Committees and other regional surveys are reflected in these notices.

### *Student Support and Academic Enrichment Grants*

The Committee recommendation includes \$1,400,000,000 for Student Support and Academic Enrichment [SSAE] Grants. This program provides formula grants to States based on each State's share of title I–A grants, which then sub-grant to LEAs, to help support activities that provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

*Report on Use of Funds.*—The Committee understands the Department is conducting an implementation study that will gather information on how LEAs determined the uses of SSAE grant

funds, the primary services and activities implemented with such funds and the support from SEAs for implementation of the program. The Committee looks forward to the publication of the report in early 2024. In addition, the Department should continue to analyze and report on expenditures by statutory program areas and the percentage of LEAs spending funds in each of these areas.

*Technical Assistance and Capacity Building.*—The Committee appreciates the information provided in the fiscal year 2024 CJ on expenditures for the 2 percent set-aside for technical assistance and capacity building from the fiscal year 2022 appropriation. The reservation for technical assistance [TA] and capacity building should be used to support SEAs and LEAs in carrying out authorized activities under this program identified by SEAs and LEAs, which may include support for fostering school diversity efforts across and within school districts. The Committee continues to direct the Department to prioritize its TA and capacity building support for SEAs and LEAs seeking to address such school diversity needs. In future CJs, the Department shall continue to provide current and planned expenditures for this reservation and include a plan for how resources will be spent to provide TA and to build the capacity of SEAs and LEAs. Further, such information shall also describe how expenditures for this reservation have and will build upon efforts to foster school diversity across and within school districts, including efforts set out by the Department in the May 8, 2023 Notice Inviting Applications.

SCHOOL READINESS

Appropriations, 2023 .....	
Budget estimate, 2024 .....	\$500,000,000
Committee recommendation .....	

The Committee does not include funds for a newly proposed School Readiness account.

*Preschool Incentive Demonstration Program*

The Committee recommendation does not includes funds for this proposed demonstration program. The proposed program is intended to expand access to high-quality preschool for children eligible to attend title I schools through a mixed-delivery model.

INDIAN EDUCATION

Appropriations, 2023 .....	\$194,746,000
Budget estimate, 2024 .....	201,746,000
Committee recommendation .....	194,746,000

The Committee recommends \$194,746,000 for Indian Education programs.

*Grants to Local Educational Agencies*

For grants to LEAs, the Committee recommends \$110,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian Tribes.

*Special Programs for Indian Children*

The Committee recommends \$72,000,000 for Special Programs for Indian Children. Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration. The Committee continues support for the Indian Education Professional Development Program to effectively prepare and address the need for American Indian/Alaska Native teachers and administrators.

In addition, the Department shall continue support for the teacher retention-initiative established in fiscal year 2023 to address the shortage of Native American educators and expand their impact on Native American students' education. The initiative should support teacher leadership models to increase the retention of effective, experienced Native American teachers.

*National Activities*

The Committee recommends \$12,365,000 for National Activities. Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to Tribal educational departments for education administration and planning. The President's budget includes appropriations language overriding the authorized funding level for this program. The Committee bill continues language, which allows the Secretary to make such awards for a period not to exceed 5 years.

*Native American Language Immersion Programs.*—The recommendation includes not less than \$2,885,000 for Native American Language Immersion Programs. If the Department makes new awards in fiscal year 2024, funds for the Native American Language Immersion program should continue to be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the most extensive possible geographical distribution and language diversity. Further, the Department should continue to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

The Committee notes that Hawaiian is a Native American language defined under the Native American Language Act, and that the Department website specifically lists Native Hawaiian organizations as eligible for funding under the Native American Language program. The Committee further notes that while almost half of the Native students enrolled in Native American language immersion schools or programs are taught in the medium of Hawaiian, there has not been a single Hawaiian language school or program grantee in the years the Department has administered this program. Therefore, the Committee is concerned the Department has failed to provide adequate notice of Native American Language program funding opportunities or to seek meaningful engagement with the Native Hawaiian community. The Committee directs the Department to provide parity in the treatment to Amer-

ican Indian, Alaska Native and Native Hawaiian language immersion schools and programs, including the development of a fair and equitable process to confer with Native Hawaiian organizations and Hawaiian language education stakeholders regarding implementation of the Native American Language program.

*Native American Language Resource Centers.*—The Committee recognizes the importance of supporting the revitalization of such Native American languages, including by encouraging and supporting the use of Native American languages as a medium of instruction. In addition, the Committee recognizes the need to encourage and support elementary schools, secondary schools, and institutions of higher education to include Native American languages in the curriculum in the same manner as other world languages, including through cooperative agreements and distance education, and to grant proficiency in Native American languages the same full academic credit as proficiency in other world languages. To that end, the Committee provides \$2,965,000 to carry out the policy set forth in Public Law 117–335 and direction provided in fiscal years 2022 and 2023 to establish Native American Language Resource Centers. Furthermore, the Committee directs the Office of Indian Education to continue consulting with the Office of English Language Acquisition on the continued development, implementation, and support of the centers.

INNOVATION AND IMPROVEMENT

Appropriations, 2023 .....	\$1,453,443,000
Budget estimate, 2024 .....	1,604,000,000
Committee recommendation .....	1,236,844,000

The Committee recommends \$1,236,844,000 for programs within the Innovation and Improvement account. This amount includes an additional \$87,344,000 provided by a general provision at the end of this title of the bill.

*Education Innovation and Research*

The Committee recommendation includes \$240,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through at least one rigorous evaluation. The Committee recommendation supports a robust competition for new awards of approximately \$225,000,000.

*Briefing Requirement.*—The Committee requests the Department brief the Committees on the fiscal year 2024 funding opportunities available under this program, including any proposed priorities, not less than 14 days prior to publication in the Federal Register.

*Data Science Education.*—The Committee encourages the Department to invite eligible applications that propose the development

and implementation of effective interventions to support data science education.

*Grant Priorities.*—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled-up in different settings. The Committee expects funds to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation. The Committee believes the Department should continue to support new awards to develop, validate and scale up evidence-based strategies that address the impact of the COVID-19 pandemic.

*Social and Emotional Learning.*—The Committee expects the Department to continue prioritizing and funding quality applications for eligible social and emotional learning projects within both the early- and mid-phase evidence tiers.

*Rural Set-Aside.*—The Committee supports the required 25 percent set-aside within EIR for rural areas and encourages the Department to take steps necessary to ensure the set-aside is met and that EIR funds are awarded to diverse geographic areas. The Committee encourages the Department to invest in rural, high-need communities by ensuring grants are awarded to a diverse set of institutions, affecting varied geographic locations, including areas with substantial minority students, which have submitted high quality applications meeting EIR program requirements.

#### *School Leader Recruitment and Support*

The Committee recommendation does not include funding for the School Leader Recruitment and Support [SLRS] program. The President's budget proposed \$40,000,000 for SLRS. This program is authorized to provide competitive grants for improving the recruitment, preparation, placement, support and retention of effective principals and other school leaders in high-need schools.

#### *Charter School Program*

The Committee recommends \$440,000,000 for the Charter School Program [CSP]. This program supports the start-up, replication, and expansion of high-quality public charter schools prepared to effectively serve all students.

*Program Activities.*—The Committee bill includes new language modified from last year's enacted bill to increase flexibility within the program to effectively respond to the changing needs of the sector and the likelihood that Federal funds will be invested in high-quality charter schools prepared to serve all students effectively. Both the authorizing statute and prior year appropriations bills dictated the use of the appropriation in ways that prevented the Department from allocating funds based on the number of high quality applications in grant competitions and emerging needs of the field. To facilitate this, the Committee expects the Department to run competitions for charter school programs on similar cycles and earlier in the fiscal year. The new language allows the Department to allocate not more than \$140,000,000 for replication and expansion of high-quality charter schools through the Charter Management Organization [CMO] program established in ESEA. The

Committee bill provides extended availability through March 31, 2025 for continuation grants for existing CMO grantees making substantial progress on their awards. The bill also allocates not less than \$60,000,000 for Facilities Grants under section 4304, including the Credit Enhancement program. The bill also provides not more than \$16,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program. Finally, funds are available for use under 4305(a)(2) for Developer grants and under section 4303 for State Entity grants. The Committee directs the Department to provide a briefing on its planned use of flexibility provided not later than 14 days prior to the announcement of any notice of proposed priorities, notice inviting applications for CSP activities, and announcement of grant awards.

In addition, the Department is directed to continue to support and evaluate flexibility in the availability and effective use of CSP State Entity technical assistance resources; evaluate how such funds are used to ensure subgrantees are equipped to meet the needs of all students, and specifically students with disabilities and English learners as required by law; and, brief the Committees not later than 90 days after enactment of this act on its actions and continued plans to effectively oversee the CSP program.

The Committee takes no action on additional language proposed in the President's budget that would prohibit the Secretary from making new awards under Charter Schools Grants that support charter schools that are operated or managed by for-profit entities, including through contractual relationships. CSP applicants for State Entity, CMO, and Developer grant competitions must assure a charter school supported by CSP funds has not or will not enter into a contract with a for-profit management organization, including a nonprofit management organization operated by or on behalf of a for-profit entity, under which the management organization, or its related entities, exercises full or substantial administrative control over the charter school and, thereby, the CSP project. The Committee expects the Department to enforce the assurance and related transparency requirements for the reporting of contracts with for-profit entities.

#### *Magnet Schools Assistance*

The Committee recommends \$139,000,000 for the Magnet Schools Assistance program. This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

*Fiscal Year 2024 Priorities.*—The Committee requests a briefing not later than 14 days prior to the publication of a notice of proposed priorities or notice inviting applications for fiscal year 2024 funds.



*Teacher and School Leader Incentive Grants*

The Committee recommendation includes \$120,000,000 for Teacher and School Leader Incentive Grants. At this level, the Department would have sufficient funding for all non-competitive continuation awards and approximately \$20,000,000 for renewal awards. The Committee requests a briefing not later than 14 days prior to obligating funds for new activities, including renewal awards expected to be made at this funding level. This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retention of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

*Ready-To-Learn Television*

The Committee recommendation includes \$31,000,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming, and digital content, for preschool and elementary school children and their parents, caregivers, and teachers.

*Arts in Education*

The Committee recommendation includes \$30,000,000 for the Arts in Education program. The funding is used for a program of competitive awards for assistance for arts education, including professional development for arts educators, teachers and principals; developing and disseminating accessible instructional materials and arts-based educational programming; and for national and community outreach activities that strengthen relationships among LEAs, schools, communities and arts organizations. Funds also are used for evaluation and dissemination activities.

*Javits Gifted and Talented Students*

The Committee recommendation includes \$16,500,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Under ESEA, the Department gives priority to making awards for projects that include evidence-based activities or that develop new information to improve the capacity of schools to operate gifted and talented education programs or to assist schools in identifying and serving traditionally underserved students

*Supporting Effective Educator Development*

The Committee recommendation includes \$90,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

*Effective School Leaders.*—The Committee recognizes the significant impact of effective school principals and other school leaders on student achievement and other student outcomes, and believes the SEED program provides important support for helping ensure that more highly trained school leaders are available for service in schools that have concentrations of students from low-income families. Therefore, the Committee directs the Secretary to continue to use a portion of funds made available for SEED for awards supporting the preparation of principals and other school leaders.

*American History and Civics Education*

The Committee recommendation includes \$23,000,000 for American History and Civics Education, including \$3,000,000 for Presidential and Congressional Academies for American History and Civics and \$20,000,000 for American History and Civics Education National Activities.

Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

The Committee recommendation only includes sufficient funds for continuation grants and does not include proposed language for Civics Participatory Learning and Engagement Grants.

*Statewide Family Engagement Centers*

The Committee recommendation includes \$20,000,000 for Statewide Family Engagement Centers. This program provides competitive grants to statewide organizations to promote and implement evidence-based family engagement activities in education programs, and provide training and technical assistance to SEAs, LEAs, schools, and other organizations for carrying out such activities.

*Parental and Family Engagement.*—The Committee recommendation sustains the increased resources provided the past 2 years that has enabled the Department to support 20 centers providing technical assistance to SEAs, LEAs and relevant organizations to increase parental and family engagement to improve educational outcomes. The Committee urges the Department to continue to support educators, principals, school leaders, specialized instructional support personnel, and other school staff in implementing evidence-based parental and family engagement activities to address chronic absenteeism and other urgent issues facing stu-

dents, parents, and families, such as home visitation programs, effective professional development, afterschool and summer activities, and the provision of resources in the home languages of families.

*Fostering Diverse Schools*

The budget includes \$100,000,000 for the creation of a new Fostering Diverse Schools program. This new program would support competitive awards to address voluntary efforts to increase racial and socioeconomic diversity in preschool through 12th grade.

While the Committee recommendation does not include requested bill language and funding for this proposal, the bill does include investments through a range of authorized programs that may be used to further racial and socioeconomic diversity in the Nation’s public schools, including capacity building grants through the student support and academic enrichment grant program.

*Fund for the Improvement of Education*

The bill includes a general provision providing an additional \$87,344,000 for this account for projects and associated amounts and purposes identified in the table at the end of this Committee Report.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2023 .....	\$457,000,000
Budget estimate, 2024 .....	1,075,000,000
Committee recommendation .....	437,000,000

The Committee recommends a total of \$437,000,000 for activities to promote safe schools, healthy students, and citizenship education.

*Promise Neighborhoods*

The Committee recommendation includes \$91,000,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community. Grants are for up to 5 years, with the final 2 years of funding contingent on grantee performance against program- and project-level performance objectives. Further, grants may be extended an additional 2 years beyond the 5-year project period contingent on grantee performance. The bill continues to provide extended availability of these funds, to allow the Department more flexibility for the timing of new awards and maximize the time for grantee planning activities.

*School Safety National Activities*

The Committee recommendation includes \$196,000,000 for School Safety National Activities, including up to \$5,000,000 as necessary for Project SERV, which provides assistance to schools and institutions of higher education to respond and recover in the aftermath of violent or traumatic events disrupting the learning environment.

School Safety National Activities funding also supports several grant and technical assistance activities intended to improve the safety, health, and well-being of all students. At the recommended funding level, sufficient funding is available for continuation grants for grantees making substantial progress on their awards, and approximately \$60,000,000 is available for new awards. The Committee requests a briefing not later than 14 days prior to the issuance of any notice inviting applications or notice of proposed priorities.

*Mental Health Service Professional Development Grant Program and School-Based Mental Health Services Grant Program.*—The Committee encourages the Department to continue working to support SEAs, LEAs, and IHEs in addressing the shortage of school-based mental health professionals in our Nation’s K–12 schools by expanding the pipeline of these professionals and improving districts’ ability to recruit and retain these professionals. The Committee recommendation includes \$44,000,000 for continuation awards for the 2022 cohort of grantees under the Mental Health Services Professional Demonstration Grant Program and \$56,000,000 for continuation awards for the 2022, 2021, and 2020 cohorts of grantees under the School-Based Mental Health Services Grant to increase the number of well-trained school counselors, school social workers, and school psychologists, or other mental health professionals qualified to provide school-based mental health services. The Bipartisan Safer Communities Act also provides \$100,000,000 each for these programs for additional continuation grants in fiscal year 2024.

The Committee recognizes the significant challenges facing some students, including LGBTQ+ students and students of color, in regards to bullying and harassment by their peers. The Committee understands that LGBTQ+ youth are four times more likely to attempt suicide than their peers. These funds can help reduce bullying and harassment, improve student well-being, and ensure every student is able to attend school in a safe and welcoming environment.

*Project Prevent.*—The Committee recommendation includes just more than \$8,000,000 to continue existing Project Prevent grants. These grants are helping increase the capacity of LEAs in communities with high rates of violence to address the needs of students, including by supporting trauma-informed practices, and help break the cycle of violence.

*GAO Study of Substance Misuse Prevention.*—The Committee is concerned about the increase of K–12 students using and abusing substances like opioids, tobacco, and vaping. The Committee appreciates GAO’s work to evaluate and improve the Federal effort to improve drug prevention efforts. The Committee directs GAO to report on the extent to which States require the use of evidence-based drug education and prevention programs in schools. GAO shall also report on how the Federal Government helps address challenges schools face in implementing such programs, especially in rural areas, and make recommendations on best practices for incorporating educational materials on the harmful impacts of substance misuse and abuse. The Committee requests GAO provide a preliminary briefing not later than 200 days after the date of en-

actment of this act and to provide a full report on the findings of the review as determined at the briefing.

*Full Service Community Schools*

The Committee recommendation includes \$150,000,000 for Full-Service Community Schools. This program provides support for the planning, implementation, and operation of full-service community schools that improve the integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools. The Committee appreciates the Department adopted a priority for State scaling grants for implementation of the program in fiscal year 2023. The Committee believes prioritizing commitments by States to sustain the Federal investment made by this program is a powerful way to leverage these funds and support the growing evidence base that this approach improves student outcomes and school performance.

The Committee recommendation does not include language proposed in the President’s budget allowing up to \$10,000,000 to be awarded as planning grants, \$25,000,000 to be used for grants to LEAs to provide integrated student supports language, and up to 2 percent of Full-Service Community Schools funds to provide technical assistance to grantees.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2023 .....	\$890,000,000
Budget estimate, 2024 .....	1,195,000,000
Committee recommendation .....	897,000,000

The Committee recommends an appropriation of \$897,000,000 for the English Language Acquisition [ELA] program.

The Department makes formula grants to States based on each State’s share of the Nation’s limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; and a National Clearinghouse for English Language Acquisition and Language Instructional Programs. National activities funds shall be available for 2 years.

*National Clearinghouse for English Language Acquisition.*—The Committee does not adopt the President’s budget proposal to increase to \$4,000,000 the amount of funds that may be reserved for the National Clearinghouse for English Language Acquisition and expand the scope of the National Clearinghouse to include technical assistance and capacity building to support SEAs and LEAs.

*Multilingualism.*—The Committee is concerned that the Office of English Language Acquisition has overemphasized English-only approaches for the education of English language learner students, to the detriment of bilingual and dual language approaches. These approaches have proven more effective in the teaching of English, as well as academic content such as reading, math, science, and social studies. The Committee supports initiatives to build multilingual

teacher pipelines through Grow-Your-Own initiatives and provide professional development in multilingual education for existing school staff and teachers. The Committee also supports efforts for post-secondary fellowships to bolster the multilingual educator pipeline.

SPECIAL EDUCATION

Appropriations, 2023 .....	\$15,453,264,000
Budget estimate, 2024 .....	18,179,373,000
Committee recommendation .....	15,661,764,000

The Committee recommends an appropriation of \$15,661,764,000 for special education programs.

*Grants to States*

The Committee recommendation includes \$14,368,704,000 for IDEA part B Grants to States. This program provides formula grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities. The appropriation for this program primarily supports activities associated with the 2024–2025 academic year. Of the funds available for this program, \$5,085,321,000 will become available on July 1, 2024, and \$9,283,383,000 will become available on October 1, 2024. These funds will remain available for obligation through September 30, 2025.

*Preschool Grants*

The Committee recommends \$420,000,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

*Grants for Infants and Families*

The Committee recommends \$560,000,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of IDEA authorizes formula grants to States, outlying areas, and other entities to implement State-wide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten. The Committee bill does not include the policy proposals included in the President’s budget.

*State Personnel Development*

The Committee recommends \$38,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel prepara-

tion and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities.

*Technical Assistance and Dissemination*

The Committee recommends \$75,345,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

*Special Olympics.*—Within the total, the Committee recommendation includes \$36,000,000 to support activities authorized by the Special Olympics Sport and Empowerment Act. 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.

*Personnel Preparation*

The Committee recommends \$134,500,000 for the Personnel Preparation program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators. 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. Given the critical shortage of special education teachers, including the higher education special education faculty who prepare them, the Committee recommends that the Office of Special Education Programs prioritize additional investments in doctoral level personnel preparation in special education.

*Parent Information Centers*

The Committee recommends \$33,152,000 for Parent Information Centers. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

*Technology and Media Services*

The Committee recommends \$31,433,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

*Education Materials in Accessible Formats for Students with Visual Impairments.*—The Committee recognizes the ongoing progress

made with the tools and services provided under the Educational Technology, Media and Materials program that have allowed more than 900,000 students with disabilities free access to more than 1.0 million books in digitally accessible formats while creating systemic change in the publishing industry by equipping publishers with tools and processes to make their products “Born Accessible,” ensuring all students can use the same educational materials.

The Committee recognizes that to meet the educational needs of more students with print disabilities, new investments are required to develop technology and expand capacity so that the growing diversity of educational materials, such as teacher curated educational materials not included in standard textbooks, are also available to eligible students in a timely manner. Additionally, the Committee recognizes the benefit of making more accessible educational materials available to pre-K and postsecondary students in addition to the K–12 student population, which requires additional resources and greater capacity to process and convert a larger volume of educational materials into accessible formats. The Committee recommendation continues to include funding to make a broader range of educational materials available to students and to meet the needs of all eligible students, including pre-K and postsecondary students.

REHABILITATION SERVICES

Appropriations, 2023 .....	\$4,092,906,000
Budget estimate, 2024 .....	4,405,533,000
Committee recommendation .....	4,397,033,000

*Vocational Rehabilitation State Grants*

The Committee recommends \$4,253,834,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants. State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment.

*Disability Innovation Fund [DIF].*—The Committee directs the Department to use a portion of DIF funds for competitive grants, to be awarded in coordination with the Office of Disability Employment Policy, to eligible entities in partnership with State VR agencies for innovative strategies that significantly increase competitive integrated employment of youth and adults with disabilities. The Committee expects this will focus on expanding the capacity and the State network of eligible entities providing employment supports in States, prioritizing States that have returned funds to RSA or States from the two lowest quintiles of labor force participation rates for people with disabilities.

The Committee directs the Department to continue to brief the Committees on Appropriations; the Committee on Health, Education, Labor, and Pensions of the Senate; the Committee on Education and Labor of the House of Representatives; the Committee on Finance of the Senate; and the Committee on Ways and Means of the House of Representatives at least every 6 months with updates on activities funded within DIF.



*Client Assistance State Grants*

The Committee recommends \$13,000,000 in discretionary funds for Client Assistance State Grants. This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs to receive VR State Grant funds.

*Training*

The Committee recommends \$29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff or upgrade the qualifications of existing staff.

*Demonstration and Training Programs*

The Committee recommendation includes \$5,796,000 for demonstration and training programs. 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.

*Protection and Advocacy of Individual Rights*

The Committee recommends \$20,150,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act (Public Law 106-402) or the Protection and Advocacy for Individuals with Mental Illness Act (Public Law 99-319).

*Supported Employment State Grants*

The Committee recommendation includes \$22,548,000 for the Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

*Independent Living Services for Older Individuals Who Are Blind*

The Committee recommends \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

*Helen Keller National Center*

The Committee recommends \$19,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2023 .....	\$43,431,000
Budget estimate, 2024 .....	43,431,000
Committee recommendation .....	43,431,000

The Committee recommends \$43,431,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 65 percent of APH’s total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions, consistent with the purpose of the act to Promote the Education of the Blind (Public Law 45–186).

The Committee includes funding for APH to expand assistive technology training resources and regional partnerships into additional States to assist schools, teachers, parents, and students throughout the Nation. In addition, within amounts provided for APH, the Committee includes up to \$5,000,000 to support additional field testing and initial production and distribution of an innovative braille and tactile display product developed by the Printing House and its partners.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2023 .....	\$92,500,000
Budget estimate, 2024 .....	92,500,000
Committee recommendation .....	92,500,000

The Committee recommends \$92,500,000 for the National Technical Institute for the Deaf [NTID].

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

*Regional STEM Center.*—The Committee recommendation includes up to \$9,500,000 for NTID’s Regional STEM Center [NRSC] program. The NRSC program expands NTID’s geographical reach and improves access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields.

GALLAUDET UNIVERSITY

Appropriations, 2023 .....	\$165,361,000
Budget estimate, 2024 .....	165,361,000
Committee recommendation .....	165,361,000

The Committee recommends \$165,361,000 for Gallaudet University.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university’s Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

*Early Language Acquisition Project [ELAP].*—Within the total, the Committee recommendation includes up to \$8,500,000 for ELAP, which supports early language acquisition for children from birth through age three who are deaf or hard of hearing. This program supports activities to improve early language acquisition training for early educators, caretakers, and other professionals and allows Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in diverse geographic areas.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2023 .....	\$2,191,436,000
Budget estimate, 2024 .....	2,447,900,000
Committee recommendation .....	2,211,436,000

*Career and Technical Education*

The Committee recommends \$1,482,269,000 for Career and Technical Education [CTE] programs.

*State Grants.*—The Committee recommends \$1,469,848,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in pre-vocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Per the authorization of the program, after reservations for required set-asides and small State minimums, funds are distributed to a baseline level of the amount awarded to each State in fiscal year 2018, with any remaining funds allocated according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian Tribes or Tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act (Public Law 109–270).

Of the funds available for this program, \$678,848,000 will become available July 1, 2024, and \$791,000,000 will become available on October 1, 2024. These funds will remain available for obligation until September 30, 2025.

*National Activities.*—The Committee recommendation includes \$12,421,000 for national activities, including up to \$6,100,000 for Innovation and Modernization grants.

The Committee encourages the Department to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of, and participation in, career and technical education programs related to the skills needed for new submarine construction.

The Committee encourages the Department to support Innovation and Modernization grants for evidence-based school-based mentoring programs focused on providing students with social-emotional and other skills and experiences needed to be successful in the workplace.

The Committee encourages the Department to update and re-issue the Beyond the Box guidance to support increased access to higher education for justice-involved individuals.

#### *Adult Education*

The Committee recommends \$729,167,000 for Adult Education programs.

*Adult Education State Grants.*—The Committee recommendation includes \$715,455,000 for Adult Education State Grants which provide funding for States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

*National Leadership Activities.*—The Committee recommends \$13,712,000 for adult education national leadership activities.

The Committee encourages the Department to support technical assistance that will help build the evidence-base of adult education programs, including supporting States in prioritizing rigorously evaluated programs and the development of rigorous evidence such as funding randomized control trials, quasi-experimental studies and other evaluation methods that provide for a causal understanding of the effects of programs.

#### STUDENT FINANCIAL ASSISTANCE

Appropriations, 2023 .....	\$24,615,352,000
Budget estimate, 2024 .....	26,415,352,000
Committee recommendation .....	24,595,352,000

The Committee recommends an appropriation of \$24,595,352,000 for programs under the Student Financial Assistance account.

#### *Federal Pell Grant Program*

The Committee recommends \$22,475,352,000 in current year discretionary funding for the Pell grant program.

The Committee recommendation includes \$6,585 for the discretionary portion of the maximum Pell grant award, an increase of \$250. Combined with mandatory funding, under current law, this would provide a total maximum award of \$7,645 for the 2024–2025 award year.

*Pell Grant Restoration and Prison Education Program.*—The Committee continues to recognize the significance of restoring Pell Grant access for incarcerated individuals and the impact that will have on reestablishing effective prison education programs across the country, and ultimately reducing recidivism rates and saving taxpayer dollars by reducing the overall cost of incarceration. Given that regulations for the new Prison Education Program are expected to be finalized during fiscal year 2024, the Committee directs the Department to continue the Second Chance Pell Pilot program as the Department finalizes implementation of the full Pell Grant reinstatement. The Committee encourages the Department to use the expertise and best practices from the Pilot to develop guidance and technical assistance for the new Prison Education Program. The Committee further directs the Department to work with Second Chance Pell Pilot sites as they transition to the requirements under the new Prison Education Program to ensure that incarcerated students do not experience a gap in their educational programming. In addition, the Committee strongly encourages the Department to notify institutions of higher education (particularly those that operate Second Chance Pell Pilot sites), the Bureau of Prisons, State departments of corrections, county and local jail administrators, and institutional accrediting agencies about the new Prison Education Program. Further, the Committee expects the Department will provide technical assistance and guidance to Second Chance Pell sites to ensure that they have enough time and information to prepare and apply for Prison Education Program approval.

As a part of the new Prison Education Program, the Committee encourages the Department, in coordination with the Department of Justice, to develop and provide technical assistance and guidance to participating institutions of higher education on how to support formerly incarcerated students as they leave prison, reenter society, and reenroll in postsecondary education. This guidance should address evidence-based strategies for helping formerly incarcerated people to secure housing, employment, and other Federal benefits, as well as re-enroll in college, access Federal and State financial aid, and secure campus housing and student employment. The Department should convey to institutions of higher education that they should work to ensure that every student who participates in the new Prison Education Program is able to reenter their communities successfully post-release.

*Experimental Site Initiatives.*—The Committee encourages the Department to pilot activities to support and encourage accelerated, cost-effective, 3-year bachelor's degree programs, such as the "College in 3" project.

*Federal Supplemental Educational Opportunity Grant Program*

The Committee recommends \$900,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to institutions of higher education for need-based grants to students. Institutions must contribute at least 25 percent toward SEOG awards.

*Federal Work-Study Program*

The Committee bill provides \$1,220,000,000 for the Federal Work-Study [FWS] program. This program provides grants to institutions of higher education to help undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes \$11,053,000, for the Work Colleges program authorized under section 448 of the Higher Education Act (Public Law 89-329), as amended.

STUDENT AID ADMINISTRATION

Appropriations, 2023 .....	\$2,033,943,000
Budget estimate, 2024 .....	2,654,034,000
Committee recommendation .....	2,183,943,000

The Committee recommends \$2,183,943,000 for the Student Aid Administration account. These funds are available until September 30, 2025, and support the Department’s student aid management expenses.

The Committee recommendation includes an increase in funding to support increased costs associated with servicing Federal student loans, largely related to the resumption of Federal student loan payments starting in September 2023 and helping borrowers to reenter repayment. The Committee recommendation also includes an increase because it reflects the annualized costs of administering Federal student aid programs in fiscal year 2024. In fiscal year 2023 the Department shortened the length of contracts to limit the effect of level funding on students and borrowers. This created one-time savings in fiscal year 2023 but only by shifting costs to and significantly increasing funding needs in fiscal year 2024.

The Committee directs the Department to provide a detailed spend plan of the planned uses of funds in this account within 45 days of enactment, and to provide quarterly briefings on its implementation not later than 10 days prior to the start of the quarter. This should continue to include, but not be limited to, detailed breakouts by baseline operations and development efforts; and servicing, student aid core systems, IT activities, and other Federal Student Aid activities. These spend plans should also include details on major activities, including implementation of the Unified Servicing and Data Solution [USDS], FUTURE Act, and FAFSA Simplification Act, and other activities as appropriate. Further, the spend plan should include a crosswalk to activities funded under administrative costs and servicing activities, and any reallocation of funds between those two activities should be treated as a reprogramming of funds, and the Committees should be notified in advance of any such changes.

The Committee recommendation also continues the requirement for the Department to provide quarterly briefings on Federal student loan servicing contracts, including the transition to USDS. Additionally, the Department is directed to provide notification to the Committees not later than 7 days after issuing a student loan serv-

icing contract Change Request [CR], including a summary of any new requirements, adjustments to existing requirements, or removal of requirements in the CR.

*FAFSA Family Farm Impact Study.*—The new Student Aid Index formula included in the FAFSA Simplification Act (Title VII, Division FF of Public Law 116–260) requires students applying for Federal student aid to report the net worth of the farms on which their family resides, which could impact the eligibility of students to qualify for Federal student aid. The Committee urges the Department to conduct a study to thoroughly understand the impact of the new requirement for students to report the farms their families live on as assets for purposes of applying for Federal student aid.

*Return of Title IV Funds.*—The Committee continues to encourage the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for institutions of higher education and students.

*Return to Repayment.*—The Committee directs the Secretary to provide monthly briefings to the Committees on Appropriations and to the Committees on Education and the Workforce of the House of Representatives and on Health, Education, Labor, and Pensions of the Senate on progress related to implementation of title IV of division B of the Fiscal Responsibility Act of 2023 (Public Law 118–5) for Federal student loans during fiscal year 2024. The briefings should include information on borrower status, including the percentage of borrowers in repayment by repayment plan and the percentage of borrowers who are delinquent or not making payments, metrics on communications with borrowers, such as open rates for emails, and any changes to communications with borrowers based on data or behavioral economics assumptions.

*State-Based and Non-Profit Servicing Organizations.*—The Committee continues to note that many State-based and non-profit servicing organizations have demonstrated and specialized experience in helping struggling borrowers, and continues to encourage the Department to ensure such organizations have a role in any new Federal student loan servicing environment. With the resumption of student loan payments, it is more important than ever that student borrowers are supported by mission-based organizations, like these State-based and non-profit organizations, that have long-standing experience in providing proactive borrower advocacy services. The Committee strongly encourages the Department to explore incentives for Federal student loan servicers to subcontract with such organizations.

HIGHER EDUCATION

Appropriations, 2023 .....	\$3,526,037,000
Budget estimate, 2024 .....	3,986,621,000
Committee recommendation .....	3,260,429,000

The Committee recommends an appropriation of \$3,260,429,000 for higher education programs.

*Aid for Institutional Development*

The Committee recommends \$1,027,116,000 for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

*Strengthening Institutions.*—The Committee recommends \$112,070,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of students with financial need and with low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

*Hispanic-Serving Institutions [HSIs].*—The Committee recommends \$231,547,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials.

The Committee supports funding for programs that promote and support collaboration between Hispanic-serving institutions and local educational agencies that serve a significant number or percentage of Hispanic or Latino students for the purpose of improving educational attainment, including increasing high school graduation rates and postsecondary enrollment, transfer, and completion rates among Hispanic or Latino students, such as by strengthening pathways to postsecondary and workforce development programs.

*Promoting Postbaccalaureate Opportunities for Hispanic Americans.*—The Committee recommends \$27,769,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

The Committee encourages the Department to prioritize awards for projects that support consortiums of Hispanic-Serving Institutions that award PhDs to develop and test new models of cross-institutional partnerships that facilitate mutually reinforcing activities, such as resource-sharing learning communities, mentorship programs for PhD students, graduate research experiences, faculty mentor capacity-building, and other uses associated with the pursuit and completion of PhDs by Hispanic students.

*Strengthening Historically Black Colleges and Universities [HBCUs].*—The Committee recommends \$402,585,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students.

*Strengthening Historically Black Graduate Institutions [HBGIs].*—The Committee recommends \$102,462,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and academic and counseling services to improve student success. Funds



may also be used for construction, maintenance, and renovation activities; the purchase or lease of scientific and laboratory equipment; and the establishment of an endowment.

*Strengthening Predominantly Black Institutions [PBIs].*—The Committee recommends \$22,672,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance their capacity to serve more low- and middle-income students.

*Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].*—The Committee recommends \$18,899,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals.

*Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].*—The Committee recommends \$24,840,000 for the Strengthening ANNHs program. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and provide education or counseling services designed to improve the financial and economic literacy of students or their families.

*Strengthening Native American-Serving Non-Tribal Institutions.*—The Committee recommends \$11,595,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

*Strengthening Tribally Controlled Colleges and Universities.*—The Committee recommends \$52,408,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum, and student services.

*Strengthening Master's Degree Programs at Historically Black Colleges and Universities.*—The Committee recommends \$20,269,000 for this program, authorized by section 723 of the HEA. 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*

The bill includes a total of \$85,664,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and area or

international studies to meet national security needs through visits and study in foreign countries.

*Domestic Programs.*—The Committee recommends \$73,353,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

*Overseas Programs.*—The Committee recommends \$10,311,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961 (Public Law 87-256), popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad, as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

*Model Transition Programs for Students With Intellectual Disabilities into Higher Education*

The Committee recommendation includes \$13,800,000 for the Model Transition Programs for Students with Intellectual Disabilities into Higher Education [TPSID] program. The TPSID program provides competitive grants to institutions of higher education or consortia of institutions of higher education to enable them to create or expand high quality, inclusive model comprehensive transition and postsecondary programs for students with intellectual disabilities. The TPSID program also supports a national Coordinating Center and a technical assistance center to translate and disseminate research and best practices to IHEs more broadly.

*Minority Science and Engineering Improvement*

The Committee recommends \$16,370,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

*Tribally Controlled Postsecondary Career and Technical Institutions*

The Committee recommends \$11,953,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

*Federal TRIO Programs*

The Committee recommends \$1,191,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students. This includes: Upward Bound which offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services which provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search which identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers which provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program which supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Committee continues to direct the Department to include estimated funding for each TRIO program in the operating plan required under section 516 of this act.

*TRIO and Justice-Impacted Students.*—The Committee recognizes that Educational Opportunity Centers [EOC] have a long history of helping justice-impacted adults to enroll in college. The upcoming restoration of Pell Grants for people in prison presents an opportunity for EOCs to reach more students. The Committee encourages the Department to provide technical assistance and guidance to EOCs on best practices for supporting justice-impacted students, including examples of programs that can serve as models to others. In addition, the Committee encourages the Department to consider how other TRIO programs can support justice-impacted students and provide guidance to institutions of higher education.

*Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]*

The Committee recommends \$388,000,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. 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, 2024, will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation.

In making new awards, the Department shall ensure that not less than 33 percent of the new award funds are allocated to State awards, and that not less than 33 percent of the new award funds are allocated to Partnerships awards, as described in section 404(b) of the HEA. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship 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 \$23,547,000 to support the Graduate Assistance in Areas of National Need [GAANN] program. GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

*Teacher Quality Partnership Program*

The Committee recommends \$83,000,000 for the Teacher Quality Partnership [TQP] program. 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.

*Child Care Access Means Parents in Schools*

The Committee recommendation includes \$80,000,000 for the Child Care Access Means Parents in Schools [CCAMPIS] program. This program provides competitive grants to institutions of higher education to establish or support campus-based child care programs, to help support needs and participation of low-income parents in post-secondary education.

The Committee encourages the Department to work with CCAMPIS grantees to conduct direct outreach to student parents regarding State and Federal public benefits, the Child Tax Credit, and education tax benefits for which the student parent may be eligible.

*Fund for the Improvement of Post-Secondary Education*

The Committee recommendation includes \$324,979,000 for the Fund for the Improvement of Post-Secondary Education.

*Basic Needs Systems Grants.*—The Committee includes \$10,000,000 for competitive grants to IHEs, consortia of IHEs, or a system of higher education, that enroll a significant population of low-income students to advance systemic solutions to student basic needs security. These grants shall prioritize strengthening strategic integrations of student supports which could include improving data infrastructure to facilitate data matching and streamlining student eligibility determinations, and other innovative solu-

tions to better connect students to supports. The Committee strongly encourages the Department to include connecting students to mental health resources as a key element of addressing student's basic needs. The Committee also strongly encourages the Department to prioritize IHEs with a significant percentage of Pell-eligible students, including community colleges, HBCUs, and other MSIs.

*Open Textbook Pilot.*—The Committee recommendation includes \$7,000,000 for the Open Textbook Pilot program. The Committee directs the Department to issue a notice inviting applications, allow for a 60-day application period and make a significant number of grant awards under the same terms and conditions as in prior years.

*Postsecondary Student Success Grants.*—The Committee recommendation includes \$45,000,000 for Postsecondary Student Success Grants, to scale evidence-based practices and reforms to improve postsecondary retention and completion rates among underserved students. These funds support grants to States, TCCUs, and systems of institutions of higher education to implement or expand evidence-based, statewide, and institutional level practices and reforms that improve student outcomes, including enrollment, retention, transfer, and completion among underserved students including students of color, low-income students, students with disabilities, students in need of remediation, first generation college students, homeless youth, foster youth, and student parents. The Committee directs the Department continue to carry out this program as a tiered-evidence competition, and require rigorous independent evaluations of grantee projects.

*Research and Development Infrastructure Investments at HBCUs, TCCUs, and MSIs.*—The Committee recommendation includes \$25,000,000 to increase the capacity of HBCUs, TCCUs, and MSIs to conduct innovative research in emerging technology and industries. These funds support planning and implementation grants designed to promote transformational investments in research infrastructure, such as physical infrastructure, capital improvement, research-related equipment, and hiring and retaining of faculty and research-related staff.

*Rural Postsecondary and Economic Development Grant Program.*—The Committee recommendation includes \$35,000,000 for the Rural Postsecondary and Economic Development [RPED] Grant Program. The Committee recognizes that rural-serving institutions and communities face unique challenges and barriers. In particular, smaller, rural-serving colleges, universities and non-profit organizations may have significantly fewer staff, and less experience, in preparing to respond to Federal grant opportunities. The Committee encourages the Department to consider ways to better support rural applicants by recognizing the unique challenges facing rural communities, including but not limited to providing greater flexibility, longer application timelines, and targeted technical assistance for RPED grants.

*Congressionally Directed Spending.*—The Committee recommendation includes \$202,979,000 for the projects, and in the amounts, specified in the table at the end of this Committee Report.

*Hawkins Centers of Excellence*

The Committee recommendation includes \$15,000,000 for Hawkins Centers of Excellence. This program supports the expansion and improvement of teacher education programs at HBCUs and other MSIs in order to support diverse, well-prepared, and effective educators.

HOWARD UNIVERSITY

Appropriations, 2023 .....	\$354,018,000
Budget estimate, 2024 .....	347,018,000
Committee recommendation .....	304,018,000

The Committee recommends an appropriation of \$304,018,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. The Committee recommends, within the funds provided, not less than \$3,405,000 for the endowment program.

*Howard University Hospital.*—Within the funds provided, the Committee recommendation includes \$77,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital’s operations.

In addition to ongoing support for operations of Howard University Hospital, the Committee recommendation includes \$50,000,000 to support construction of a new Howard University Hospital. The new hospital will provide inpatient and outpatient care, as well as health professional training and other necessary services and will continue to serve as a major acute and ambulatory care center for the District of Columbia. As a condition of receiving these funds, the Hospital must continue to be maintained as the teaching hospital for Howard University and continue succession agreements with its union. The Committee recommended funding level assumes the remaining planned Federal contribution would be provided in fiscal year 2025.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2023 .....	\$298,000
Budget estimate, 2024 .....	321,000
Committee recommendation .....	298,000

*Federal Administration.*—The Committee bill includes \$298,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2023 .....	\$20,678,000
Budget estimate, 2024 .....	20,750,000
Committee recommendation .....	20,678,000

The Committee recommends \$20,678,000 for the HBCU Capital Financing Program. The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

The Committee recommendation includes \$20,150,000 for loan subsidy costs in guaranteed loan authority under this program. This will support an estimated \$377,340,824 in new loan volume in fiscal year 2024. In addition, the Committee recommendations includes \$528,000 for administrative expenses.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2023 .....	\$807,605,000
Budget estimate, 2024 .....	870,868,000
Committee recommendation .....	793,106,000

The Committee recommends \$793,106,000 for the IES. This amount includes \$73,500,000 for administrative expenses and centralized support costs for the Institute of Education Sciences.

This account supports education research, development, dissemination, utilization and evaluation; data collection and analysis activities; the assessment of student progress; and administrative expenses related to such activities. Funds provided to IES are available for obligation for 2 fiscal years.

Under the Education Sciences Reform Act of 2002 [ESRA], Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. ESRA required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and nonideological and are free of partisan political influence.”

*Program Administration.*—The Committee recommendation includes \$73,500,000 for administrative expenses and centralized support costs. Section 312 of this act ensures sufficient funding for centralized support costs is available and properly charged to this appropriation. The Committee directs the Department, IES and NCES to work together to provide in the fiscal year 2025 and future CJs, as well as the fiscal year 2024 operating plan the amount for NCES administrative expenses supported by this program administration appropriation.

Not later than 30 days after enactment of this act and each quarter thereafter, the Committee directs the IES Director and NCES Commissioner to submit administrative and staffing plans for their respective centers outlining staffing ceilings by national center, the factors considered in allocating staffing ceilings by national center,

actual full-time equivalent employment [FTE] by national center, and an explanation by national center for FTE changes from the preceding quarter. Reports providing sufficient information on each of these required elements will satisfy the Committee's staffing report directive under the Program Administration account.

*Collaborative Education Research.*—The Committee recognizes the ongoing collaborative efforts between IES and the National Science Foundation, including through the resources provided to the IES via the American Rescue Plan that support two NSF National Artificial Intelligence [AI] Research Institutes focused on education. The Committee encourages IES to pursue additional collaborative efforts, which may include support for Centers for Transformative Education Research and Translation.

*The Future of Education Research at IES.*—The Committee is aware IES sought expert assistance in requesting the National Academies of Sciences, Engineering and Medicine [NASEM] provide guidance on the future of education research, which resulted in last year's publication of the "The Future of Education Research at IES". This report provides recommendations to build on the research supported by IES over the past 20 years. The Committee encourages IES to continue implementation of recommendations made in the report and requests the fiscal year 2024 operating plan include a discussion of actions taken and planned.

*Methods Training in Data Science for Education Researchers.*—The Committee is aware IES invited applications for proposals that would support training in applying data science methods within education research and expects to announce awards later this year. The Committee looks forward to receiving more information about these awards and requests IES describe additional data science-related actions in its fiscal year 2024 operating plan.

#### RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$245,000,000 for education research, development, evaluation, and national dissemination activities. These funds support 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 outcomes for students.

#### STATISTICS

The Committee recommends \$121,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES is headed by a Commissioner appointed by the President and has statutory authority without supervision or approval of the Director for carrying out the work of NCES. The Commissioner also serves as the Department's Chief Statistical Officer under the Foundations for Evidence-Based Policymaking Act of 2018. NCES collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions. Activities are carried out directly and through grants and contracts.



*A Vision and Roadmap for Education Statistics.*—The Committee is aware IES sought expert assistance in requesting NASEM to “recommend a portfolio of activities and products for NCES, review developments in the acquisition and use of data, consider current and future priorities, and suggest desirable changes”, which resulted in the publication of the “A Vision and Roadmap for Education Statistics”. The Committee believes the Secretary, Commissioner and Director of IES should continue to support NCES in independently developing, producing, and disseminating statistics pursuant to recommendations of the NASEM report. The Commissioner, and, as applicable, Secretary and Director are directed to include in the required operating plan actions taken since the report’s release and future actions and associated timeline to fully implement related recommendations. The Committee also encourages NCES to continue implementation of other recommendations made in the report and requests the fiscal year 2024 operating plan include a discussion of actions taken and planned.

#### REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$53,733,000 to continue support for the Regional Educational Laboratories [REL] program. Given the 2-year availability of funding, REL annual contract costs of the 10 laboratories of approximately \$55,000,000 are paid for out of the fiscal year 2023 appropriation and resources provided by this act. The Committee intends to sustain the programs of research the laboratories have developed for the current 2022–2027 contract cycle.

The laboratories are responsible for promoting the effective use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and well-being and further school improvement efforts. The Committee urges IES to continue its efforts to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field, helps build capacity of LEAs and SEAs to effectively integrate evidence use in decision-making and is effectively utilized in education policy and practice

#### RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$64,255,000 for research and innovation in special education conducted by the National Center for Special Education Research.

The Center addresses gaps in scientific knowledge to improve policies and practices in special education and early intervention services and outcomes for infants, toddlers, and children with disabilities.

#### SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$13,318,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are

also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$28,500,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to support the development, maintenance, and expansion of State longitudinal data systems. Support for these systems will further strengthen State data infrastructure and linkages; improve data access and use for research and evidence-based policy- and decision-making; and build capacity in States to secure and protect data. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The bill also continues to allow up to \$6,000,000 to be used for awards to improve data coordination, quality, and use, including support for the Privacy Technical Assistance Center that serves as a resource on privacy issues for SEAs and LEAs, the postsecondary education community, and others engaged in building and using education data systems.

ASSESSMENT

The Committee recommends \$193,300,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$8,300,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP. Additional funds are provided to help carry out an assessment framework update and increased communications efforts ahead of the 2024 Nation’s Report Card.

The Committee recommendation continues support of \$10,000,000 for research and development investments activities to modernize and innovate assessments while reducing future program costs. NAGB and NCES should continue to consult with the authorizing and appropriations committees of Congress as it considers strategies, including those identified by NASEM, in achieving cost efficiencies in and upgrades of its assessment program. Further, the Committee requests that the fiscal year 2025 CJ and fiscal year 2024 operating plan describe implemented and planned strategies for cost efficiencies and necessary research and development projects.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2023 .....	\$426,907,000
Budget estimate, 2024 .....	527,609,000
Committee recommendation .....	419,907,000

The Committee recommends \$419,907,000 for program administration.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

The budget requests \$19,250,000, to remain available until expended, to relocate staff and renovate and repair Department-occupied buildings. The act does not include funding specifically for building modernization, but notes that the Department may use the Nonrecurring Expenses Fund for this purpose, as it has this year.

*Competitive Grant Priorities for Rural Areas.*—The Committee continues to encourage the Department to continue efforts to ensure competitive grants are reaching rural areas so that support and solutions developed with Federal funding are relevant to and available in such areas.

*Cybersecurity.*—The Committee is aware that elementary and secondary schools have faced significant impacts resulting from cybersecurity incidents. Last year, GAO made three recommendations for the Department intended to better coordinate cybersecurity efforts between government agencies and the elementary and secondary school community, measure the effectiveness of cybersecurity-related products and services available and, in coordination with Federal and non-Federal stakeholders, determine how to best help LEAs overcome challenges for addressing cyber threats. The Committee requests an update in the fiscal year 2025 CJ on the Department's actions and plans (and associated timeline) for implementing these recommendations.

*Education Department General Administrative Regulations.*—The Committee notes with approval that the Department plans to revise and update the Education Department General Administrative Regulations [EDGAR] including amending areas that are outdated. The Committee is concerned that these plans were announced in the Regulatory Agenda for Fall 2021 but the Department has not yet issued a notice of proposed rulemaking. The Committee urges the Department to modernize and update the construction provisions starting at 34 CFR 76.600. Given this delay, the Committee expects the Department has used this time to conduct stakeholder engagement and public input processes to inform the development of proposed revisions.

*Educator Equity Reporting.*—The Committee commends the Department's work to support implementation of and enforce the educator equity requirements in section 1111(g)(1)(B) of the ESEA. The Committee directs the Department to work with each State to publicly report in an accessible manner not less than every 2 years progress made to ensure low-income and minority children enrolled in public schools are not served at disproportionate rates by ineffective, out-of-field, or inexperienced teachers. The Committee requests a briefing not later than 60 days after enactment of this act on its planned actions and associated timeline for implementing this directive.

*Evidence-Based Grant Making.*—The Committee directs the Department to use demonstrated evidence of effectiveness as part of

the selection criteria through its Education Department General Administrative Regulations, consistent with authorizations, for all competitive grant programs. Further, non-competitive formula grant funds have a range of evidence requirements and preferences and the Committee directs the Department to support entities receiving funding through those programs through enhancements to its technical assistance and support activities.

*Foreign Influence.*—Under section 117 of the HEA, institutions of higher education receiving Federal financial assistance are required to disclose gifts from, or contracts with, foreign sources if the value is \$250,000 or more. They must also disclose ownership or control by a foreign source. Such disclosures increase transparency and are in support of national security and academic integrity. The Department makes such information publicly available on its website. The Committee notes the Department provides on its website a repository of guidance and other resources related to section 117 reporting. The Committee strongly urges the Department to work with IHEs to ensure they are fully complying with this statutory requirement and requests an update in the fiscal year 2025 congressional justification on these efforts. Additionally, the Department shall report to the Committee on the presence and influence of Confucius Institutes and any steps it has taken to address undue influence within institutions of higher education.

*Foundation for Evidence-Based Policymaking Act.*—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2025 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years.

*GAO Study Holocaust Education.*—The Committee directs the GAO to conduct a study on the use of K-12 educational resources devoted to Holocaust education. The review should describe State mandates about the Holocaust, and other relevant information, such as associated funding levels, standards, and methods for ensuring school compliance with State requirements and standards; as well as Federal resources available to support Holocaust education.

*“Grow Your Own” Teacher Development.*—The Committee recognizes the potential efficacy and increasing presence of “Grow Your Own” teacher development programs, including through the use of funds under the Teacher Quality Partnerships and other Federal education funding streams. The Committee looks forward to receiving the report requested last year on best practices for “Grow Your Own” programs in increasing teacher diversity, recruitment efforts within local communities, access to high-quality pathways into the profession, and teacher retention, and reducing teacher shortages. The report should identify current opportunities to use funds available from the Department to support “Grow Your Own” programs and additional Federal opportunities for consideration.

*High-Quality Tutoring/Title I Evidence-Based Interventions.*—The Committee notes that to remediate significant learning dis-

parities particularly among underserved students, many LEAs have dedicated title I and other Federal resources to support academic tutoring. Research shows that using high-quality, evidence-based tutoring programs with evidence of effectiveness as defined in the ESEA can significantly improve achievement levels in reading and math. These proven systems include three to five sessions a week, integrated as part of the school day, delivered by a human tutor in person or virtually to a group of 1 to not more than 4 students at a time, and use a well-structured process, high-quality materials designed for tutoring during the school day, ongoing professional development and coaching for tutors, and assessment tools to benchmark student achievement. Proven tutoring models can bring struggling students up to the achievement level of their peers. The Committee encourages the Department to promote and provide technical assistance to LEAs and support partnerships between LEAs and education-related community-based organizations to implement evidence-based tutoring models.

*Integrating Data and Strengthening Data Privacy.*—The Committee urges the Secretary in conjunction with the Secretary of Labor to provide guidance and technical assistance on integrated data systems, including on how to protect student and worker privacy. This guidance should build on and expand the guidance issued by the Privacy Technical Assistance Center in January 2017 [PTAC-IB-4].

*Late Liquidation.*—The Committee emphasizes that Office of Management and Budget regulation 2 CFR 200.344(b) gives the Department broad flexibility to extend the period for liquidating financial obligations incurred under grants awarded by the Department. The Department should announce its policy and process as soon and transparently as possible to grant ESSER liquidation extensions for ARP. The Department's revised policy should be released as soon as possible but no later than September 30, 2023. The Department shall ensure that its process for ARP ESSER late liquidation requests minimizes the administrative burden on SEAs and LEAs to the extent practicable, including by not requiring excessive documentation. The Committee appreciates the Department's frequently asked questions, June 26, 2023 clarification, and availability to speak with State or other auditors about the late liquidation process. The Department must also provide explicit clarity outlining how its guidance can be implemented consistent with 2 CFR 200.403(h). The Department shall provide sufficient clarity in its guidance, and predictability in its process, in order to ensure that LEAs are able to enter into contracts for allowable costs as reasonable and necessary during the obligation period regardless of the contract's liquidation end date, as long as it is within the authorized late liquidation period and the LEA intends to submit an appropriate late liquidation request to the SEA.

*Micro-Credentialing.*—The Committee recognizes the unique educational and workforce challenges in rural and underserved areas and encourages the Department to support colleges and universities serving rural and underserved communities implementing micro-credentials.

*National Advisory Council on Indian Education [NACIE].*—The Committee is aware of the GAO recommendation to the Depart-

ment to develop a formal process for incorporating the input of its Tribal advisory council, NACIE, into its annual budget request. The Committee directs the Department to implement this recommendation as soon as possible and ensure Tribal officials are able to provide meaningful and timely input on annual budget requests for programs serving tribes and their members.

*Nonrecurring Expenses Fund.*—As part of the annual CJ, the Department is directed to include the anticipated balances available for transfer into and uses of the Nonrecurring Expenses Fund for the current and budget fiscal years. Additionally, the Department is directed to provide the Committees quarterly reports for all ongoing projects. The report shall include the following for each project: a description and timeline for each project; the date the project was notified to the Committees; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; any expected future obligations; and the total unobligated balance in the Fund.

*Pooled Evaluation Authority.*—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds.

*Post-Secondary Transfer Articulation Agreements.*—Transfer articulation agreements between community colleges and 4-year colleges and universities can play an important role in promoting access, affordability, and completion in higher education. The Committee encourages the Department to gather input from States that have implemented comprehensive statewide programs to determine best practices for implementation, enhancement, or scaling-up of agreements. The Department should also seek input from States that do not have comprehensive statewide programs to identify barriers to scaling-up agreements. This information should be disseminated to States by the Department with the goal of further enhancing or implementing statewide transfer articulation agreements.

*Program Administration.*—The fiscal year 2023 explanatory statement raised concerns with the Department's prioritization of staff resources and directed the Department to begin rebalancing the agency's ratio of career staff to non-career staff, out of concern with the agency's prioritization of staff resources and to ensure adequate career staff for executing core programs, such as in grants offices and the Budget Service. To ensure this rebalancing occurred, the fiscal year 2023 explanatory statement also directed the Department not to expand its non-career staff on-board above December 2022 levels. While the Committee is pleased to see that the Department has begun to fill key career staff positions and understands some non-career hires may have already been advanced in the hiring process, the Committee is extremely concerned that the number of non-career staff has gone up contrary to the directive in the fiscal year 2023 explanatory statement. This is even more important with nondefense discretionary spending limits recently established under the Fiscal Responsibility Act of 2023. The Committee directs the Department to reduce non-career FTE on-board to December 2022 levels or below, and it reiterates the fiscal year 2023 directive to continue rebalancing career and non-career

staff. Not later than 30 days after enactment, the Department is directed to provide the Committee with a briefing and a written plan on how the Department will comply with these directives.

*Protecting Personally-Identifiable Information.*—The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.

*Reorganization Plans.*—The Committee recommendation continues all directives included in the Consolidated Appropriations Act, 2021 (Public Law 116–94) and the accompanying explanatory statement.

*Reports to Congress.*—The Department is directed to provide 5 business days’ notice to the Committee before release of any congressionally directed report.

*Staffing Report.*—Consistent with the fiscal year 2023 explanatory statement, not later than 30 days after enactment, the Department is directed to provide the Committee an operating plan identifying the total FTE and non-personnel allocations supported by the program administration appropriation in total for the Department, and FTE and non-personnel allocations for each program office supported by the program administration appropriation provided in this act. In addition, the Department shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each program office supported by, and in total for, the program administration appropriation provided in this act. The monthly reports should be detailed by career and non-career staff. In addition, the Department shall separately identify in such plans and reports total FTE allocations supported by other funding sources. The Department shall also provide the Committee on a biannual basis an excel file which includes the names, titles, grades, program office, and date of hire of all of the political appointees that were employed by the Department during the previous 180 days.

*State and Local Report Cards.*—The Committee appreciates the Department’s planned targeted monitoring effort this year on a sample of SEAs and LEAs with respect to applicable report card requirements of ESEA. The Committee requests an update in the fiscal year 2025 CJ on the findings from this targeted monitoring effort and the Department’s planned actions to support SEAs and LEAs in achieving compliance with these requirements and improving the quality, accessibility (including language and data visualization) and utility of report card information available to parents, educators, and policymakers. This update should also provide steps the Department will take to support the inclusion of available information on postsecondary enrollment under section 1111(h)(1)(C)(xiii), which could include enrollment information with and without remediation at the discretion of a State.

*Strengthening Data Capacity and Infrastructure.*—The Committee urges the Secretary to clarify for grantees when improving data capacity, including integrated data infrastructure, analysis activities, and human capacity, is a permissible use of grant funds.

Further, for grantees of programs where this is an eligible use of funds, the Secretary should provide technical assistance, highlight best practices, and take other steps to encourage State and local grantees to build this capacity, which is essential to understanding student needs, improving coordination across programs, measuring results, and evaluating which strategies and interventions are most effective while maintaining the privacy of individuals' data.

*Suicide Prevention Resources.*—The Committee encourages the Department to pursue policies that will increase student awareness of mental health resources, such as urging institutions of higher education to prominently include phone numbers for the National Suicide Prevention Lifeline and campus resources in materials and documents routinely provided to students.

*Teacher and School Leader Diversity Guidance.*—The Committee recognizes that increasing educator diversity can help build a strong educator workforce that supports students and educators from all backgrounds and is aligned with the Department's commitment to equitable impact of Federal education funding. The Committee looks forward to the Department's planned release of guidance on how formula funds across various programs, including Title I–A, Title II–A, Title III, Title V–B, and Title VI of the ESEA, Title III of the HEA, and Part B of the IDEA may be used by SEAs, LEAs and IHEs to increase teacher and school leader diversity, including through pre-service support, enhancing preparation, providing on-the-job support, and strengthening retention and promotion policies.

*Team-Based Models of Instruction.*—The Committee encourages the Department to support the expansion of team teaching and projects that would promote educator specialization and differentiated educator roles in the classroom. This would support innovative work taking place nationwide to design new systems of workforce development for teachers that include supports, clear pathways to advancement, and promote teacher retention.

*Voting-Related Activities.*—The Committee directs the Secretary to brief the House and Senate Committees on Appropriations no later than 90 days after enactment of this act regarding any strategic plans developed by the Department over the three prior fiscal years outlining the ways that the Department has promoted voter registration, and voter participation.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2023 .....	\$140,000,000
Budget estimate, 2024 .....	177,600,000
Committee recommendation .....	140,000,000

The Committee recommends \$140,000,000 for the Office of Civil Rights [OCR].

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal



education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

*Combatting Antisemitism.*—The Committee is concerned by reports of increased discrimination, including antisemitic harassment, in our Nation’s education system. The Committee appreciates the administration’s development of the first-ever U.S. National Strategy to Counter Antisemitism and OCR’s release of a Dear Colleague letter reminding schools of their legal obligations under title VI to provide all students, including Jewish students, an environment free from discrimination. The Committee urges continued efforts, including timely processing of all complaints, including those relating to antisemitism. Within available resources, OCR should also consider appropriate funding for the work of the Outreach, Prevention, Education & Nondiscrimination Center.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2023 .....	\$67,500,000
Budget estimate, 2024 .....	87,497,000
Committee recommendation .....	67,500,000

The Committee recommends \$67,500,000 for OIG. Of this amount, \$3,000,000 is available until expended to provide flexibility for hiring delays and the year-end return of funds for common support provided by the Department that may turn out costing less than anticipated.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 302. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 303. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation on a forward-funded basis.

Section 304. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 305. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 306. The bill continues a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 307. The bill continues a provision regarding servicing of Federal Perkins Loans.

Section 308. The bill modifies a provision rescinding fiscal year 2024 mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Section. 309. The bill continues a provision regarding administrative costs for Public Service Loan Forgiveness.

Section. 310. The bill 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.

Section 311. The bill modifies a provision regarding Congressionally Directed Spending within the Innovation and Improvement account.

Section 312. The bill continues a provision regarding centralized support services for IES.

Section 313. The bill modifies a provision rescinding unobligated balances available for the Pell Grant program.

TITLE IV  
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR  
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$13,124,000
Budget estimate, 2024 .....	15,400,000
Committee recommendation .....	13,124,000

The Committee recommends \$13,124,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled [Commission], of which no less than \$3,150,000 shall be made available for the Office of Inspector General.

The Commission provides employment opportunities to approximately 40,000 Americans who are blind or severely disabled each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing nearly \$4,000,000,000 in products and services procured, it is the Federal Government's largest employment program for the severely disabled.

*Reports.*—The Committee continues to request the reports listed under this heading in the explanatory statement accompanying Public Law 117–328.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS] was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act (Public Law 93–113), the National and Community Service Trust Act (Public Law 103–82), and the SERVE America Act (Public Law 111–13). Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$1,262,806,000.

*Grantee Match Requirements.*—The Committee notes that CNCS opened a request for comment on grantee match requirements on May 5, 2023. The Committee recognizes the value of the unique Federal-State and public-private partnership model embodied in CNCS programs and is aware of concerns about the impact of existing matching requirements. The Committee encourages CNCS to thoroughly review stakeholder comments and asks that it submit to the Committees on Appropriations a report outlining action

CNCS may undertake using its existing authorities and resources as a result of that review and recommendations for any appropriate changes to those requirements that may fall outside the scope of CNCS’ current authorities.

OPERATING EXPENSES

Appropriations, 2023 .....	\$975,525,000
Budget estimate, 2024 .....	1,138,618,000
Committee recommendation .....	975,525,000

The Committee recommends \$975,525,000 for the operating expenses of CNCS.

*Volunteers in Service to America [VISTA]*

The Committee recommends \$103,285,000 for VISTA. 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 activities.

*National Senior Volunteer Corps*

The Committee recommends \$236,917,000 for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. These programs include the Retired Senior Volunteer Program, the Foster Grandparent Program, and the Senior Companion Program.

*AmeriCorps State and National Grants*

The Committee recommends \$557,094,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

*Alumni Engagement Activities.*—The Committee commends CNCS for its current comprehensive planning process on service alumni engagement and its prioritization of the post-service member and volunteer experience in its 2022–2026 annual plan, including objectives 2.3 and 3.4. The Committee notes significant Congressional and stakeholder interest in those activities, including strengthening identification with the AmeriCorps brand; expanding education and workforce pipelines; soliciting feedback from alumni on member experience; directory data sharing; and interagency collaboration on national, public, and military service. The Committee encourages CNCS to support these and other alumni engagement activities.

*Civic Bridge Building.*—The Committee supports CNCS’ goal of uniting Americans through national service and recognizes that service is a proven model of civic bridge building. To advance these shared goals, the Committee encourages CNCS to consider award-

ing grants, within existing competitions, to: (1) support civic bridge building programs and projects to reduce polarization and community divisions; and (2) provide training in civic bridge building skills and techniques to CNCS members and host sites and provide resources that can be publicly disseminated to support local civic bridge building efforts, among other activities.

*Collaboration on Outreach and Recruitment.*—The Committee commends recent collaboration among the Department of Defense, CNCS, the Selective Service System, Peace Corps, and the Office of Personnel Management on raising public awareness about military and national service opportunities. The Committee directs these agencies to continue exploring mutually beneficial ways to promote each agency’s service opportunities, including sharing market research, providing ineligible or non-selected applicants with information about other forms of service, piloting joint recruitment efforts, and providing information to individuals transitioning out of military and national service about other opportunities to serve.

*Commission Investment Fund [CIF].*—The Committee recommendation includes no less than the fiscal year 2023 level for the CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

*Fixed Price Grant Program.*—The Committee believes the fixed amount AmeriCorps State and National grant is a flexible, useful grant vehicle that helps minimize risk and lowers administrative burden on grantees. Section 129(l) of the National and Community Service Act of 1990, as amended by Public Law 111–13, provides the agency with the authority to adopt other terms and conditions based on the risks associated with the Fixed Price grant program. The Committee encourages CNCS to review the risks associated with the current drawdown formula that only allows recipients to incrementally receive awarded grant funds as service hours are recorded by enrolled members. The Committee notes that this formula may not always account for the many start-of-service program costs and the expenses grantees incur, regardless of whether a member serves a full term. The Committee urges CNCS to review, and if appropriate, modify the drawdown formula to cover allowable grant expenses that occur at the start of year and to minimize the impact that under-enrollment, attrition, and service hour disruptions can have on grantee operations. CNCS should report to the Committees, in the fiscal year 2025 Congressional Justification, on the modifications CNCS may make and if any congressional action is required to authorize or help implement the changes.

*National Civilian Community Corps [NCCC]*

The Committee recommendation includes \$37,735,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

*Innovation, Demonstration, and Assistance Activities*

The Committee recommendation includes \$14,706,000 for innovation, demonstration, and assistance activities.

*Volunteer Generation Fund.*—Within the total, the Committee recommendation includes \$8,558,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act (Public Law 111–13).

*National Days of Service.*—The Committee recommendation includes \$6,148,000 for National Days of Service including the September 11th National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service. CNCS may give priority to making grants, entering into Cooperative Agreements, or providing other forms of support to eligible organizations with expertise in: representing families of victims of the September 11, 2001 terrorist attacks and other impacted constituencies; promoting the establishment of September 11 as an annually recognized National Day of Service and Remembrance; and organizing volunteers to engage in service to meet community needs and advance the life and teachings of Dr. Martin Luther King, Jr.

*Service Learning.*—The Committee encourages CNCS to continue to be a convener of the important work surrounding service learning, including programs in public schools and institutions of higher education.

*Evaluation*

The Committee recommendation includes \$6,250,000 for CNCS evaluation activities.

*Effective Interventions.*—The Committee is aware of CNCS initiatives to help service providers apply scientific evaluation methods to better understand interventions and encourages CNCS to continue its use of randomized control trials to build causal evidence for effective interventions.

*State Commission Grants*

The Committee recommendation includes \$19,538,000 for State Commission Grants.

THE NATIONAL SERVICE TRUST

Appropriations, 2023 .....	\$230,000,000
Budget estimate, 2024 .....	213,000,000
Committee recommendation .....	180,000,000

The Committee recommends an appropriation of \$180,000,000 for the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS. The Committee also recommends a rescission of \$243,000,000 from the surplus unobligated balances in the Trust, which is \$33,000,000 above the budget request level.

SALARIES AND EXPENSES

Appropriations, 2023 .....	\$99,686,000
Budget estimate, 2024 .....	118,434,000
Committee recommendation .....	99,686,000

The Committee recommends an appropriation of \$99,686,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2023 .....	\$7,595,000
Budget estimate, 2024 .....	8,572,000
Committee recommendation .....	7,595,000

The Committee recommends an appropriation of \$7,595,000 for the CNCS OIG. The OIG’s goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (Public Law 103–209) (section 405); allowing CNCS to fund certain member service positions under 1,700 hours (section 406); and modifying VISTA members’ education awards (section 407).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, Prior act .....	\$595,000,000
Budget estimate, This act .....	635,000,000
Committee recommendation .....	595,000,000

The Committee recommends \$595,000,000 for the Corporation for Public Broadcasting [CPB]. This includes \$535,000,000 as a 2-year advance appropriation for fiscal year 2026 for CPB to carry out its statutory mission of sustaining the public-private partnership underpinning public media and \$60,000,000 for fiscal year 2024 for continued support of CPB in replacing, upgrading, and maintaining the public broadcasting interconnection system and further investing in system-wide infrastructure and services.

The majority of the advance appropriation goes directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB’s administrative costs. This funding supports America’s local public television and radio stations and their mission of developing and ensuring uni-

versal access to noncommercial, high-quality programming and telecommunications services for the American public.

Recognizing technology's power to create further cost efficiencies across the public media system, the Committee recommendation maintains an investment of \$60,000,000 in current year funds for continued support of CPB's efforts to replace and upgrade the public broadcasting interconnection system and invest in system-wide infrastructure and services that benefit the American people.

#### FEDERAL MEDIATION AND CONCILIATION SERVICE

##### SALARIES AND EXPENSES

Appropriations, 2023 .....	\$53,705,000
Budget estimate, 2024 .....	55,815,000
Committee recommendation .....	53,705,000

The Committee recommends \$53,705,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

#### FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

##### SALARIES AND EXPENSES

Appropriations, 2023 .....	\$18,012,000
Budget estimate, 2024 .....	18,657,000
Committee recommendation .....	18,012,000

The Committee recommends \$18,012,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977 (Public Law 91-173). Most cases involve civil penalties proposed by MSHA. FMSHRC's administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ's decisions.

#### INSTITUTE OF MUSEUM AND LIBRARY SERVICES

##### OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2023 .....	\$294,800,000
Budget estimate, 2024 .....	294,800,000
Committee recommendation .....	289,800,000

The Committee recommends \$289,800,000 for the Institute of Museum and Library Services [IMLS]. This agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

*Information Literacy Task Force.*—The Committee recommendation includes no less than \$3,000,000 to continue work on information literacy, including the continuation and expansion of the Information Literacy Taskforce in accordance with the priorities and



guidelines described in the explanatory statement accompanying Public Law 117–103 and Public Law 117–328. The Committee directs IMLS to submit a report to the Committees on information literacy activities implemented, including website development and support for locally-driven, pilot projects established, and future plans, within 1 year of the date of enactment of this act.

*America250.*—The Committee recognizes IMLS’s commitment to the 250th Anniversary of the founding of the United States in coordination with the Semiquincentennial Commission Act of 2016. The Committee recognizes the important role of IMLS in supporting existing activities and pilot projects that will enhance civic engagement, innovation, and community collaboration by convening museum and library professionals, facilitating community-driven discussions, and supporting partnership grants to museums and libraries in preparation for the 250th Anniversary.

*Matching Funds Requirements.*—The Committee is aware of the challenge faced by museums during the COVID–19 pandemic. The Committee requests IMLS provide in its fiscal year 2025 CJ information on statutory and administrative barriers to IMLS grant support of eligible museum’s programs and activities and unmatched museum grant funding opportunities; and steps IMLS has taken to assist the museum community with understanding cost-share requirements and accessing Federal support needed to operate effective museum programs.

*Tribal Consortia Eligibility.*—The Committee instructs the IMLS to issue guidance on how consortia of Indian tribes or Tribal organizations could be eligible to apply for Tribal library and related grants.

*Museum and Library Facilities.*—The Committee directs the GAO to conduct a study on the physical condition of library and museum facilities in the United States and report preliminary findings to the Committee within 18 months of the date of enactment. The GAO’s study shall examine the availability and condition of library and museum facilities, separated by geographic region including non-contiguous States, urban, rural, and frontier areas, and economically disadvantaged and underserved communities; the physical accessibility of such facilities for individuals with disabilities; the condition of such facilities affected by natural disasters and extreme weather; the condition of such facilities affecting employee and patron health and safety; and what is known about the cost to bring such facilities to a State of good repair.

Within the total for IMLS, the Committee recommendation includes the amounts below:

Budget activity	Fiscal year 2023 appropriation	Fiscal year 2024 request	Committee recommendation
Library Services Technology Act (LSTA):			
Grants to States .....	180,000,000	180,000,000	183,250,000
Native American Library Services .....	5,763,000	5,763,000	5,763,000
National Leadership: Libraries .....	15,287,000	15,287,000	13,787,000
Laura Bush 21st Century Librarian .....	10,000,000	10,000,000	8,000,000
Subtotal, LSTA .....	211,050,000	211,050,000	210,800,000
Museum Services Act:			
Museums for America .....	30,330,000	27,330,000	30,330,000

Budget activity	Fiscal year 2023 appropriation	Fiscal year 2024 request	Committee recommendation
21st Century Museum Professional .....	.....	2,000,000	.....
Native American/Hawaiian Museum Services .....	3,772,000	3,772,000	3,772,000
National Leadership: Museums .....	9,348,000	10,348,000	8,848,000
Subtotal, MSA .....	43,450,000	43,450,000	42,950,000
African American History and Culture Act .....	6,000,000	6,000,000	5,250,000
National Museum of the American Latino Act .....	6,000,000	6,000,000	4,000,000
Research, Analysis and Data Collection .....	5,650,000	5,650,000	5,150,000
Administration .....	22,650,000	22,650,000	21,650,000
IMLS, Total .....	294,800,000	294,800,000	289,800,000

**MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION**

**SALARIES AND EXPENSES**

Appropriations, 2023 .....	\$9,405,000
Budget estimate, 2024 .....	10,053,000
Committee recommendation .....	9,405,000

The Committee recommends \$9,405,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. This commission was established in the Children’s Health Insurance Program Reauthorization Act of 2009 (Public Law 111–3) and is tasked with reviewing State and Federal Medicaid and Children’s Health Insurance Program access and payment policies and making recommendations to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee recommendation will allow MACPAC to continue to carry out these activities.

**MEDICARE PAYMENT ADVISORY COMMISSION**

**SALARIES AND EXPENSES**

Appropriations, 2023 .....	\$13,824,000
Budget estimate, 2024 .....	13,824,000
Committee recommendation .....	13,824,000

The Committee recommends \$13,824,000 for the Medicare Payment Advisory Commission, which provides independent policy and technical advice on issues affecting the Medicare program.

**NATIONAL COUNCIL ON DISABILITY**

**SALARIES AND EXPENSES**

Appropriations, 2023 .....	\$3,850,000
Budget estimate, 2024 .....	4,000,000
Committee recommendation .....	3,850,000

The Committee recommends \$3,850,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act (Public Law 101–336) and examines emerging policy issues as they affect per-

sons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

#### NATIONAL LABOR RELATIONS BOARD

##### SALARIES AND EXPENSES

Appropriations, 2023 .....	\$299,224,000
Budget estimate, 2024 .....	376,163,000
Committee recommendation .....	299,224,000

The Committee recommends \$299,224,000 for the National Labor Relations Board [NLRB], which administers and enforces the National Labor Relations Act of 1935 (Public Law 74-198) and protects employee and employer rights provided under that act. The Committee maintains language restricting the use of electronic voting.

#### NATIONAL MEDIATION BOARD

##### SALARIES AND EXPENSES

Appropriations, 2023 .....	\$15,113,000
Budget estimate, 2024 .....	15,601,000
Committee recommendation .....	15,113,000

The Committee recommends \$15,113,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act (Public Law 88-542). The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

#### OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

##### SALARIES AND EXPENSES

Appropriations, 2023 .....	\$15,449,000
Budget estimate, 2024 .....	16,179,000
Committee recommendation .....	15,449,000

The Committee recommends \$15,449,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

#### RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act (Public Law 93-445) and Railroad Unemployment Insurance Act (Public Law 100-647).

##### DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2023 .....	\$9,000,000
Budget estimate, 2024 .....	8,000,000
Committee recommendation .....	8,000,000

The Committee recommends \$8,000,000 for the Dual Benefits Payments Account together with any estimated income derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2023 .....	\$150,000
Budget estimate, 2024 .....	150,000
Committee recommendation .....	150,000

The Committee recommends \$150,000 for Federal Payments to the Railroad Retirement Account. These funds reimburse the railroad retirement trust funds for interest earned on non-negotiated checks.

LIMITATION ON ADMINISTRATION

Appropriations, 2023 .....	\$128,000,000
Budget estimate, 2024 .....	138,575,000
Committee recommendation .....	128,000,000

The Committee recommends \$128,000,000 for RRB’s costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

The Committee continues to request annual updates on the project status, including timelines to completion, total anticipated cost of development, funding obligations, and contracts for RRB’s fully funded information technology modernization system.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2023 .....	\$14,000,000
Budget estimate, 2024 .....	14,600,000
Committee recommendation .....	14,000,000

The Committee recommends \$14,000,000 for RRB Office of the Inspector General. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2023 .....	\$11,000,000
Budget estimate, 2024 .....	10,000,000
Committee recommendation .....	10,000,000

The Committee recommends \$10,000,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not nego-

tiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2023 .....	\$48,609,338,000
Budget estimate, 2024 .....	45,717,853,000
Committee recommendation .....	45,561,145,000

The Committee recommends \$45,561,145,000 in fiscal year 2024 mandatory funds for the SSI program. This is in addition to the \$15,800,000,000 provided in the fiscal year 2023 appropriations act for the first quarter of fiscal year 2024. In addition, the Committee recommends \$21,700,000,000 in advance funding for the first quarter of fiscal year 2025. The SSI program guarantees a minimum level of income to individuals who are disabled, blind, or older than age 65, and meet certain income and resource limitations.

*Federal Benefit Payments*

The Committee recommendation includes a fiscal year 2024 program level of \$56,328,000,000 for Federal benefit payments.

*Beneficiary Services*

The Committee recommendation includes \$137,000,000 in new mandatory budget authority for beneficiary services.

These funds reimburse vocational rehabilitation [VR] agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [ENs], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

*Research and Demonstration*

The Committee recommendation includes \$91,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act (Public Law 74–271), as amended. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

*Administrative Expenses*

The Committee recommendation includes \$4,805,145,000 for SSI program administrative expenses. This appropriation funds the SSI program’s share of administrative expenses incurred through the Limitation on Administrative Expenses [LAE] account.

## LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2023 .....	\$14,125,978,000
Budget estimate, 2024 .....	15,488,200,000
Committee recommendation .....	14,417,978,000

This account provides resources for SSA to administer the OASI, DI, and SSI programs, and to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program's share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals' annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

The Committee recommendation includes \$1,851,000,000 for program integrity activities, including CDRs, SSI redeterminations of non-medical eligibility, and Cooperative Disability Investigations units. This includes \$273,000,000 in base funding and \$1,578,000,000 in cap adjustment funding, as authorized and specified in the Fiscal Responsibility Act of 2023.

The Committee recommendation also includes up to \$151,000,000 for administrative activities funded from user fees. This includes up to \$150,000,000 in fees collected from States that request SSA to administer State SSI supplementary payments and up to \$1,000,000 from fees collected from non-attorney claimant representatives.

The Committee recommendation also includes not less than \$2,700,000 for the Social Security Advisory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

*Cooperative Disability Investigations [CDI].*—The Committee directs SSA to provide an update in its fiscal year 2025 CJ on CDI units, including updates on the program's projected savings to SSA's disability programs, total recovery amounts, and projected savings to other Federal and State programs. Such updates shall also include suggestions regarding other ways Federal and State agencies may partner on anti-fraud initiatives with respect to Social Security programs.

*Disability Backlogs.*—The Committee recognizes the pandemic created significant challenges for SSA, which has contributed to a significant increase in processing times for initial disability claims. The Committee is deeply concerned that staffing challenges will make it difficult for SSA to address growing backlogs but expects SSA will, to the greatest extent possible, prioritize funding to reduce the initial disability claims backlog. The Committee directs SSA to continue to provide monthly reports to the Committee on key agency performance metrics and to provide quarterly briefings to the Committees on its progress towards reducing the initial disability claims and hearings backlogs, as well as addressing other service delivery challenges.

*Express Appointments.*—The Committee commends SSA for the creation of innovative service delivery improvements implemented during the pandemic. Given SSA’s stated plans to expand the number of visitors that are served at field offices since the pandemic, the Committee directs SSA to provide an update in the 2025 CJ detailing the agency’s plans for expansion of Express Services, including the expected timeline of such expansion, mechanisms for providing such services, and planned national availability and capacity. Such update shall also include any substantial progress made or plans to implement other significant service delivery changes in field offices.

*IT Modernization Procurement Policies.*—According to the SSA’s OIG report titled Agile Software Development at the Social Security Administration, SSA implemented some appropriate control and practices to manage its Agile software development projects, but is not using Agile consistently across all of its software development projects. The OIG’s analysis identified instances in which SSA did not follow key Agile development best practices related to delivery of planned work; appropriate development of system requirements, capabilities and features; size and composition of Agile development teams; definition of team policies and other basic practices; lessons learned; human-centered design practices; testing; and peer reviews. The Committee encourages SSA to implement OIG’s recommendations and requests a briefing within 90 days of enactment on its progress in doing so.

*Outreach to People with Disabilities and Experiencing Homelessness.*—The Committee strongly encourages SSA to expand outreach to potential beneficiaries, prioritizing underserved communities and individuals most likely to need support, including those experiencing homelessness. The Committee encourages SSA to leverage its existing Federal and State relationships to identify individuals who may be eligible for the SSI and SSDI programs. The Committee directs SSA to include information in its fiscal year 2025 CJ on such efforts.

*Reducing Submission of Physical Documentation.*—Pursuant to Executive Order 14058, Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government, SSA is directed to identify “potential opportunities for policy reforms that can support modernized customer experiences while ensuring original or physical documentation requirements remain where there is a statutory or strong policy rationale.” SSA was also directed to “develop a mobile mobile-accessible, online process so that any individual applying for or receiving services from the Social Security Administration can upload forms, documentation, evidence, or correspondence associated with their transaction without the need for service-specific tools or traveling to a field office.” The Committee directs SSA to submit a report to the House and Senate Committee on Appropriations, the House Committee on Ways and Means, and the Senate Committee on Finance within 180 days of enactment on the list of proposed policy reforms to improve customer experience, as well as a project timeline on implementing the online portal allowing individuals submitting documents electronically.

*Staffing Plan.*—The Committee notes the importance of ensuring SSA has the necessary workforce to operate efficiently and provide

high-quality service to program beneficiaries. The Committee requests SSA, within 90 days of enactment of this act and quarterly thereafter, provide a staffing report detailing FTEs and new hires by component. These reports shall include the total number of new hires, departed employees, net change in FTEs, and funds obligated and expended on new hires, broken down by programmatic area. These reports should also include a written hiring plan detailing SSA’s strategy to enhance its recruitment and retention, its implementation of the strategy, and recommended administrative and legislative actions to enhance the agency’s recruitment and retention.

*Supplemental Security Income Application Simplification.*—The complexity of the SSI program and application process can make it difficult for individuals to apply for benefits. This is an even bigger challenge given the individuals relying on SSI, including those experiencing homelessness, diagnosed with a terminal illness, and disabled veterans. It is also one of SSA’s most resource intensive and time-consuming workloads that contributes to SSA’s overall service delivery challenges and funding needs. The Committee strongly encourages SSA to prioritize simplifying the SSI application and making it available online. As many components of the SSI application are required by statute, simplification may require legislative changes. Therefore, within 120 days of enactment, SSA shall submit a report to the Committees on Appropriations and Ways and Means of the House of Representatives and the Committees on Appropriations and Finance of the Senate regarding the agency’s efforts to simplify the SSI application and program, including a list of proposed legislative changes aimed at simplifying the SSI application for claimants.

*Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].*—The Committee recommendation includes \$23,000,000 for WIPA and \$10,000,000 for PABSS, the same as the comparable fiscal year 2023 levels, respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work. The Committee notes that delayed suitability determinations have in some cases significantly affected the ability of PABSS grantees to carry out their mission to protect the rights and best interests of individuals with disabilities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2023 .....	\$114,665,000
Budget estimate, 2024 .....	120,400,000
Committee recommendation .....	114,665,000

The Committee recommends \$114,665,000 for SSA’s OIG. This includes \$82,665,000 funded from the OASI and DI trust funds for those programs’ share of OIG’s expenses and \$32,000,000 funded from general revenues for the SSI program’s share of expenses.

*Combating Social Security Impersonation Scams.*—According to the SSA OIG, reports of the Social Security Impersonation Scam increased rapidly from 2018 to 2020. Since this time, reports of this scam have declined but still number in the tens of thousands each year. The Committee commends the work that SSA OIG has done thus far to combat these scams, encourages SSA OIG to continue



to prioritize working with the SSA to increase awareness of this scam, and urges SSA OIG to pursue the criminals perpetrating this fraud.

TITLE V  
GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill modifies a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying the requirement to identify Federal funding made available in this act as a component of State and local grant funds in all public materials related to such funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortions.

Section 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act (Public Law 106-554).

Section 514. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill continues a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill continues a provision prohibiting SSA from processing earnings for work performed under a fraudulent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act (Public Law 74–271).

Section 519. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill continues a provision requiring computer networks to block pornography.

Section 521. The bill continues a provision related to reporting requirements for conference spending.

Section 522. The bill continues a provision related to advertisement costs.

Section 523. The bill modifies a provision on Performance Partnerships.

Section 524. The bill continues a provision regarding reporting status of balances of appropriations.

Section 525. The bill continues a provision on grant notifications.

Section 526. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 527. The bill includes a new provision providing an additional \$10,000,000 available for obligation through September 30, 2028 solely for costs necessary to achieve rent reductions through the expiration and replacement of leases for NLRB's headquarters and several regional offices. The Committee directs NLRB to submit an operating plan for this capital investment not later than 30 days after enactment of this act and quarterly updates on its execution. Further, the Committee expects future CJs to describe prior year rent costs, current year rent costs and projected rent costs for the next 5 years.

Section 528. The bill continues a provision requiring questions for the record be submitted within 45 days of receipt.

Section 529. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

Sections 530. The bill includes a provision rescinding funds from the Children's Insurance Program Performance Bonus Fund.

Section 531. The bill includes a provision rescinding funds from Section 2401 of the American Rescue Plan Act of 2021 (Public Law 117–2).

Section 532. The bill continues a provision related to research and evaluation funding flexibility.

Section 533. The bill includes a new provision (regarding funds available in this act designated as an emergency).

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE  
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Workforce Innovation and Opportunity Act programs; Trade Adjustment Assistance; School-Based Health Centers; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Ending the HIV Epidemic; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Autism Collaboration, Accountability, Research, Education, and Support Act; Public Health Improvement Act; Firefighter Cancer Registry Act of 2018; Cybersecurity and National Security programs; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Research on Health Costs, Quality, and Outcomes; Substance Use and Mental Health Services programs; Protection and Advocacy for Individuals with Mental Illness; State Opioid Response Grants; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs; Child Care and Development Block Grant; Children and Families Services Programs; Head Start; Preschool Development Grants; Runaway and Homeless Youth programs; Adoption and Legal Guardianship Incentive Payments; CAPTA programs; Family Violence programs; National Domestic Violence Hotline; Child Welfare Services; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; Assistive Technology Act; Elementary and Secondary Education Act of 1965; Rehabilitation Act of 1973 programs; Helen Keller National Center Act; Education of the Deaf Act; Adult Education and Family Literacy Act programs; Education Sciences Reform Act; Parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Empowerment Act of 2004; Corporation for Public Broadcasting; Corporation for National and Community Service; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 27, 2023, the Committee ordered favorably reported an original bill (S. 2624) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2024, and for other purposes, provided, that the bill be subject to amendment and that the bill be consistent with its budget allocation, and provided that the Chairman of the Committee or his designee be authorized to offer the substance of the original bill as a Committee amendment in the nature of a substitute to the House companion measure, by a recorded vote of 26–2, a quorum being present. The vote was as follows:

Yeas	Nays
Chair Murray	Mr. Hagerty
Mrs. Feinstein	Mrs. Fischer
Mr. Reed	
Mr. Tester	
Mrs. Shaheen	
Mr. Merkley	
Mr. Coons	
Mr. Schatz	
Ms. Baldwin	
Mr. Murphy	
Mr. Manchin	
Mr. Van Hollen	
Mr. Heinrich	
Mr. Peters	
Ms. Collins	
Mr. McConnell	
Ms. Murkowski	
Mr. Graham	
Mr. Moran	
Mr. Hoeven	
Mr. Boozman	
Mrs. Capito	
Mr. Kennedy	
Mrs. Hyde-Smith	
Mrs. Britt	
Mr. Rubio	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that the Committee report on a bill or joint resolution repealing or amending any statute or part of any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the Committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

**TITLE 20—EDUCATION**

**CHAPTER 28—HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCE**

SUBCHAPTER I—GENERAL PROVISIONS

PART B—ADDITIONAL GENERAL PROVISIONS

**§ 1011c. National Advisory Committee on Institutional Quality and Integrity**

**(a) Establishment**

\* \* \* \* \*

**(f) Termination**

The Committee shall terminate on September 30, [2021] 2024.

\* \* \* \* \*

SUBCHAPTER IV—STUDENT ASSISTANCE

PART D—WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

**§ 1087h. Funds for administrative expenses**

**(a) Administrative expenses**

**(1) Mandatory funds for fiscal year 2006**

\* \* \* \* \*

**(4) Continuing mandatory funds for account maintenance fees**

For each of the fiscal years 2007 through [2021] 2024, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

**NATIONAL AND COMMUNITY SERVICE ACT OF 1990,  
PUBLIC LAW 101-610**

**SEC. 148. DISBURSEMENT OF EDUCATIONAL AWARDS.**

(a) IN GENERAL.—

\* \* \* \* \*

(f) TRANSFER OF EDUCATIONAL AWARDS.—

(1) IN GENERAL.— \* \* \*

(2) CONDITIONS FOR TRANSFER.—An educational award may be transferred under this subsection if—

(A)(i) the award is a national service educational award for service in [a national service program that receives a grant under subtitle C] *an approved national service position*; and

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**CONSOLIDATED APPROPRIATIONS ACT, 2014,  
PUBLIC LAW 113-76**

**DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND  
HUMAN SERVICES, AND EDUCATION, AND RELATED  
AGENCIES APPROPRIATIONS ACT, 2014**

**TITLE V**

**GENERAL PROVISIONS**

**SEC. 526. (a) DEFINITIONS.— \* \* \***

\* \* \* \* \*

**(b) USE OF DISCRETIONARY FUNDS IN [FISCAL YEAR 2014] FISCAL YEAR 2024.— \* \* \***

\* \* \* \* \*

**(c) PERFORMANCE PARTNERSHIP AGREEMENTS.—**Federal agencies may use Federal discretionary funds, as authorized in subsection (b), to participate in a Performance Partnership Pilot only in accordance with the terms of a Performance Partnership Agreement that—

(1) is entered into between—

\* \* \* \* \*

(2) specifies, at a minimum, the following information: (A) the length of the Agreement (which shall not extend beyond [September 30, 2018] *September 30, 2028*);

\* \* \* \* \*

**(e) TRANSFER AUTHORITY.—**For the purpose of carrying out the Pilot in accordance with the Performance Partnership Agreement, and subject to the written approval of the Director of the Office of Management and Budget, the head of each participating Federal agency may transfer Federal discretionary funds that are being used in the Pilot to an account of the lead Federal administering agency that includes Federal discretionary funds that are being used in the Pilot. Subject to the waiver authority under subsection (f), such transferred funds shall remain available for the same pur-

poses for which such funds were originally appropriated: *Provided*, That such transferred funds shall remain available for obligation by the Federal Government until the expiration of the period of availability for those Federal discretionary funds (which are being used in the Pilot) that have the longest period of availability, except that any such transferred funds shall not remain available beyond ~~September 30, 2018~~ *September 30, 2028*.

**BUDGETARY IMPACT OF BILL**

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(A), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount in bill	Committee allocation	Amount in bill
Comparison of amounts in the bill with the subcommittee allocation for 2024: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory .....	1,064,077	1,064,077	1,062,276	<sup>1</sup> 1,062,276
Discretionary .....	195,231	202,178	263,863	<sup>1</sup> 256,369
Defense .....			NA	NA
Non-defense .....	195,231	202,178	NA	NA
Projections of outlays associated with the recommendation:				
2024 .....				<sup>2</sup> 1,132,406
2025 .....				113,468
2026 .....				32,122
2027 .....				6,594
2028 and future years .....				1,653
Financial assistance to State and local governments for 2024 .....				
	NA	492,271	NA	<sup>2</sup> 578,195

<sup>1</sup> Includes outlays from prior-year budget authority.

<sup>2</sup> Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Consistent with the funding recommended in the bill for continuing disability reviews and redeterminations, for health care fraud and abuse control, for reemployment services and eligibility assessments, and for emergency requirements in accordance with subparagraphs (B), (C), (E), and (A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985, the Committee anticipates that the Budget Committee will provide, at the appropriate time, a 302(a) allocation for the Committee on Appropriations reflecting a net upward adjustment of \$6,947,000,000 in budget authority plus the associated outlays. Pursuant to section 1001(b)(3)(B) of the 21st Century Cures Act (Public Law 114-255), \$407,000,000 in budget authority and the resulting outlays do not count for the purposes of estimates under the Congressional Budget and Impoundment Control Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.



**DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING  
ITEMS**

The Constitution vests in the Congress the power of the purse. The Committee believes strongly that Congress should make the decisions on how to allocate the people's money. As defined in Rule XLIV of the Standing Rules of the Senate, the term "congressionally directed spending item" means a provision or report language included primarily at the request of a Senator, providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or congressional district, other than through a statutory or administrative, formula-driven, or competitive award process.

For each item, a Member is required to provide a certification that neither the Member nor the Member's immediate family has a pecuniary interest in such congressionally directed spending item. Such certifications are available to the public on the website of the Senate Committee on Appropriations (<https://www.appropriations.senate.gov/congressionally-directed-spending-requests>). Following is a list of congressionally directed spending items included in the Senate recommendation discussed in this explanatory statement, along with the name of each Senator who submitted a request to the Committee of jurisdiction for each item so identified. Neither the Committee recommendation nor this report contains any limited tax benefits or limited tariff benefits as defined in rule XLIV.

## CONGRESSIONALLY DIRECTED SPENDING ITEMS

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	A Precious Child, Inc., CO, for workforce development programming	400,000	Hickenlooper
Department of Labor	Employment and Training Administration	Advocate Christ Medical Center, IL, for a career pipeline program	500,000	Durbin
Department of Labor	Employment and Training Administration	African Alliance of Rhode Island, RI, for workforce training and apprenticeship programs	200,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Alaska Joint Electrical Apprenticeship and Training Trust, AK, for an apprenticeship program, including the purchase of equipment	1,600,000	Murkowski
Department of Labor	Employment and Training Administration	Alaska Joint Electrical Apprenticeship and Training Trust, AK, for an apprenticeship program, including the purchase of equipment and technology	350,000	Murkowski
Department of Labor	Employment and Training Administration	Alaska Legal Services Corporation, AK, for a workforce training program	500,000	Murkowski
Department of Labor	Employment and Training Administration	Alaska Operating Engineers Employers Training Trust Fund, AK, for the purchase of equipment for an apprenticeship program	1,999,000	Murkowski
Department of Labor	Employment and Training Administration	Alaska Works Partnership, Inc., AK, for a workforce training program, including the purchase of equipment	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	arc Thrift Stores, CO, for workforce development activities, including the purchase of equipment	51,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Arizona Commerce Authority, AZ, for the semiconductor workforce accelerator project, including the purchase of equipment	2,000,000	Kelly, Sinema
Department of Labor	Employment and Training Administration	AS220, RI, for a workforce training program	870,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Automotive Training Center, Inc., GA, for equipment for a workforce development program	250,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Best Buddies International, Inc., WA, for workforce development activities for individuals with disabilities	250,000	Murray

Department of Labor	Employment and Training Administration	Beyond Literacy, PA, for an education and training program	395,000	Casey
Department of Labor	Employment and Training Administration	Big Brothers Big Sisters of Flint and Genesee County, MI, for a youth workforce opportunity initiative	75,000	Stabenow
Department of Labor	Employment and Training Administration	Blue Ridge Community & Technical College Foundation Inc., WV, for advanced manufacturing training programs, including the purchase of equipment, technology, and curriculum design	492,000	Capito
Department of Labor	Employment and Training Administration	Boys & Girls Clubs of the Chattahoochee Valley, Inc., GA, for college preparation, career training, and workforce development activities	500,000	Warmock
Department of Labor	Employment and Training Administration	Capital Workforce Partners, Inc. (CWP), CT, for workforce development activities	876,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Center for Community Health Alignment, University of South Carolina Arnold School of Public Health, SC, for a workforce development program	112,000	Graham
Department of Labor	Employment and Training Administration	Children's Health Care, MN, for workforce development activities	875,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	City of Elkins, WV, for an apprenticeship program	60,000	Capito, Manchin
Department of Labor	Employment and Training Administration	CitySeed, Inc., CT, for a culinary training program	150,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Civic Works, Inc., MD, for workforce development services	788,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Clark College, WA, for the purchase and installation of equipment and development of curriculum for a clean energy technical education program	1,000,000	Cantwell, Murray
Department of Labor	Employment and Training Administration	Coalfield Development, WV, for workforce development activities	1,200,000	Manchin
Department of Labor	Employment and Training Administration	College of Staten Island of the City University of New York, NY, for a wind energy workforce education and training initiative	1,720,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	Colorado State University—Pueblo, CO, for a transportation technology workforce development program	949,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Connecticut NAACP, CT, for workforce development activities	350,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Cook Inlet Tribal Council Inc., AK, for a workforce training program	1,000,000	Murkowski

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	County of Middlesex, NJ, for a healthcare workforce training project, including curriculum development and the purchase of equipment	1,400,000	Booker, Menendez
Department of Labor	Employment and Training Administration	Cowley Community College, KS, for welding education, including the purchase of equipment	264,000	Moran
Department of Labor	Employment and Training Administration	Dartmouth Hitchcock Nashua, NH, for a behavioral workforce training program	1,292,000	Shaheen
Department of Labor	Employment and Training Administration	Delaware Bioscience Association, DE, for workforce development activities, including the purchase of equipment	2,168,000	Carper, Coons
Department of Labor	Employment and Training Administration	Delaware Department of Safety and Homeland Security—State Fire School, DE, for the purchase of workforce training equipment	1,800,000	Coons
Department of Labor	Employment and Training Administration	Detroit Health Department, MI, for training and certification programs	900,000	Peters, Stabenow
Department of Labor	Employment and Training Administration	Doddridge County Day Report Center, WV, for the purchase of equipment	10,000	Manchin
Department of Labor	Employment and Training Administration	East River Development Alliance Inc. NY, for youth development and training services	912,000	Schumer
Department of Labor	Employment and Training Administration	Eastern Shore Foundation Inc, VA, for a prototyping and training center for advanced manufacturing, including the purchase of equipment	197,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Foundation Health LLC, AK, for a workforce training program	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	Fox Valley Workforce Development Board, WI, for workforce development activities	4,675,000	Baldwin
Department of Labor	Employment and Training Administration	Fremont Multidistrict Initiative, CO, for workforce development programs	450,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Game On Upstate, NY, for workforce development programs	1,500,000	Schumer
Department of Labor	Employment and Training Administration	George Mason University, VA, for health workforce programs	921,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Hartford Promise, CT, for a student internship support program	116,000	Blumenthal, Murphy

Department of Labor	Employment and Training Administration	Hawaii Pacific University, HI, for a physician assistant program, including the purchase of equipment	1,843,000	Hirono, Schatz
Department of Labor	Employment and Training Administration	Henry Ford College, MI, for workforce development activities	3,000,000	Peters
Department of Labor	Employment and Training Administration	Hinds Community College, MS, for a STEM program, including the purchase of equipment	2,847,000	Hyde-Smith
Department of Labor	Employment and Training Administration	Hinds Community College, MS, for a workforce training program, including the purchase of equipment	1,200,000	Wicker
Department of Labor	Employment and Training Administration	Hispanic Center Lehigh Valley, PA, for workforce development activities	350,000	Casey
Department of Labor	Employment and Training Administration	Homeboy Industries, CA, for workforce development activities	2,000,000	Padilla
Department of Labor	Employment and Training Administration	Housing Authority of the City of Providence, Rhode Island (dba Providence Housing Authority), RI, for workforce development services	150,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Ibero-American Action League Inc., NY, for a community health workers apprenticeship program	800,000	Schumer
Department of Labor	Employment and Training Administration	Illinois Central College, IL, for the purchase of workforce training equipment	547,000	Duckworth
Department of Labor	Employment and Training Administration	Itasca Economic Development Corporation, MN, for workforce training	339,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	IYRS School of Technology and Trades, RI, for robotics enabled workforce development programs	550,000	Whitehouse
Department of Labor	Employment and Training Administration	Kawerak, Inc., AK, for a workforce training program	568,000	Murkowski
Department of Labor	Employment and Training Administration	La Colaborativa, MA, for a workforce development program	630,000	Markey, Warren
Department of Labor	Employment and Training Administration	Leeward Community College, HI, for special education educator apprenticeship programs	175,000	Schatz
Department of Labor	Employment and Training Administration	Living Classrooms Foundation, MD, for a maritime skills workforce development program	883,000	Cardin, Van Hollen

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Machinists Institute, WA, for the purchase of equipment and program development for a manufacturing workforce development program	4,500,000	Murray
Department of Labor	Employment and Training Administration	Maine Development Foundation, ME, for a workforce development program, including the purchase of equipment and curriculum development	535,000	Collins, King
Department of Labor	Employment and Training Administration	Manchester School District, NH, for an education leadership training program	105,000	Shaheen
Department of Labor	Employment and Training Administration	Mary Hitchcock Memorial Hospital, NH, for an early childhood workforce program	400,000	Shaheen
Department of Labor	Employment and Training Administration	Maryland Reentry Resource Center Inc., MD, for workforce development activities	200,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Michigan Health & Hospital Association Keystone Center, MI, for workforce training	756,000	Stabenow
Department of Labor	Employment and Training Administration	Midlands Technical College, SC, for a workforce development program, including the purchase of equipment	6,000,000	Graham
Department of Labor	Employment and Training Administration	Minnesota Assistance Council for Veterans, MN, for an employment services program for veterans	420,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	Moraine Park Tech College, WI, for the purchase of equipment for a fire training center	150,000	Baldwin
Department of Labor	Employment and Training Administration	Multi-Service Center, WA, for workforce training	772,000	Murray
Department of Labor	Employment and Training Administration	Neighborhood, VA, for the career and community development program	275,000	Kaine, Warner
Department of Labor	Employment and Training Administration	New Castle County Vocational Technical School District, DE, for nursing, commercial driving, and biopharmaceutical manufacturing programs, including the purchase of equipment	1,702,000	Carper, Coons
Department of Labor	Employment and Training Administration	New Immigrant Community Empowerment, NY, for a workforce development program	500,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	Newport County Community Mental Health Center, Inc. d/b/a Newport Mental Health, RI, for behavioral healthcare workforce development	200,000	Reed, Whitehouse

Department of Labor	Employment and Training Administration	Oregon Native American Chamber, OR, for a semiconductor industry workforce development program, including the purchase of equipment	426,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Outreach Services, PA, for workforce development services	250,000	Casey
Department of Labor	Employment and Training Administration	Pacific Mountain Workforce Development Council, WA, for workforce development services for veterans	1,500,000	Murray
Department of Labor	Employment and Training Administration	Pacific Northwest Ironworkers Training Program d.b.a. Alaska Ironworkers Training Program, AK, for a workforce training program, including the purchase of equipment.	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	Philadelphia Area Project on Occupational Safety & Health, PA, for workforce development activities	100,000	Casey
Department of Labor	Employment and Training Administration	Pittsburgh Film Office, PA, for workforce development activities	765,000	Fetterman
Department of Labor	Employment and Training Administration	Polaris MEP, RI, for a workforce training program, including the purchase of equipment	271,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Prince George's Community College, MD, for the commercial drivers licensure program	874,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Prince George's County, MD, for a summer youth employment program	1,500,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Prince of Wales Vocational and Technical Education Center, AK, for a workforce development program, including the purchase of equipment and technology	500,000	Murkowski
Department of Labor	Employment and Training Administration	Providence Public Library (PPL), RI, for workforce development activities	200,000	Reed
Department of Labor	Employment and Training Administration	Quincy Asian Resources, Inc., MA, for a workforce initiative	627,000	Markey, Warren
Department of Labor	Employment and Training Administration	Re-use Hawaii, HI, for workforce development training	500,000	Schatz
Department of Labor	Employment and Training Administration	Rhode Island Manufacturers Association, RI, for a workforce training program	250,000	Whitehouse
Department of Labor	Employment and Training Administration	Rhode Island Office of the Postsecondary Commissioner, RI, for healthcare workforce development programming	900,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	SC Emergency Medical Services Association, SC, for a workforce development program, including the purchase of equipment	1,650,000	Graham

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Seward County Community College, KS, for the purchase of equipment and technology	1,200,000	Moran
Department of Labor	Employment and Training Administration	SMART 33 Wheeling District JATC, WV, for workforce development activities	400,000	Capito, Manchin
Department of Labor	Employment and Training Administration	So All May Eat, Inc., CO, for a culinary workforce training program, including the purchase of equipment	157,000	Hickenlooper
Department of Labor	Employment and Training Administration	Southwest Piping Institute, NM, for workforce development activities	1,350,000	Heinrich
Department of Labor	Employment and Training Administration	SpringForward, MD, for workforce development services	307,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Starr Commonwealth, MI, for a youth career development project	500,000	Stabenow
Department of Labor	Employment and Training Administration	State of New Mexico Office of Broadband Access and Expansion, NM, for workforce development including purchase of equipment	1,993,000	Heinrich, Luján
Department of Labor	Employment and Training Administration	Steamfitters Workforce Training Program, PA, for workforce development activities	322,000	Casey
Department of Labor	Employment and Training Administration	Sunflower Bakery, MD, for workforce development services	75,000	Van Hollen
Department of Labor	Employment and Training Administration	The Arc of Hilo, HI, for a school-to-work transition program for individuals with disabilities	297,000	Schatz
Department of Labor	Employment and Training Administration	The Avery Center, CO, for workforce development programs for survivors of sex exploitation and sex trafficking	109,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	The Black Fire Brigade Org, IL, for an EMT and paramedic training program	500,000	Duckworth
Department of Labor	Employment and Training Administration	The Challenge Program, DE, for workforce development activities, including the purchase of equipment	465,000	Carper, Coons
Department of Labor	Employment and Training Administration	The Klamath Tribes, OR, for a workforce training program, including the purchase of equipment	1,000,000	Merkley, Wyden



Department of Labor	Employment and Training Administration	The Mental Health Center of Greater Manchester, NH, for mental health workforce training	408,000	Shaheen
Department of Labor	Employment and Training Administration	The Peale Center for Baltimore History and Architecture, Inc., MD, for historic preservation workforce development	420,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	The Skills Foundation of Mississippi, MS, for a workforce training program, including curriculum development and equipment	450,000	Hyde-Smith, Wicker
Department of Labor	Employment and Training Administration	The West Virginia Chamber Foundation Corporation, WV, for workforce development activities	300,000	Capito, Manchin
Department of Labor	Employment and Training Administration	Toledo Area Sheet Metal JATC, OH, for the purchase of equipment for a sheet metal apprenticeship program	715,000	Brown
Department of Labor	Employment and Training Administration	Trade Institute of Pittsburgh, PA, for workforce development activities	450,000	Casey
Department of Labor	Employment and Training Administration	Turing School of Software & Design, CO, for a software development training program	575,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	United Community Ministries, VA, for a workforce development program and English conversation classes	326,000	Kaine, Warner
Department of Labor	Employment and Training Administration	United Mine Workers of America Career Centers, Inc. (UMWA Career Centers, Inc. UMWACC), PA, for workforce development activities	1,500,000	Casey, Fetterman
Department of Labor	Employment and Training Administration	University of Alaska Anchorage, AK, for an apprenticeship program	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	University of Rhode Island, RI, for biomedical workforce development training	1,200,000	Reed
Department of Labor	Employment and Training Administration	Urban Affairs Coalition, PA, for a summer youth employment program	500,000	Casey
Department of Labor	Employment and Training Administration	Urban League of Greater Southwestern Ohio, OH, for the Building Futures pre-apprenticeship Program	670,000	Brown
Department of Labor	Employment and Training Administration	Vermont Healthcare Information Technology Education Center, Inc., VT, for apprenticeship programs	996,000	Welch
Department of Labor	Employment and Training Administration	Veterans Life Center, NC, for a workforce training program for veterans	750,000	Tillis

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Virginia Wesleyan University, VA, for career development services	625,000	Kaine, Warner
Department of Labor	Employment and Training Administration	WaterFire Providence, RI, for workforce development	250,000	Reed
Department of Labor	Employment and Training Administration	Wesley Dayton, OH, for a workforce development program for unemployed and under-employed Montgomery County residents	250,000	Brown
Department of Labor	Employment and Training Administration	West Virginia Higher Education Policy Commission, WV, for a paramedic training program	1,800,000	Capito, Manchin
Department of Labor	Employment and Training Administration	West Virginia Office of Miners' Health, Safety and Training, WV, for workforce development activities	300,000	Capito, Manchin
Department of Labor	Employment and Training Administration	West Virginia Sheet Metal Workers Joint Apprenticeship Training Fund, WV, for sheet metal workers apprenticeship training, including the purchase of equipment	751,000	Brown
Department of Labor	Employment and Training Administration	Western Slope Schools Career Collaborative, CO, for the implementation of new industry development pathways	600,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Western States College of Construction, CO, for apprenticeship programs	1,018,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Women's Resource Center, MI, for workforce development services	95,000	Stabenow
Department of Labor	Employment and Training Administration	Woonasquatucket Valley Community Build Inc. dba The Steel Yard, RI, for workforce training	300,000	Reed
Department of Labor	Employment and Training Administration	Workforce Alliance, CT, for a health workforce training program	1,188,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Adventist Health Castle, HI, for equipment	700,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Agnes Scott College, GA, for facilities and equipment	1,001,000	Ossoff, Warnock

Department of Health & Human Services	Health Resources and Services Administration	Aiken Technical College, SC, for facilities and equipment, including information technology	1,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Alaska Addiction Rehabilitation Services, AK, for facilities and equipment	3,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Alaska Native Tribal Health Consortium, AK, for facilities and equipment	2,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Albany Med Health System, NY, for equipment	500,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Alcona Citizens for Health, Inc., MI, for facilities and equipment	305,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Alivio Medical Center, IL, for facilities and equipment	498,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	ALS Association, AK, for equipment	413,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Amador Health Center, NM, for facilities and equipment	780,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	American Red Cross of Hawaii, HI, for a rural training program	50,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	Anchorage Community Mental Health Services Inc. d.b.a. Alaska Behavioral Health, AK, for facilities and equipment, including information technology	1,987,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Anderson Regional Medical Center, MS, for facilities and equipment	4,300,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	AnMed Health, SC, for facilities and equipment	11,176,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Apicha Community Health Center, NY, for facilities and equipment	146,000	Gillibrand

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Apple Tree Dental, MN, for facilities and equipment	3,690,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Applied Research Foundation of WV, WV, for facilities and equipment	7,415,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Arab Community Center for Economic and Social Services, MI, for facilities and equipment	4,000,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Arcadia University, PA, for facilities and equipment	342,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Arctic Slope Native Association Ltd., AK, for facilities and equipment	1,500,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Arkansas State University—Mountain Home, AR, for facilities and equipment	6,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Aroostook Mental Health Services, Inc., ME, for facilities and equipment	4,300,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Ashland Ambulance Service, ME, for equipment	431,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Asian Health Services, CA, for facilities and equipment	1,000,000	Feinstein, Padilla
Department of Health & Human Services	Health Resources and Services Administration	Aunt Martha's Health and Wellness, IL, for facilities and equipment	450,000	Duckworth, Durbin
Department of Health & Human Services	Health Resources and Services Administration	Avera McKennan, SD, for facilities and equipment, including information technology	997,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Axis Health System, CO, for facilities and equipment	1,107,000	Hickenlooper

Department of Health & Human Services	Health Resources and Services Administration	Baltimore County Government, MD, for facilities and equipment	500,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Bangor Nursing and Rehabilitation Center, ME, for facilities and equipment	366,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Bangor Young Men's Christian Association, ME, for facilities and equipment	5,000,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Barnes-Kasson County Hospital, PA, for equipment	600,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Barrow Neurological Foundation, AZ, for equipment	1,053,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Bartlett Regional Hospital, AK, for facilities and equipment	4,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Beebe Medical Center, Inc. d/b/a Beebe Healthcare, DE, for facilities and equipment	1,500,000	Carper
Department of Health & Human Services	Health Resources and Services Administration	Berks Community Health Center, PA, for facilities and equipment	1,001,000	Casey, Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Bethel Family Clinic, AK, for facilities and equipment	2,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Blue Ridge Hospice, VA, to expand access to high-quality preventive, primary, acute and long term care under its Program of All-Inclusive Care for the Elderly	561,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Blue Sky Bridge, CO, for facilities and equipment	807,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Boone Memorial Hospital Inc., WV, for facilities and equipment	2,202,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Borough of Waynesboro, PA, for facilities and equipment	1,114,000	Casey

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Braxton County, WV, for equipment	400,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Broadus Hospital Association Incorporation, WV, for facilities and equipment	529,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Brooks Ambulance, Inc., ME, for facilities and equipment	1,650,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Bryant University, RI, for facilities and equipment	1,500,000	Reed
Department of Health & Human Services	Health Resources and Services Administration	Calais Community Hospital, ME, for facilities and equipment	1,354,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Camden-on-Gauley Medical Center, Inc., WV, for facilities and equipment	5,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Camp Kita Inc., ME, for facilities and equipment	3,330,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Cancer Can't, WA, for facilities and equipment	1,500,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Canyonlands Community Health Care, AZ, for facilities and equipment	2,500,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	Cape Fear Valley Health, NC, for facilities and equipment	903,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	Capital Health System, Inc., NJ, for facilities and equipment	1,500,000	Booker, Menendez
Department of Health & Human Services	Health Resources and Services Administration	Caring Hands Healthcare Centers Inc., OK, for facilities and equipment, including information technology	3,000,000	Mullin

Department of Health & Human Services	Health Resources and Services Administration	Catholic Medical Center, NH, for facilities and equipment	407,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	CCI Health Services, MD, for facilities and equipment	940,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Centra Health, VA, for facilities and equipment	190,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Central Maine Community College, ME, for facilities and equipment	3,325,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Central Maine Medical Center, ME, for facilities and equipment	2,100,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Central Virginia Health Services, Inc., VA, for facilities and equipment	355,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Centreville Clinics, Inc., PA, for facilities and equipment	500,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Charleston Area Medical Center Inc., WV, for facilities and equipment for a multispecialty facility	7,516,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Charleston Area Medical Center Inc., WV, for facilities and equipment to improve neurological care	15,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	CHI Memorial Hospital-Georgia, Inc. d/b/a CHI Memorial Hospital Georgia, GA, for facilities and equipment	1,500,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Chicago Family Health Center, Inc. (CFHC), IL, for facilities and equipment	122,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Children's Hospital of Colorado, CO, to support a rural nurse training program	421,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Chiricahua Community Health Centers, Inc., AZ, for facilities and equipment	789,000	Kelly, Sinema

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Choptank Community Health Systems, MD, for facilities and equipment	892,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	CIL Community Resources Inc, CT, for facilities and construction	1,403,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Circle the City, AZ, for facilities and equipment	500,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Citizens Foundation, KS, for facilities and equipment	3,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	City and County of San Francisco, CA, for facilities and equipment	1,000,000	Fenstein, Padilla
Department of Health & Human Services	Health Resources and Services Administration	City of Caribou Cary Medical Center, ME, for facilities and equipment, including information technology	9,800,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	City of Hobbs Fire Department, NM, for equipment	400,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	City of Talladega, AL, for rural emergency medical services, including equipment	3,980,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	City of Waterbury, CT, for facilities and equipment	5,000,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Clafin University, SC, for facilities and equipment	3,563,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Clearfield Educational Foundation—Future, PA, for equipment	900,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Clemson University, SC, for facilities and equipment	6,000,000	Graham



Department of Health & Human Services	Health Resources and Services Administration	Cleveland Clinic Akron General, OH, for facilities and equipment	856,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	CODAC Behavioral Health, RI, for facilities and equipment	1,200,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Codman Square Health Center, MA, for facilities and equipment	179,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Colorado Mountain College, CO, for facilities and equipment	3,000,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Columbia County Health & Human Services, WI, for facilities and equipment	1,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Columbus Consolidated Government, GA, for facilities and equipment	139,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Columbus Neighborhood Health Center, Inc., dba/ PrimaryOne Health, OH, for facilities and equipment	1,200,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Community College of Allegheny County, PA, for equipment	500,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Community Health and Wellness Center of Greater Torrington, Inc., CT, for facilities and equipment	232,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Community Health Care Systems, Inc., GA, for facilities and equipment	132,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Community Health Centers of Burlington, Inc, VT, for facilities and equipment	3,000,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Community Housing of Maine, Inc., ME, for facilities and equipment	15,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	CommunityHealth, IL, for facilities and equipment	516,000	Duckworth

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	COMPASS Family and Community Services, OH, for facilities and equipment	750,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Comprehensive Community Action Inc. (CCAP), RI, for facilities and equipment	1,000,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Comprehensive Life Resources, WA, for facilities and equipment	1,500,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Connections for Abused Women and their Children, IL, for facilities and equipment	500,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Copper River Native Association, AK, for facilities and equipment	300,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	County of Los Angeles, CA, for facilities and equipment	1,500,000	Feinstein, Padilla
Department of Health & Human Services	Health Resources and Services Administration	County of San Diego, CA, for equipment	2,500,000	Feinstein, Padilla
Department of Health & Human Services	Health Resources and Services Administration	Crisp Regional Hospital, Inc., GA, for facilities and equipment	580,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Critical Care Services, Inc. (D.B.A. Life Link III), MN, for facilities and equipment	1,500,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Cuba Independent Schools, NM, for facilities and equipment	680,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Curry Health Network, OR, for facilities and equipment	2,000,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Dakota Child and Family Clinic, MN, for facilities and equipment	350,000	Klobuchar, Smith

Department of Health & Human Services	Health Resources and Services Administration	Dartmouth Health, NH, for facilities and equipment	650,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Day One, RI, for facilities and equipment	273,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Deborah Heart and Lung Center, NJ, for equipment	1,500,000	Booker, Menendez
Department of Health & Human Services	Health Resources and Services Administration	Delaware Health Information Network, DE, for equipment	1,430,000	Carper
Department of Health & Human Services	Health Resources and Services Administration	Delta Health, CO, for facilities and equipment	158,000	Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	DuPagePads, IL, for facilities and equipment	280,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	East Bay Community Action Program, RI, for facilities and equipment	1,500,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Eastern Maine Healthcare Systems, Acadia Hospital Corporation d.b.a. Northern Light Acadia Hospital, ME, for a rural health training program to improve dementia care	1,330,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Eastern Maine Healthcare Systems, Eastern Maine Medical Center, ME, for facilities and equipment	1,097,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Eastern Maine Healthcare Systems, The Arnostook Medical Center d.b.a. Northern Light A.R. Gould Hospital, ME, for facilities and equipment	3,016,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Eastern Shore Rural Health System, Inc., VA, to support rural pediatric health services	159,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Eastport Health Care, Inc., ME, for facilities and equipment	5,061,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Education Health and Research International, DE, for facilities and equipment	1,501,000	Carper

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Elliot Health System, NH, for facilities and equipment	577,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Ellis Hospital, NY, for facilities and equipment	500,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Emory University, GA, for facilities and equipment	536,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Entre Hermanos, WA, for facilities and equipment	706,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Erie Family Health Center, Inc., IL, for facilities and equipment	3,000,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Escambia County Alabama Community Hospitals, Inc. dba Almore Community Hospital, AL, for facilities and equipment	2,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Esperanza Health Center, PA, for facilities and equipment	464,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Fairbanks Native Association, AK, for facilities and equipment	5,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Fairmont State University, WV, for facilities and equipment	3,059,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	FaithHealth Appalachia Inc., WV, for facilities and equipment	470,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Fallon Paiute-Shoshone Tribe, NV, for equipment	210,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	Family Health Centers, WA, for facilities and equipment	1,633,000	Cantwell

Department of Health & Human Services	Health Resources and Services Administration	Family Service of Rhode Island, RI, for facilities and equipment	1,000,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Florence Crittenton Programs Inc., WV, for facilities and equipment	3,042,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Forsyth Community Clinic, GA, for equipment	11,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Frankford Community Development Corporation, PA, for facilities and equipment	1,000,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Free Clinic of the New River Valley DBA Community Health Center of the New River Valley, VA, for facilities and equipment	1,250,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Fresno County, CA, for facilities and equipment	1,000,000	Feinstein
Department of Health & Human Services	Health Resources and Services Administration	Gallup Community Health, NM, for rural healthcare services	750,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Gila Regional Medical Center, NM, for equipment	1,000,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	Gilmer County Ambulance Authority, WV, for equipment	157,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Grafton County Nursing Home, NH, for facilities and equipment	750,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Grant County Commission, WV, for facilities and equipment	700,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Grays Harbor County Public Hospital District No. 1 dba. Summit Pacific Medical Center, WA, for facilities and equipment	2,500,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Great Bay Services, NH, for facilities and equipment	272,000	Shaheen

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Greater Health Now Accountable Community of Health, WA, for facilities and equipment	563,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Greater Seacoast Community Health, NH, for facilities and equipment	750,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Guadalupe County Hospital, NM, for equipment	650,000	Lujan
Department of Health & Human Services	Health Resources and Services Administration	Hampton University School of Nursing, VA, for facilities and equipment	1,000,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Hana Health, HI, for facilities and equipment	1,440,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Harbor Hall Foundation, MI, for facilities and equipment	1,000,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Harrington Memorial Hospital, Inc., MA, for facilities and equipment	498,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Hartford Gay & Lesbian Health Collective, CT, for facilities and construction	156,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Hayward Memorial Hospital, WI, for facilities and equipment	2,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	HealthFirst Family Care Center, NH, for facilities and equipment	250,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	HealthPoint, WA, for facilities and equipment	4,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Hennepin County, MN, for facilities and equipment	2,700,000	Klobuchar, Smith

Department of Health & Human Services	Health Resources and Services Administration	HH Health System—Shoals LLC dba Helen Keller Hospital, AL, for facilities and equipment	2,600,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Hodgeman County Health Center, KS, for facilities and equipment	4,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Holyoke Health Center, Inc., MA, for facilities and equipment	1,000,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	HopHealth Hospice & Palliative Care, RI, for facilities and equipment	41,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	HopeSparks, WA, for facilities and equipment	2,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Horizon Health Services, Inc., VA, to upgrade its Waverly Medical Center location to enhance and expand services	2,000,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Hospice of Hilo dba Hawaii Care Choices, HI, for equipment	1,217,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	Hospice of Michigan, MI, for facilities and equipment	1,000,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Randolph County, GA, for facilities and equipment	5,500,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Valdosta & Lowndes, Ga. dba SGMG Berrien Campus, GA, for facilities and equipment	1,871,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Development Co., WV, for facilities and equipment	500,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Hyndman Area Health Center, PA, for facilities and equipment	885,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Illinois College, IL, for facilities and equipment	911,000	Durbin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Illinois Medical District (IMD) Guest House Foundation, IL, for facilities and equipment	168,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Increase Access to Care Initiative, PA, for facilities and equipment	875,000	Casey, Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Inner-City Muslim Action Network, IL, for facilities and equipment	1,000,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Island Hospital, WA, for facilities and equipment	2,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	J Sargeant Reynolds Community College, VA, to renovate laboratories and purchase equipment to increase enrollment in programs with high-demand health care occupations	924,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Jackson Laboratory, ME, for facilities and equipment	8,000,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Jacksonville State University Foundation, AL, for equipment	1,760,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Jefferson County Community Ministries, WV, for facilities and equipment	300,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Jefferson County Public Hospital District 2, Jefferson Healthcare, WA, for facilities and equipment	2,000,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	John A Logan College, IL, for facilities and equipment	1,235,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Johns Hopkins Community Physicians, MD, for facilities and equipment	750,000	Cardin, Van Hollen



Department of Health & Human Services	Health Resources and Services Administration	Johnston Memorial Hospital (Ballad Health), VA, for facilities and equipment	613,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Journey Forward, MA, for facilities and equipment	500,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Kahuku Medical Center, HI, for facilities and equipment	812,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	Kanawha Hospice Care Inc., WV, for facilities and equipment	426,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Kansas State University, KS, for facilities and equipment	3,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Kansas State University, KS, for facilities and equipment to support biomanufacturing training and education	4,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Kenai Peninsula Borough, AK, for facilities and equipment	5,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Kennebec Valley Community College, ME, for facilities and equipment	513,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Ketchikan Indian Community, AK, for facilities and equipment	2,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	KidSTLC, Inc., KS, for facilities and equipment	3,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Kodiak Area Native Association, AK, for facilities and equipment	5,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	KVC Health Systems Inc., KS, for facilities and equipment, including information technology	2,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	La Clinica De Los Campesinos, dba Family Health La Clinica, WI, for facilities and equipment	2,000,000	Baldwin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	La Clinica del Valle Family Health Care Center, Inc. (dba La Clinica), OR, for facilities and equipment	2,000,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	LaGrange College, GA, for facilities and equipment	214,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Lakes Region Mental Health Center, NH, for an electronic health records system	630,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Lamolie Health Partners, Inc., VT, for facilities and equipment	1,500,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Lanai Kinaole Inc, HI, for facilities and equipment	1,150,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	Lander University, SC, for facilities and equipment, including information technology	2,400,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Lane County, OR, for facilities and equipment	1,500,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Larry Labonte Recovery Center, ME, for facilities and equipment	178,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Lawrence County Hospital, MS, for facilities and equipment	8,600,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Lawrence General Hospital, MA, for facilities and equipment	2,975,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Leg Up Farm, Inc., PA, for facilities and equipment	500,000	Casey, Fetterman
Department of Health & Human Services	Health Resources and Services Administration	LifeFlight of Maine, LLC, ME, for equipment	1,920,000	Collins, King

Department of Health & Human Services	Health Resources and Services Administration	Lifeways, Inc., OR, for facilities and equipment	978,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Lily's Place, WV, for facilities and equipment	1,085,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Lorain County Health and Dentistry, OH, for facilities and equipment	2,000,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Loudoun County Community Health Center dba HealthWorks, VA, to purchase radiology equipment and to renovate imaging room	359,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Louisiana State University and A&M College, LA, for facilities and equipment	3,000,000	Cassidy
Department of Health & Human Services	Health Resources and Services Administration	Loyola University of Chicago, IL, for facilities and equipment	1,000,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	LSU Health Sciences Center, LA, for facilities and equipment, including information technology	1,735,000	Cassidy
Department of Health & Human Services	Health Resources and Services Administration	Lyon College, AR, for facilities and equipment	15,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Madera County, CA, for equipment	940,000	Feinstein, Padilla
Department of Health & Human Services	Health Resources and Services Administration	Magnolia Regional Health Center, MS, for facilities and equipment	500,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Maine Veterans' Homes, ME, for facilities and equipment, including information technology	3,680,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	MaineGeneral Medical Center, ME, for facilities and equipment	2,000,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	MaineHealth, ME, for LincolnHealth facilities and equipment	4,500,000	Collins, King

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	MaineHealth, ME, for Maine Behavioral Healthcare Knox County facilities and equipment	1,350,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	MaineHealth, ME, for Maine Behavioral Healthcare York County facilities and equipment	2,825,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Manilaq Association, AK, for facilities and equipment	750,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Marathon County Government, WI, for facilities and equipment	2,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Marion Township Volunteer Fire Company, PA, for equipment	13,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Marshall University Research Corporation, WV, for facilities and equipment	15,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Martha's Vineyard Hospital, MA, for equipment	1,070,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Mary's Center for Maternal & Child Care, Inc., MD, for facilities and equipment	5,000,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Mascoma Community Healthcare, Inc., NH, for a rural public health initiative	189,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Mazzoni Center, PA, for facilities and equipment	400,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	McLaren Oakland Hospital, MI, for facilities and equipment	500,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Memorial Medical Center, WI, for facilities and equipment	2,000,000	Baldwin

Department of Health & Human Services	Health Resources and Services Administration	Memorial Sloan Kettering Cancer Center, NY, for equipment	1,200,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Mercy Health Foundation Ada, OK, for facilities and equipment	10,000,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Meta House, WI, for facilities and equipment	3,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Michigan State University, MI, for facilities and equipment	572,000	Peters, Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Mic-Maine Homeless Shelter Inc., ME, for equipment	75,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Mic-Michigan Recovery Services, MI, for facilities and equipment	500,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Mic-State Health Center, NH, for facilities and equipment	2,200,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Millinocket Regional Hospital, ME, for facilities and equipment	9,893,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Mineral County Health Department, WV, for facilities and equipment	1,260,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Minneola District Hospital NBR2, KS, for facilities and equipment	1,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Minnie Hamilton Health Care Center, WV, for facilities and equipment	5,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Children's Home Society d.b.a. Canopy Children's Solutions, MS, for facilities and equipment	5,000,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Mississippi State University, MS, for facilities and equipment	600,000	Hyde-Smith

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Monroe County Health Center, WV, for facilities and equipment	98,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Mora County Ambulance Services, NM, for equipment	900,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	Morgantown Community Resources Inc., WV, for facilities and equipment	500,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Morton County Health System, KS, for facilities and equipment, including information technology	470,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Mother Nation, WA, for facilities and equipment	1,148,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Mothers' Milk Bank of the Western Great Lakes, IL, for facilities and equipment	850,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Mount Desert Island Biological Laboratory, ME, for facilities and equipment	1,607,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Mount Desert Island Hospital, ME, for facilities and equipment	5,000,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Mount Graham Regional Medical Center, AZ, for facilities and equipment	500,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	Mount Washington Valley Adult Day Center, NH, for equipment	71,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Multnomah County, OR, for facilities and equipment	1,970,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	MUSC Health Orangeburg, SC, for facilities and equipment	4,300,000	Graham

Department of Health & Human Services	Health Resources and Services Administration	Native Village of Eyak, AK, for facilities and equipment	5,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Nemaha Valley Community Hospital, KS, for facilities and equipment	415,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Niagara University, NY, for facilities and equipment	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Nisqually Indian Tribe, WA, for facilities and equipment	5,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	North Country HealthCare, Inc., AZ, for facilities and equipment	1,733,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	North Country Home Health & Hospice Agency, NH, to support a rural health initiative	155,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	North Sunflower Medical Center, MS, for facilities and equipment	1,034,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Northwest Technical Institute Education Foundation, AR, for facilities and equipment	10,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Nottawasippi Huron Band of the Potawatomi, MI, for facilities and equipment	1,500,000	Peters
Department of Health & Human Services	Health Resources and Services Administration	Noxubee General Critical Access Hospital, MS, for facilities and equipment	5,000,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	NYC Health + Hospitals/Elmhurst, NY, for facilities and equipment	2,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	NYU Langone Hospitals, NY, for facilities and equipment	1,500,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Oakland University, MI, for facilities and equipment	350,000	Stabenow

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Ohio University, OH, for facilities and equipment	2,352,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Oktibbeha County Hospital (OCH) Regional Medical Center, MS, for facilities and equipment, including information technology	9,500,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	OU Medicine, Inc. d.b.a. OU Health, OK, for facilities and equipment	1,300,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Paden City Development Authority, WV, for facilities and equipment	200,000	Manchin
Department of Health & Human Services	Health Resources and Services Administration	Pali Momi Foundation, HI, for equipment	500,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	Park West Health System, MD, for facilities and equipment	1,500,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Parrott Creek Child & Family Services, OR, for facilities and equipment	2,000,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	PeaceHealth Southwest Medical Center, WA, for facilities and equipment	1,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Peninsula Community Health Services of Alaska, Inc., AK, for facilities and equipment	500,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Penobscot Community Health Center, ME, for facilities and equipment	1,322,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Philadelphia Midwife Collective (PMC), PA, for facilities and equipment	550,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Pikes Peak State College, CO, for facilities and equipment	1,000,000	Bennet, Hickenlooper



Department of Health & Human Services	Health Resources and Services Administration	Pinkneyville Community Hospital, IL, for facilities and equipment	192,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Pioneers Medical Center, CO, for facilities and equipment	371,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Poahontas Memorial Hospital, WV, for facilities and equipment	6,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Portland Community Health Center dba Greater Portland Health, ME, for facilities and equipment	775,000	King
Department of Health & Human Services	Health Resources and Services Administration	Potomac Valley Hospital Inc., WV, for facilities and equipment	1,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Presbyterian Healthcare Services Espanola Hospital, NM, for facilities and equipment	1,800,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	Prestera Center for Mental Health Services, WV, for facilities and equipment	350,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Prisma Health—Upstate, SC, for facilities and equipment, including information technology	10,700,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Providence Community Health Centers, Inc., RI, for facilities and equipment	500,000	Reed
Department of Health & Human Services	Health Resources and Services Administration	Pushing Boundaries, WA, for facilities and equipment	1,367,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Recovery Point of Huntington d.b.a. Recovery Point West Virginia, WV, for facilities and equipment	600,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Rector and Visitors of the University of Virginia, VA, for facilities and equipment	367,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Regional Hospice and Home Care of Western Connecticut, Inc., CT, for facilities and equipment	2,000,000	Blumenthal, Murphy

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Regional Medical Center at Lubec, ME, for facilities and equipment	5,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Richford Health Center, Inc. d/b/a Northern Tier Center for Health (Notch), VT, for facilities and equipment	2,500,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Richland Hospital, WI, for facilities and equipment	4,640,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Rivier University, NH, for facilities and equipment	2,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Rochester General Hospital, NY, for facilities and equipment	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Roper St. Francis Hospital, SC, for facilities and equipment	8,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Rutgers University-New Brunswick NJ, for facilities and equipment	2,000,000	Booker, Menendez
Department of Health & Human Services	Health Resources and Services Administration	RWJ Barnabas Health, NJ, for facilities and equipment	981,000	Menendez
Department of Health & Human Services	Health Resources and Services Administration	Saint Antoine Residence, RI, for facilities and equipment	250,000	Reed
Department of Health & Human Services	Health Resources and Services Administration	Saint Joseph's Mercy Care Services, Inc., GA, for facilities and equipment	540,000	Warmock
Department of Health & Human Services	Health Resources and Services Administration	Santa Clara Pueblo, NM, for facilities and equipment	350,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	Save a Life, Inc., ME, for facilities and equipment	167,000	Collins, King

Department of Health & Human Services	Health Resources and Services Administration	Scenic Bluffs Community Health Center, WI, for facilities and equipment	1,600,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Scranton Primary Health Care Center, Inc., PA, for facilities and equipment	441,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Self Help Movement, Inc., PA, for facilities and equipment	1,500,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Sinai Hospital of Baltimore, MD, for facilities and equipment	1,500,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Sokaogon Chippewa Health Clinic, WI, for facilities and equipment	3,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	South Central Regional Medical Center, MS, for facilities and equipment	7,500,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	South Routt Medical Center, CO, for facilities and equipment	2,300,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Southcentral Foundation, AK, for facilities and equipment	1,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Southeast Colorado Hospital District, CO, for equipment	205,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Southern Maine Community College, ME, for facilities and equipment	4,100,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Southern New Hampshire Health, NH, for facilities and equipment	453,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Southwestern Vermont Medical Center, VT, for facilities and equipment	2,000,000	Sanders, Welch
Department of Health & Human Services	Health Resources and Services Administration	Spanish Peaks Regional Health Center, CO, for equipment	1,100,000	Bennet, Hickenlooper

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Sparrow Carson Hospital, MI, for facilities and equipment	559,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Spoon River College, IL, for facilities and equipment	1,000,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	St. Andre Health Care Facility, ME, for facilities and equipment	1,328,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	St. Dominic—Jackson Memorial Hospital, MS, for facilities and equipment	500,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	St. Francis Medical Center—Allina Health, MN, for facilities and equipment	1,000,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	St. Joseph Hospital, ME, for facilities and equipment	1,550,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	St. Mary's Regional Medical Center, ME, for facilities and equipment	3,989,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Stamford Health, CT, for facilities and equipment	750,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Stanton County Hospital, KS, for facilities and equipment, including information technology	1,500,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Star Community Health, Inc., PA, for equipment	500,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	STAT (Southern Tier Alternative Therapies, Inc.) Ligonier Therapeutic Center, PA, for facilities and equipment	250,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	State of Alaska Department of Health, AK, for equipment, including information technology for information management	1,200,000	Murkowski

Department of Health & Human Services	Health Resources and Services Administration	State of Alaska Department of Health, AK, for facilities and equipment	500,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	State of Alaska Department of Health, AK, for facilities and equipment, including information technology for health records	1,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Stephens County Hospital, GA, for facilities and equipment	1,270,000	Warmock
Department of Health & Human Services	Health Resources and Services Administration	Sturdy Memorial Hospital, MA, for facilities and equipment	2,835,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Summers County Commission, WV, for facilities and equipment	3,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	SUNY Downstate Health Sciences University, NY, for facilities and equipment	2,758,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Susanville Indian Rancheria, CA, for facilities and equipment	2,500,000	Fenstein
Department of Health & Human Services	Health Resources and Services Administration	Tapestry 360 Health, IL, for facilities and equipment	415,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Tate County Hospital, MS, for facilities and equipment	8,500,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	The Aliveness Project, MN, for facilities and equipment	1,000,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	The Board of Trustees of The University of Alabama, for and on behalf of The University of Alabama in Huntsville, AL, for facilities and equipment	550,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	The Cheshire Medical Center, NH, for facilities and equipment	750,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	The Children's Place, AK, for facilities and equipment	2,000,000	Murkowski

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	The Health Care Authority of the City of Huntsville DBA Huntsville Hospital Health System, AL, for equipment	2,500,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	The Jackson Laboratory, CT, for facilities and equipment	449,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	The Medical Center of Baldwin County, Inc., GA, for facilities and equipment	558,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	The Providence Center, RI, for facilities and equipment	1,320,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	The University of Cincinnati Medical Center (UCMC), OH, for facilities and equipment	3,000,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	The Valley Hospital, NJ, for facilities and equipment	3,100,000	Booker, Menendez
Department of Health & Human Services	Health Resources and Services Administration	ThedaCare Regional Medical Center—Neenah, Inc, WI, for facilities and equipment	1,500,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Trit Regional Health System, Inc., GA, for facilities and equipment	600,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Town of Islesboro, ME, for facilities and equipment	845,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Town of Milbridge, ME, for facilities and equipment	370,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Trillium Health, Inc., NY, for facilities and equipment	1,673,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Troy University, AL, for facilities and equipment	2,200,000	Britt

Department of Health & Human Services	Health Resources and Services Administration	Turner House Clinic, Inc. DBA Vibrant Health, MS, for facilities and equipment	4,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Tuscarawas County General Health Department dba Tuscarawas County Health Department (TCHD), OH, for facilities and equipment	750,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Tyler Holmes Memorial Hospital, MS, for facilities and equipment	4,300,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	UC Davis Health, CA, for facilities and equipment	1,800,000	Feinstein
Department of Health & Human Services	Health Resources and Services Administration	Umpqua Community College, OR, for facilities and equipment	2,034,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	University Hospital, NJ, for emergency response vehicles and equipment	4,000,000	Booker, Menendez
Department of Health & Human Services	Health Resources and Services Administration	University of Alaska Anchorage, AK, for facilities and equipment	500,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	University of Alaska Anchorage, AK, for facilities and equipment	2,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas—Rich Mountain, AR, for facilities and equipment	12,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas at Pine Bluff, AR, for facilities and equipment	15,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for a rural maternal and child health program, including equipment and information technology	5,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment	3,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment to improve cancer care	4,000,000	Boozman

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment to improve digestive disease care	8,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Colorado Colorado Springs, CO, for facilities and equipment	374,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	University of Delaware, DE, for facilities and equipment	5,000,000	Coons
Department of Health & Human Services	Health Resources and Services Administration	University of Kansas Cancer Center, KS, for facilities and equipment	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	University of Kansas Hospital, KS, for facilities and equipment	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	University of Maine System, ME, for facilities and equipment	4,500,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	University of Michigan, MI, for facilities and equipment	2,263,000	Peters, Stabenow
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, MS, for facilities and equipment	3,200,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, MS, for facilities and equipment for the Mississippi Burn Center	4,300,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, MS, for rural telehealth and other services to address congenital syphilis	1,090,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi, MS, for equipment	4,500,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi, MS, for facilities and equipment for medical device innovation	1,350,000	Hyde-Smith, Wicker



Department of Health & Human Services	Health Resources and Services Administration	University of Nevada Las Vegas, NV, for facilities and equipment	400,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	University of Oklahoma Health Sciences Center, OK, for facilities and equipment, including information technology	1,200,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	University of South Carolina, SC, for facilities and equipment	3,010,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	University of South Carolina Lancaster, SC, for facilities and equipment, including information technology	2,800,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	University of South Carolina Upstate, SC, for facilities and equipment	1,331,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	University of South Dakota, SD, for facilities and equipment, including telehealth and information technology	1,100,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	University of Washington, WA, for facilities and equipment	3,500,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Uwchlan Ambulance Corps, PA, for equipment	121,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Valley Health Systems, Inc., WV, for a rural healthcare outreach initiative	1,000,000	Manchin
Department of Health & Human Services	Health Resources and Services Administration	Vermont State Colleges System, VT, for facilities and equipment	5,982,000	Weich
Department of Health & Human Services	Health Resources and Services Administration	VNA Home & Hospice d.b.a. Northern Light Home Care & Hospice, ME, for rural telehealth and information technology, including equipment	1,000,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Volunteers in Medicine Berkshires, Inc., MA, for facilities and equipment	441,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Volunteers of America Southeast Louisiana Inc. and Subsidiaries, LA, for facilities and equipment	4,500,000	Cassidy

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Wahiawa Center for Community Health, HI, for facilities and equipment	1,500,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	Washington County, OR, for facilities and equipment	2,500,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Washington State University, WA, for facilities and equipment	1,470,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Wayne Memorial Hospital, PA, for equipment	1,000,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	West Hawaii Region of the Hawaii Health Systems Corporation, HI, for electronic medical records equipment	2,500,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	West Side Community Health Services (dba Minnesota Community Care), MN, for facilities and equipment	3,700,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	West Virginia School of Osteopathic Medicine Clinic Inc., WV, for facilities and equipment	6,000,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	West Virginia University Hospitals, Inc., WV, for WVU Medicine Children's Hospital for facilities and equipment	6,428,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	West Virginia University Research Corporation, WV, for facilities and equipment	12,600,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	WestCare Arizona, Inc., AZ, for facilities and equipment	303,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Western Nevada College, NV, for facilities and equipment	4,392,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	Westside Family Healthcare, DE, for facilities and equipment	5,000,000	Carper, Coons

Department of Health & Human Services	Health Resources and Services Administration	WhidbeyHealth Medical Center, WA, for facilities and equipment	2,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	White Mountain Regional Medical Center, f.k.a. White Mountain Communities Hospital, Inc., AZ, for facilities and equipment	3,000,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	William S. Baer School Partnership Board, MD, for facilities and equipment	300,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Williams County Health Department, OH, for facilities and equipment	1,000,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Women and Infants Hospital, RI, for facilities and equipment	1,808,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Wood County Parks and Recreation Commission/Mountwood Park, WV, for facilities and equipment	300,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Wood River Health, RI, for facilities and equipment	100,000	Reed
Department of Health & Human Services	Health Resources and Services Administration	Yalobusha General Hospital and Nursing Home, MS, for facilities and equipment	591,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	Yuma Regional Medical Center, AZ, for facilities and equipment	1,500,000	Kelly, Sinema
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	A Place to Belong, MN, for services for adults diagnosed with a serious mental illness	75,000	Klobuchar, Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Addiction Recovery Coalition of New Hampshire, NH, for substance use disorder treatment and recovery services, including peer support	308,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	AIDS Service Center of Lower Manhattan, Inc. dba Alliance for Positive Change, NY, for substance use and mental health treatment services, including equipment	500,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Allegheny-Singer Research Institute D/B/A AHN Research Institute, PA, for mental health programming, including through the creation of a digital application	900,000	Casey

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Appalachian Children Coalition, OH, for substance use prevention, including equipment	1,220,000	Brown
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Axiom Community of Recovery, AZ, for recovery services, including peer-based support	638,000	Sinema
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Board of Trustees of the University of Illinois, IL, for school-based mental health services, including equipment	1,500,000	Durbin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Boys & Girls Clubs of Southern Maine, ME, for youth mental and behavioral health services	508,000	Collins
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Briarpatch Youth Services, WI, for counseling services for at-risk youth	400,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cambria County Drug Coalition, PA, for a mobile crisis response unit, including supplies	115,000	Casey, Fetterman
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Carlsbad LifeHouse, NM, for mental and behavioral health care services	1,000,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cathedral Square Corporation, VT, for mental health services, including technology	1,776,000	Welch
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Catholic Charities, Inc.-Archdiocese of Hartford, CT, for a substance use disorder treatment program	616,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Children's Hospital and Health Systems Inc., WI, to help children and families access mental health services	1,000,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Chinese-American Planning Council, Inc., NY, for mental health support services, including technology	500,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Everett, WA, for an alternative response team for individuals experiencing behavioral and mental health crises	4,500,000	Murray

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Clark County, NV, for behavioral health training and peer support	934,000	Cortez Masto, Rosen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Clark County, NV, for crisis response services, including equipment	535,000	Cortez Masto, Rosen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Clark County, NV, for substance use treatment services in detention facilities including medication assisted treatment, counseling, and referral services	942,000	Cortez Masto, Rosen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cohen Veterans Network Inc., AK, for mental and behavioral health services	1,315,000	Murkowski
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Colorado Meth Project inc/DBA Rise Above Colorado, CO, for a substance use and overdose prevention program	500,000	Bennet, Hickenlooper
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Communities United, IL, for mental health and wellness services for youth	450,000	Durbin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, MI, for a mental health crisis stabilization center	1,972,000	Peters
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	County of Orange, CA, to increase opioid prevention, education, and intervention services, including equipment	872,000	Feinstein, Padilla
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cowlitz Indian Tribe, WA, for a mobile health unit for substance use disorder treatment, including equipment	700,000	Cantwell, Murray
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Division of Indian Work, MN, for services to mothers and infants to improve outcomes for infants with prenatal exposure to drugs or alcohol	200,000	Klobuchar, Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Envision:You, CO, to expand access to mental health services for at-risk communities	845,000	Bennet
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Families Reaching Into Each New Day (FRIENDS WAY), RI, for mental health services for youth	50,000	Reed
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Gallup Community Health, NM, for mental health and substance use treatment services	516,000	Heinrich

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Garrett County Lighthouse, Inc., MD, for mental health crisis services	85,000	Cardin, Van Hollen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Gateways Hospital and Mental Health Center, CA, for mental health services for youth, including technology	500,000	Padilla
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Hawaii Health & Harm Reduction Center, HI, for behavioral health services, including equipment	550,000	Schatz
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	HopeHealth Hospice & Palliative Care, RI, for mental health services for youth	80,000	Reed
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Jacob's Ladder Assistance Fund Inc., WV, for behavioral health and support services to address adverse childhood experiences, including training	127,000	Capito
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Kaui Planning and Action Alliance, HI, for youth mental health and suicide prevention services, including equipment	200,000	Hirono, Schatz
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Kennebec Behavioral Health (KGBH), ME, for mental and behavioral services, including crisis support	750,000	King
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Kent County, MI, for a behavioral health crisis stabilization unit	750,000	Peters, Stabenow
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Kettle Moraine YMCA, WI, for youth mental health programming	150,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lauren's Wish Addiction Triage Center Inc., WV, for substance use disorder treatment and support services, including supplies and equipment	838,000	Capito, Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Libera, Inc, WV, for a mental health program, including the purchase of vehicles	200,000	Capito, Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lily's Place, WV, for substance use disorder treatment and other support services	395,000	Capito

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lines for Life, OR, for suicide prevention services, including expansion of a peer-to-peer program for youth	1,163,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lyon County Department of Human Services, NV, for a youth mobile crisis team, including a vehicle	673,000	Cortez Masto, Rosen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Marshall University Research Corporation, WV, for services for youth affected by parental substance use	1,000,000	Capito, Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Marshall University Research Corporation, WV, to support psychology graduate students to increase access to mental health services in schools	500,000	Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Mercy Family Center, LA, for mental health and support services, including case management and information technology	1,000,000	Cassidy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Mid Fairfield Child Guidance Center, Inc., CT, for school-based mental health services and care coordinators	1,398,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Minnesota State University, Mankato, MN, for a mental health training clinic, including technology	1,000,000	Klobuchar, Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Mississippi State University, MS, for mental and behavioral health services	2,557,000	Hyde-Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Morgan County Partnership, Inc., WV, for behavioral health and support services to address adverse childhood experiences, including training	500,000	Capito, Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Mothers United Against Violence Inc., CT, for trauma support and mental health services	500,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	NAMI New Hampshire (National Alliance on Mental Illness), NH, for mental health and substance use disorder services	128,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	National Alliance on Mental Illness of New York City, Inc. (NAMI-NYC), NY, for mental health services including peer-based support	750,000	Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Native American Lifelines, Inc, MA, for a substance use and behavioral health education program	600,000	Markey, Warren

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Nazareth College of Rochester, NY, for mental health care including therapy and wellness services for underserved children and adults	250,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	New Mexico Department of Health, NM, to improve care coordination through a community hub, including through integrating mental and behavioral healthcare with primary care	700,000	Heinrich, Lujan
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Oregon Health Authority, OR, for a public awareness campaign to prevent suicide	3,000,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Out Boulder County, CO, for mental health services for youth, including buses	223,000	Hickenlooper
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Pediatric Resource Center of Alaska, AK, for behavioral health services training	74,000	Murkowski
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Portage Recovery Center, WI, for recovery services including peer support	100,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Preventing Tobacco Addiction Foundation, OH, for a tobacco education program, including equipment	961,000	Brown
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Pueblo of Laguna, NM, for an overdose prevention program, including supplies and equipment	35,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Red Oak Behavioral Health, OH, for school-based mental health services	750,000	Brown
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Rise Above, WA, for a youth mental health and wellness program for indigenous adolescents	755,000	Murray
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Sinai Health System, IL, for mental health services, including equipment	1,250,000	Durbin



Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Socorro County Options Prevention and Education (SCOPE), NM, for mental health and suicide prevention	81,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	St. Charles Health System, Inc., OR, to improve access to mental and behavioral health services, including equipment and technology	1,142,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	SlayWell Health Care, Inc., CT, for a mental health program	330,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Stratis Health, MN, for a substance use treatment and overdose prevention program	550,000	Klobuchar, Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Taos Whole Community Health, NM, for a substance use disorder treatment program	700,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Alliance for Community Wellness, CA, for a mobile mental health clinic, including a vehicle	357,000	Padilla
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Martinsburg Initiative, Inc., WV, for behavioral health and support services to address adverse childhood experiences, including training	500,000	Capito
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Martinsburg Initiative, Inc., WV, for substance use prevention and treatment services	201,000	Capito
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The University of New Hampshire (UNH), NH, for a youth mental health first aid program	112,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Tides Family Services, RI, for mental and behavioral health care and supportive services, including equipment	150,000	Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	United Community and Family Services, Inc., CT, for a medication assisted treatment program, including equipment and the purchase of a van	335,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	United Way of Matanuska-Susitna Borough, AK, for youth substance use prevention services, including training and equipment	38,000	Murkowski
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Chicago Medical Center, IL, for mental health and trauma recovery services	1,100,000	Durbin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Mississippi, MS, for substance use prevention and treatment services, including training and equipment	3,230,000	Hyde-Smith, Wicker
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of New Mexico, NM, for training and technical assistance for school-based health centers to prevent and treat adolescent substance use	600,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of New Mexico, NM, to expand a training program for providers to better treat babies exposed to opioids	3,905,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Oregon Ballmer Institute for Children's Behavioral Health, OR, for mental and behavioral health care for youth	1,304,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	UW Madison, WI, to establish a regional center to combat the opioid and fentanyl crisis and increase access to treatment	2,000,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Virginia Hospital & Healthcare Association Foundation, VA, to improve access to treatment for individuals with substance use disorder	969,000	Kaine, Warner
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	W.A.R.M. Inc., NY, for mental health and trauma-related therapy	588,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Walker, Inc. (dba Walker Therapeutic and Educational Programs), MA, for mental health and therapeutic programming for children, including training	400,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Wellspring Inc., ME, for substance use disorder treatment services	467,000	King
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	West Liberty University, WV, for a therapy and counseling program	80,000	Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Women In Leadership, NM, for a substance use and overdose prevention program, including supplies	530,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	WV Game Changers Inc., WV, for youth substance use prevention education, including equipment	50,000	Capito, Manchin

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	YMCA of Honolulu, HI, for programming to support youth mental health	864,000	Hirono, Schatz
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	YWCA Alaska, AK, for youth mental and behavioral health services, including equipment	500,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	4MYCITY INC, MD, for a program to improve food security among low income individuals	1,000,000	Van Hollen
Department of Health & Human Services	Administration for Children and Families	A Wider Circle, MD, for a donation program for low income individuals	500,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Adoptive and Foster Families of Maine, Inc., ME, for a kinship caregiver program, including the purchase of equipment	100,000	Collins
Department of Health & Human Services	Administration for Children and Families	Alaska Children's Trust, AK, for child abuse prevention	250,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Annie C. Courtney Foundation, Inc., CT, for job training and employment opportunities for foster youth	150,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	Bean's Cafe Inc., AK, for dependency prevention programming, including the purchase of equipment	1,000,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Bethel Winter Shelter Lions Club, AK, for case management services	300,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Big Brothers Big Sisters of New Hampshire, NH, for a mentoring program for at-risk youth	260,000	Shaheen
Department of Health & Human Services	Administration for Children and Families	Brigid's Path, OH, for services to support Title IV-E prevention services	500,000	Brown
Department of Health & Human Services	Administration for Children and Families	Brown County United Way, WI, to expand access to childcare services for immigrant and refugee families	450,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	CASA Youth Advocates Inc., PA, to connect vulnerable children and families to community services	161,000	Fetterman

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	CASA, MD, to increase access to services for vulnerable communities	1,000,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Centro Hispano Daniel Torres Inc., PA, for a family support and skill-building program for parents	235,000	Casey
Department of Health & Human Services	Administration for Children and Families	Centro Romero, IL, for programming and support for vulnerable communities and to support financial self-sufficiency	150,000	Duckworth
Department of Health & Human Services	Administration for Children and Families	Child and Family Charities, MI, for supportive services for low income families	1,500,000	Stabenow
Department of Health & Human Services	Administration for Children and Families	Children Unlimited, Inc., NH, for quality improvement for early learning programs	115,000	Shaheen
Department of Health & Human Services	Administration for Children and Families	City of Dearborn, MI, for supportive services to families to reduce poverty	1,000,000	Peters
Department of Health & Human Services	Administration for Children and Families	Clark County, NV, to support foster youth through outreach and recruitment of quality caregivers	949,000	Cortez Masto, Rosen
Department of Health & Human Services	Administration for Children and Families	Colorado Food Cluster Inc., CO, to reduce food insecurity, including food, supplies, and equipment	903,000	Hickenlooper
Department of Health & Human Services	Administration for Children and Families	Community Action Organization of Western New York, NY, for a support program for at-risk youth	310,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Children and Families	Consejo Counseling and Referral Service, WA, for a trauma-informed domestic violence therapy and recovery services program	750,000	Murray
Department of Health & Human Services	Administration for Children and Families	County of Union, New Jersey, NJ, to improve access to human services, including equipment	1,880,000	Booker, Menendez
Department of Health & Human Services	Administration for Children and Families	Court-Appointed Special Advocates of New Hampshire, NH, for child abuse prevention	175,000	Shaheen

Department of Health & Human Services	Administration for Children and Families	Covenant House Alaska, AK, for youth homelessness prevention and response	2,000,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Cradles to Crayons, Inc., MA, to support a donation program for low income children, including equipment and the purchase of a truck	270,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Cradles to Crayons, Inc., PA, to expand a diaper distribution program and to study its impact, including the purchase of diapers and equipment	363,000	Casey
Department of Health & Human Services	Administration for Children and Families	Digital MEST, CA, for supportive services for families to improve career opportunities and economic mobility	840,000	Feinstein, Padilla
Department of Health & Human Services	Administration for Children and Families	F.A.I.T.H., Inc., GA, for supportive services to survivors of child abuse and their non-offending caregiver(s)	400,000	Warnock
Department of Health & Human Services	Administration for Children and Families	Feeding America Eastern Wisconsin, WI, to reduce food insecurity including through the purchase of food	500,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	Food Link, Inc., MA, to support low income families through a food distribution program	100,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Franklin County and North Quabbin Children's Advocacy Center, Inc., MA, MA, to provide services to children and families affected by child sexual abuse	194,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Hale Kipa, HI, to improve economic mobility for at-risk youth, including supplies	521,000	Schatz
Department of Health & Human Services	Administration for Children and Families	Hampton Roads Community Action Program, Inc., VA, for supportive services for families, including equipment and transportation	498,000	Kaine, Warner
Department of Health & Human Services	Administration for Children and Families	Hawaii Children's Action Network, HI, for programming to support low income populations	150,000	Schatz
Department of Health & Human Services	Administration for Children and Families	Hazleton Integration Project, PA, for a pilot to increase access to healthy food for low income individuals, including equipment and a van	419,000	Casey
Department of Health & Human Services	Administration for Children and Families	Heart of Maine United Way, ME, for an early childhood program	370,000	Collins, King

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	Hispanic Federation, NY, to provide assistance to low income individuals, including food and hygiene products	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Children and Families	Illuminate Colorado, CO, for services including home visitation to reduce child maltreatment	670,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	International Rescue Committee in Denver, CO, for services and a community navigation program for immigrants and refugees	93,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	L.E.A.D., Inc., GA, for programming for middle and high school aged girls, including equipment	400,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	Latin American Association, GA, for supportive programming for students and their families to enhance college and career opportunities, including technology and equipment	200,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	Marshfield Area United Way, WI, to reduce childhood hunger, including through the purchase of food	10,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	McAuley Ministries, RI, for programs and services for the unhoused, including equipment and food	110,000	Reed
Department of Health & Human Services	Administration for Children and Families	Mitzvah Circle Foundation, PA, to support low income families, including through the purchase of basic essential items including hygiene products	500,000	Casey
Department of Health & Human Services	Administration for Children and Families	Nine Star Enterprises Inc., AK, for dependency prevention programming	1,650,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Pacific Resources for Education and Learning (PREL), HI, to examine the root causes of absenteeism to improve financial outcomes and reduce poverty	84,000	Hirono
Department of Health & Human Services	Administration for Children and Families	Pacific Survivor Center, HI, for resiliency trainings to prevent adverse childhood experiences	75,000	Schatz

Department of Health & Human Services	Administration for Children and Families	Pennsylvania CASA Association, PA, for a training program to support vulnerable children	456,000	Casey
Department of Health & Human Services	Administration for Children and Families	R Kids, Inc., CT, to improve outcomes for children exposed to trauma	355,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	Refugee Women's Alliance, WA, to provide child care and early childhood education to under-resourced populations	2,000,000	Murray
Department of Health & Human Services	Administration for Children and Families	Residential Youth Services and Empowerment (RYSE), HI, for education, outreach, programming and services to support at-risk individuals	850,000	Hirono
Department of Health & Human Services	Administration for Children and Families	Rhode Island Coalition to End Homelessness, RI, for supportive services	750,000	Reed
Department of Health & Human Services	Administration for Children and Families	Rural Alaska Community Action Program, Inc., AK, for child care services, including scholarships	99,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Saint Francis Hospital and Medical Center, CT, for a community health worker program and to provide wrap-around services to low income patients	1,274,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	Ser Familia, GA, for a culturally proficient family resource center for Latino families	500,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Children and Families	TEAM for West Virginia Children, Inc., WV, for child abuse prevention	100,000	Capito, Manchin
Department of Health & Human Services	Administration for Children and Families	TEAM, Inc., CT, for a healthy food access program for low income individuals, including food	230,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	The Giving Kitchen Initiative, GA, to improve economic outcomes and financial stability for low income workers	250,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	The National Runaway Safeline, IL, to support youth experiencing homelessness through an evaluation of crisis intervention and prevention programming	425,000	Duckworth
Department of Health & Human Services	Administration for Children and Families	The Northern Lighthouse, Inc., ME, for services and education for homeless youth, including the purchase of a van	510,000	King

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	The Open Door Network, CA, for services and support to individuals at risk of experiencing homelessness	1,500,000	Padilla
Department of Health & Human Services	Administration for Children and Families	The Peche Hen DBA Over the Moon, GA, for a diaper distribution program, including diapers and vehicles	381,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Children and Families	The Spirit Horse Ranch, HI, for youth trauma support services	541,000	Schatz
Department of Health & Human Services	Administration for Children and Families	The Zero Abuse Project, MN, for a child abuse prevention program	1,200,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Children and Families	United Jewish Organizations of Williamsburg Inc, NY, to provide assistance to low income individuals and families	750,000	Schumer
Department of Health & Human Services	Administration for Children and Families	University of New Mexico, NM, to measure the prevalence of child abuse and neglect	500,000	Heinrich, Luján
Department of Health & Human Services	Administration for Children and Families	Vicksburg Family Development Service, MS, for child abuse prevention, including the purchase of equipment	247,000	Hyde-Smith
Department of Health & Human Services	Administration for Children and Families	Warroad Community Childcare Center, MN, for child care services	322,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Children and Families	West Virginia Food and Farm Coalition, Inc., WV, for a food assistance program for low income individuals	200,000	Manchin
Department of Health & Human Services	Administration for Children and Families	Young Fathers dba; Fathers New Mexico, NM, for family support services for young fathers to improve outcomes for children	213,000	Heinrich
Department of Health & Human Services	Administration for Children and Families	YWCA Clark County, WA, for a therapeutic preschool program that increases resiliency among children and families, including technology	475,000	Cantwell, Murray
Department of Health & Human Services	Administration for Children and Families	YWCA Tri-County Area, PA, to provide services to reduce poverty	828,000	Fetterman



Department of Education	Innovation and Improvement	African American Museum of Bucks County, PA, for support of educational programs of the African American Education Center	260,000	Casey
Department of Education	Innovation and Improvement	Alaska Humanities Forum, AK, for an Alaska studies program, including curriculum development	150,000	Murkowski
Department of Education	Innovation and Improvement	Alaska Library Network, AK, for a reading program, including the purchase of technology	250,000	Murkowski
Department of Education	Innovation and Improvement	Amigos del Museo del Barrio, Inc., NY, to expand bilingual, arts-based educational programming and support education initiatives	500,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Anchorage School District, AK, for the purchase of technology	301,000	Murkowski
Department of Education	Innovation and Improvement	Arctic Slope Community Foundation, AK, for a teacher recruitment and preparation program	1,000,000	Murkowski
Department of Education	Innovation and Improvement	Art with a Heart, MD, for arts education and out of school time programs	506,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	ArtsQuest, PA, for youth enrichment, education and arts-based learning	1,000,000	Casey
Department of Education	Innovation and Improvement	Baltimore Symphony Orchestra, MD, for music education, including equipment	249,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Bernice Pauahi Bishop Museum, HI, for curriculum and website development	500,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Best Buddies International, Inc., IL, for the Best Buddies in Illinois Inclusion Project for Students with Intellectual and Developmental Disabilities	250,000	Duckworth
Department of Education	Innovation and Improvement	Best Buddies International, Inc., PA, for the Pennsylvania Best Buddies inclusion project	125,000	Casey
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Greater Pittsburgh, PA, for mentoring programs at Woodland Hills and Clairton City School Districts	275,000	Fetterman
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Metro Atlanta, Inc., GA, for youth mentoring	250,000	Ossoff, Warnock
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Southwest Washington, WA, for a career exploration program for high school students	750,000	Murray

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Blueprint for Change, HI, for family resource centers, including the purchase of a vehicle	1,150,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Books Are Wings, RI, for an early literacy program	20,000	Reed
Department of Education	Innovation and Improvement	Boys & Girls Club of Greater Milwaukee, WI, for high school completion and transition support for postsecondary education and the workforce	930,000	Baldwin
Department of Education	Innovation and Improvement	Boys & Girls Club of Northeast Mississippi Inc., MS, for an out of school time program	1,000,000	Hyde-Smith, Wicker
Department of Education	Innovation and Improvement	Boys & Girls Club of Pawtucket, RI, to expand access to youth programs and transition supports	642,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Boys & Girls Club of Rochester, MN, for out-of-school time program expansion	250,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Boys & Girls Clubs of Newport County, RI, for afterschool programming	300,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	BPE Inc., MA, for STEM career pathways	400,000	Markey, Warren
Department of Education	Innovation and Improvement	Bridgeport Public Schools, CT, for social-emotional and mental health support for students	706,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Bright Lights Book Project, AK, for a reading program	25,000	Murkowski
Department of Education	Innovation and Improvement	Bristol Virginia Public Schools, VA, to acquire and install an inclusive and accessible playground	567,000	Kaine, Warner
Department of Education	Innovation and Improvement	Building One Community, Inc., CT, for afterschool and summer programs	200,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	California State University East Bay, CA, for the California Promise Neighborhood program	1,200,000	Feinstein, Padilla
Department of Education	Innovation and Improvement	Carden Academy of Maui, HI, for STEM education, including equipment	184,000	Hirono, Schatz

Department of Education	Innovation and Improvement	Center for the Innovative Training of Youth, Inc., LA, for a STEM program, including the purchase of equipment	3,000,000	Cassidy
Department of Education	Innovation and Improvement	Cherokee By Choice, Inc., GA, for mobile workshop for skilled trades career, including equipment	83,000	Ossoff
Department of Education	Innovation and Improvement	City of Lynn, MA, for early childhood education	1,658,000	Markey, Warren
Department of Education	Innovation and Improvement	City of New Haven, CT, for a bioscience academic program	1,500,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Clifford W. Beers Guidance Clinic, Inc., CT, to improve mental health services at Hamden Public Schools	1,162,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Colorado River BOCES, CO, for a regional career pathway education and training initiative	1,021,000	Bennet
Department of Education	Innovation and Improvement	Community Education Commission, MI, for afterschool programming	800,000	Staberow
Department of Education	Innovation and Improvement	Community Libraries of Providence, RI, for library materials for youth	100,000	Reed
Department of Education	Innovation and Improvement	Creative Nomads, MD, for arts education and youth development	80,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Danbury Public Schools, CT, for curriculum redesign	1,875,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	DAY ONE Early Learning Community, NY, for early childhood education	1,200,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Delaware Division of Libraries, DE, to acquire school library books	1,938,000	Carper, Coons
Department of Education	Innovation and Improvement	Desert Research Institute, NV, for STEM education and career development, including scholarships for postsecondary education	2,800,000	Cortez Masto, Rosen
Department of Education	Innovation and Improvement	Dual Language Education of New Mexico, NM, for culturally and linguistically responsive education	250,000	Heinrich
Department of Education	Innovation and Improvement	East Bay Educational Collaborative, RI, for science education	565,000	Reed
Department of Education	Innovation and Improvement	Eastern Rhode Island Conservation District (ERICD), RI, for science-based learning	50,000	Reed

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Eaton Regional Education Service Agency, MI, for equipment for an aviation-focused career and technical education program	340,000	Peters
Department of Education	Innovation and Improvement	Educate Maine, ME, for the Maine Center for Teaching and learning to strengthen, grow, and diversify Maine's educator workforce	525,000	King
Department of Education	Innovation and Improvement	EXCEL Alaska, Inc., AK, for a rural outreach program	750,000	Murkowski
Department of Education	Innovation and Improvement	Fairbanks North Star Borough School District, AK, for farming education, including the purchase of equipment and technology	100,000	Murkowski
Department of Education	Innovation and Improvement	Fine Arts Work Center in Provincetown, MA, for arts education	750,000	Markey, Warren
Department of Education	Innovation and Improvement	FIRST Washington Robotics, WA, to expand access to STEM education programs	511,000	Murray
Department of Education	Innovation and Improvement	Flint River Fresh, Inc., GA, to expand farm to school programs	269,000	Ossoff
Department of Education	Innovation and Improvement	ForkKids, inc., VA, for afterschool programming	170,000	Kaine, Warner
Department of Education	Innovation and Improvement	Friends of the Future, HI, to expand the health and wellness program, including the purchase of a vehicle	235,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Garden State Equality Education Fund, Inc., NJ, for trauma-informed strategies to support LGBTQ+ youth	400,000	Booker, Menendez
Department of Education	Innovation and Improvement	Grand Rapids African American Health Institute, MI, for healthcare career education and training pathways	800,000	Stabenow
Department of Education	Innovation and Improvement	Greater Providence YMCA, RI, for physical education and water safety programming	600,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Greenbrier Valley Theatre, WV, for education programs	350,000	Capito, Manchin
Department of Education	Innovation and Improvement	Harriet Tubman Museum of Cape May, NJ, for educational programming, curriculum development, and arts education	421,000	Booker

Department of Education	Innovation and Improvement	Hawaii Agriculture Foundation, HI, for agricultural-focused education programs, including equipment	949,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Hawaii Literacy, HI, for literacy programs	252,000	Schatz
Department of Education	Innovation and Improvement	Hawaii Teach for America, HI, for tutoring, including stipends for tutors	174,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Heartlinks Grief Center at Family Hospice of Belleville Area, IL, for grief support curriculum for elementary and secondary education	120,000	Duckworth
Department of Education	Innovation and Improvement	Honolulu First Church of the Nazarene, HI, for the Waolani Judd Nazarene School Hawaiian cultural enrichment program	40,000	Hirono
Department of Education	Innovation and Improvement	Hydaburg City School District, AK, for the purchase of technology	100,000	Murkowski
Department of Education	Innovation and Improvement	Illinois State Alliance of YMCAs, IL, for youth development, physical education and water safety	400,000	Duckworth
Department of Education	Innovation and Improvement	Imua Family Services, HI, for an outdoor inclusion preschool, including equipment	91,000	Schatz
Department of Education	Innovation and Improvement	Itawamba Agricultural High School, MS, for agricultural education, including the purchase of equipment	94,000	Hyde-Smith
Department of Education	Innovation and Improvement	KID Museum, MD, for STEM education and youth development	704,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Las Cruces Public Schools, NM, to support the career ready toolbox program including stipends, supplies and equipment	427,000	Heinrich
Department of Education	Innovation and Improvement	Lincoln Center for the Performing Arts, Inc., NY, for arts programming for youth	1,000,000	Gillbrand, Schumer
Department of Education	Innovation and Improvement	Make the Road States, Inc., DBA Make the Road CT, CT, for student success centers to improve college access for youth from historically underserved communities, including stipends for college ambassadors	155,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Maui Academy of Performing Arts, HI, for arts education programming, including scholarships	375,000	Schatz
Department of Education	Innovation and Improvement	Maui Economic Opportunity (MED), HI, for early childhood education workforce training, including student stipends	105,000	Hirono, Schatz

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	McDuffie County School System, GA, for STEM education and outdoor learning, including equipment	105,000	Ossoff
Department of Education	Innovation and Improvement	Michigan Science Center, MI, for science education programs, including equipment	987,000	Stabenow
Department of Education	Innovation and Improvement	Milwaukee Public Schools, WI, for the Success Center and support of social and emotional learning and mental health services	1,600,000	Baldwin
Department of Education	Innovation and Improvement	Mission Economic Development Agency, CA, for the California Promise Neighborhood program	750,000	Feinstein, Padilla
Department of Education	Innovation and Improvement	Mission West Virginia, WV, for a mentoring program	225,000	Capito, Manchin
Department of Education	Innovation and Improvement	Mississippi Charter School Authorizer Board, MS, for immersive education technology and equipment	510,000	Hyde-Smith
Department of Education	Innovation and Improvement	Mount Vernon School District, WA, to improve student safety and provide outreach for drug impacted and gang involved youth	436,000	Murray
Department of Education	Innovation and Improvement	Mystic Seaport Museum, CT, for mentoring, STEM education, and enrichment, including student stipends	570,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Nashua PAL, NH, for youth development programs, including equipment	108,000	Shaheen
Department of Education	Innovation and Improvement	Native Village of Kotzebue, AK, for native language and culture education	50,000	Murkowski
Department of Education	Innovation and Improvement	Navajo Preparatory School, NM, for a student leadership development program	500,000	Heinrich
Department of Education	Innovation and Improvement	Neighborhood Housing Services of Greater Waterbury, CT, for the pathways to success initiative	264,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	New England Institute of Technology, RI, for career exposure for high school students	100,000	Reed
Department of Education	Innovation and Improvement	New Hampshire Learning Initiative, NH, to improve math teaching and learning, including through subgrants	424,000	Shaheen

Department of Education	Innovation and Improvement	Newark Mentoring Movement, NJ, for a school-based mentoring initiative	135,000	Booker
Department of Education	Innovation and Improvement	Newport Public Schools, RI, for equipment for career and technical education programs	500,000	Reed
Department of Education	Innovation and Improvement	North Light Community Center, PA, for the Teen Services Program, including student stipends	90,000	Casey
Department of Education	Innovation and Improvement	North Slope Borough School District, AK, for native language and culture education, including the purchase of equipment	580,000	Murkowski
Department of Education	Innovation and Improvement	OH WOW! Center for Science & Technology, OH, for STEM education and workforce development	1,450,000	Brown
Department of Education	Innovation and Improvement	Oregon Department of Education, OR, to revitalize rural public school libraries	450,000	Merkley, Wyden
Department of Education	Innovation and Improvement	Our Piece of the Pie, CT, for youth development, postsecondary education preparation and workforce readiness training for youth and young adults in foster care	750,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Pacific Historic Parks, HI, for an interactive education project, including equipment	341,000	Schatz
Department of Education	Innovation and Improvement	Phoenixville Area School District, PA, for education and curriculum for a greenhouse learning initiative	75,000	Casey
Department of Education	Innovation and Improvement	Pocono Mountains United Way, PA, to develop and expand community schools	397,000	Casey
Department of Education	Innovation and Improvement	Prevention of Blindness Society of Metropolitan Washington, MD, for school-based vision health services	200,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Project GOAL Inc., RI, for academic programming	146,000	Reed
Department of Education	Innovation and Improvement	Project Vision Hawaii, HI, for equipment and a vehicle for hearing health care in schools	300,000	Schatz
Department of Education	Innovation and Improvement	Quaker Valley School District, PA, for life skills curriculum and equipment	100,000	Casey
Department of Education	Innovation and Improvement	Reach Out and Read Rhode Island, RI, for a literacy program	50,000	Reed
Department of Education	Innovation and Improvement	Read Alliance, Inc., NY, to expand tutoring programs, include stipends	300,000	Gillibrand, Schumer

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Reading is Fundamental, Inc., DC, for a literacy program	1,500,000	Wicker
Department of Education	Innovation and Improvement	Reading is Fundamental, MD, for childhood literacy in pre-K through middle school in Baltimore City Public Schools	500,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Rhode Island Black Heritage Society, RI, for educational programming	400,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Rhode Island Center for the Book, RI, for writing programs	20,000	Reed
Department of Education	Innovation and Improvement	Rhode Island School of Design, RI, for professional development curriculum for elementary and secondary educators	60,000	Reed
Department of Education	Innovation and Improvement	RSU 13, ME, for mentoring, education and support services for at-risk and system-involved youth	450,000	King
Department of Education	Innovation and Improvement	Rural Alaska Community Action Program, Inc., AK, for early childhood education	261,000	Murkowski
Department of Education	Innovation and Improvement	San Diego Zoo Wildlife Alliance, CA, for the Native Biodiversity Corps program	500,000	Feinstein
Department of Education	Innovation and Improvement	San Miguel Education Center, RI, for a Student Sponsorship Program to provide year-round educational opportunities to middle school students in the Providence community	50,000	Whitehouse
Department of Education	Innovation and Improvement	Save the Children Federation, Inc., CA, to improve food security and access to educational resources for underserved children and families, including purchase of three vehicles	1,000,000	Feinstein, Padilla
Department of Education	Innovation and Improvement	Save the Children Federation, Inc., MS, for a literacy program	997,000	Wicker
Department of Education	Innovation and Improvement	Save the Children Federation, Inc., WV, to improve early childhood education and education programs including through food security and nutrition education programs	750,000	Capito, Manchin
Department of Education	Innovation and Improvement	Sealaska Heritage Institute, AK, for a literacy program	250,000	Murkowski
Department of Education	Innovation and Improvement	SEE Science Center, NH, for STEM education, including exhibits and equipment	200,000	Shaheen



Department of Education	Innovation and Improvement	Siembra Leadership High School, NM, for dual enrollment and college transition programs	113,000	Heinrich
Department of Education	Innovation and Improvement	South Bay Community Services, CA, for the California Promise Neighborhood program	876,000	Feinstein, Padilla
Department of Education	Innovation and Improvement	Southern West Virginia Community College Foundation, WV, for an early college program, including the purchase of technology	800,000	Capito, Manchin
Department of Education	Innovation and Improvement	Stamford Public Education Foundation, CT, for an early childhood education summer program	200,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Summer Search Philadelphia, PA, for mentoring programs	200,000	Casey
Department of Education	Innovation and Improvement	The African Alliance of Rhode Island, RI, for agricultural education	180,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	The Agoge Project, MD, for out-of-school time programs, including equipment	75,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	The Carnegie Hall Corporation, NY, for an orchestral education program, with a special emphasis on recruiting students from communities historically underrepresented in the field of classical music, and for culminating concerts and associated travel	1,000,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	The Center for Holocaust & Humanity Education, DBA: Nancy & David Wolf Holocaust & Humanity Center, OH, to address antisemitism through school district partnerships	237,000	Brown
Department of Education	Innovation and Improvement	The Education Alliance—Business and Community for Public Schools, Inc., WV, for a work-based learning program, including the purchase of equipment	400,000	Capito, Manchin
Department of Education	Innovation and Improvement	The Ethan Miller Song Foundation, CT, for firearm safety curriculum for middle and high schools	59,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	The Viscardi Center, Inc., NY, for disabilities history education	150,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	The Water Council, WI, for academic and career development in the water sector	300,000	Baldwin
Department of Education	Innovation and Improvement	Tree of Life, Inc., PA, for elementary and secondary education curriculum and programming on preventing antisemitism and identity-based hate	1,000,000	Casey

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	U.S. Olympic & Paralympic Museum (USOPM), CO, for social-emotional learning through Team STRONG program expansion in Colorado	889,000	Bennet
Department of Education	Innovation and Improvement	United Way of Erie County, PA, for a community schools initiative	350,000	Casey
Department of Education	Innovation and Improvement	United Way of Kenosha County, WI, for literacy programs	200,000	Baldwin
Department of Education	Innovation and Improvement	University of Alaska Anchorage, AK, for a STEM education program	1,000,000	Murkowski
Department of Education	Innovation and Improvement	University of Maine System, ME, for a teacher retention program, including for teacher stipends and the purchase of equipment	3,300,000	Collins, King
Department of Education	Innovation and Improvement	University of Mississippi, MS, for a family engagement program	600,000	Hyde-Smith, Wicker
Department of Education	Innovation and Improvement	University of Mississippi, MS, for interdisciplinary Autism Spectrum Disorder evaluation services	700,000	Hyde-Smith, Wicker
Department of Education	Innovation and Improvement	University of Nebraska Board of Regents, NE, for an early childhood education workforce network and training initiative	2,000,000	Fischer
Department of Education	Innovation and Improvement	USS Constitution Museum, MA, for education programs, including exhibits	125,000	Markey, Warren
Department of Education	Innovation and Improvement	Vermont Agency of Education, VT, to expand the global leadership program	1,895,000	Sanders
Department of Education	Innovation and Improvement	Vermont Student Assistance Corporation, VT, for a career and education pathway initiative	296,000	Welch
Department of Education	Innovation and Improvement	Very Merry Theatre, VT, for arts-based summer education programs	118,000	Sanders
Department of Education	Innovation and Improvement	Virginia Department of Education, VA, for the Virginia STEM ecosystem	1,028,000	Kaine, Warner
Department of Education	Innovation and Improvement	Vision to Learn, GA, for a mobile vision clinic for student vision care, including equipment	400,000	Ossoff
Department of Education	Innovation and Improvement	Vision to Learn, MI, for a vision care program for students	1,100,000	Stabenow

Department of Education	Innovation and Improvement	Washington Middle School, HI, for STEM education, including student fellowships	380,000	Schatz
Department of Education	Innovation and Improvement	Washoe County School District, NV, for a school leadership pathway project	2,000,000	Cortez Masto, Rosen
Department of Education	Innovation and Improvement	Waterbury School District, CT, to increase student attendance	85,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Waterville School System, ME, for the purchase of equipment and technology	718,000	Collins
Department of Education	Innovation and Improvement	Weitzman National Museum of American Jewish History, PA, for educational programming on the history and present-day impact of antisemitism	250,000	Casey
Department of Education	Innovation and Improvement	West End Neighborhood House, DE, for youth programming	600,000	Carper, Coons
Department of Education	Innovation and Improvement	West Virginia Coding Club, WV, for training in computer coding	30,000	Manchin
Department of Education	Innovation and Improvement	Western Museum Of Mining & Industry, CO, for a mobile STEM education program, including purchase of a vehicle	87,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	YMCA of Snohomish County, WA, to expand access to early childhood education	943,000	Murray
Department of Education	Higher Education	Alaska Pacific University, AK, for a teacher apprenticeship program	985,000	Murkowski
Department of Education	Higher Education	Alcorn State University and Alcorn Extension Program, MS, for agricultural education, including the purchase of equipment	1,366,000	Hyde-Smith
Department of Education	Higher Education	Allan Hancock Joint Community College District, CA, for a nursing program, including the purchase of equipment	1,500,000	Padilla
Department of Education	Higher Education	Alma College, MI, for equipment for the Great Lakes Watershed Institute	850,000	Stabenow
Department of Education	Higher Education	Averett University, VA, for a center for continuing education	670,000	Kaine, Warner
Department of Education	Higher Education	Bard College, NY, for prison education and reentry programs	4,500,000	Schumer
Department of Education	Higher Education	Bellin College, WI, for a mental health nurse practitioner program	400,000	Baldwin
Department of Education	Higher Education	Benedictine College, KS, for the purchase of equipment	1,000,000	Moran

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Bethany College, WV, for online education, including the purchase of equipment and technology	1,000,000	Capito, Manchin
Department of Education	Higher Education	Blue Mountain College, MS, for nursing education, including scholarships and the purchase of equipment	1,530,000	Hyde-Smith, Wicker
Department of Education	Higher Education	Blue Ridge Community and Technical College, WV, for veterinary technician training program	254,000	Capito, Manchin
Department of Education	Higher Education	Bridge/alley Community & Technical College Foundation Inc., WV, for a nursing program, including the purchase of equipment	1,586,000	Capito, Manchin
Department of Education	Higher Education	Bridge/alley Community & Technical College Foundation Inc., WV, for a medical laboratory technology program, including the purchase of equipment	212,000	Capito, Manchin
Department of Education	Higher Education	Building Futures, RI, for educator workforce development	360,000	Reed
Department of Education	Higher Education	Central Arizona College, AZ, for a telecommunications training initiative, including the purchase of equipment	1,024,000	Kelly, Sinema
Department of Education	Higher Education	Central New Mexico Community College, NM, for a teacher training program	500,000	Heinrich
Department of Education	Higher Education	Central New Mexico Community College, NM, for quantum and STEM-related programs, including the purchase of equipment	862,000	Lujan
Department of Education	Higher Education	Chaminade University of Honolulu, HI, for a prison education program	1,500,000	Schatz
Department of Education	Higher Education	Clark Atlanta University, GA, for cybersecurity and critical infrastructure programs, including the purchase of equipment	500,000	Ossoff, Warnock
Department of Education	Higher Education	Coker University, SC, for a healthcare education program	2,000,000	Graham
Department of Education	Higher Education	College of Southern Nevada, NV, for the nursing simulation lab project, including the purchase of equipment	2,300,000	Cortez Masto, Rosen

Department of Education	Higher Education	College Unbound, RI, for college completion and workforce development services	900,000	Reed
Department of Education	Higher Education	College Visions, RI, for a college access program	300,000	Reed, Whitehouse
Department of Education	Higher Education	Colorado Mountain College, CO, for bilingual workforce development	300,000	Bennet, Hickenlooper
Department of Education	Higher Education	Columbia University in the City of New York, NY, for Project Start Right	388,000	Gillibrand, Schumer
Department of Education	Higher Education	Columbus State University, GA, for the Curricula for CHIPS Education project	550,000	Ossoff, Warnock
Department of Education	Higher Education	Commonwealth of Virginia, VA, for a scholarship program	500,000	Kaine, Warner
Department of Education	Higher Education	Community College of Rhode Island, RI, for education and workforce programs, including the purchase of equipment	814,000	Reed, Whitehouse
Department of Education	Higher Education	Community College System of New Hampshire, NH, for a dual and concurrent enrollment program	280,000	Shaheen
Department of Education	Higher Education	Complete College America (CCA), NM, for a college retention and completion program	900,000	Luján
Department of Education	Higher Education	Creighton University Health Sciences— Phoenix Campus, Phoenix AZ, Maricopa County, AZ, for the purchase of equipment for a medical virtual reality training room	1,450,000	Sinema
Department of Education	Higher Education	Delaware State University, DE, for the purchase of equipment for the aviation program	2,346,000	Carper, Coons
Department of Education	Higher Education	Delta College, MI, for development of semiconductor curriculum and apprenticeship programming	284,000	Peters, Stabenow
Department of Education	Higher Education	Delta State University, MS, for the purchase of equipment and technology	500,000	Hyde-Smith, Wicker
Department of Education	Higher Education	Delta State University, MS, for the purchase of equipment	1,000,000	Hyde-Smith
Department of Education	Higher Education	Desert Research Institute, NV, for the purchase of equipment for the environmental studies project	1,800,000	Cortez Masto, Rosen
Department of Education	Higher Education	Dominican University, IL, for a masters in nursing program	1,000,000	Durbin
Department of Education	Higher Education	Eastern Maine Community College, ME, for workforce training, including the purchase of equipment and technology	1,648,000	Collins

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Eastern West Virginia Community and Technical College Foundation Inc., WV, for an aviation program, including the purchase of equipment	150,000	Capito, Manchin
Department of Education	Higher Education	Edison State Community College, OH, for the purchase of equipment for a new respiratory care degree program	900,000	Brown
Department of Education	Higher Education	El Puente de Encuentros, NM, for a behavioral health professionals programs	247,000	Heinrich, Luján
Department of Education	Higher Education	Fort Hays State University, KS, for the purchase of equipment and technology	3,000,000	Moran
Department of Education	Higher Education	Francis Marion University, SC, for the purchase of equipment and technology	1,200,000	Graham
Department of Education	Higher Education	Glenville State College Research Corporation, WV, for the purchase of equipment	2,120,000	Capito, Manchin
Department of Education	Higher Education	Goucher College, MD, for the Prison Education Partnership	355,000	Cardin, Van Hollen
Department of Education	Higher Education	Grand Valley State University, MI, for the Blue Dot Center for Talent, Technology and Transformation, including the purchase of equipment	2,500,000	Peters, Stabenow
Department of Education	Higher Education	Great Basin College, NV, for a health science program, including the purchase of equipment	760,000	Cortez Masto, Rosen
Department of Education	Higher Education	Great Basin College, NV, for workforce preparedness training systems	1,422,000	Cortez Masto, Rosen
Department of Education	Higher Education	Greenville Technical College, SC, for the purchase of equipment	2,980,000	Graham
Department of Education	Higher Education	Greenville University, IL, for the purchase of equipment for science facilities and building a nursing pipeline	665,000	Durbin
Department of Education	Higher Education	Higher Education Regional Alliance—Greater Milwaukee Committee, WI, for micro-credentials project	1,500,000	Baldwin
Department of Education	Higher Education	Hispanic Federation, IL, for a college readiness, achievement, and retention program	700,000	Duckworth

Department of Education	Higher Education	Hostos Community College, City University of New York, NY, for student mentorship and research assistant programs	1,000,000	Gillibrand, Schumer
Department of Education	Higher Education	Hudson County Community College (HCCC), NJ, for the Hudson Scholars Program	1,000,000	Booker, Menendez
Department of Education	Higher Education	Hudson Valley Community College, NY, for an aircraft mechanic training program, including the purchase of equipment	500,000	Gillibrand, Schumer
Department of Education	Higher Education	Husson University, ME, for the purchase of equipment and technology	999,000	Collins, King
Department of Education	Higher Education	I Know I Can, OH, for programs to increase college and career enrollment and graduation	994,000	Brown
Department of Education	Higher Education	Inver Hills Community College, MN, for the purchase of equipment for a health sciences center	250,000	Klobuchar, Smith
Department of Education	Higher Education	Jackson State University, MS, for a journalism program, including the purchase of equipment and technology	1,172,000	Wicker
Department of Education	Higher Education	Jackson State University, MS, for cyber security education, including for scholarships and the purchase of equipment	1,500,000	Wicker
Department of Education	Higher Education	James Madison University, VA, for early healthcare workforce development programs	1,000,000	Kaine, Warner
Department of Education	Higher Education	Journey into Education & Teaching (JET), MA, for educator workforce programs	300,000	Markey, Warren
Department of Education	Higher Education	Juniata College, PA, for a nursing program	500,000	Casey
Department of Education	Higher Education	Kansas State University—Salina Aerospace and Technology Campus, KS, for the purchase of aviation equipment	4,000,000	Moran
Department of Education	Higher Education	Kawarak, Inc., AK, for a teacher training program	484,000	Murkowski
Department of Education	Higher Education	Keene State College, NH, for education and training programs in ultra-precision manufacturing, optics, and thin film coatings	3,000,000	Shaheen
Department of Education	Higher Education	King's College, PA, for an occupational therapy program	450,000	Casey

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Laurel Ridge Community College Educational Foundation on behalf of Laurel Ridge Community College, VA, for the purchase of a virtual reality training system for prospective surgical technologists and assistants	305,000	Kaine, Warner
Department of Education	Higher Education	Long Island University—Roc Nation School of Music, Sports & Entertainment, NY, for the early scholars program	1,000,000	Gillibrand, Schumer
Department of Education	Higher Education	Lourdes University, OH, for an educator workforce program	374,000	Brown
Department of Education	Higher Education	Maine Maritime Academy, ME, for the development of training programs, including the purchase of equipment and technology	3,000,000	Collins
Department of Education	Higher Education	Marcolim X College, IL, for the purchase of equipment for the child development program	355,000	Duckworth
Department of Education	Higher Education	Marian University, WI, for the purchase of equipment of health and STEM education programs	1,049,000	Baldwin
Department of Education	Higher Education	Maricopa Community Colleges, AZ, for a semiconductor workforce training program, including the purchase of equipment	2,500,000	Kelly
Department of Education	Higher Education	Marquette University, WI, for the purchase of equipment for a simulation center	1,611,000	Baldwin
Department of Education	Higher Education	Marshall University Research Corporation, WV, for the purchase of equipment	1,500,000	Capito, Manchin
Department of Education	Higher Education	Maryland Association of Community Colleges, MD, for the purchase of equipment for a cybersecurity workforce training program	2,000,000	Cardin, Van Hollen
Department of Education	Higher Education	Massachusetts Women of Color Coalition, Inc, MA, for a leadership academy, including a data collection system	655,000	Markey, Warren
Department of Education	Higher Education	MATC Fast Fund, WI, for supporting students' basic needs	500,000	Baldwin
Department of Education	Higher Education	McHenry County College, IL, for the purchase of equipment for Foglia Center for Advanced Technology and Innovation	1,060,000	Durbin



Department of Education	Higher Education	McKendree University, IL, for a rural nurse educator workforce program	980,000	Durbin
Department of Education	Higher Education	McPherson College, KS, for health care education, including the purchase of equipment and technology	2,100,000	Moran
Department of Education	Higher Education	Megar Evers College, NY, for an environmental health program, including the purchase of equipment	500,000	Schumer
Department of Education	Higher Education	Medical College of Wisconsin, WI, for workforce development in biomedical sciences, healthcare, and STEM fields, including the purchase of equipment	500,000	Baldwin
Department of Education	Higher Education	Mercyhurst University, PA, for a program for students with autism	250,000	Casey
Department of Education	Higher Education	Miami University, OH, to support educator workforce development	415,000	Brown
Department of Education	Higher Education	Michigan State University, MI, for cybercrimes investigations and training programs	1,000,000	Peters
Department of Education	Higher Education	Minnesota State Community and Technical College, MN, for the purchase of equipment for healthcare simulation labs	1,650,000	Klobuchar, Smith
Department of Education	Higher Education	Monroe Community College, NY, for a semiconductor training initiative	259,000	Schumer
Department of Education	Higher Education	Mount Marty College, SD, for the purchase of equipment	370,000	Rounds
Department of Education	Higher Education	Mountwest Foundation Inc., WV, for workforce development programs, including faculty stipends	195,000	Capito, Manchin
Department of Education	Higher Education	Mt. San Antonio Community College District, CA, for the purchase of equipment for the Wildland Fire Training Program	534,000	Feinstein, Padilla
Department of Education	Higher Education	Nevada State College, NV, for a speech-language pathologist educational and training project	938,000	Cortez Masto, Rosen
Department of Education	Higher Education	Nevada State College, NV, for the mental health workforce development project	1,650,000	Cortez Masto, Rosen
Department of Education	Higher Education	New York University, NY, for the Institute of Public Knowledge	1,150,000	Gillibrand, Schumer
Department of Education	Higher Education	Newberry College, SC, for the purchase of equipment	506,000	Graham

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Newman University Inc., KS, for agrusiness education, including the purchase of equipment and technology	1,200,000	Moran
Department of Education	Higher Education	Northeastern Illinois University, IL, for a veterans resource center	145,000	Duckworth
Department of Education	Higher Education	Northern Illinois University, IL, for the LEAP program	1,660,000	Durbin
Department of Education	Higher Education	Northern Maine Community College Foundation, ME, for the purchase of communications equipment and technology	550,000	Collins, King
Department of Education	Higher Education	Northern Maine Community College Foundation, ME, for the purchase of equipment and technology for a diesel hydraulic program	410,000	Collins, King
Department of Education	Higher Education	Northwest Indian College, WA, for the purchase of science education equipment	1,200,000	Cantwell
Department of Education	Higher Education	Northwestern Michigan College, MI, for the purchase of student aviation equipment	550,000	Stabenow
Department of Education	Higher Education	O.S. Johnson Technical Institute, PA, for technology and equipment for a Johnson College satellite campus	806,000	Fetterman
Department of Education	Higher Education	Oakton College, IL, for education and experiential learning for students entering the medical field, including the purchase of equipment	800,000	Duckworth
Department of Education	Higher Education	Oregon Coast Community College, OR, for a maritime construction and technician training program	896,000	Merkley, Wyden
Department of Education	Higher Education	Oregon Health & Science University, OR, for a nursing education program	2,000,000	Merkley, Wyden
Department of Education	Higher Education	Ottawa University, KS, for the purchase of equipment	900,000	Moran
Department of Education	Higher Education	Paul D. Camp Community College, VA, to establish and expand nursing and allied health programs and purchase equipment	293,000	Kaine, Warner
Department of Education	Higher Education	Peninsula College, WA, for a dental school training clinic, including the purchase of equipment and retrofitting	1,936,000	Murray

Department of Education	Higher Education	Pennsylvania College of Art & Design, PA, for a live-experience design and production degree program	725,000	Casey
Department of Education	Higher Education	Pierpont Foundation Inc., WV, for the purchase of equipment and technology	1,496,000	Capito, Manchin
Department of Education	Higher Education	Portland Community College, OR, for a program to expand the healthcare workforce	1,675,000	Merkley, Wyden
Department of Education	Higher Education	Prisma Health, SC, for a nursing program, including scholarships and the purchase of equipment	500,000	Graham
Department of Education	Higher Education	Providence College, RI, for mental health nursing education and workforce development	600,000	Reed, Whitehouse
Department of Education	Higher Education	Providence Promise, RI, for a postsecondary access program	50,000	Reed
Department of Education	Higher Education	Rensselaer Polytechnic Institute, NY, for the purchase of equipment for the Center for Robotic Manufacturing Systems	1,000,000	Gillibrand, Schumer
Department of Education	Higher Education	Rhode Island College, RI, for a financial aid management system	1,020,000	Reed
Department of Education	Higher Education	Rhode Island College, RI, for technology for a continuing education program	1,270,000	Reed
Department of Education	Higher Education	Rhode Island College, RI, for the purchase of equipment	340,000	Whitehouse
Department of Education	Higher Education	Richland Community College, IL, for an EV innovation hub	1,100,000	Duckworth
Department of Education	Higher Education	Rockford Public Schools, IL, for an education pathway partnership	300,000	Duckworth
Department of Education	Higher Education	Rowan University, NJ, for a regenerative food systems program, including the purchase of equipment	1,000,000	Booker, Menendez
Department of Education	Higher Education	Rust College, MS, for a communications degree program, including the purchase of equipment and technology	695,000	Wicker
Department of Education	Higher Education	Shawnee Community College, IL, for the welding program	336,000	Duckworth
Department of Education	Higher Education	Shepherd University Foundation Inc., WV, for the purchase of equipment and technology	2,235,000	Capito, Manchin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Shepherd University, WV, for the Stubblefield Institute's WV Emerging Project	250,000	Manchin
Department of Education	Higher Education	Shorter College, AR, for a STEAM center, including the purchase of equipment	2,000,000	Boozman
Department of Education	Higher Education	Siena College, NY, for the purchase of equipment for a new science complex	1,000,000	Gillibrand, Schumer
Department of Education	Higher Education	Skills for Rhode Island's Future, RI, for an experiential learning program	730,000	Reed, Whitehouse
Department of Education	Higher Education	Southern Oregon University, OR, to support educational opportunities for college students	500,000	Merkley, Wyden
Department of Education	Higher Education	Southern University and A&M College, LA, for legal education, including the purchase of equipment and technology	2,100,000	Cassidy
Department of Education	Higher Education	Southern University and A&M College, LA, for technology education, including the purchase of equipment and technology	365,000	Cassidy
Department of Education	Higher Education	St. Bonaventure University, NY, for the purchase of equipment for the School of Communications	750,000	Gillibrand, Schumer
Department of Education	Higher Education	Sterling College, VT, for workforce readiness and experiential learning programs	695,000	Welch
Department of Education	Higher Education	SUNY Geneseo, NY, for the purchase of equipment	500,000	Schumer
Department of Education	Higher Education	Sussex County Community College, NJ, for the Public Safety Training Academy, including the purchase of equipment	546,000	Booker
Department of Education	Higher Education	The City College of New York, NY, for skills-based workforce development	1,500,000	Gillibrand, Schumer
Department of Education	Higher Education	The Research Foundation for SUNY at Binghamton University, NY, for the purchase of equipment for a classroom	1,000,000	Gillibrand, Schumer
Department of Education	Higher Education	The University of Vermont and State Agricultural College, VT, for a university assisted community schools collaborative	1,999,000	Sanders

Department of Education	Higher Education	Tuskegee University, AL, for an aviation and aero technology program, including scholarships and the purchase of equipment	6,724,000	Britt
Department of Education	Higher Education	University of Alaska Anchorage, AK, for development of a graduate degree program	750,000	Murkowski
Department of Education	Higher Education	University of Alaska Anchorage, AK, for expanding social workers in schools	295,000	Murkowski
Department of Education	Higher Education	University of California, San Diego, CA, for the PATHS Scholars Program	1,656,000	Padilla
Department of Education	Higher Education	University of Delaware, DE, for workforce education and development in battery manufacturing, including the purchase of equipment	1,000,000	Carper
Department of Education	Higher Education	University of Hartford, CT, for teacher certification programs	300,000	Blumenthal, Murphy
Department of Education	Higher Education	University of Hawaii System, HI, for the purchase of equipment for a medical education, residency, and fellowship expansion initiative	900,000	Hirono, Schatz
Department of Education	Higher Education	University of Maine System, ME, for the development of a doctoral nursing program, including scholarships	3,057,000	Collins, King
Department of Education	Higher Education	University of Maine System, ME, for the purchase of equipment and technology	463,000	Collins, King
Department of Education	Higher Education	University of Maryland Eastern Shore, MD, for the veterinary medicine program	1,071,000	Cardin, Van Hollen
Department of Education	Higher Education	University of Nevada Las Vegas, NV, for the purchase of high-performance computing equipment	4,000,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of Nevada Reno, NV, for the purchase of a Nuclear Magnetic Resonance Spectrometer	2,406,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of Nevada Reno, NV, for the purchase of research and educational platform equipment	1,800,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of North Alabama, AL, for the purchase of equipment	500,000	Britt
Department of Education	Higher Education	University of North Carolina System, NC, for the purchase of equipment and technology	7,800,000	Tillis
Department of Education	Higher Education	University of South Dakota, SD, for biomedical computation education, including the purchase of equipment	6,500,000	Rounds

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	University of Southern Mississippi, MS, for a teacher resident program, including scholarships and the purchase of equipment	3,000,000	Hyde-Smith, Wicker
Department of Education	Higher Education	University of Virginia, VA, for the Youth Leadership Initiative, including the purchase of equipment	900,000	Kaine, Warner
Department of Education	Higher Education	Virginia Foundation for Community College Education, VA, for the purchase of equipment for skilled trades training programs	1,500,000	Kaine, Warner
Department of Education	Higher Education	Virginia Polytechnic Institute and State University, VA, for the purchase of semiconductor automatic testing equipment	2,000,000	Kaine, Warner
Department of Education	Higher Education	Viterbo University, WI, for a healthcare workforce training program	150,000	Baldwin
Department of Education	Higher Education	Warren Community College, NJ, for a precision agriculture technology project	699,000	Booker, Menendez
Department of Education	Higher Education	Washington County Community College, ME, for the purchase of equipment and technology	1,629,000	Collins, King
Department of Education	Higher Education	Wayne State University, MI, for equipment for a school of public health	1,000,000	Stabenow
Department of Education	Higher Education	West Virginia Higher Education Policy Commission, WV, for the development and implementation of career pathways	250,000	Capito, Manchin
Department of Education	Higher Education	West Virginia University Research Corporation, WV, for the purchase of equipment and training	1,100,000	Capito, Manchin
Department of Education	Higher Education	Westminster College, PA, an exercise science program	376,000	Casey
Department of Education	Higher Education	Wichita State University Campus of Applied Sciences and Technology, KS, for aviation education, including the purchase of equipment and technology	1,000,000	Moran
Department of Education	Higher Education	William & Mary (W&M), VA, for a national security internship program	500,000	Kaine, Warner
Department of Education	Higher Education	William James College, MA, for educator workforce development activities	496,000	Markey, Warren

Department of Education	Higher Education	William Rainey Harper College, IL, for a semiconductor and nanotechnology technician project	500,000	Duckworth
Department of Education	Higher Education	William Rainey Harper College, IL, for the purchase of equipment for the emergency services training center	1,000,000	Durbin
Department of Education	Higher Education	YMCA of Greater Providence (GPYMCA), RI, for out-of-school time programs	635,000	Reed, Whitehouse
Department of Education	Higher Education	York County Community College, ME, for the purchase of equipment and technology	986,000	Collins, King
Department of Health & Human Services	Administration for Community Living	Albuquerque Community Foundation, NM, to support services for older adults	208,000	Luján
Department of Health & Human Services	Administration for Community Living	Albuquerque Sign Language Academy, NM, to support services for individuals with disabilities	300,000	Heinrich
Department of Health & Human Services	Administration for Community Living	Alzheimer's Family Caregiver Support Center, Inc., MA, to support services for families, individuals, and communities living with Alzheimer's and other dementia-related disease	994,000	Markey, Warren
Department of Health & Human Services	Administration for Community Living	Arc Massachusetts Inc., MA, to support services for individuals with disabilities	1,635,000	Markey, Warren
Department of Health & Human Services	Administration for Community Living	Autism Society Northwestern Pennsylvania, PA, to support services for individuals on the Autism Spectrum	350,000	Casey
Department of Health & Human Services	Administration for Community Living	Blackstone Valley Community Action Program, Inc. (BVCAP), RI, for supportive services	85,000	Reed
Department of Health & Human Services	Administration for Community Living	Cape Abilities, MA, for vehicles and equipment	1,618,000	Markey, Warren
Department of Health & Human Services	Administration for Community Living	Challenge Aspen, CO, for equipment	94,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Community Living	Community Health Centers of America, CA, for geriatric health and supportive services	125,000	Padilla

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	Direction Home of Eastern Ohio, OH, to expand kinship care	239,000	Brown
Department of Health & Human Services	Administration for Community Living	Eastern Area Agency on Aging, ME, for expanding access to services for older adults, including the purchase of equipment and technology	270,000	Collins, King
Department of Health & Human Services	Administration for Community Living	Give Comfort, Inc., WV, for supportive services	10,000	Manchin
Department of Health & Human Services	Administration for Community Living	JASA, NY, for supportive services for older adults	750,000	Schumer
Department of Health & Human Services	Administration for Community Living	Jefferson Area Board for Aging (JABA), Inc., VA, for supportive services for older adults	100,000	Kaine, Warner
Department of Health & Human Services	Administration for Community Living	Jewish Community Center on the Palisades (DBA: Kaplen JCC on the Palisades), NJ, to expand services for older adults	965,000	Menendez
Department of Health & Human Services	Administration for Community Living	Las Cumbres Community Services, NM, to expand services for individual with disabilities	944,000	Heinrich
Department of Health & Human Services	Administration for Community Living	Laura Baker Services Association, MN, to support services for individuals with disabilities and their families	500,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Community Living	Lehigh Valley Center for Independent Living (LVCIL), PA, for supportive services for individuals with disabilities	150,000	Casey
Department of Health & Human Services	Administration for Community Living	LGBTQ Senior Housing, Inc., MA, for services for older adults	850,000	Markey, Warren
Department of Health & Human Services	Administration for Community Living	Liberty Resources Inc., PA, to support services for individuals with disabilities	1,516,000	Fetterman
Department of Health & Human Services	Administration for Community Living	Lyon County Human Services, NV, for respite and supportive services	411,000	Cortez Masto, Rosen



Department of Health & Human Services	Administration for Community Living	McDowell County Commission on Aging, Inc., WV, for equipment	554,000	Manchin
Department of Health & Human Services	Administration for Community Living	Mississippi State University, MS, for enhancing college accessibility for students with disabilities, including the purchase of equipment	882,000	Hyde-Smith, Wicker
Department of Health & Human Services	Administration for Community Living	Northwest Colorado Health, CO, for equipment	105,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Community Living	Partners In Care Maryland, Inc., MD, to support services for older adults	1,000,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Community Living	Pathways Community HUB Institute, OH, to support integrated services for older adults	640,000	Brown
Department of Health & Human Services	Administration for Community Living	Port Resources, ME, for enhancing community access for individuals with developmental disabilities, including the purchase of equipment	100,000	Collins, King
Department of Health & Human Services	Administration for Community Living	Queen's Health System, HI, for a training program	300,000	Schatz
Department of Health & Human Services	Administration for Community Living	Rural Alaska Community Action Program, Inc., AK, for expanding access to supports, services, and activities for older individuals	138,000	Murkowski
Department of Health & Human Services	Administration for Community Living	SAGE, NY, for supportive services	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Community Living	Sounding Joy Music Therapy, Inc., HI, for supportive services	125,000	Schatz
Department of Health & Human Services	Administration for Community Living	Southern Maine Agency on Aging, ME, for expanding access to services for older adults, including the purchase of equipment and technology	600,000	Collins
Department of Health & Human Services	Administration for Community Living	Special Education Center of Hawaii (SECOH), HI, for facilities and equipment	250,000	Hirono
Department of Health & Human Services	Administration for Community Living	Specialty Adapted Resource Clubs (SPARC), VA, to expand services for individuals with disabilities	763,000	Kaine, Warner

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	Summit County Combined General Health District, OH, to support services for at risk older adults and family caregivers.	504,000	Brown
Department of Health & Human Services	Administration for Community Living	Taylor County Senior Citizens, Inc., WV, to support renovations for a senior center	18,000	Manchin
Department of Health & Human Services	Administration for Community Living	Team Gleason Foundation, LA, for addressing the needs of individuals with ALS, including the purchase of equipment and assistive technology	6,000,000	Cassidy
Department of Health & Human Services	Administration for Community Living	The Disability Action Center, WV, for facilities, equipment and to expand services for individuals with disabilities	500,000	Capito, Manchin
Department of Health & Human Services	Administration for Community Living	United Way of the Greater Lehigh Valley, PA, for supportive services for older adults	423,000	Casey
Department of Health & Human Services	Administration for Community Living	University of Southern Mississippi, MS, for enhancing networks and supports for students with disabilities, including the purchase of equipment	200,000	Hyde-Smith, Wicker
Department of Health & Human Services	Administration for Community Living	Voices for Independence, PA, to support services for individuals with disabilities	99,000	Fetterman
Department of Health & Human Services	Administration for Community Living	WV Bureau of Senior Services, WV, for facilities, equipment and services that support senior centers	2,565,000	Manchin
Department of Health & Human Services	Administration for Community Living	YMCA of Honolulu, HI, to expand services for older adults	388,000	Hirono, Schatz

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2024  
 [In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations .....	173,649	187,987	173,649		- 14,338
Available from prior year appropriations .....	712,000	712,000	712,000		
Subtotal, available this fiscal year .....	885,649	899,987	885,649		- 14,338
Advance appropriation FY 2025 .....	712,000	712,000	712,000		
less prior year appropriations .....	- 712,000	- 712,000	- 712,000		
Subtotal, appropriated in this bill .....	885,649	899,987	885,649		- 14,338
Youth Training .....	948,130	963,837	948,130		- 15,707
Dislocated Worker Assistance, current year appropriations .....	235,553	295,278	235,553		- 59,725
Available from prior year appropriations .....	860,000	860,000	860,000		
Subtotal, available this fiscal year .....	1,095,553	1,155,278	1,095,553		- 59,725
Advance appropriation FY 2025 .....	860,000	860,000	860,000		
less prior year appropriations .....	- 860,000	- 860,000	- 860,000		
Subtotal, appropriated in this bill .....	1,095,553	1,155,278	1,095,553		- 59,725
Subtotal, Grants to States .....	2,929,332	3,019,102	2,929,332		- 89,770
Current year appropriations .....	(1,357,332)	(1,447,102)	(1,357,332)		( - 89,770)
Advance appropriations .....	(1,572,000)	(1,572,000)	(1,572,000)		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations	125,859	164,386	105,859	-20,000	-58,527
Available from prior year appropriations	200,000	200,000	200,000		
Subtotal, available this fiscal year	325,859	364,386	305,859	-20,000	-58,527
Advance appropriations FY 2025	200,000	200,000	200,000		
less prior year appropriations	-200,000	-200,000	-200,000		
Subtotal, appropriated in this bill	325,859	364,386	305,859	-20,000	-58,527
Subtotal, Dislocated Worker Assistance	1,421,412	1,519,664	1,401,412	-20,000	-118,252
Indian and Native American programs	60,000	63,800	60,000		-3,800
Migrant and Seasonal Farmworker programs	97,396	97,396	97,396		
YouthBuild activities	105,000	145,000	105,000		-40,000
Reintegration of Ex-Offenders	115,000	170,000	115,000		-55,000
Workforce Data Quality Initiative	6,000	11,000	6,000		-5,000
Apprenticeship programs	285,000	335,000	290,000	+5,000	-45,000
Congressionally Directed Spending/Community Project Funding	217,324		107,939	-109,385	+107,939
Climate Corps		15,000			-15,000
SECTOR		200,000			-200,000
Subtotal, National Programs	1,211,579	1,401,582	1,087,194	-124,385	-314,388
Current year appropriations	1,011,579	1,201,582	887,194	-124,385	-314,388
Advance appropriations	200,000	200,000	200,000		
Total, Training and Employment Services	4,140,911	4,420,684	4,016,526	-124,385	-404,158
Current year appropriations	(2,368,911)	(2,648,684)	(2,244,526)	(-124,385)	(-404,158)

	(1,772,000)	(1,772,000)	(1,772,000)		
Advance appropriations					
Job Corps					
Operations	1,603,325	1,603,133	1,603,325		+ 192
Construction, Rehabilitation and Acquisition	123,000	183,000	123,000		- 60,000
Administration	33,830	49,334	33,830		- 15,504
Total, Job Corps	1,760,155	1,835,467	1,760,155		- 75,312
Community Service Employment For Older Americans	405,000	405,000	405,000		
Federal Unemployment Benefits and Allowances (indefinite)	494,400	30,700	30,700	-463,700	
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund)					
State Administration	2,750,635	2,947,318	2,815,635	+ 65,000	- 131,683
Reemployment Services and Eligibility Assessments—UI integrity	117,000	117,000	117,000		
RESEA cap adjustment	258,000	433,000	265,000	+ 7,000	- 168,000
UI Integrity Center of Excellence	9,000	9,000	9,000		
Subtotal, Unemployment Compensation	3,134,635	3,506,318	3,206,635	+ 72,000	- 299,683
Federal-State UI National Activities (trust fund)	23,000	173,255	18,000	- 5,000	- 155,255
Employment Service (ES):					
Grants to States:					
Federal Funds	21,413	21,413	21,413		
Trust Funds	658,639	677,449	653,639	- 5,000	- 23,810
Subtotal, Grants to States	680,052	698,862	675,052	- 5,000	- 23,810
ES National Activities (trust fund)	25,000	25,000	25,000		
Subtotal, Employment Service	705,052	723,862	700,052	- 5,000	- 23,810
Federal Funds	(21,413)	(21,413)	(21,413)		
Trust Funds	(683,639)	(702,449)	(678,639)	(- 5,000)	(- 23,810)
Foreign Labor Certifications:					
Federal Administration	60,528	75,044	61,528	+ 1,000	- 13,516
Grants to States	23,282	28,282	23,282		- 5,000
Subtotal, Foreign Labor Certification	83,810	103,326	84,810	+ 1,000	- 18,516

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
One-Stop Career Centers/Labor Market Information .....	62,653	85,653	62,653		-23,000
Total, State Unemployment Insurance and Employment Service Operations .....	4,009,150	4,592,414	4,072,150	+ 63,000	-520,264
Federal Funds .....	(84,066)	(107,066)	(84,066)		(-23,000)
Trust Funds .....	(3,925,084)	(4,485,348)	(3,988,084)	(+ 63,000)	(-497,264)
Program Administration					
Training and Employment .....	68,919	93,485	68,919		-24,566
Trust Funds .....	9,253	10,430	9,253		-1,177
Employment Security .....	3,621	4,181	3,621		-560
Trust Funds .....	42,574	55,006	42,574		-12,432
Apprenticeship Services .....	38,913	50,397	38,913		-11,484
Executive Direction .....	7,447	9,281	7,447		-1,834
Trust Funds .....	2,188	2,686	2,188		-498
Total, Program Administration .....	172,915	225,466	172,915		-52,551
Federal Funds .....	(118,900)	(157,344)	(118,900)		(-38,444)
Trust Funds .....	(54,015)	(68,122)	(54,015)		(-14,107)
Total, Employment and Training Administration .....	10,982,531	11,509,731	10,457,446	-525,085	-1,052,285
Federal Funds .....	7,003,432	6,956,261	6,415,347	-588,085	-540,914
Current year appropriations .....	(5,231,432)	(5,184,261)	(4,643,347)	(-588,085)	(-540,914)
Advance appropriations .....	(1,772,000)	(1,772,000)	(1,772,000)		
Trust Funds .....	3,979,099	4,553,470	4,042,099	+ 63,000	-511,371

Employee Benefits Security Administration [EBSA]						
Salaries and Expenses						
Enforcement and Participant Assistance	202,596					-202,596
Policy and Compliance Assistance	37,045					-37,045
Executive Leadership, Program Oversight and Administration	9,318					-9,318
Employee benefits security programs	191,100		191,100			+191,100
<b>Total, Employee Benefits Security Administration</b>	<b>248,959</b>	<b>191,100</b>	<b>191,100</b>			<b>-57,859</b>
Pension Benefit Guaranty Corporation Fund						
Consolidated Administrative Activities	(512,900)	(512,900)			(+19,586)	
Wage and Hour Division						
Salaries and Expenses	260,000	340,953	264,500		+4,500	-76,453
Office of Labor-Management Standards						
Salaries and Expenses	48,515	53,469	48,515			-4,954
Office of Federal Contract Compliance Programs						
Salaries and Expenses	110,976	151,462	110,976			-40,486
Office of Workers' Compensation Programs						
Salaries and Expenses	120,500	149,675	120,500			-29,175
Trust Funds	2,205	2,271	2,205			-66
<b>Total, Salaries and Expenses</b>	<b>122,705</b>	<b>151,946</b>	<b>122,705</b>			<b>-29,241</b>
Special Benefits						
Federal Employees' Compensation Benefits	248,000	698,000	698,000		+450,000	
Longshore and Harbor Workers' Benefits	2,000	2,000	2,000			
<b>Total, Special Benefits</b>	<b>250,000</b>	<b>700,000</b>	<b>700,000</b>		<b>+450,000</b>	
Special Benefits for Disabled Coal Miners						
Benefit Payments	42,000	28,000	28,000		-14,000	

**COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued**  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Administration .....	5,031	5,140	5,140	+ 109	.....
Subtotal, available this fiscal year .....	47,031	33,140	33,140	- 13,891	.....
Advance appropriations, FY 2025, 1st quarter .....	10,250	7,000	7,000	- 3,250	.....
Less prior year advance appropriations .....	- 11,000	- 10,250	- 10,250	+ 750	.....
Total, appropriated in this bill .....	46,281	29,890	29,890	- 16,391	.....
<b>Energy Employees Occupational Illness Compensation Fund</b>					
Administrative Expenses .....	64,564	66,532	66,532	+ 1,968	.....
<b>Black Lung Disability Trust Fund</b>					
Benefit Payments and Interest on Advances .....	313,586	366,906	366,906	+ 53,320	.....
Workers' Compensation Programs, Salaries and Expenses .....	42,194	44,059	44,059	+ 1,865	.....
Departmental Management, Salaries and Expenses .....	38,407	41,178	41,178	+ 2,771	.....
Departmental Management, Inspector General .....	353	368	368	+ 15	.....
Subtotal, Black Lung Disability Trust Fund .....	394,540	452,511	452,511	+ 57,971	.....
Treasury Department Administrative Costs .....	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund .....	394,896	452,867	452,867	+ 57,971	.....
Total, Office of Workers' Compensation Programs .....	878,446	1,401,235	1,371,994	+ 493,548	- 29,241
<b>Federal Funds</b>					
Current year appropriations .....	876,241	1,398,964	1,369,789	+ 493,548	- 29,175
Advance appropriations .....	(865,991)	(1,391,964)	(1,362,789)	( + 496,798)	( - 29,175)
Trust Funds .....	(10,250)	(7,000)	(7,000)	( - 3,250)	.....
Total Funds .....	2,205	2,271	2,205	.....	- 66



Occupational Safety and Health Administration (OSHA)							
Salaries and Expenses							
Safety and Health Standards .....	21,000	31,214	21,000		-10,214		
Federal Enforcement .....	243,000	286,429	243,000		-43,429		
Whistleblower enforcement .....	22,500	29,158	22,500		-6,658		
State Programs .....	120,000	127,115	120,000		-7,115		
Technical Support .....	26,000	30,623	26,000		-4,623		
Compliance Assistance:							
Federal Assistance .....	78,262	101,073	77,262	-1,000	-23,811		
State Consultation Grants .....	63,160	64,160	63,160		-1,000		
Training Grants .....	12,787	13,787	10,000	-2,787	-3,787		
Subtotal, Compliance Assistance .....	154,209	179,020	150,422	-3,787	-28,598		
Safety and Health Statistics .....	35,500	43,896	35,500		-8,396		
Executive Direction and Administration .....	10,100	11,213	10,100		-1,113		
Total, Occupational Safety and Health Administration .....	632,309	738,668	628,522	-3,787	-110,146		
Mine Safety and Health Administration							
Salaries and Expenses							
Mine Safety and Health Enforcement .....	265,774	301,528	265,774		-35,754		
Standards Development .....	5,000	5,583	5,000		-583		
Assessments .....	7,191	9,093	7,191		-1,902		
Educational Policy and Development .....	39,820	43,642	39,820		-3,822		
Technical Support .....	36,041	39,755	36,041		-3,714		
Program Evaluation and Information Resources [PEIR] .....	17,990		17,990		+17,990		
Program Administration .....	16,000		16,000		+16,000		
Program Administration, Evaluation, and Information Resources .....		38,493			-38,493		
Total, Mine Safety and Health Administration .....	387,816	438,094	387,816		-50,278		
Total, Labor Enforcement Agencies .....	1,753,421	2,123,551	1,754,134	+713	-369,417		
Federal Funds .....	(1,751,216)	(2,121,280)	(1,751,929)	(+713)	(-369,351)		
Trust Funds .....	(2,205)	(2,271)	(2,205)		(-66)		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
<b>Bureau of Labor Statistics</b>					
Salaries and Expenses					
Employment and Unemployment Statistics	243,952	278,649	243,952		-34,697
Labor Market Information (trust fund)	68,000	68,000	68,000		
Prices and Cost of Living	246,000	264,782	246,000		-18,782
Compensation and Working Conditions	91,000	94,929	91,000		-3,929
Productivity and Technology	12,000	13,184	12,000		-1,184
Executive Direction and Staff Services	37,000	38,826	37,000		-1,826
<b>Total, Bureau of Labor Statistics</b>	<b>697,952</b>	<b>758,370</b>	<b>697,952</b>		<b>-60,418</b>
<b>Federal Funds</b>	<b>629,952</b>	<b>690,370</b>	<b>629,952</b>		<b>-60,418</b>
<b>Trust Funds</b>	<b>68,000</b>	<b>68,000</b>	<b>68,000</b>		
<b>Office of Disability Employment Policy</b>					
Salaries and Expenses	43,000	60,549	37,000	-6,000	-23,549
<b>Department Management</b>					
Salaries and Expenses					
Executive Direction	32,658	48,778	32,658		-16,120
Departmental Program Evaluation	8,281	11,540	4,281	-4,000	-7,259
Legal Services	130,754	190,553	135,254	+4,500	-55,299
Trust Funds	308	308	308		
International Labor Affairs	116,125	130,525	116,125		-14,400
Administration and Management	30,804	63,148	30,804		-32,344
Adjudication	37,000	45,885	37,000		-8,885
Women's Bureau	23,000	32,426	23,000		-9,426
Civil Rights Activities	7,586	11,911	7,586		-4,325
Chief Financial Officer	5,681	6,268	5,681		-587

GSA Technology Transformation .....	4,182			4,182				-4,182
Total, Salaries and Expenses .....	392,197	545,524	392,697	545,524	+500			-152,827
Federal Funds .....	(391,889)	(545,216)	(392,389)	(545,216)	(+500)			(-152,827)
Trust Funds .....	(308)	(308)	(308)	(308)				
Veterans' Employment and Training								
State Administration, Grants .....	185,000	185,000	185,000	185,000				
Transition Assistance Program .....	34,379	34,379	34,379	34,379				
Federal Administration .....	47,048	59,334	47,048	47,048				-12,286
National Veterans' Employment and Training Services Institute .....	3,414	3,414	3,414	3,414				
Homeless Veterans' Programs .....	65,500	65,500	65,500	65,500				
Total, Veterans' Employment and Training .....	335,341	347,627	335,341	347,627				-12,286
Federal Funds .....	65,500	65,500	65,500	65,500				
Trust Funds .....	(269,841)	(282,127)	(269,841)	(282,127)				(-12,286)
IT Modernization								
Departmental support systems .....	6,889	51,689	6,889	51,689				-44,800
Infrastructure technology modernization .....	27,380	27,504	22,380	27,504	-5,000			-5,124
Total, IT Modernization .....	34,269	79,193	29,269	79,193	-5,000			-49,924
Office of Inspector General								
Program Activities .....	91,187	105,439	91,187	105,439				-14,252
Trust Funds .....	5,841	5,841	5,841	5,841				
Total, Office of Inspector General .....	97,028	111,280	97,028	111,280				-14,252
Federal funds .....	(91,187)	(105,439)	(91,187)	(105,439)				(-14,252)
Trust Funds .....	(5,841)	(5,841)	(5,841)	(5,841)				
Total, Departmental Management .....	858,835	1,083,624	854,335	1,083,624	-4,500			-229,289
Federal Funds .....	(582,845)	(795,348)	(578,345)	(795,348)	(-4,500)			(-217,003)
Trust Funds .....	(275,990)	(288,276)	(275,990)	(288,276)				(-12,286)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Total, Workforce Innovation and Opportunity Act Programs .....	5,901,066	6,256,151	5,776,681	-124,385	-479,470
Current year appropriations .....	(4,129,066)	(4,484,151)	(4,004,681)	(-124,385)	(-479,470)
Advance appropriations .....	(1,772,000)	(1,772,000)	(1,772,000)	.....	.....
Total, Title I, Department of Labor .....	15,091,480	16,785,114	15,050,156	-41,324	-1,734,958
Federal Funds .....	(10,766,186)	(11,873,097)	(10,661,862)	(-104,324)	(-1,211,235)
Current year appropriations .....	(8,983,936)	(10,094,097)	(8,882,862)	(-101,074)	(-1,211,235)
Advance appropriations .....	(1,782,250)	(1,779,000)	(1,779,000)	(-3,250)	.....
Trust Funds .....	(4,325,294)	(4,912,017)	(4,388,294)	(+63,000)	(-523,723)
Total, title I discretionary appropriations .....	13,841,339	15,505,125	13,770,167	-71,172	-1,734,958
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
PUBLIC HEALTH SERVICE					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Health Centers .....	1,857,772	1,937,772	1,857,772	.....	-80,000
Free Clinics Medical Malpractice .....	1,000	1,000	1,000	.....	.....
Total, Primary Health Care .....	1,858,772	1,938,772	1,858,772	.....	-80,000
Health Workforce					
National Health Service Corps .....	125,600	175,600	128,600	+3,000	-47,000

Training for Diversity:							
Centers of Excellence .....	28,422	36,711	28,422				- 8,289
Health Careers Opportunity Program .....	16,000	18,500	16,000				- 2,500
Faculty Loan Repayment .....	2,310	2,310	2,310				
Scholarships for Disadvantaged Students .....	55,014	55,014	55,014				
Subtotal, Training for Diversity .....	101,746	112,535	101,746				- 10,789
Primary Care Training and Enhancement .....	49,924	53,924	49,924				- 4,000
Oral Health Training .....	42,673	42,673	42,673				
Interdisciplinary Community-Based Linkages:							
Area Health Education Centers .....	47,000	47,000	47,000				+ 1,000
Geriatric Workforce Enhancement Program .....	47,245	47,245	48,245				- 5,947
Mental and Behavioral Health .....	44,053	50,000	44,053				- 165,374
Behavioral Health Workforce Education and Training .....	153,000	337,374	172,000				
Substance Use Disorder Treatment and Recovery Loan Repayment Program .....							
Subtotal, Interdisciplinary Community Linkages .....	291,298	481,619	311,298				- 170,321
Workforce Information and Analysis .....	5,663	5,663	5,663				
Public Health and Preventive Medicine programs .....	18,000	18,000	18,000				
Subtotal, Title VII Health Professions Education and Training .....	509,304	714,414	529,304				- 185,110
Nursing Workforce Development Programs:							
Advanced Nursing Education .....	89,581	106,581	89,581				- 17,000
Nurse Education, Practice, and Retention .....	59,413	91,873	60,413				- 31,460
Nurse Practitioner Optional Fellowship Program .....	6,000	6,000	6,000				
Nursing Workforce Diversity .....	24,343	24,343	24,343				
Nurse Corps Loan Repayment and Scholarship .....	92,635	92,635	92,635				
Nursing Faculty Loan Program .....	28,500	28,500	29,500				+ 1,000
Subtotal, Title VIII Nursing Workforce Development Programs .....	300,472	349,932	302,472				- 47,460
Subtotal, Health Professions (Titles VII and VIII) .....	809,776	1,064,346	831,776				- 232,570
Children's Hospitals Graduate Medical Education .....	385,000	385,000	385,000				- 24,000
Medical Student Education .....	60,000	60,000	36,000				- 24,000
Pediatric Subspecialty Loan Repayment Program .....	10,000	10,000	10,000				- 25,000
Supporting the Mental Health of the Health Professions Workforce .....		25,000					- 27,540
Health Care Workforce Innovation Program .....		27,540					- 27,540
National Practitioner Data Bank .....	18,814	18,814	18,814				

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
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(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
User Fees .....	- 18,814	- 18,814	- 18,814		
Subtotal, Health Workforce .....	1,390,376	1,747,486	1,391,376	+ 1,000	- 356,110
Maternal and Child Health					
Maternal and Child Health Block Grant:					
Maternal and Child Health Block Grant .....	603,584	603,584	603,584		
Special Projects of National Significance .....	219,116	333,716	209,116	- 10,000	- 124,600
Subtotal, MCH Block Grant .....	822,700	937,300	812,700	- 10,000	- 124,600
Sickle Cell Disease Treatment Program .....	8,205	8,205	8,205		
Autism and Other Developmental Disabilities .....	56,344	57,344	56,344		- 1,000
Heritable Disorders in Newborns and Children .....	20,883	20,883	20,883		
Healthy Start .....	145,000	185,000	145,000		- 40,000
Early Hearing Detection and Intervention .....	18,818	18,818	18,818		
Emergency Medical Services for Children .....	24,334	28,134	24,334		- 3,800
Screening and Treatment for Maternal Depression .....	10,000	10,000	11,000	+ 1,000	+ 1,000
Pediatric Mental Health Care Access .....	13,000	13,000	13,000		
Innovation for Maternal Health .....	15,300	15,300	15,300		
Maternal Mental Health Hotline .....		7,000	7,000	+ 7,000	- 5,000
Training for Health Care Professionals .....		5,000			
Poison Control Centers .....	26,846	26,846	26,846		
Integrated Services for Pregnant and Postpartum Women .....	10,000	25,000	10,000		- 15,000
Subtotal, Maternal and Child Health .....	1,171,430	1,357,830	1,169,430	- 2,000	- 188,400
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A) .....	680,752	680,752	680,752		
Comprehensive Care Programs (Part B) .....	1,364,878	1,364,878	1,364,878		
AIDS Drug Assistance Program (ADAP) (NA) .....	(900,313)	(900,313)	(900,313)		

Early Intervention Program (Part C) .....	208,970	208,970	208,970	208,970	.....	.....	.....
Children, Youth, Women, and Families (Part D) .....	77,935	77,935	77,935	77,935	.....	.....	.....
AIDS Dental Services (Part F) .....	13,620	13,620	13,620	13,620	.....	.....	.....
Education and Training Centers (Part F) .....	34,886	34,886	34,886	34,886	.....	.....	.....
Special Projects of Regional and National Significance .....	25,000	25,000	25,000	25,000	.....	.....	.....
Ending the HIV/AIDS Epidemic Initiative .....	165,000	290,000	165,000	165,000	.....	.....	-125,000
Subtotal, Ryan White HIV/AIDS program .....	2,571,041	2,696,041	2,571,041	2,571,041	.....	.....	-125,000
Health Systems							
Organ Transplantation .....	31,049	67,049	33,049	33,049	.....	+2,000	-34,000
Blood Stem Cell Transplantation Program .....	.....	52,275	.....	.....	.....	.....	-52,275
National Cord Blood Inventory .....	19,266	.....	19,266	.....	.....	.....	+19,266
CW Bill Young Cell Transplantation .....	33,009	.....	33,009	.....	.....	.....	+33,009
Hansen's Disease Services .....	13,706	.....	13,706	.....	.....	.....	.....
Hansen's Disease Program—Buildings and Facilities .....	122	122	122	122	.....	.....	.....
Payment to Hawaii, Treatment of Hansen's .....	1,857	1,857	1,857	1,857	.....	.....	.....
Subtotal, Health Systems .....	99,009	135,009	101,009	101,009	.....	+2,000	-34,000
Rural Health							
Rural Outreach Grants .....	92,975	95,375	94,975	94,975	.....	.....	-400
Rural Health Research/Policy Development .....	11,076	11,076	11,076	11,076	.....	.....	.....
Rural Hospital Flexibility Grants .....	64,277	64,277	64,277	64,277	.....	.....	.....
State Offices of Rural Health .....	12,500	12,500	12,500	12,500	.....	.....	.....
Black Lung Clinics .....	12,190	12,190	12,190	12,190	.....	.....	.....
Radiation Exposure Screening and Education Program .....	1,889	2,734	1,889	1,889	.....	.....	-845
Rural Communities Opioid Response .....	145,000	165,000	155,000	155,000	.....	+10,000	-10,000
Rural Residency Program .....	12,500	12,700	12,500	12,500	.....	.....	-200
Rural Health Clinic Behavioral Health Initiative .....	.....	10,000	.....	.....	.....	.....	-10,000
Financial and Community Sustainability for At-Risk Rural Hospitals .....	.....	10,000	.....	.....	.....	.....	-10,000
Rural Hospital Stabilization Pilot Program .....	.....	20,000	.....	.....	.....	.....	-20,000
Subtotal, Rural Health .....	352,407	415,852	364,407	364,407	.....	+12,000	-51,445
Family Planning .....	286,479	512,000	286,479	286,479	.....	.....	-225,521
HRSA—Wide Activities and Program Support							
Program Management .....	163,800	168,971	165,300	165,300	.....	+1,500	-3,671
Congressionally Directed Spending/Community Project Funding .....	1,521,681	.....	891,997	891,997	.....	-629,684	+891,997
340B Drug Pricing/Office of Pharmacy Affairs .....	12,238	17,238	12,238	12,238	.....	.....	-5,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
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 [In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Telehealth .....	38,050	44,500	38,050	.....	- 6,450
Long COVID .....	.....	130,000	5,000	+ 5,000	- 125,000
Subtotal, HRSA-Wide Activities and Program Support .....	1,735,769	360,709	1,112,585	- 623,184	+ 751,876
Total, Health Resources and Services (HRS) .....	9,465,283	9,163,699	8,855,099	- 610,184	- 308,600
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims .....	256,370	261,497	261,497	+ 5,127	.....
HRSA Administrative expenses .....	15,200	26,200	15,200	.....	- 11,000
Total, Vaccine Injury Compensation Trust Fund .....	271,570	287,697	276,697	+ 5,127	- 11,000
Countermeasures Injury Compensation Trust Fund .....	7,000	15,000	7,000	.....	- 8,000
Total, Health Resources and Services Administration .....	9,743,853	9,466,396	9,138,796	- 605,057	- 327,600
Discretionary .....	9,487,483	9,204,899	8,877,299	- 610,184	- 327,600
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases .....	499,941	750,930	217,041	- 282,900	- 533,889
Prevention and Public Health Fund .....	(419,350)	(505,000)	(702,250)	(+ 282,900)	(+ 197,250)
Subtotal .....	919,291	1,255,930	919,291	.....	- 336,639
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention .....	1,391,056	1,544,556	1,395,056	+ 4,000	- 149,500
Emerging and Zoonotic Infectious Diseases .....	698,772	793,772	698,772	.....	- 95,000
Prevention and Public Health Fund .....	(52,000)	(52,000)	(52,000)	.....	.....
Subtotal, EZID program level .....	750,772	845,772	750,772	.....	- 95,000



Chronic Disease Prevention and Health Promotion Prevention and Public Health Fund	1,175,464 (254,950)	1,551,339 (262,200)	1,180,464 (254,950)	+ 5,000	- 370,875 (- 7,250)
Subtotal, Chronic Disease Prevention and Health Promotion, program level	1,430,414	1,813,539	1,435,414	+ 5,000	- 378,125
Birth Defects, Developmental Disabilities, Disabilities and Health	205,560	222,560	206,060	+ 500	- 16,500
Public Health Scientific Services	754,497	651,222 (170,342)	495,167 (244,330)	- 259,330 (+ 244,330)	- 156,055 (+ 73,988)
Evaluation Tap Funding					
Prevention and Public Health Fund		(140,000)			(- 140,000)
Subtotal, Public Health Scientific Services, program level	754,497	961,564	739,497	- 15,000	- 222,067
Environmental Health	229,850	396,850	229,850		- 167,000
Prevention and Public Health Fund	(17,000)	(17,000)	(17,000)		
Evaluation Tap Funding		(7,000)			(- 7,000)
Subtotal, Environmental Health, program level	246,850	420,850	246,850		- 174,000
Injury Prevention and Control	761,379	1,351,669	761,879	+ 500	- 589,790
National Institute for Occupational Safety and Health	362,800	362,800	362,800		
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358		
Global Health	692,843	764,843	692,843		- 72,000
Public Health Preparedness and Response	883,200	943,200	898,200	+ 15,000	- 45,000
Buildings and Facilities	40,000	55,000	40,000		- 15,000
CDC-Wide Activities and Program Support					
Prevention and Public Health Fund	(160,000)	(160,000)	(160,000)		
Office of the Director	128,570	143,570	128,570		- 15,000
Infectious Diseases Rapid Response Reserve Fund	35,000	35,000	10,000	- 25,000	- 25,000
Public Health Infrastructure and Capacity	350,000	600,000	350,000		- 250,000
Prevention and Public Health Fund					
Center for Forecasting and Outbreak Analytics	50,000	50,000	45,000	- 5,000	- 5,000
Prevention and Public Health Fund		(50,000)			(- 50,000)
Subtotal	50,000	100,000	45,000	- 5,000	- 55,000
Subtotal, CDC-Wide Activities	563,570	828,570	533,570	- 30,000	- 295,000
Total, Centers for Disease Control and Prevention	8,314,290	10,272,669	7,767,060	- 547,230	- 2,505,609
Discretionary	(8,258,932)	(10,217,311)	(7,711,702)	(- 547,230)	(- 2,505,609)
Mandatory	(55,358)	(55,358)	(55,358)		
(Evaluation Tap Funding)		(177,342)	(244,330)	(+ 244,330)	(+ 66,988)

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[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
(Prevention and Public Health Fund) .....	(903,300)	(1,186,200)	(1,186,200)	( + 282,900)	.....
Total, Centers for Disease Control program level .....	(9,217,590)	(11,636,211)	(9,197,590)	( - 20,000)	( - 2,438,621)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI) .....	7,104,159	7,820,159	7,164,159	+ 60,000	- 656,000
NIH Innovation Account, CURES Act .....	(216,000)	.....	.....	( - 216,000)	.....
National Cancer Institute (NCI) (emergency) .....	.....	.....	216,000	+ 216,000	+ 216,000
Subtotal, NCI, program level .....	7,320,159	7,820,159	7,380,159	+ 60,000	- 440,000
National Heart, Lung, and Blood Institute (NHLBI) .....	3,982,345	3,985,158	3,982,345	.....	- 2,813
National Institute of Dental and Craniofacial Research (NIDCR) .....	520,138	520,138	520,163	.....	+ 25
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) .....	2,300,721	2,303,098	2,310,721	+ 10,000	+ 7,623
National Institute of Neurological Disorders and Stroke (NINDS) .....	2,988,925	2,739,418	2,624,925	+ 36,000	- 114,493
NIH Innovation Account, CURES Act .....	(225,000)	(86,000)	(86,000)	( - 139,000)	.....
National Institute of Neurological Disorders and Stroke (NINDS) (emergency) .....	.....	.....	139,000	+ 139,000	+ 139,000
Subtotal, NINDS, program level .....	2,813,925	2,825,418	2,849,925	+ 36,000	+ 24,507
National Institute of Allergy and Infectious Diseases (NIAID) .....	6,562,279	6,561,652	6,562,279	.....	+ 627
National Institute of General Medical Sciences (NIGMS) .....	1,827,197	1,291,570	1,827,197	.....	+ 535,627
Evaluation Tap Funding .....	(1,412,482)	(1,948,109)	(1,412,482)	.....	( - 535,627)
Subtotal, NIGMS, program level .....	3,239,679	3,239,679	3,239,679	.....	.....
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) .....	1,749,078	1,747,784	1,759,078	+ 10,000	+ 11,294
National Eye Institute (NEI) .....	896,549	896,136	896,549	.....	+ 413
National Institute of Environmental Health Sciences (NIEHS) .....	913,979	938,807	913,979	.....	- 24,828
National Institute on Aging (NIA) .....	4,407,623	4,412,090	4,509,623	+ 102,000	+ 97,533
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) .....	685,465	687,639	685,465	.....	- 2,174

National Institute on Deafness and Other Communication Disorders (NIDCD)	534,333	534,330	534,333	.....	.....	+3
National Institute of Nursing Research (NINR)	197,693	197,671	197,693	.....	.....	+22
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	595,318	596,616	595,318	.....	.....	-1,298
National Institute on Drug Abuse (NIDA)	1,662,695	1,663,365	1,672,695	.....	+10,000	+9,330
National Institute of Mental Health (NIMH)	2,112,843	2,455,653	2,212,843	.....	+100,000	-242,810
NIH Innovation Account, CURES Act	(225,000)	(86,000)	(86,000)	.....	(-139,000)	+139,000
National Institute of Mental Health (NIMH) (emergency)	.....	.....	139,000	.....	+139,000	.....
Subtotal, NIMH, program level	2,337,843	2,541,653	2,437,843	.....	+100,000	-103,810
National Human Genome Research Institute (NHGRI)	663,200	660,510	663,200	.....	.....	+2,690
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440,627	440,625	440,627	.....	.....	+2
National Center for Complementary and Integrative Health (NCCIH)	170,384	170,277	170,384	.....	.....	+107
National Institute on Minority Health and Health Disparities (NIMHD)	524,395	525,138	524,395	.....	.....	-743
John E. Fogarty International Center (FIC)	95,162	95,130	95,162	.....	.....	+32
National Library of Medicine (NLM)	497,548	495,314	497,548	.....	.....	+2,234
National Center for Advancing Translational Sciences (NCATS)	923,323	923,323	923,323	.....	.....	.....
National Center for Advancing Translational Sciences (NCATS)	2,642,914	2,890,779	2,637,914	.....	-5,000	-252,865
Office of the Director	(722,401)	(722,401)	(722,401)	.....	.....	.....
Common Fund	12,600	12,600	12,600	.....	.....	.....
Gabriella Miller Kids First Research Act	.....	.....	184,000	.....	+184,000	.....
Office of the Director (emergency)	.....	.....	.....	.....	.....	.....
Subtotal, Office of the Director	2,655,514	2,903,379	2,650,514	.....	-5,000	-252,865
NIH Innovation Account, CURES Act	(419,000)	(235,000)	(235,000)	.....	(-184,000)	.....
Buildings and Facilities	350,000	350,000	292,000	.....	-58,000	-58,000
Advanced Research Projects Agency for Health (ARPA-H)	1,500,000	2,500,000	1,500,000	.....	.....	-1,000,000
Total, National Institutes of Health (NIH) with CURES Act funding	47,546,518	48,821,980	47,811,518	.....	+265,000	-1,010,462
(Evaluation Tap Funding)	(1,412,482)	(1,948,109)	(1,412,482)	.....	.....	(-535,627)
Total, National Institutes of Health program level	48,959,000	50,770,089	49,224,000	.....	+265,000	-1,546,089
Total, NIH program level (excluding ARPA-H)	47,459,000	48,270,089	47,724,000	.....	+265,000	-546,089
Substance Abuse and Mental Health Services Administration (SAMHSA)	.....	.....	.....	.....	.....	.....
Mental Health	.....	.....	.....	.....	.....	.....
Programs of Regional and National Significance	991,453	1,787,689	1,065,453	.....	+74,000	-722,236
Prevention and Public Health Fund	(12,000)	(12,000)	(12,000)	.....	.....	.....

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[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
CR Funding—Public Law 117-180 Suicide Lifeline .....	62,000	.....	.....	- 62,000	.....
Subtotal .....	1,065,453	1,799,689	1,077,453	+ 12,000	- 722,236
Mental Health Block Grant (MHRG) .....	986,532	1,631,532	1,021,532	+ 35,000	- 610,000
Evaluation Tap Funding .....	(21,039)	(21,039)	(21,039)	.....	.....
Subtotal .....	1,007,571	1,652,571	1,042,571	+ 35,000	- 610,000
Certified Community Behavioral Health Clinics .....	385,000	552,500	400,000	+ 15,000	- 152,500
National Child Traumatic Stress Initiative .....	93,887	150,000	93,887	.....	- 56,113
Children's Mental Health Services .....	130,000	225,000	130,000	.....	- 95,000
Projects for Assistance in Transition from Homelessness (PATH) .....	66,635	109,635	66,635	.....	- 43,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI) .....	40,000	40,000	40,000	.....	.....
Subtotal, Mental Health .....	2,755,507	4,496,356	2,817,507	+ 62,000	- 1,678,849
(Evaluation Tap Funding) .....	(21,039)	(21,039)	(21,039)	.....	.....
Subtotal, Mental Health program level .....	2,788,546	4,529,395	2,850,546	+ 62,000	- 1,678,849
Substance Abuse Treatment .....	.....	.....	.....	.....	.....
Programs of Regional and National Significance .....	572,219	753,008	574,219	+ 2,000	- 178,789
Evaluation Tap Funding .....	(2,000)	(2,000)	(2,000)	.....	.....
Subtotal .....	574,219	755,008	576,219	+ 2,000	- 178,789
Substance Abuse Prevention and Treatment Block Grant .....	1,928,879	2,628,879	1,968,879	+ 40,000	- 660,000
Evaluation Tap Funding .....	(79,200)	(79,200)	(79,200)	.....	.....
Subtotal Substance Abuse Prevention and Treatment Block Grant, program level .....	2,008,079	2,708,079	2,048,079	+ 40,000	- 660,000
State Opioid Response grants .....	1,575,000	2,000,000	1,378,000	- 197,000	- 622,000

State Opioid Response grants (emergency) .....			217,000	+ 217,000	+ 217,000
Subtotal, State Opioid Response grants .....	1,575,000	2,000,000	1,595,000	+ 20,000	- 405,000
Subtotal, Substance Abuse Treatment .....	4,076,098	5,381,887	4,138,098	+ 62,000	- 1,243,789
(Evaluation Tap Funding) .....	(81,200)	(81,200)	(81,200)		
Subtotal, Substance Abuse Treatment, program level .....	4,157,298	5,463,087	4,219,298	+ 62,000	- 1,243,789
Substance Abuse Prevention .....					
Programs of Regional and National Significance .....	236,879	245,738	236,879		- 8,859
Health Surveillance and Program Support .....					
Health Surveillance and Program Support .....	301,932	150,827	212,117	- 89,815	+ 61,290
Congressionally Directed Spending/Community Project Funding (non-add) .....	(160,777)		(70,962)	(- 89,815)	(+ 70,962)
Bipartisan Safer Communities Act (PL 117-159) (prior year emergency advance) .....	(162,500)	(162,500)	(162,500)		
Evaluation Tap Funding .....	(31,428)	(31,428)	(31,428)		
Subtotal, Health Surveillance and Program Support program level .....	495,860	344,755	406,045	- 89,815	+ 61,290
Total, SAMHSA .....	7,370,416	10,274,808	7,404,601	+ 34,185	- 2,870,207
(Evaluation Tap Funding) .....	(133,667)	(133,667)	(133,667)		
(Prevention and Public Health Fund) .....	(12,000)	(12,000)	(12,000)		
Total, SAMHSA, program level, including emergencies .....	7,678,583	10,582,975	7,712,768	+ 34,185	- 2,870,207
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality .....					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds .....	228,609	251,924	225,609	- 3,000	- 26,315
Evaluation Tap funding .....		(45,000)			(- 45,000)
Subtotal, Research on Health Costs, Quality, and Outcomes, program level .....	228,609	296,924	225,609	- 3,000	- 71,315
Medical Expenditures Panel Surveys:					
Federal Funds .....	71,791	71,791	71,791		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Program Support:					
Appropriation .....	73,100	78,785	73,100		-5,685
Total, AHRQ .....	373,500	402,500	370,500	-3,000	-32,000
(Evaluation Tap Funding) .....		(45,000)			(-45,000)
Total, AHRQ, program level .....	373,500	447,500	370,500	-3,000	-77,000
Total, Public Health Service with CURES Act funding .....	73,348,577	79,238,353	72,492,475	-856,102	-6,745,878
Total, Public Health Service, program level .....	75,810,026	82,740,671	75,481,154	-328,872	-7,259,517
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits .....	503,821,443	574,100,474	574,100,474	+70,279,031	
State and Local Administration .....	23,649,059	24,622,000	24,622,000	+972,941	
Vaccines for Children .....	5,608,606	5,814,850	5,814,850	+206,244	
Total, Medicaid program level, available this fiscal year .....	533,079,108	604,537,324	604,537,324	+71,458,216	
New advance, 1st quarter, FY 2025 .....	197,580,474	245,580,414	245,580,414	+47,999,940	
Less appropriations provided in prior years .....	-165,722,018	-197,580,474	-197,580,474	-31,858,456	
Total, Grants to States for Medicaid, appropriated in this bill .....	564,937,564	652,537,264	652,537,264	+87,599,700	
Payments to Health Care Trust Funds .....					
Supplemental Medical Insurance .....	434,349,000	373,973,000	373,973,000	-60,376,000	

Federal Uninsured Payment .....	52,000	44,000	44,000	-8,000	.....
Program Management .....	1,000,000	1,000,000	1,000,000	.....	.....
General Revenue for Part D Benefit .....	111,800,000	100,805,000	100,805,000	-10,995,000	.....
General Revenue for Part D Administration .....	600,000	523,000	523,000	-77,000	.....
HCFAC Reimbursement .....	324,000	375,000	375,000	+51,000	.....
State Low-Income Determination for Part D .....	5,000	5,000	5,000	.....	.....
Total, Payments to Trust Funds .....	548,130,000	476,725,000	476,725,000	-71,405,000	.....
Program Management					
Research, Demonstration, and Evaluation .....	20,054	.....	20,054	.....	+20,054
Program Operations .....	2,479,823	3,130,183	2,479,823	.....	-650,360
State Survey and Certification .....	397,334	565,860	397,334	.....	-168,526
Federal Administration .....	772,533	894,027	772,533	.....	-81,494
Total, Program Management .....	3,669,744	4,550,070	3,669,744	.....	-880,326
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services .....	665,648	667,359	682,048	+16,400	+14,689
HHS Office of Inspector General .....	105,145	112,434	107,735	+2,590	-4,699
Senior Medicare Patrol .....	.....	35,000	.....	.....	-35,000
Department of Justice .....	122,207	122,207	125,217	+3,010	+3,010
Total, Health Care Fraud and Abuse Control .....	893,000	937,000	915,000	+22,000	-22,000
Program integrity (cap adjustment)					
Program integrity (cap adjustment) .....	(576,000)	(612,000)	(604,000)	(+28,000)	(-8,000)
Total, Centers for Medicare and Medicaid Services .....	1,117,630,308	1,134,749,334	1,133,847,008	+16,216,700	-902,326
Federal funds					
Current year appropriations .....	(1,113,067,564)	(1,129,262,264)	(1,129,262,264)	(+16,194,700)	.....
Advance appropriations .....	(915,487,090)	(883,681,850)	(883,681,850)	(-31,805,240)	.....
Trust Funds .....	(197,580,474)	(245,580,414)	(245,580,414)	(+47,999,940)	.....
	(4,562,744)	(5,487,070)	(4,584,744)	(+22,000)	(-902,326)
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs .....	33,000	33,000	33,000	.....	.....
Payments to Territories .....	.....	.....	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
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Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Repatriation .....	10,177	18,199	18,199	+ 8,022	.....
Subtotal .....	43,177	51,199	51,199	+ 8,022	.....
Child Support Enforcement:					
State and Local Administration .....	3,474,868	3,840,888	3,840,888	+ 366,020	.....
Federal Incentive Payments .....	654,955	706,913	706,913	+ 51,958	.....
Access and Visitation .....	10,000	10,000	10,000	.....	.....
Subtotal, Child Support Enforcement .....	4,139,823	4,557,801	4,557,801	+417,978	.....
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year .....	4,183,000	4,609,000	4,609,000	+ 426,000	.....
Less appropriations provided in prior years .....	- 1,300,000	- 1,300,000	- 1,300,000	.....	.....
Total, Child Support Enforcement and Family Support Payments, available in this bill .....	2,883,000	3,309,000	3,309,000	+426,000	.....
New advance, 1st quarter, FY 2025 .....	1,300,000	1,400,000	1,400,000	+ 100,000	.....
Low Income Home Energy Assistance Program (LIHEAP) .....					
Formula Grants .....	1,500,000	4,111,000	1,500,000	.....	- 2,611,000
Formula Grants (emergency) .....	2,500,000	.....	2,575,000	+ 75,000	+ 2,575,000
Total, LIHEAP .....	4,000,000	4,111,000	4,075,000	+ 75,000	- 36,000
C R funding (Public Law 117-180) (Sec 146) (emergency) .....	1,000,000	.....	.....	- 1,000,000	.....
Appropriation from prior year advances (PL 117-58 Div J)(emergency) .....	(100,000)	(100,000)	(100,000)	.....	.....
Refugee and Entrant Assistance .....					
Transitional and Medical Services .....	564,000	1,000,000	564,000	.....	- 436,000
Refugee Support Services .....	307,201	686,000	307,201	.....	- 378,799



Victims of Trafficking .....	30,755	39,497	30,755	.....	.....	- 8,742
Unaccompanied Children .....	5,506,258	5,506,258	5,506,258	.....	.....	.....
Survivors of Torture .....	19,000	27,000	19,000	.....	.....	- 8,000
Total, Refugee and Entrant Assistance .....	6,427,214	7,258,755	6,427,214	.....	.....	- 831,541
C R Funding—Public Law 117-180 (emergency) .....	1,775,000	.....	.....	.....	.....	.....
Payments to States for the Child Care and Development Block Grant .....	8,021,387	9,000,000	8,721,387	.....	.....	- 1,775,000
Social Services Block Grant (Title XX) .....	1,700,000	1,700,000	1,700,000	.....	.....	+ 700,000
Children and Families Services Programs						
Programs for Children, Youth and Families:						
Head Start .....	11,996,820	13,111,586	11,996,820	.....	.....	- 1,114,766
Head Start (emergency) .....	.....	.....	275,000	.....	.....	+ 275,000
Total, Head Start .....	11,996,820	13,111,586	12,271,820	.....	.....	- 839,766
Preschool Development Grants .....	315,000	360,000	310,000	.....	.....	- 50,000
Consolidated Runaway and Homeless Youth Program .....	125,283	136,803	125,283	.....	.....	- 11,520
Prevention Grants to Reduce Abuse of Runaway Youth .....	21,000	22,000	21,000	.....	.....	- 1,000
Child Abuse State Grants .....	105,091	125,000	105,091	.....	.....	- 19,909
Child Abuse Discretionary Activities .....	38,000	42,000	36,000	.....	.....	- 6,000
Community Based Child Abuse Prevention .....	70,660	90,000	70,660	.....	.....	- 19,340
Child Welfare Services .....	268,735	278,900	268,735	.....	.....	- 10,165
Child Welfare Training, Research, or Demonstration projects .....	18,984	101,000	21,984	.....	.....	- 79,016
Adoption Opportunities .....	51,000	51,000	51,000	.....	.....	.....
Adoption Incentive Grants .....	75,000	75,000	70,000	.....	.....	- 5,000
Social Services and Income Maintenance Research .....	142,860	37,512	70,523	.....	.....	+ 33,011
Congressionally Directed Spending/Community Project Funding (non-add) .....	(107,848)	.....	(40,011)	.....	.....	(- 67,837)
Native American Programs .....	60,500	87,499	60,500	.....	.....	- 26,999
Community Services:						
Community Services Block Grant Act programs:						
Grants to States for Community Services .....	770,000	770,000	765,000	.....	.....	- 5,000
Economic Development .....	22,383	23,615	22,383	.....	.....	- 1,232
Subtotal, Community Services Block Grant Act programs .....	804,383	805,891	799,383	.....	.....	- 6,508
Domestic Violence Hotline .....	20,500	27,360	20,500	.....	.....	- 6,860
Family Violence Prevention and Services .....	240,000	491,869	235,000	.....	.....	- 256,869
Chafee Education and Training Vouchers .....	44,257	48,257	43,257	.....	.....	- 5,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
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[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Disaster Human Services Case Management	1,864	8,000	1,864		-6,136
Program Director	218,500	239,988	218,500		-21,488
Total, Children and Families Services Programs	14,618,437	16,139,665	14,801,100	+182,663	-1,338,565
Promoting Safe and Stable Families					
Promoting Safe and Stable Families	345,000	345,000	345,000		
Discretionary Funds	86,515	106,000	72,515	-14,000	-33,485
Total, Promoting Safe and Stable Families	431,515	451,000	417,515	-14,000	-33,485
Payments for Foster Care and Permanency					
Foster Care	6,190,000	6,615,000	6,615,000	+425,000	
Adoption Assistance	4,128,000	4,706,000	4,706,000	+578,000	
Guardianship	345,000	330,000	330,000	-15,000	
Independent Living	143,000	143,000	143,000		
Total, Payments to States available this fiscal year	10,806,000	11,794,000	11,794,000	+988,000	
Advance appropriations, 1st quarter, FY 2025					
less appropriations provided in prior years	3,200,000	3,400,000	3,400,000	+200,000	
	-3,200,000	-3,200,000	-3,200,000		
Total, Payments to States available in this bill	10,806,000	11,994,000	11,994,000	+1,188,000	
Total, Administration for Children and Families					
	52,962,553	55,363,420	52,845,216	-117,337	-2,518,204
Current year appropriations	(48,462,553)	(50,563,420)	(48,045,216)	(-417,337)	(-2,518,204)

	(4,500,000)	(4,800,000)	(4,800,000)	(+ 300,000)	(+ 300,000)
Advance appropriations .....					
Total, Administration for Children and Families, discretionary .....	(35,928,553)	(36,615,420)	(34,097,216)	(- 1,831,337)	(- 2,518,204)
Total, ACF (excluding emergencies) .....	47,687,553	55,363,420	49,995,216	+ 2,307,663	- 5,368,204
<b>ADMINISTRATION FOR COMMUNITY LIVING</b>					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services .....	410,000	500,000	410,000		- 90,000
Preventive Health .....	26,339	26,399	26,339		- 60
Protection of Vulnerable Older Americans-Title VII .....	26,658	32,059	26,658		- 5,401
Subtotal .....	462,997	558,458	462,997		- 95,461
Family Caregivers .....	205,000	249,936	210,000	+ 5,000	- 39,936
Native American Caregivers Support .....	12,000	15,806	12,000		- 3,806
Subtotal, Caregivers .....	217,000	265,742	222,000	+ 5,000	- 43,742
Nutrition:					
Congregate Meals .....	540,342	762,050	565,342	+ 25,000	- 196,708
Home Delivered Meals .....	366,342	410,335	381,342	+ 15,000	- 28,993
Nutrition Services Incentive Program .....	160,069	112,000	112,000	- 48,069	
Subtotal, Nutrition .....	1,066,753	1,284,385	1,058,684	- 8,069	- 225,701
Subtotal, Grants to States .....	1,746,750	2,108,585	1,743,681	- 3,069	- 364,904
Grants for Native Americans .....	38,264	70,208	38,264		- 31,944
Aging Network Support Activities .....	30,461	40,000	30,461		- 9,539
Alzheimer's Disease Demonstrations:					
Appropriation .....	16,800	16,800	16,800		
Prevention and Public Health Fund .....	(14,700)	(14,700)	(14,700)		
Subtotal, Alzheimer's Disease Demonstrations, program level .....	31,500	31,500	31,500		
Lifespan Respite Care .....	10,000	14,220	11,500	+ 1,500	- 2,720

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[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Chronic Disease Self-Management: Prevention and Public Health Fund .....	(8,000)	(8,000)	(8,000)		
Subtotal, Chronic Self-Management, program level .....	8,000	8,000	8,000		
Elder Falls Prevention: Appropriation .....	2,500	5,000	2,500		-2,500
Prevention and Public Health Fund .....	(5,000)	(5,000)	(5,000)		
Subtotal, Elder Falls Prevention, program level .....	7,500	10,000	7,500		-2,500
Elder Rights Support Activities .....	33,874	77,400	33,874		-43,526
Aging and Disability Resources .....	8,619	10,000	8,619		-1,381
State Health Insurance Program (SHIP) .....	55,242	55,242	55,242		
Paralysis Resource Center: Appropriation .....	10,700	10,700	10,700		
Limb Loss Resource Center: Appropriation .....	4,200	4,200	4,200		
Traumatic Brain Injury: Appropriation .....	13,118	13,118	13,118		
Developmental Disabilities Programs: State Councils .....	81,000	82,000	81,000		-1,000
Protection and Advocacy .....	45,000	59,659	45,000		-14,659
Voting Access for Individuals with Disabilities .....	10,000	10,000	10,000		
Developmental Disabilities Projects of National Significance .....	12,250	16,000	12,250		-3,750
University Centers for Excellence in Developmental Disabilities .....	43,119	46,173	43,119		-3,054
Subtotal, Developmental Disabilities Programs .....	191,369	213,832	191,369		-22,463

Workforce Innovation and Opportunity Act:									
Independent Living .....	128,183	161,458	128,183						- 33,275
National Institute on Disability, Independent Living, and Rehabilitation Research .....	119,000	119,000	119,000						
Assistive Technology .....	40,000	44,000	40,000						- 4,000
Subtotal, Workforce Innovation and Opportunity Act .....	287,183	324,458	287,183						- 37,275
Congressionally Directed Spending/Community Project Funding .....	41,644		29,268						+ 29,268
Program Administration .....	47,063	63,859	47,813						- 16,046
Total, Administration for Community Living .....	2,537,787	3,027,622	2,524,592						- 503,030
Federal funds .....	(2,482,545)	(2,972,380)	(2,469,350)						( - 503,030)
Trust Funds .....	(55,242)	(55,242)	(55,242)						
(Prevention and Public Health Fund) .....	(27,700)	(27,700)	(27,700)						
Total, Administration for Community Living, program level .....	2,565,487	3,055,322	2,552,292						- 503,030
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE									
Research, Development, and Procurement									
Biomedical Advanced Research and Development Authority (BARDA) .....	950,000	1,015,132	820,000						- 195,132
Biomedical Advanced Research and Development Authority (BARDA) (emergency) .....			150,000						+ 150,000
Subtotal, BARDA .....	950,000	1,015,132	970,000						- 45,132
Project BioShield .....	820,000	830,000	670,000						- 160,000
Project BioShield (emergency) .....			150,000						+ 150,000
Subtotal, Project BioShield .....	820,000	830,000	820,000						- 10,000
Strategic National Stockpile .....	965,000	995,000	965,000						- 30,000
Pandemic Influenza Preparedness:									
Pandemic Influenza Preparedness .....	327,991	374,991	301,991						- 73,000
Subtotal Research, Development, and Procurement .....	3,062,991	3,215,123	3,056,991						- 158,132
Operations, Preparedness, and Emergency Response									
Operations .....	34,376	69,867	34,376						- 35,491
H-Core .....	75,000	82,801	50,000						- 32,801
Preparedness and Emergency Operations .....	31,154	31,300	31,154						- 146

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Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
National Disaster Medical System .....	96,904	130,030	96,904	.....	- 33,126
Hospital Preparedness Program:					
Formula Grants .....	305,055	312,055	305,055	.....	- 7,000
Policy and Planning .....	14,877	21,417	14,877	.....	- 6,540
Medical Reserve Corps .....	6,240	6,240	6,240	.....	.....
Preparedness and Response Innovation .....	3,080	3,080	3,080	.....	.....
Subtotal, Operations and Emergency Response .....	566,686	656,790	541,686	- 25,000	- 115,104
Manufacturing and Production .....	.....	.....	.....	.....	.....
Pandemic Preparedness and Biodefense .....	.....	400,000	.....	.....	- 400,000
Pandemic Preparedness and Biodefense (emergency) .....	.....	.....	75,000	+ 75,000	+ 75,000
Subtotal, Manufacturing and Production .....	.....	400,000	75,000	+ 75,000	- 325,000
Total, Administration for Strategic Preparedness and Response .....	3,629,677	4,271,913	3,673,677	+ 44,000	- 598,236
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds .....	221,169	287,345	221,169	.....	- 66,176
Teen Pregnancy Prevention Community Grants .....	101,000	111,000	101,000	.....	- 10,000
Evaluation Tap Funding .....	(6,800)	(7,892)	(6,800)	.....	(- 1,092)
Subtotal, Teen Pregnancy Prevention Community Grants, program level .....	107,800	118,892	107,800	.....	- 11,092
Sexual Risk Avoidance .....	35,000	.....	35,000	.....	+ 35,000
Office of Minority Health .....	74,835	85,835	74,835	.....	- 11,000
Office on Women's Health .....	44,140	44,140	44,140	.....	.....
Minority HIV/AIDS Fund .....	60,000	60,000	60,000	.....	.....

Embryo Adoption Awareness Campaign .....	1,000	1,000	1,000	.....	.....	.....	.....
Electric Vehicle Program .....	(58,028)	22,000	.....	.....	.....	.....	- 22,000
Planning and Evaluation, Evaluation Tap Funding .....	537,144	(85,354)	(58,028)	.....	.....	.....	(- 27,326)
Total, General Departmental Management .....	601,972	611,320	537,144	.....	.....	.....	- 74,176
(Evaluation Tap Funding) .....	(64,828)	(93,246)	(64,828)	.....	.....	.....	(- 28,418)
Total, General Departmental Management fiscal year program level .....	601,972	704,566	601,972	.....	.....	.....	- 102,594
Medicare Hearings and Appeals .....	196,000	199,000	196,000	.....	.....	.....	- 3,000
Office of the National Coordinator for Health Information Technology .....	(66,238)	(103,614)	(71,238)	.....	.....	.....	(- 32,376)
Evaluation Tap Funding .....	66,238	103,614	71,238	.....	.....	.....	- 32,376
Total, Program Level .....	.....	.....	.....	.....	.....	.....	.....
Inspector General Federal Funds .....	87,000	116,801	87,000	.....	.....	.....	- 29,801
Office of Inspector General .....	.....	.....	.....	.....	.....	.....	.....
Office for Civil Rights .....	39,798	78,000	39,798	.....	.....	.....	- 38,202
Federal Funds .....	.....	20,000	.....	.....	.....	.....	- 20,000
Customer Experience .....	.....	.....	.....	.....	.....	.....	.....
Retirement Pay and Medical Benefits for Commissioned Officers .....	573,441	657,647	657,647	.....	.....	.....	.....
Retirement Payments .....	35,964	37,681	37,681	.....	.....	.....	.....
Survivors Benefits .....	100,922	97,363	97,363	.....	.....	.....	.....
Dependents' Medical Care .....	710,327	792,691	792,691	.....	.....	.....	.....
Total, Medical benefits for commissioned officers .....	.....	.....	.....	.....	.....	.....	.....
Assistant Secretary for Administration: .....	.....	.....	.....	.....	.....	.....	.....
Public Health and Social Services Emergency Fund (PHSSEF) .....	.....	.....	.....	.....	.....	.....	.....
Cybersecurity .....	100,000	188,326	100,000	.....	.....	.....	- 88,326
Other PHSSEF—Cybersecurity .....	21,900	.....	.....	.....	.....	.....	.....
Office of National Security .....	8,983	11,983	8,983	.....	.....	.....	- 3,000
Office of the Assistant Secretary of Health .....	.....	20,000	.....	.....	.....	.....	- 20,000
Public Health Emergency Fund .....	.....	50,000	.....	.....	.....	.....	- 50,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Office of Global Affairs Pandemic Preparedness .....	7,009	8,009	7,009		-1,000
Total, PHSSEF .....	137,892	278,318	115,992	-21,900	-162,326
Total, Office of the Secretary .....	1,708,161	2,096,130	1,768,625	+60,464	-327,505
Federal Funds .....	(1,512,161)	(1,897,130)	(1,572,625)	(+60,464)	(-324,505)
Trust Funds .....	(196,000)	(199,000)	(196,000)		(-3,000)
(Evaluation Tap Funding) .....	(131,066)	(196,860)	(136,066)	(+5,000)	(-60,794)
Total, Office of the Secretary Program Level .....	1,839,227	2,292,990	1,904,691	+65,464	-388,299
Total, Title II, Department of Health and Human Services .....	1,250,732,063	1,278,339,772	1,266,744,593	+16,012,530	-11,595,179
Federal Funds .....	1,245,902,877	1,272,572,260	1,261,893,407	+15,990,530	-10,678,853
Appropriations .....	(1,038,547,403)	(1,022,191,846)	(1,007,392,993)	(-31,154,410)	(-14,798,853)
Emergency appropriations .....	(5,275,000)		(4,120,000)	(-1,155,000)	(+4,120,000)
Advance appropriations, FY 2025 .....	(202,080,474)	(250,380,414)	(250,380,414)	(+48,299,940)	
Trust Funds .....	(4,829,186)	(5,767,512)	(4,851,186)	(+22,000)	(-916,326)
CURES Act .....	(1,085,000)	(407,000)	(407,000)	(-678,000)	
Prevention and Public Health Fund .....	(943,000)	(1,225,900)	(1,225,900)	(+282,900)	
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		



	5,000	5,000	5,000		5,000		
Current appropriation .....							
Subtotal, Basic Grants available this fiscal year .....		5,695,625	5,695,625		5,695,625		
Advance appropriations, FY 2025 .....	763,776	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		6,459,401		
Concentration Grants:							
Appropriations from prior year advances .....	1,362,301	1,362,301	1,362,301		1,362,301		
Advance appropriations FY 2025 .....	1,362,301	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		1,362,301		
Targeted Grants:							
Appropriations from prior year advances .....	4,357,550	4,357,550	4,357,550		4,357,550		
Forward funded .....	925,000	2,000,000	1,012,500		1,012,500		-987,500
Subtotal, Targeted Grants available this fiscal year .....	5,282,550	6,357,550	5,370,050		5,370,050		-987,500
Advance appropriations FY 2025 .....	4,357,550	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 .....	5,282,550	6,357,550	5,370,050		5,370,050		-987,500
Education Finance Incentive Grants:							
Appropriations from prior year advances .....	4,357,550	4,357,550	4,357,550		4,357,550		
Forward Funded .....	925,000	2,000,000	1,012,500		1,012,500		
Advance appropriations, FY 2025 .....	4,357,550	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 .....	5,282,550	6,357,550	5,370,050		5,370,050		-987,500
Subtotal, Grants to LEAs, fiscal year program level .....	18,386,802	20,536,802	18,561,802		18,561,802		-1,975,000
Innovative Approaches to Literacy .....	30,000	30,000	30,000		30,000		
Comprehensive literacy development grants .....	194,000	194,000	194,000		194,000		
State Agency Programs:							
Migrant .....	375,626	375,626	375,626		375,626		
Neglected and Delinquent/High Risk Youth .....	49,239	52,000	49,239		49,239		-2,761

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Subtotal, State Agency programs	424,865	427,626	424,865		-2,761
Special Programs for Migrant Students	52,123	66,123	52,123		-14,000
Total, Education for the disadvantaged	19,087,790	21,254,551	19,262,790	+175,000	-1,991,761
Current year appropriations (Forward Funded)	(8,246,613)	(10,413,374)	(8,421,613)	(+175,000)	(-1,991,761)
Advance appropriations	(8,159,490)	(10,312,251)	(8,334,490)	(+175,000)	(-1,977,761)
	(10,841,177)	(10,841,177)	(10,841,177)		
IMPACT AID					
Basic Support Payments	1,468,242	1,468,242	1,477,000	+8,758	+8,758
Payments for Children with Disabilities	48,316	48,316	48,316		
Facilities Maintenance (Sec. 8008)	4,835	4,835	4,835		
Construction (Sec. 8007)	18,406	18,406	19,000	+594	+594
Payments for Federal Property (Sec. 8002)	78,313	78,313	79,000	+687	+687
Total, Impact aid	1,618,112	1,618,112	1,628,151	+10,039	+10,039
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants	508,639	508,639	508,639		
Appropriations from prior year advances	1,681,441	1,681,441	1,681,441		
Subtotal, Supporting Effective Instruction State Grants available this fiscal year	2,190,080	2,190,080	2,190,080		
Advance appropriations, FY 2025	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 appropriated in this bill	2,190,080	2,190,080	2,190,080		
Supplemental Education Grants	24,464		24,464		+24,464

Nita M Lowey 21st Century Community Learning Centers .....	1,329,673	1,329,673	1,329,673	1,329,673	.....
Slate Assessments .....	390,000	469,100	380,000	380,000	-89,100
Education for Homeless Children and Youth .....	129,000	129,000	129,000	129,000	.....
Training and Advisory Services (Civil Rights) .....	6,575	6,575	6,575	6,575	.....
Education for Native Hawaiians .....	45,897	45,897	45,897	45,897	.....
Alaska Native Education Equity .....	44,953	44,953	44,953	44,953	.....
Rural Education .....	215,000	215,000	220,000	220,000	+5,000
Comprehensive Centers .....	55,000	55,000	50,000	50,000	-5,000
Student Support and Academic Enrichment grants .....	1,380,000	1,405,000	1,400,000	1,400,000	-5,000
Total, School Improvement Programs .....	5,810,642	5,890,278	5,820,642	5,820,642	+10,000
.....	.....	.....	.....	.....	.....
Current year appropriations .....	(4,129,201)	(4,208,837)	(4,139,201)	(4,139,201)	(-69,636)
(Forward Funded) .....	(3,952,312)	(4,056,412)	(3,967,312)	(3,967,312)	(-89,100)
Advance appropriations .....	(1,681,441)	(1,681,441)	(1,681,441)	(1,681,441)	.....
SCHOOL READINESS .....	.....	.....	.....	.....	.....
Preschool Incentive Demonstration Program (legislative proposal) .....	.....	500,000	.....	.....	-500,000
INDIAN EDUCATION .....	.....	.....	.....	.....	.....
Grants to Local Educational Agencies .....	110,381	117,381	110,381	110,381	-7,000
Federal Programs: .....	.....	.....	.....	.....	.....
Special Programs for Indian Children .....	72,000	72,000	72,000	72,000	.....
National Activities .....	12,365	12,365	12,365	12,365	.....
Subtotal, Federal Programs .....	84,365	84,365	84,365	84,365	.....
Total, Indian Education .....	194,746	201,746	194,746	194,746	-7,000
INNOVATION AND IMPROVEMENT .....	.....	.....	.....	.....	.....
Education Innovation and Research .....	284,000	405,000	240,000	240,000	-165,000
American History and Civics Academies .....	3,000	.....	3,000	3,000	+3,000
American History and Civics National Activities .....	20,000	73,000	20,000	20,000	-53,000
School Leader Recruitment and Support .....	.....	40,000	.....	.....	-40,000
Charter Schools Grants .....	440,000	440,000	440,000	440,000	.....
Magnet Schools Assistance .....	139,000	149,000	139,000	139,000	-10,000
Congressionally Directed Spending/Community Project Funding .....	200,443	.....	87,344	87,344	+87,344
Teacher and School Leader Incentive Grants .....	173,000	200,000	120,000	120,000	-80,000
Ready-to-Learn Television .....	31,000	31,000	31,000	31,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued

(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Supporting Effective Educator Development (SEED)					
Arts in Education	90,000	93,000	90,000	.....	- 3,000
Javits Gifted and Talented Students	36,500	36,500	30,000	- 6,500	- 6,500
Statewide Family Engagement Centers	16,500	16,500	16,500	.....	.....
Fostering Diverse Schools (legislative proposal)	20,000	20,000	20,000	.....	.....
	.....	100,000	.....	.....	- 100,000
Total, Innovation and Improvement	1,453,443	1,604,000	1,236,844	- 216,599	- 367,156
<b>SAFE SCHOOLS AND CITIZENSHIP EDUCATION</b>					
Promise Neighborhoods	91,000	106,000	91,000	.....	- 15,000
School Safety National Activities	216,000	601,000	196,000	- 20,000	- 405,000
Bipartisan Safer Communities Act (PL 117-159) (prior year emergency advance)	(200,000)	(200,000)	(200,000)	.....	.....
Full-Service Community Schools	150,000	368,000	150,000	.....	- 218,000
Total, Safe Schools and Citizenship Education	457,000	1,075,000	437,000	- 20,000	- 638,000
Total, Safe Schools and Citizenship Education, program level (with emergencies)	657,000	1,275,000	637,000	- 20,000	- 638,000
<b>ENGLISH LANGUAGE ACQUISITION</b>					
Current year appropriations	57,850	95,600	58,305	+ 455	- 37,295
Forward funded	832,150	1,099,400	838,695	+ 6,545	- 260,705
Total, English Language Acquisition	890,000	1,195,000	897,000	+ 7,000	- 298,000
<b>SPECIAL EDUCATION</b>					
State Grants:					
Grants to States Part B current year	4,910,321	6,975,810	5,086,321	+ 175,000	- 1,890,489

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	14,193,704	16,259,193	14,368,704	+175,000
Preschool Grants	420,000	502,620	420,000	-82,620
Grants for Infants and Families	540,000	932,000	560,000	+20,000
Subtotal, program level	15,153,704	17,693,813	15,348,704	+195,000
IDEA National Activities (current funded):				
State Personnel Development	38,630	53,630	38,630	-15,000
Technical Assistance and Dissemination	45,345	55,345	39,345	-16,000
Personnel Preparation	115,000	250,000	134,500	+19,500
Parent Information Centers	33,152	49,152	33,152	-115,500
Educational Technology, Media, and Materials	31,433	41,433	31,433	-16,000
Subtotal, IDEA National Activities	263,560	449,560	277,060	-172,500
Special Olympics Education Programs	36,000	36,000	36,000	.....
Total, Special education	15,453,264	18,179,373	15,661,764	+208,500
Current Year appropriations	(6,169,881)	(8,895,990)	(6,378,381)	(+208,500)
(Forward Funded)	(5,870,321)	(8,410,430)	(6,065,321)	(+195,000)
Advance appropriations	(9,283,383)	(9,283,383)	(9,283,383)	.....
REHABILITATION SERVICES				
Vocational Rehabilitation State Grants	3,949,707	4,253,834	4,253,834	+304,127
Client Assistance State grants	13,000	15,000	13,000	-2,000
Training	29,388	29,388	29,388	.....
Demonstration and Training programs	5,796	7,296	5,796	-1,500
Protection and Advocacy of Individual Rights (PAIR)	20,150	20,150	20,150	.....
Supported Employment State grants	22,548	22,548	22,548	.....
Services for Older Blind Individuals	33,317	38,317	33,317	-5,000
Helen Keller National Center for Deaf/Blind Youth and Adults	19,000	19,000	19,000	.....
Total, Rehabilitation Services	4,092,906	4,405,533	4,397,033	+304,127
(Discretionary)	(143,199)	(151,699)	(143,199)	.....
(Mandatory)	(3,949,707)	(4,253,834)	(4,253,834)	(+304,127)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
<b>SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES</b>					
American Printing House for the Blind .....	43,431	43,431	43,431		
National Technical Institute for the Deaf (NTID): Operations .....	92,500	92,500	92,500		
Gallaudet University: Operations .....	165,361	165,361	165,361		
Total, Special Institutions for Persons with Disabilities .....	301,292	301,292	301,292		
<b>CAREER, TECHNICAL, AND ADULT EDUCATION</b>					
Career Education:					
Basic State Grants:					
State Grants .....	638,848	682,312	678,848	+ 40,000	- 3,464
Appropriations available from prior year advances .....	791,000	791,000	791,000		
Total, Basic State Grants, fiscal year program level .....	1,429,848	1,473,312	1,469,848	+ 40,000	- 3,464
Advance appropriations, FY 2025 .....	791,000	791,000	791,000		
less appropriations provided in prior years .....	- 791,000	- 791,000	- 791,000		
Subtotal, Basic State Grants appropriated in this bill .....	1,429,848	1,473,312	1,469,848	+ 40,000	- 3,464
National Programs .....	32,421	215,421	12,421	- 20,000	- 203,000
Subtotal, Career Education .....	1,462,269	1,688,733	1,482,269	+ 20,000	- 206,464
Adult Education:					
State Grants/Adult Basic and Literacy Education: State Grants, forward funded .....	715,455	715,455	715,455		

National Leadership Activities .....	13,712	43,712	13,712	.....	- 30,000
Subtotal, Adult education .....	729,167	759,167	729,167	.....	- 30,000
Total, Career, Technical, and Adult Education .....	2,191,436	2,447,900	2,211,436	+ 20,000	- 236,464
Current Year appropriations (Forward Funded) .....	(1,400,436)	(1,656,900)	(1,420,436)	(+ 20,000)	(- 236,464)
Advance appropriations .....	(1,400,436)	(1,656,900)	(1,420,436)	(+ 20,000)	(- 236,464)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA) .....	(6,335)	(6,835)	(6,585)	(+ 250)	(- 250)
Pell Grants .....	22,475,352	24,275,352	22,475,352	.....	- 1,800,000
Federal Supplemental Educational Opportunity Grants .....	910,000	910,000	900,000	.....	- 10,000
Federal Work Study .....	1,230,000	1,230,000	1,220,000	- 10,000	- 10,000
Total, Student Financial Assistance .....	24,615,352	26,415,352	24,595,352	- 20,000	- 1,820,000
STUDENT AID ADMINISTRATION					
Salaries and Expenses .....	1,058,943	1,205,412	996,667	- 62,276	- 208,745
Servicing Activities .....	975,000	1,448,622	1,187,276	+ 212,276	- 261,346
Total, Student Aid Administration .....	2,033,943	2,654,034	2,183,943	+ 150,000	- 470,091
FREE COMMUNITY COLLEGE AND TUITION SUBSIDIES					
Accelerated Success: Free Community College .....	.....	500,000	.....	.....	- 500,000
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions .....	122,070	209,007	112,070	- 10,000	- 96,937
Hispanic-Serving Institutions .....	227,751	236,732	231,547	+ 3,796	- 5,185
Promoting Postbaccalaureate Opportunities for Hispanic Americans .....	27,314	28,845	27,769	+ 455	- 1,076
Strengthening Historically Black Colleges (HBCUs) .....	395,986	402,619	402,585	+ 6,599	- 34
Strengthening Historically Black Graduate Institutions .....	100,782	102,313	102,462	+ 1,680	+ 149
Strengthening Predominantly Black Institutions .....	22,300	23,218	22,672	+ 372	- 546
Strengthening Asian American and Native American Pacific Islander-Serving Institutions .....	18,589	20,120	18,899	+ 310	- 1,221
Strengthening Alaska Native and Native Hawaiian-Serving Institutions .....	24,433	25,044	24,840	+ 407	- 204
Strengthening Native American-Serving Nontribal Institutions .....	11,405	12,120	11,595	+ 190	- 525

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Strengthening Tribal Colleges .....	51,549	53,080	52,408	+ 859	- 672
Strengthening HBCU Masters programs .....	19,937	20,956	20,269	+ 332	- 687
Subtotal, Aid for Institutional Development .....	1,022,116	1,134,054	1,027,116	+ 5,000	- 106,938
International Education and Foreign Language:					
Domestic Programs .....	75,353	75,353	75,353		
Overseas Programs .....	10,311	10,311	10,311		
Subtotal, International Education and Foreign Language .....	85,664	85,664	85,664		
Transition and Postsecondary Programs for Students with Intellectual Disabilities .....	13,800	15,180	13,800		- 1,380
Minority Science and Engineering Improvement .....	16,370	18,370	16,370		- 2,000
Tribally Controlled Postsec Voc/Tech Institutions .....	11,953	11,953	11,953		
Federal TRIO Programs .....	1,191,000	1,297,761	1,191,000		- 106,761
GEAR UP .....	388,000	408,000	388,000		- 20,000
Graduate Assistance in Areas of National Need .....	23,547	23,547	23,547		
Teacher Quality Partnerships .....	70,000	132,092	83,000	+ 13,000	- 49,092
Child Care Access Means Parents in School .....	75,000	95,000	80,000	+ 5,000	- 15,000
Fund for the Improvement of Postsecondary Ed (FIPSE) .....	613,587	725,000	324,979	- 288,608	- 400,021
Congressionally Directed Spending/Community Project Funding (non-add) .....	(429,587)		(202,979)	( - 226,608)	( + 202,979)
Hawkins Centers of Excellence .....	15,000	30,000	15,000		- 15,000
Graduate Fellowships to Prepare Faculty .....		10,000			- 10,000
Total, Higher Education .....	3,525,037	3,986,621	3,260,429	- 265,608	- 726,192
HOWARD UNIVERSITY					
Academic Program .....	223,288	223,288	223,288		
Endowment Program .....	3,405	3,405	3,405		
Howard University Hospital .....	127,325	120,325	77,325	- 50,000	- 43,000



Total, Howard University .....	354,018	347,018	304,018	- 50,000	- 43,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM .....	298	321	298	.....	- 23
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)					
CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration .....	528	600	528	.....	- 72
HBCU Loan Subsidies .....	20,150	20,150	20,150	.....	.....
Total, HBCU Capital Financing Program .....	20,678	20,750	20,678	.....	- 72
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination .....	245,000	291,877	245,000	.....	- 46,877
Statistics .....	121,500	127,000	121,500	.....	- 5,500
Regional Educational Laboratories .....	58,733	60,733	53,733	- 5,000	- 7,000
Research in Special Education .....	64,255	64,255	64,255	.....	.....
Special Education Studies and Evaluations .....	13,318	13,318	13,318	.....	.....
Statewide Data Systems .....	38,500	38,500	28,500	- 10,000	- 10,000
Assessment:					
National Assessment .....	185,000	189,000	185,000	.....	- 4,000
National Assessment Governing Board .....	7,799	9,300	8,300	+ 501	- 1,000
Subtotal, Assessment .....	192,799	198,300	193,300	+ 501	- 5,000
Program Administration .....	73,500	76,885	73,500	.....	- 3,385
Total, Institute of Education Sciences .....	807,605	870,868	793,106	- 14,499	- 77,762
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses .....	419,907	508,359	419,907	.....	- 88,452
Building Modernization .....	7,000	19,250	.....	- 7,000	- 19,250
Total, Program administration .....	426,907	527,609	419,907	- 7,000	- 107,702
Office for Civil Rights .....	140,000	177,600	140,000	.....	- 37,600

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Office of Inspector General .....	67,500	87,497	67,500		- 19,997
Total, Departmental management .....	634,407	792,706	627,407	- 7,000	- 165,299
Total, Title III, Department of Education .....	83,542,969	94,260,455	83,833,929	+ 290,960	- 10,426,526
Current Year appropriations .....	(60,945,968)	(71,663,454)	(61,236,928)	(+ 290,960)	(- 10,426,526)
Advance appropriations .....	(22,597,001)	(22,597,001)	(22,597,001)		
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED					
Office of Inspector General .....	13,124	15,400	13,124		- 2,276
	(3,150)	(3,600)	(3,150)		(- 450)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America [VISTA] .....	103,285	141,626	103,285		- 38,341
National Senior Volunteer Corps:					
Foster Grandparents Program .....	125,363	143,450	125,363		- 18,087
Senior Companion Program .....	56,449	63,809	56,449		- 7,360
Retired Senior Volunteer Program .....	55,105	55,105	55,105		
Subtotal, Senior Volunteer Corps .....	236,917	262,364	236,917		- 25,447
Subtotal, Domestic Volunteer Service .....	340,202	403,990	340,202		- 63,788
National and Community Service Programs:					
AmeriCorps State and National Grants .....	557,094	650,834	557,094		- 93,740
Innovation, Assistance, and Other Activities .....	14,706	14,706	14,706		
Evaluation .....	6,250	6,250	6,250		

National Civilian Community Corps (subtitle E) .....	37,735	43,300	37,735	.....	.....	- 5,565
State Commission Support Grants .....	19,538	19,538	19,538	.....	.....	.....
Subtotal, National and Community Service .....	635,323	734,628	635,323	.....	.....	- 99,305
Total, Operating expenses .....	975,525	1,138,618	975,525	.....	.....	- 163,093
National Service Trust .....	230,000	213,000	180,000	- 50,000	.....	- 33,000
Salaries and Expenses .....	99,686	118,434	99,686	.....	.....	- 18,748
Office of Inspector General .....	7,595	8,572	7,595	.....	.....	- 977
Total, Corporation for National and Community Service .....	1,312,806	1,478,624	1,262,806	- 50,000	.....	- 215,818
<b>CORPORATION FOR PUBLIC BROADCASTING:</b>						
Appropriation available from FY 2022 advance .....	475,000	525,000	525,000	+ 50,000	.....	.....
Total, available this fiscal year .....	475,000	525,000	525,000	+ 50,000	.....	.....
Advance appropriation, FY 2026 .....	535,000	575,000	535,000	.....	.....	- 40,000
less appropriations provided from prior year advances (FY 2022) .....	- 475,000	- 525,000	- 525,000	- 50,000	.....	.....
Public television interconnection system .....	60,000	60,000	60,000	.....	.....	.....
Total CPB, appropriated in this bill .....	595,000	635,000	595,000	.....	.....	- 40,000
Federal Mediation and Conciliation Service .....	53,705	55,815	53,705	.....	.....	- 2,110
Federal Mine Safety and Health Review Commission .....	18,012	18,657	18,012	.....	.....	- 645
Institute of Museum and Library Services .....	294,800	294,800	289,800	- 5,000	.....	- 5,000
Medicaid and CHIP Payment and Access Commission .....	9,405	10,053	9,405	.....	.....	- 648
Medicare Payment Advisory Commission .....	13,824	13,824	13,824	.....	.....	.....
National Council on Disability .....	3,850	3,850	3,850	.....	.....	.....
National Labor Relations Board .....	299,224	376,163	299,224	.....	.....	- 76,939
National Mediation Board .....	15,113	15,601	15,113	.....	.....	- 488
Occupational Safety and Health Review Commission .....	15,449	16,179	15,449	.....	.....	- 730
<b>RAILROAD RETIREMENT BOARD</b>						
Dual Benefits Payments Account .....	9,000	8,000	8,000	- 1,000	.....	.....
Less Income Tax Receipts on Dual Benefits .....	- 1,000	- 1,000	- 1,000	.....	.....	.....
Subtotal, Dual Benefits .....	8,000	7,000	7,000	- 1,000	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2024—Continued

(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Federal Payments to the Railroad Retirement Accounts .....	150	150	150		
Limitation on administrative expenses .....	128,000	138,575	128,000		-10,575
Limitation on the Office of Inspector General .....	14,000	14,600	14,000		-600
Total, Railroad Retirement Board .....	150,150	160,325	149,150	-1,000	-11,175
<b>SOCIAL SECURITY ADMINISTRATION</b>					
Payments to Social Security Trust Funds .....	11,000	10,000	10,000	-1,000	
Supplemental Security Income Program					
Federal Benefit Payments .....	59,225,000	56,328,000	56,328,000	-2,897,000	
Beneficiary Services .....	124,000	137,000	137,000	+13,000	
Research and Demonstration .....	86,000	91,000	91,000	+5,000	
Administration .....	4,774,338	4,961,853	4,805,145	+30,807	-156,708
Subtotal, available this fiscal year .....	64,209,338	61,517,853	61,361,145	-2,848,193	-156,708
Less appropriations provided from prior year advances .....	-15,600,000	-15,800,000	-15,800,000	-200,000	
Subtotal, current year appropriation .....	48,609,338	45,717,853	45,561,145	-3,048,193	-156,708
Subtotal, Mandatory .....	43,835,000	40,756,000	40,756,000	-3,079,000	
Advance appropriations, 1st quarter, FY 2025 .....	15,800,000	21,700,000	21,700,000	+5,900,000	
Total, SSI program appropriated in this bill .....	64,409,338	67,417,853	67,261,145	+2,851,807	-156,708
Limitation on Administrative Expenses					
OAS/DI Trust Funds .....	5,840,734	6,567,231	5,938,485	+97,751	-628,746
HI/SMI Trust Funds .....	3,075,880	3,430,858	3,132,398	+96,718	-298,260

Social Security Advisory Board	2,700	3,020	2,700						
SSI	3,282,664	3,467,091	3,343,195						- 320
									- 123,896
Subtotal	12,201,978	13,488,200	12,416,978						- 1,051,222
User Fees:									
SSI User Fee activities	140,000	150,000	150,000						
SSPA User Fee Activities	1,000	1,000	1,000						
CBO adjustment	- 1,000	- 1,000	- 1,000						
Subtotal, User fees	140,000	150,000	150,000						
Subtotal, Limitation on administrative expenses	12,341,978	13,618,200	12,566,978						- 1,051,222
Program Integrity:									
OASDI Trust Funds	292,326	375,238	389,050						+ 13,812
SSI	1,491,674	1,494,762	1,461,950						- 32,812
Subtotal, Program integrity funding	1,784,000	1,870,000	1,851,000						- 19,000
Base Program Integrity	(273,000)	(287,000)	(273,000)						(- 14,000)
Program Integrity (cap adjustment)	(1,511,000)	(1,583,000)	(1,578,000)						(- 5,000)
Total, Limitation on Administrative Expenses	14,125,978	15,488,200	14,417,978						- 1,070,222
Total, Limitation on Administrative Expenses (less user fees)	13,985,978	15,338,200	14,267,978						- 1,070,222
Office of Inspector General									
Federal Funds	32,000	34,000	32,000						- 2,000
Trust Funds	82,665	86,400	82,665						- 3,735
Total, Office of Inspector General	114,665	120,400	114,665						- 5,735
Adjustment: Trust fund transfers from general revenues	- 4,774,338	- 4,961,853	- 4,805,145						+ 156,708
Total, Social Security Administration	73,886,643	78,074,600	76,998,643						- 1,075,957
Federal funds	(64,592,338)	(67,611,853)	(67,453,145)						(- 158,708)
Current year	(48,792,338)	(45,911,853)	(45,753,145)						(- 158,708)
New advances, 1st quarter, FY 2024	(15,800,000)	(21,700,000)	(21,700,000)						

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
(In thousands of dollars)

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Trust funds .....	(9,294,305)	(10,462,747)	(9,545,498)	( + 251,193)	( - 917,249)
Total, Title IV, Related Agencies .....	76,681,105	81,168,891	79,737,105	+ 3,056,000	- 1,431,786
Federal Funds .....	(67,230,976)	(70,539,145)	(70,035,783)	( + 2,804,807)	( - 503,362)
Current Year .....	(50,895,976)	(48,264,145)	(47,800,783)	( - 3,095,193)	( - 463,362)
FY 2025 Advance .....	(15,800,000)	(21,700,000)	(21,700,000)	( + 5,900,000)	.....
FY 2026 Advance .....	(535,000)	(575,000)	(535,000)	.....	( - 40,000)
Trust Funds .....	(9,450,129)	(10,629,746)	(9,701,322)	( + 251,193)	( - 928,424)
DISCRETIONARY ADJUSTMENTS					
Traditional Medicare Program .....	455,000	.....	455,000	.....	+ 455,000
National Labor Relations Board Moving Expenses .....	.....	.....	10,000	+ 10,000	+ 10,000
Less advances for subsequent years .....	- 24,904,001	- 24,944,001	- 24,904,001	.....	+ 40,000
Less advance emergency appropriations .....	24,844,001	24,894,001	24,894,001	+ 50,000	.....
Plus advances provided in prior years .....	494,500	494,500	494,500	.....	.....
Plus emergency advances provided in prior years .....	40,000	100,000	20,000	- 20,000	- 80,000
Average Weekly Insured Unemployment (AWIU) Contingent .....	37,000	42,000	42,000	+ 5,000	.....
Medicare Eligible Accruals (permanent, indefinite) .....	- 140,000	- 150,000	- 150,000	- 10,000	.....
SSI User Fee Collection .....	- 5,000	6,000	6,000	+ 11,000	.....
CBO adjustment .....	2,000	2,000	2,000	.....	.....
Surplus property (Department of Labor) .....	- 142,000	.....	- 206,000	- 64,000	- 206,000
H-1B (rescission) (DOL) .....	.....	.....	- 100,000	- 100,000	- 100,000
Dislocated Worker National Reserve .....	- 650,000	- 350,000	- 1,000,000	- 350,000	- 650,000
Nonrecurring expenses fund (rescission) .....	.....	.....	- 850,000	- 850,000	- 850,000
American Rescue Plan COVID Balances (rescission) .....	.....	.....	- 19,193,000	- 4,565,000	.....
Child Enrollment Contingency Fund .....	- 14,628,000	- 19,193,000	- 19,193,000	+ 160,000	- 200,000
Pell unobligated balances (rescission) .....	- 360,000	.....	- 200,000	+ 50,000	- 35,000
Pell: increase maximum award .....	75,000	85,000	50,000	+ 25,000	- 25,000
Pell: max award (rescission) .....	- 75,000	- 62,000	- 50,000	+ 25,000	+ 12,000
CNCS National Service Trust (rescission) .....	.....	- 210,000	- 243,000	- 243,000	- 33,000



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
 FOR FISCAL YEAR 2024—Continued  
 [In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Substance Abuse and Mental Health Services Administration					
Health Surveillance and Program Support:					
Appropriations available from prior year advances (emergency) .....	162,500	162,500	162,500		
Total, Health Surveillance and Program Support .....	162,500	162,500	162,500		
Office of the Secretary					
Public Health and Social Services Emergency Fund:					
(transfer out) (emergency) .....	(- 32,000)	(- 32,000)	(- 32,000)		
Appropriations available from prior year advances (emergency) .....	32,000	32,000	32,000		
Total, Public Health and Social Services Emergency Fund .....	32,000	32,000	32,000		
Total Department of Health and Human Services .....	194,500	194,500	194,500		
DEPARTMENT OF EDUCATION					
Safe Schools and Citizenship Education:					
Appropriations available from prior year advances (emergency) .....	200,000	200,000	200,000		
Total, Safe Schools and Citizenship Education .....	200,000	200,000	200,000		
Total, Bipartisan Safer Communities Supplemental Appropriations Act, 2022 .....	394,500	394,500	394,500		



ADDITIONAL UKRAINE SUPPLEMENTAL APPROPRIATIONS ACT, 2023 (Public Law 117-328 DIVISION M) DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration for Children and Families Refugee and Entrant Assistance (emergency) .....	2,400,000				-2,400,000	
General Provisions—This Title Afghan resettlement (Sec 1501) (emergency) .....	9,000				-9,000	
Total, Additional Ukraine Supplemental Appropriations Act, 2023 .....	2,409,000				-2,409,000	
DISASTER RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2023 (Public Law 117-328 DIVISION N) DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention CDC-Wide Activities and Program Support (emergency) .....	86,000				-86,000	
National Institutes of Health National Institute of Environmental Health Sciences (emergency) .....	2,500				-2,500	
Office of the Director (emergency) .....	25,000				-25,000	
Total, National Institutes of Health .....	27,500				-27,500	
Administration for Children and Families Low Income Energy Assistance (emergency) .....	1,000,000				-1,000,000	
Payments to States for the Child Care and Development Block Grant (emergency) .....	100,000				-100,000	
Children and Families Services Programs (emergency) .....	408,000				-408,000	
Total, Administration for Children and Families .....	1,508,000				-1,508,000	
Office of the Secretary Public Health and Social Services Emergency Fund (emergency) .....	128,792				-128,792	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2023 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2024—Continued  
[In thousands of dollars]

Item	2023 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2023 appropriation	Budget estimate
Total, Disaster Relief Supplemental Appropriations Act, 2023 .....	1,750,292			- 1,750,292	
Less prior year appropriations (emergency) .....	- 494,500	- 494,500	- 494,500		
Total, Other Appropriations .....	4,159,292			- 4,159,292	
Less prior year appropriations (emergency) .....					
Grand Total .....	1,430,661,909	1,470,554,232	1,445,830,783	+ 15,168,874	- 24,723,449
Appropriations .....	(1,185,495,784)	(1,177,588,043)	(1,151,017,067)	(- 34,478,717)	(- 26,570,976)
Emergency appropriations .....	(9,435,292)	(4,650,000)	(4,500,000)	(- 4,935,292)	(- 150,000)
Trust funds .....	(18,644,609)	(21,409,275)	(18,960,802)	(+ 316,193)	(- 2,448,473)
Advance Appropriations, FY 25 .....	(242,259,725)	(296,456,415)	(296,456,415)	(+ 54,196,690)	
Advance appropriations, FY 26 .....	(535,000)	(575,000)	(535,000)		(- 40,000)
21st Century CURES Act funding .....	(1,085,000)	(407,000)	(407,000)	(- 678,000)	

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