

I ask unanimous consent that the following tables detailing the revisions be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

BUDGETARY AGGREGATES

(Pursuant to section 111 of the Bipartisan Budget Act of 2013 and section 311 of the Congressional Budget Act of 1974)

\$s in millions	2014	2014–18	2014–23
Current Budgetary Aggregates: *			
Spending:			
Budget Authority	2,928,080	n/a	n/a
Outlays	2,939,218	n/a	n/a
Revenue	2,311,031	13,699,529	31,095,846
Adjustments Made Pursuant to section 114(d) of the Bipartisan Budget Act:**			
Spending:			
Budget Authority	9,875	n/a	n/a
Outlays	9,875	n/a	n/a
Revenue	1,632	15,668	8,469
Revised Budgetary Aggregates:			
Spending:			
Budget Authority	2,937,955	n/a	n/a
Outlays	2,949,093	n/a	n/a
Revenue	2,312,663	13,715,197	31,104,315

n/a = Not applicable. Appropriations for fiscal years 2015–2023 will be determined by future sessions of Congress and enforced through future Congressional budget resolutions.

*The budgetary aggregates were previously adjusted on January 30, 2014, for H.R. 2642, the Agriculture Act of 2014.

**Adjustments made pursuant to section 114(d) of the Bipartisan Budget Act of 2013, which incorporates by reference section 302 of S. Con. Res. 8, as passed by the Senate. Section 302(c) establishes a deficit-neutral reserve fund for Unemployment Relief.

REVISIONS TO THE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS TO THE COMMITTEE ON FINANCE

(Pursuant to section 111 of the Bipartisan Budget Act of 2013 and section 302 of the Congressional Budget Act of 1974)

\$s in millions	Committee on Finance		
	Current allocation	Adjustments*	Revised allocation
Fiscal Year 2014:			
Budget Authority	1,311,988	9,875	1,321,863
Outlays	1,304,815	9,875	1,314,690
Fiscal Years 2014–2018:			
Budget Authority	7,664,235	9,875	7,674,110
Outlays	7,646,654	9,245	7,655,899
Fiscal Years 2014–2023:			
Budget Authority	19,084,627	9,875	19,094,502
Outlays	19,067,886	8,425	19,076,311

*Adjustments made pursuant to section 114(d) of the Bipartisan Budget Act of 2013, which incorporates by reference section 302 of S. Con. Res. 8, as passed by the Senate. Section 302(c) establishes a deficit-neutral reserve fund for Unemployment Relief.

EXECUTIVE CALENDAR OBJECTION

Mr. GRASSLEY. Mr. President, I intend to object to any unanimous consent request at the present time relating to the nomination of Katherine M. O'Regan to be an Assistant Secretary of Housing and Urban Development.

Every year, the Department of Housing and Urban Development provides billions of dollars to public housing authorities but provides little oversight for how the money is spent. Many housing authority directors are more concerned with padding their own nests instead of providing safe, affordable housing for people in need. One way to change this is to make detailed spending information available to the general public.

I will object to Ms. O'Regan's nomination because I have not yet received a response to my February 14, 2014 letter to HUD Secretary Shaun Donovan regarding HUD's effort to collect Public Housing Authority salary and compensation data for calendar year 2013. Specifically, I asked when the data

would be available to the general public on the HUD website and whether it would be available in a searchable, standard electronic format.

This is the second time HUD has requested salary and compensation data from the 3100 housing authorities across the United States. HUD first requested data for the top five wage earners in August 2011. At that time, I requested that this data be made available to the general public. HUD stated in a December 2011 letter:

This information will be posted on a HUD website, consistent with applicable law. We are now in the process of collecting this information for the first time, and expect that it will be posted during the first quarter of the year.

Despite HUD's pledge, the full set of data has never been posted on the Department website. Instead, it only posted three pages of aggregate data in June 2012, and HUD didn't provide the full set of data to my office until May 2013, nearly 2 years after the data collection process was initiated.

HUD is aware of the impact this data can have when made available to the public. Shortly after the compensation information was requested in 2011, Congress imposed a 1 year salary cap for all housing authority executives. Housing authorities are now using Federal funding not covered by the salary cap to continue paying large salaries and compensation packages. The compensation data currently being collected would shed light on this practice and should be posted on the HUD website as soon as possible.

CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION

Mr. WHITEHOUSE. Mr. President, I rise on behalf of my colleagues, Senators HARKIN, ALEXANDER, CASEY and ISAKSON to submit the following statement for the RECORD.

On October 30, 2013, the Health, Education, Labor, and Pensions Committee unanimously reported the Children's Hospital GME Support Reauthorization Act of 2013, S. 1557, out of Committee. On November 12, 2013, the Senate passed S. 1557 by unanimous consent.

This legislation is the product of years of bipartisan negotiation, a process which resulted in broad Senate support for the Act. The list of original Senate cosponsors for S. 1557 demonstrates this point. This list includes Senators CASEY, ISAKSON, HARKIN, ALEXANDER, BLUMENTHAL, BLUNT, BROWN, KIRK, MURPHY, REED, ROBERTS, WARREN, and WHITEHOUSE.

Prior to the enactment of the Children's Hospital Graduate Medical Education, CHGME, Payment Program, there was significant disparity in federal graduate medical education, GME, support between adult teaching hospitals and children's teaching hospitals. In 1998, children's hospitals received less than 0.5 percent of the level of federal GME support that adult teaching hospitals received. In the 2001

final rule for the CHGME Payment Program, the Department of Health and Human Services, HHS, wrote, "The intent of the CHGME Act is to create parity in GME payments among all hospitals providing GME. It is clear that primarily two factors cause this disparity in children's hospitals: (1) low Medicare utilization; and (2) Prospective Payment System (PPS)-exempt status."

The CHGME Payment Program has made considerable progress in achieving parity in GME payments, increasing the number of pediatric training positions at participating children's hospitals. However, a small number of freestanding children's teaching hospitals remain ineligible for the program. In 2003, Senate Committee on Appropriations noted the following:

It has come to the Committee's attention that a limited number of freestanding perinatal hospitals and children's psychiatric hospitals have been excluded from participation in this program despite the fact that these teaching institutions are not eligible for Graduate Medical Education funding under Medicare. The Committee expects [the Health Resources and Services Administration (HRSA)] to explore the appropriateness of including these hospitals in the Children's Hospitals Graduate Medical Education Program and to offer recommendations that might allow for their inclusion.

Senate Report 108–81.

HRSA responded in a 2004 report to Congress which concluded that addressing this eligibility issue would require Congress to amend the statute governing the CHGME Payment Program. S. 1557 addresses this long-standing issue. The reauthorization legislation authorizes the Secretary of the Department of Health and Human Services, HHS, to make available up to 25 percent of CHGME appropriations that exceed \$245 million for "qualified hospitals" that: (1) have a Medicare payment agreement and are excluded from Medicare inpatient hospital prospective payment system; (2) have inpatients that are predominantly individuals under 18 years of age; (3) have an approved medical residency training program; and (4) are not otherwise eligible to receive payments from the CHGME Payment Program or the Medicare program. The total amount the Secretary can make available for these purposes in any fiscal year is limited to \$7 million, thus ensuring that adequate resources remain available for the children's hospitals that currently participate in the program.

The Children's Hospital GME Support Reauthorization Act provides the Secretary with the necessary authority to address the disparity in GME payment facing certain children's teaching hospitals. These changes are in keeping with the intent of the CHGME Payment Program. As such, these hospitals should have the opportunity to apply for support through the CHGME Payment Program in order to sustain and build their teaching programs, and ultimately increase the supply of much-needed pediatricians and pediatric specialists. We urge the Secretary