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SENATE

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

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JULY 14, 2005.—Ordered to be printed

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

### REPORT

[To accompany H.R. 3010]

The Committee on Appropriations, to which was referred the bill (H.R. 3010) making appropriations for the Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2006, and for other purposes, reports the same to the Senate with an amendment and recommends that the bill as amended do pass.

*Amount of budget authority*

Total of bill as reported to the Senate .....	\$604,436,313,000
Amount of 2005 appropriations .....	501,344,991,000
Amount of 2006 budget estimate .....	600,212,625,000
Amount of House allowance .....	601,592,573,000
Bill as recommended to Senate compared to—	
2005 appropriations .....	+ 103,091,322,000
2006 budget estimate .....	+ 4,223,688,000
House allowance .....	+ 2,843,740,000

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## SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2006, the Committee recommends total budget authority of \$604,436,313,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, \$141,653,000,000 is current year discretionary funding, including offsets.

### OVERVIEW AND BILL HIGHLIGHTS

The Labor, HHS, and Education and Related Agencies bill constitutes the largest of the non-defense Federal appropriations bills being considered by Congress this year. It is the product of extensive deliberations, driven by the realization that no task before Congress is more important than safeguarding and improving the health and well-being of all Americans. This bill is made up of over 300 programs, spanning three Federal Departments and numerous related agencies. But the bill is more than its component parts. Virtually every element of this bill reflects the traditional ideal of democracy: that every citizen deserves the right to a basic education and job skills training; protection from illness and want; and an equal opportunity to reach one's highest potential.

This bill at the same time provides a safety net of social protections for the needy while stimulating advances in human achievement and the life sciences. At its core, this bill embodies those defining principles by which any free society must be guided: compassion for the less fortunate; respect for family and loved ones; acceptance of personal responsibility for one's actions; character development; and the avoidance of destructive behavior.

### HIGHLIGHTS OF THE BILL

*Job Training.*—The Committee recommendation includes \$5,250,806,000 for job training programs, an increase of \$195,293,000 over the budget request, but \$86,966,000 below the enacted 2005 level.

*Worker Protection.*—The Committee bill includes \$1,557,000,000 to ensure the health and safety of workers, including \$252,268,000 for the National Labor Relations Board, \$477,491,000 for the Occupational Safety and Health Administration and \$280,490,000 for the Mine Safety and Health Administration. The recommendation is an increase of \$32,000,000 over the 2005 level.

*Child Labor.*—The Committee bill includes \$93,248,000 for activities designed to end abusive child labor. This is \$80,829,000 above the budget request, but the same as the 2005 level.

*National Institutes of Health.*—A total of \$29,414,515,000 is recommended to fund biomedical research at the 27 Institutes and Centers that comprise the NIH. This represents an increase of

\$1,050,000,000 over the fiscal year 2005 level and \$904,731,000 over the budget request.

*Health Centers.*—The recommendation includes \$1,839,311,000 for health centers, \$105,000,000 over the fiscal 2005 level.

*Medicare Modernization Act [MMA].*—The Committee recommendation included \$880,000,000, the full amount of the budget request, for MMA activities, consisting of \$560,000,000 in the Program Administration account of the Centers for Medicare and Medicaid Services, and \$320,000,000 for the Social Security Administration.

*Substance Abuse.*—The Committee bill provides \$3,260,783,000 for substance abuse prevention and treatment programs. Included in this amount is \$2,186,646,000 for substance abuse treatment, \$202,289,000 for substance abuse prevention and \$901,334,000 for mental health programs.

*Low-income Home Energy Assistance State Grants.*—The Committee recommends \$2,183,000,000 for heating and cooling assistance for low-income individuals and families, \$183,000,000 above the budget request and \$601,000 more than the 2005 level.

*Head Start.*—The Committee recommendation includes \$6,874,314,000 for the Head Start Program. This represents an increase of \$31,200,000 over the 2005 level.

*Persons With Disabilities.*—To promote independent living in home and community-based settings. This includes \$47,164,000 for the Office of Disability Policy at the Department of Labor, \$14,879,000 for Disabled Voter Services and \$40,000,000 for Real Choice Systems Change Grants through the Center for Medicaid and Medicare Services.

*Education for the Disadvantaged.*—The Committee has provided \$12,839,571,000 in grants to enhance educational opportunities for disadvantaged children, an increase of \$100,000,000 over the fiscal year 2005 level.

*Educator Professional Development.*—The Committee recommends \$2,916,605,000 for State grants to improve teacher quality and almost \$3,600,000,000 in various programs administered by the Department of Education.

*English Language Acquisition.*—The Committee recommends \$675,765,000 for bilingual education.

*Student Financial Aid.*—The Committee recommends \$15,103,795,000 for student financial assistance, an increase of \$838,046,000 over the fiscal year 2005 level. The amount provided for the Pell Grant Program will allow for a maximum grant award of \$4,050.

*Higher Education Initiatives.*—The Committee bill provides \$2,104,508,000 for initiatives to provide greater opportunities for higher education, including \$836,543,000 for Federal TRIO programs and \$306,488,000 for GEAR UP.

*Education for Individuals With Disabilities.*—The Committee bill provides \$11,515,151,000 to help ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of \$103,500,000 over the 2005 level.

*Rehabilitation Services.*—The bill recommends \$3,133,638,000 for rehabilitation services, an increase of \$59,064,000 above the

amount provided in 2005. These funds are essential for families with disabilities seeking employment. The Committee restored funding for several important programs proposed for elimination, such as Supported Employment State Grants, Projects with Industry, Recreational programs and programs for migrant and seasonal farmworkers.

*Services for Older Americans.*—For programs serving older Americans, the Committee recommendation includes \$3,170,461,000. This recommendation includes \$219,784,000 for senior volunteer programs, \$436,678,000 for community service employment for older Americans, \$354,136,000 for supportive services and centers, \$160,744,000 for family caregiver support programs and \$718,697,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends \$1,090,600,000. The Committee recommendation also includes not less than \$31,700,000 for the Medicare insurance counseling program.

*Corporation for Public Broadcasting.*—The Committee bill recommends an advance appropriation for fiscal year 2008 of \$400,000,000 for the Corporation for Public Broadcasting. In addition, the Committee bill includes \$35,000,000 for conversion to digital broadcasting and \$40,000,000 for the replacement project of the interconnection system in fiscal year 2006 funding.

#### REPROGRAMMING AND TRANSFER AUTHORITY

The Committee has included bill language delineating permissible transfer authority in general provisions for each of the Departments of Labor, Health and Human Services, and Education, as well as specifying reprogramming authority in a general provision applying to all funds provided under this Act.

TITLE I—DEPARTMENT OF LABOR  
 EMPLOYMENT AND TRAINING ADMINISTRATION  
 TRAINING AND EMPLOYMENT SERVICES  
 (INCLUDING RESCISSIONS)

Appropriations, 2005 .....	\$5,337,772,000
Budget estimate, 2006 .....	5,055,513,000
House allowance .....	5,121,792,000
Committee recommendation .....	5,250,806,000

The Committee recommends \$5,250,806,000 for this account in 2006 which provides funding primarily for activities under the Workforce Investment Act [WIA]. This is \$86,966,000 less than the 2005 level, \$129,014,000 more than the House allowance, and \$195,293,000 over the administration request.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. This appropriation is generally forward-funded on a July-to-June cycle. Funds provided for fiscal year 2006 will support the program from July 1, 2006 through June 30, 2007.

Beginning with the fiscal year 2000 appropriation, budget constraints required that a portion of this account's funding be advance appropriated, with obligations for a portion of Adult and Dislocated Worker Employment and Training Activities and Job Corps delayed until the following fiscal year. This practice will continue in this year's appropriation.

Pending reauthorization of the Workforce Investment Act the Committee is acting on a current law request, deferring without prejudice proposed legislative language under the jurisdiction of the authorizing committees.

The Committee is aware of the High Growth Job Training Initiative created in 2002 to prepare workers for job opportunities in high growth and high demand sectors of the American economy. The Committee supports efforts to take a proactive approach to job training, tracking workforce trends and anticipating industry needs in communities hard-hit by recent economic downturns. The Committee has included \$55,000,000 for this initiative, which shall be awarded based on a competitive process.

The Committee notes that the budget request does not include funding for the personal re-employment account initiative, and expects that none of the funds provided for fiscal year 2006 will be utilized for this initiative unless specifically authorized by law.

The Committee recommendation concurs with the House in retaining language from last year's bill requiring that the Department take no action to amend, through regulatory or other admin-

istrative action, the definition established in 20 CFR 677.220 for functions and activities under title I of the Workforce Investment Act until such time as legislation reauthorizing the Act is enacted. The Committee expects that, while the Workforce Investment Act is in the process of being altered and renewed, the Administration will refrain from unilateral changes to the administration, operation and financing of employment and training programs.

*Adult Employment and Training.*—For Adult Employment and Training Activities, the Committee recommends \$893,618,000, which is \$27,882,000 more than the budget request and House allowance, and \$3,000,000 less than the program year 2005 level. This program is formula-funded to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, which will be available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

*Dislocated Worker Assistance.*—For Dislocated Worker Assistance, the Committee recommends \$1,476,064,000 the same as the program year 2005 level, \$132,480,000 more than the budget request, and \$70,800,000 more than the House allowance. Of the total, \$1,193,264,000 is designated for State formula grants. This program is a State-operated effort which provides core services, intensive services, training, and supportive services to help permanently separated workers return to productive, unsubsidized employment. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The recommendation includes \$282,800,000 available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects, including community college initiatives.

The Committee bill continues language authorizing the use of funds under the dislocated workers program for projects that provide assistance to new entrants in the workforce and incumbent workers, as well as to provide assistance where there have been dislocations across multiple sectors or local areas of a State.

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

The Committee was pleased to learn from the Secretary that the administration has established an interagency effort to address our Nation's nursing shortage. The shortage is especially critical in rural America and within various ethnic minority populations, such as native Hawaiians. The Department is accordingly strongly urged to work with nursing programs serving such populations, and in particular, to ensure that summer employment opportunities exist for nursing students.

The Committee is aware of the ever changing agricultural worker training needs in Hawaii and recommends continued funding for a collaborative and adaptive effort involving the Hawaiian Depart-



ment of Labor and Industrial Relations and the Hawaiian Cooperative Extension Service to provide multiculturally-sensitive on-farm food safety training, agribusiness training, and production training in support of a rapidly expanding landscaping and grounds keeping industry.

*Community Based Job Training Initiative.*—The Committee recommendation includes \$125,000,000 to carry out the Community College/Community Based Job Training Grant initiative, compared to the \$250,000,000 request. The House recommendation includes a rescission of \$125,000,000 in funds provided in fiscal year 2005 for this program, as well as a total of \$125,000,000 for 2006. The Committee recommendation allocates \$125,000,000 from National Emergency Grant funds available under section 132(a)(2)(A) of the Workforce Investment Act, and does not rescind funds provided in the fiscal year 2005 bill for this initiative. The Secretary is directed to initially use resources from the National Emergency Grants account for these awards that are designated for non-emergencies under sections 171(d) and 170(b) of the Workforce Investment Act. Community Based Job Training Grant awards will also be subject to the limitations of sections 171(c)(4)(A) through 171(c)(4)(C) of the Workforce Investment Act to ensure that these grants are awarded competitively. Funds used for this initiative should strengthen partnerships between workforce investment boards, community colleges, and employers, to train workers for high growth, high demand industries in the new economy.

The Committee encourages the Employment and Training Administration to consider, in future solicitations for grant applications for the Community Based Job Training Initiative, including One Stop Career Centers, and in rural areas and other communities without community colleges, eligibility of alternative education and training providers to apply for these grants.

*Youth Training.*—For Youth Training, the Committee recommends \$986,288,000, which is \$36,288,000 more than the budget request and House allowance, and the same as the program year 2005. The Committee recommendation does not address the administration's legislative proposals for these activities. The purpose of Youth Training is to provide eligible youth with assistance in achieving academic and employment success through improving educational and skill competencies and providing connections to employers. Other activities include providing mentoring opportunities, opportunities for training, supportive services, summer employment opportunities that are directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service.

*Job Corps.*—For Job Corps, the Committee recommends \$1,582,000,000. This is \$64,981,000 more than the budget request, and \$30,140,000 more than the 2005 comparable level. The Committee concurs with the House in not including the proposed \$25,000,000 rescission of funds previously appropriated for construction and renovation activities. The Committee applauds Job Corps for establishing partnerships with national employers, and encourages Job Corps to continue to work with both large employers and small businesses to ensure that student training meets cur-

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

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

The Committee commends the Job Corps program for developing mutually beneficial partnerships with community colleges across the country. Community college partners including the Mississippi Gulf Coast Community College and the Cincinnati State and Technical Community College find that it is efficient to work with Job Corps because they share the same basic goals of providing access and opportunity for disadvantaged Americans and they have the ability to partner with employers looking for high-skilled workers. The Committee encourages the Department of Labor's Community College Initiative to collaborate with the Job Corps program to offer advanced co-enrollment programs, increase opportunities for disadvantaged youth pursuing a career in high growth areas, and maximize access to industry-recognized certification programs. The Committee also recommends a minimum of \$10,000,000 of the program year 2005 Community College Initiative funding be dedicated to community colleges partnerships with Job Corps centers. The Committee expects this portion be designated to: (1) develop strategic partnerships with community colleges, business and industry leaders, and Job Corps centers to train students in high, growth, high demand industries; and (2) design "dual enrollment" programs based on reciprocal agreements between Job Corps and adjacent community colleges.

The Committee commends the work of the NJCA Foundation for Youth Opportunities [FYO] in its charitable and educational activities and programs that benefit youth, especially those at-risk. The FYO seeks to provide resources and research that helps non-profit,

for-profit, and Government agencies further education and training opportunities for disadvantaged youth.

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

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

The Committee is committed to promoting and expanding cost-effective Federal programs that have a proven record of success provide consistent and positive results and help address national labor shortages. Therefore, the Committee recommends \$10,000,000 for second year funding for the incremental expansion of Job Corps. This in addition to the \$10,000,000 provided in previously appropriated funds to begin the process of establishing additional Job Corps centers. In the selection process, priority should go to: States that currently do not have a Job Corps Center or who work in conjunction with an existing center serving the entire State or region; Sites that can be started in the short term as satellite Job Corps centers (residential or non-residential) and later be converted to stand alone facilities.

The Committee recognizes Project CRAFT (Community, Restitution, and Apprenticeship-Focused Training), a program of the Home Builders Institute, the workforce development arm of the National Association of Home Builders, as a modern intervention technique in the rehabilitation and reduced recidivism of adjudicated youth. The Committee also acknowledges the importance of housing to our Nation's economy and the role Project CRAFT plays in preparing young people to join the residential construction industry's workforce. The Committee therefore encourages the Department to replicate Project CRAFT to bring its outcomes-oriented approach to adjudicated juveniles throughout the country in order to help them become members of this industry's workforce and spur the Nation's economy.

The Committee recognizes that the Weber Basin and Clearfield, Utah Job Corps centers are among the highest ranked in the Nation. The Committee recognizes the State of Utah for its impressive contribution to the Job Corps program.

*Responsible Reintegration of Youthful Offenders.*—The Committee recommendation includes \$50,000,000, to continue funding

for the current Reintegration of Youthful Offenders Program. Neither the budget request in House allowance included funding for this program, which was funded at \$49,600,000 in program year 2005. The Reintegration of Youthful Offenders Program targets critical funding to help prepare and assist young offenders to return to their communities. The program also provides support, opportunities, education and training to youth who are court-involved and on probation, in aftercare, on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings.

*Prisoner Re-entry.*—The recommendation includes the \$19,840,000 for the prisoner re-entry initiative, to extend assistance to a broader population of ex-offenders. This is the same as the enacted 2005 level and the House allowance, and \$15,160,000 below the request.

*Native Americans.*—For Native Americans, the Committee recommends \$54,238,000. This is the same as the budget request, the House allowance, and the enacted program year 2005 level. This program is designed to improve the economic well-being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs.

*Migrant and Seasonal Farmworkers.*—For Migrant and Seasonal Farmworkers, the Committee recommends \$80,557,000, compared to the 2005 enacted level of \$75,759,000. Authorized by WIA, this program is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

There are at least 3 million hard-working migrant and seasonal farmworkers in America whose annual incomes are below \$10,000. At a time when most State budgets are shrinking and many of the basic services provided by State and local governments are being cut back, the Committee recognizes the importance of sustaining a national commitment, dating from 1964, to help alleviate the chronic seasonal unemployment and underemployment that traps many farmworker families in a cycle of poverty across generations and that deprives many farmworker children of educational opportunities and real prospects for better jobs at higher wages. The Committee also recognizes that many State and local government officials will be reluctant to fund this training and related assistance for this vulnerable portion of our Nation's workforce who migrate through many States every year, even though the work they perform is essential to the economic well-being of our Nation's farmers, growers, and small businesses.

The Committee recommendation of \$80,557,000 for program year 2006 activities authorized under Section 167 of the Workforce Investment Act is reflected in two separate line items on the table accompanying the Committee Report: "Migrant and Seasonal Farmworkers" and "National Activities/Other." Under the Migrant

and Seasonal Farmworkers line item, the Committee recommends \$80,053,000. The Committee recommendation includes bill language directing that \$5,000,000 of this amount 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 encourages greater emphasis on the southeast region for farmworker housing grants. The recommendation also provides that the remaining amount of \$75,053,000 be used for State service area grants, including funding grantees in those States impacted by formula reductions to at least the amount they were allotted in program year 2004, requiring \$3,840,000. Within the National Activities/Other line item, the Committee recommendation includes \$504,000 to be used for Section 167 training, technical assistance and related activities, including funds for migrant rest center activities. The Committee urges the Department to continue valuable technical assistance services provided by the Association of Farmworker Opportunity Programs. Finally, the Committee wishes to again advise the Department regarding the requirements of the Workforce Investment Act in selecting an eligible entity to receive a State service area grant under Section 167. Such an entity must have already demonstrated a capacity to administer effectively a diversified program of workforce training and related assistance for eligible migrant and seasonal farmworkers.

*National Programs.*—This activity includes WIA-authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research, and the Women in Apprenticeship Program.

*Technical Assistance.*—The Committee recommends \$3,458,000 for the provision of technical assistance and staff development, an increase of \$1,458,000 over the budget request and House allowance, but the same as the program year 2005 level. This includes \$982,000 for technical assistance to employers and unions to assist them in training, placing, and retraining women in nontraditional jobs and occupations, as authorized under the Women in Apprenticeship and Non-Traditional Occupations Act of 1992, Public Law 102-530; this amount is specified in bill language, to prevent its being diverted to other purposes. As described in the Migrant and Seasonal Farmworker section of this report, the recommendation also includes \$504,000 for WIA Section 167 activities.

*Pilots, Demonstrations, and Research.*—The Committee recommends \$90,367,000, an increase of \$60,367,000 over the budget request, and \$16,367,000 over the House allowance for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs.

In addition, the Committee recommends \$6,944,000 to maintain the current level of for the Denali Commission as authorized in Public Law 108-7, for job training in connection with infrastructure building projects it funds in rural Alaska. Funding will allow unemployed and underemployed rural Alaskans to train for high paying jobs in their villages.

The Committee is deeply concerned about the ability of the 28 million Americans who are deaf or hard-of-hearing to be informed of critical news and information in the post-9/11/01 environment. The Committee is aware that court reporting schools may not be able to meet the “unfunded mandate” set by the Telecommunications Act of 1996 to provide closed captioning of 100 percent of broadcast programming by January 2006. These compelling concerns justify continued Federal support to those schools to increase their capability to attract and train more real time writers and to work closely with the broadcasting industry to significantly increase the amount of programming that is closed captioned, that 100 million Americans utilize closed captioning in some form and the shortage of providers need to be addressed immediately.

The University of Hawaii Center on the Family is dedicated to understanding and promoting the factors that foster resiliency in families facing personal, social, and financial crises. The uniqueness of this program is the emphasis on the psychological and behavioral processes, family resilience and vulnerability, and includes Asian, Pacific Islander, and Caucasian families. The State’s diverse multicultural population adds to the reliability of the research conclusions.

*Evaluation.*—The Committee recommends \$7,936,000 to provide for the continuing evaluation of programs conducted under the Workforce Investment Act, as well as of federally-funded employment-related activities under other provisions of law.

*Rescission.*—The Committee concurs with the House in recommending rescission of \$20,000,000 in unobligated Health Care Tax Credit Funds and \$5,000,000 in unobligated funds provided for emergency response activities, as requested by the administration.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2005 .....	\$436,678,000
Budget estimate, 2006 .....	436,678,000
House allowance .....	436,678,000
Committee recommendation .....	436,678,000

The Committee recommends \$436,678,000, the same as the budget request, the House allowance, and the program year 2005 comparable level for community service employment for older Americans. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. It is forward-funded from July to June, and the 2006 appropriation will support the program from July 1, 2006, through June 30, 2007. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

The program provides a direct, efficient, and quick means to assist economically disadvantaged older workers because it has a proven effective network in every State and in practically every county. Administrative costs for the program are low, and the vast

majority of the money goes directly to low-income seniors as wages and fringe benefits.

The program provides a wide range of vital community services that would not otherwise be available, particularly in low-income areas and in minority neighborhoods. Senior enrollees provide necessary and valuable services at Head Start centers, schools, hospitals, libraries, elderly nutrition sites, senior center, and elsewhere in the community. These services would not be available without the program.

A large proportion of senior enrollees use their work experience and training to obtain employment in the private sector. This not only increases our Nation's tax base, but it also enables more low-income seniors to participate in the program.

The Committee believes that the program should pay special attention to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2005 .....	\$1,057,300,000
Budget estimate, 2006 .....	966,400,000
House allowance .....	966,400,000
Committee recommendation .....	966,400,000

The Committee recommends \$966,400,000 the same as the budget estimate and House allowance for fiscal year 2006, and a decrease of \$90,900,000 below the fiscal year 2005 appropriation for Federal Unemployment Benefits and Allowances. Trade adjustment benefit payments are expected to decline from \$750,000,000 in fiscal year 2005 to \$655,000,000 in fiscal year 2006, while trade training in fiscal year 2006 will remain at the 2005 level of \$259,400,000 with an estimated 80,000 participants. Wage insurance costs are expected to increase from \$48,000,000 in fiscal year 2005 to \$52,000,000 in fiscal year 2006.

The Committee expects the Department to provide funds to the State of Alaska to mitigate negative effects on Alaskan fishermen and other Alaskan displaced workers stemming from passage of trade legislation in 2002. Funds should be provided on a flexible basis to cover costs of job training and placement programs, among other uses.

The Trade Adjustment Assistance Reform Act of 2002 that amended the Trade Act of 1974 was signed into law on August 6, 2002 (Public Law 107-210). This Act consolidated the previous Trade Adjustment Assistance [TAA] and NAFTA Transitional Adjustment Assistance [NAFTA-TAA] programs, into a single, enhanced TAA program with expanded eligibility, services, and benefits. Additionally, the Act provides a program of Alternative Trade Adjustment Assistance for Older Workers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE  
OPERATIONS

Appropriations, 2005 .....	\$3,636,709,000
Budget estimate, 2006 .....	3,470,366,000
House allowance .....	3,470,366,000
Committee recommendation .....	3,499,779,000

The Committee recommends \$3,499,779,000 for this account. This is \$29,413,000 above the budget request as well as the House allowance and \$136,930,000 above the 2005 comparable level. Included in the total availability is \$3,366,954,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and \$132,825,000 to be provided from the general fund of the Treasury.

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

For unemployment insurance [UI] services, the bill provides \$2,610,000,000. This includes \$2,600,000,000 for State Operations, and \$10,000,000 for UI national activities, which is directed to activities that benefit the State/Federal unemployment insurance program. The bill provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2.8 million. This contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2.8 million insured unemployed per week at a rate of \$28,600,000 per 100,000 insured unemployed, with a pro rata amount granted for amounts of less than 100,000 insured unemployed.

The Committee has provided funds requested by the administration from the Unemployment Insurance Trust Fund for conducting in person reemployment and eligibility assessments of UI beneficiaries and preventing and detecting fraudulent claims. The Committee notes that the Social Security Act requires the use of merit based staff in the administration of the UI program and expects that States will use State merit staffed UI personnel to perform these functions.

For the Employment Service allotments to States, the Committee recommends \$746,302,000 which includes \$23,114,000 in general funds together with an authorization to spend \$723,188,000 from the "Employment Security Administration" account of the unemployment trust fund. This compares to the budget request and House allowance of \$696,000,000 and the enacted level of \$780,592,000 for allotments to States. Due to tight budget constraints, the Committee recommendation does not include Reemployment Services Grants, funded in 2005 at \$34,291,000, but restores the additional \$50,302,000 reduction proposed by the administration for Employment Service Grants to States. These funds are available for the program year of July 1, 2006 through June 30, 2007.

The recommendation also includes \$33,766,000 for Employment Service national activities, a decrease of \$31,210,000 from the fiscal year 2005 level. This recommendation reflects the transfer of the foreign labor certification program to the Employment and Train-



ing Administration Program Administration account, as requested by the administration. The recommendation maintains the 2005 enacted level of \$17,856,000 for the work opportunity tax credit program.

The recommendation also includes \$90,000,000 for One-Stop Career Centers, compared to the budget request and House allowance of \$87,974,000 and 2005 enacted level of \$97,974,000. The Committee recommendation includes funding for America’s Labor Market Information System, including core employment statistics, universal access for customers, improving efficiency in labor market transactions, and measuring and displaying WIA performance information.

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

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 2005 .....	\$517,000,000
Budget estimate, 2006 .....	465,000,000
House allowance .....	465,000,000
Committee recommendation .....	465,000,000

The Committee recommends \$465,000,000, the same as the budget estimate and House allowance for fiscal year 2006, and \$52,000,000 less than the fiscal year 2005 level. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 2006 advances will be made to the Black Lung Disability Trust Fund. The requested amount is required to provide for loan interest payments on Black Lung Trust Fund borrowed amounts.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 2006 are expected to be sufficient. Should the need arise, due to unanticipated changes in the economic situation, laws, or for other legitimate reasons, advances will be made to the appropriate accounts to the extent funds are available. Funds advanced to the Black Lung Disability Trust Fund are now repayable with interest to the general fund of the Treasury.

PROGRAM ADMINISTRATION

Appropriations, 2005 .....	\$170,101,000
Budget estimate, 2006 .....	206,111,000
House allowance .....	206,111,000
Committee recommendation .....	200,000,000

The Committee recommendation includes \$117,123,000 in general funds for this account, as well as authority to expend \$82,877,000 from the “Employment Security Administration” ac-

count of the unemployment trust fund, for a total of \$200,000,000. This level provides sufficient resources to cover built-in cost increases.

General funds in this account provide the Federal staff to administer employment and training programs under the Workforce Investment Act, the Older Americans Act, the Trade Act of 1974, the Denali Commission Act, the Women in Apprenticeship and Non-Traditional Occupations Act of 1992, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security functions under title III of the Social Security Act and the Immigration and Nationality Act, as amended. Federal staff costs related to the Wagner-Peyser Act in this account are split 97 percent to 3 percent between unemployment trust funds and general revenue, respectively.

The Committee believes that the public workforce system is strengthened by the effective participation of all of the stakeholders in the system and urges that the Department use a portion of its discretionary funds to support that participation through grants and contracts to intergovernmental, business, labor, and community-based organizations dedicated to training and technical assistance in support of Workforce Investment Boards and their members.

The Committee is concerned that there are limited opportunities for Native Hawaiian administrators in health care organizations and encourages effective training programs to prepare Native Hawaiians with the expertise to excel in these areas.

The Committee instructs that, for the purposes of the temporary visa programs, the Department of Labor shall treat loggers as agricultural workers and not as non-agricultural workers. Presently, the Department classifies loggers as non-agricultural; however, since June 1987, it has imposed upon them the same worker protections and labor standards as H-2A agricultural workers. Employers wishing to hire logger aliens must already provide transportation, housing, and meals, and must make the same benefits available to U.S. workers based on Department policy that predates the 1986 immigration reforms. The provision applies strictly to loggers, and shall not affect any other H-2B workers.

WORKERS COMPENSATION PROGRAMS

(RESCISSION)

Appropriations, 2002 .....	\$175,000,000
Appropriations, 2005 .....	
Budget estimate, 2005 .....	- 120,000,000
House allowance .....	- 120,000,000
Committee recommendation .....	- 120,000,000

The Committee concurs with the budget request and House allowance in rescinding \$120,000,000 in unobligated emergency response funds.

The Committee is aware of the long-term health concerns of first responders in the wake of the September 11 tragedy. The Nation owes a debt to these workers, who reacted with courage and bravery in a moment of chaos. The Committee is concerned that the needs of the first responders be well documented and funds be dispersed in a manner that quickly and efficiently serves the needs of

these brave men and women. For that reason, the Committee has included bill language which retroactively authorizes \$44,000,000 in spending on behalf of victims and first responders.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2005 .....	\$131,213,000
Budget estimate, 2006 .....	137,000,000
House allowance .....	137,000,000
Committee recommendation .....	134,900,000

The Committee recommendation provides \$134,900,000 for this account which is \$3,687,000 above the 2005 comparable level. This provides sufficient resources to cover built-in cost increases.

The Employee Benefits Security Administration [EBSA] is responsible for the enforcement of title I of the Employee Retirement Income Security Act of 1974 [ERISA] in both civil and criminal areas. ESBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 [FERSA]. In accordance with the requirements of FERSA, the Secretary of Labor has promulgated regulations and prohibited transactions class exemptions under the fiduciary responsibility and fiduciary bonding provisions of the law governing the Thrift Savings Plan for Federal employees. In addition, the Secretary of Labor has, pursuant to the requirement of section 8477(g)(1) of FERSA, established a program to carry out audits to determine the level of compliance with the fiduciary responsibility provisions of FERSA applicable to Thrift Savings Plan fiduciaries. ESBA provides funding for the enforcement and compliance; policy, regulation, and public services; and program oversight activities.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimated obligations for fiscal year 2006 include single employer benefit payments of \$5,102,000,000, multiemployer financial assistance of \$90,000,000 and administrative expenses of \$296,978,000. Administrative expenses are comprised of three activities: (1) pension insurance activities, \$41,599,000; (2) operational support, \$93,749,000; and (3) pension plan termination expenses, \$161,630,000. Such expenditures will be financed by permanent authority.

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

The 2006 budget does not recommend a discretionary limit on administrative expenditures [LAE] for PBGC. The PBGC's budget re-

flects—in a way that is more accountable to the Committee—the level of administrative expenditures that the Committee believes is appropriate to PBGC’s changing responsibilities to protect the pensions it insures. PBGC’s dollar benefit levels and workload change from year to year as specific pension plans fail. Most of its workload involves terminating failed pension plans, so that pension benefits can be paid. The workload of plan termination especially fluctuates from year to year as large plans (or a spate of small ones) terminate, and then as the terminations are completed. The language provides the PBGC the flexibility to respond when dictated by increased workload and increased benefit payments, while increasing accountability to the Committee by requiring approval by the Office of Management and Budget and the Committees on Appropriations.

The single-employer program protects about 34.6 million participants in about 29,600 defined benefit pension plans. The multi-employer insurance program protects about 9.8 million participants in more than 1,600 plans.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2005 .....	\$400,847,000
Budget estimate, 2006 .....	416,332,000
House allowance .....	416,332,000
Committee recommendation .....	412,616,000

The Committee recommendation includes \$412,616,000 for this account. The bill contains authority to expend \$2,048,000 from the special fund established by the Longshore and Harbor Workers’ Compensation Act; the remainder of \$410,568,000 are general funds. In addition, an amount of \$33,050,000 is available by transfer from the black lung disability trust fund.

This recommendation provides sufficient funding to offset the impact of inflation, and includes resources for a portion of requested program increases, to implement a program of union advisory services. The \$15,891,000 request for Program Direction has been reduced to \$15,375,000, an increase of \$123,000 over the 2005 level to cover built-in costs; an addition of \$2,000,000 is described in the following paragraph.

The recommendation includes \$2,000,000 to make available personnel and other resources to facilitate the expeditious startup of a system to resolve claims of victims for bodily injury caused by asbestos exposure. This may include contracts with individuals or entities having relevant experience to assist in jump starting the program, as described in S. 852, the Fair Act of 2005. Activities to shorten the lead-time for implementation of asbestos activities encompass procedures for the processing of claims, including procedures for the expediting of exigent health claims, and planning for promulgation of regulations.

The Employment Standards Administration is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Seasonal Agricultural Workers’ Protection Act, the Davis-Bacon Act, the Family and Medical Leave Act, the Federal Employees’ Com-

compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung).

SPECIAL BENEFITS

Appropriations, 2005 .....	\$233,000,000
Budget estimate, 2006 .....	237,000,000
House allowance .....	237,000,000
Committee recommendation .....	237,000,000

The Committee recommends \$237,000,000, the same as the budget estimate for fiscal year 2006, and \$4,000,000 more than fiscal year 2005. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law. In fiscal year 2006, an estimated 155,000 injured Federal workers or their survivors will file claims; 55,000 will receive long-term wage replacement benefits for job-related injuries, diseases, or deaths.

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

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

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

The Committee recommends continuation of appropriation language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA. The Committee concurs with requested bill language to allow use of fair share collections to fund capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2005 .....	\$275,997,000
Budget estimate, 2006 .....	232,250,000
House allowance .....	232,250,000
Committee recommendation .....	232,250,000

The Black Lung Consolidation of Administrative Responsibility Act was enacted on November 2, 2002. The Act amends the Black Lung Benefits Act to transfer part B black lung benefits responsibility from the Commissioner of Social Security to the Secretary of

Labor, thus consolidating all black lung benefit responsibility under the Secretary. Part B benefits are based on claims filed on or before December 31, 1973. The Secretary of Labor already responsible for the part C claims filed after December 31, 1973. In fiscal year 2006, an estimated 46,100 beneficiaries (5,100 miners and 41,000 survivors) will receive benefits.

The Committee recommends an appropriation of \$232,250,000 in fiscal year 2006 for special benefits for disabled coal miners. This is in addition to the \$81,000,000 appropriated last year as an advance for the first quarter of fiscal year 2006. The recommendation is the same as the administration request and House allowance. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

By law, increases in black lung benefit payments are tied directly to Federal pay increases. The year-to-year decrease in this account reflects a declining beneficiary population.

The Committee recommends an advance appropriation of \$74,000,000 for the first quarter of fiscal year 2007, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriations, 2005 .....	\$40,321,000
Budget estimate, 2006 .....	96,081,000
House allowance .....	96,081,000
Committee recommendation .....	96,081,000

The Committee recommends \$96,081,000, the same as the budget estimate for fiscal year 2005, and \$55,760,000 more than 2005.

The mission of the Energy Employees Occupational Illness Compensation Program is to deliver benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors or to certain survivors of such individuals, as provided in the Energy Employees Occupational Illness Compensation Program Act. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. Benefit costs of \$760,515,000 are anticipated in fiscal year 2006.

The Department of Labor's Office of Workers' Compensation Programs within the Employment Standards Administration is responsible for adjudicating and administering claims filed by employees or former employees (or their survivors) under the Act. The program went into effect on July 31, 2001.

In 2006, the volume of incoming claims under Part B of the Energy Employees Occupational Illness Compensation Program is estimated to remain stable at about 16,500 claims from Department of Energy [DOE] employees or survivors, and private companies under contract with DOE, who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons.

## BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2005 .....	\$1,061,969,000
Budget estimate, 2006 .....	1,068,000,000
House allowance .....	1,068,000,000
Committee recommendation .....	1,068,000,000

The Committee recommends \$1,068,000,000 for this account in 2006, an increase of \$6,031,000 above the fiscal year 2005 level, and the same as the budget request and House allowance. The appropriation language changed beginning in fiscal year 2003 for the Black Lung Disability Trust Fund to provide such sums as may be necessary to pay for benefits. This change eliminated the need for drawdowns from the subsequent year appropriation in order to meet current year compensation, interest, and other benefit payments.

The total amount available for fiscal year 2006 will provide \$314,011,000 for benefits payments, and \$57,989,000 for administrative expenses for the Department of Labor. Also, included is \$696,000,000 for interest payments on advances.

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

It is estimated that 41,400 people will be receiving black lung benefits financed through the end of the fiscal year 2006, compared to an estimated 44,500 receiving benefits in fiscal year 2005.

The basic financing for the trust fund comes from a coal excise tax for underground and surface-mined coal. Additional funds come from reimbursement from the Advances to the Unemployment Trust Fund and Other Funds as well as payments from mine operators for benefit payments made by the trust fund before the mine operator is found liable. The advances to the fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

## OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

## SALARIES AND EXPENSES

Appropriations, 2005 .....	\$464,158,000
Budget estimate, 2006 .....	466,981,000
House allowance .....	477,199,000
Committee recommendation .....	477,491,000

The Committee recommendation includes \$477,491,000 for this account. This is an increase of \$10,510,000 over the budget request and an increase of \$13,333,000 above the 2005 comparable level. This Agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

This recommendation provides sufficient funding to offset the impact of inflation, as well as additional resources to expand outreach to non-English speaking workers and small businesses.

In addition, the Committee has included language to allow OSHA to retain up to \$750,000 per fiscal year of training institute

course tuition fees to be utilized for occupational safety and health training and education grants in the private sector.

The Committee retains language carried in last year’s bill effectively exempting farms employing 10 or fewer people from the provisions of the Act except those farms having a temporary labor camp. The Committee also retains language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections. These provisions have been in the bill for many years.

The Committee believes that OSHA’s worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. The Committee is concerned that OSHA has again cut funding to help establish ongoing worker safety and health training programs and has therefore restored the Susan Harwood training grant program to \$10,510,000. Bill language specifies that no less than \$3,200,000 shall be used to maintain the existing institutional competency building training grants, provided that grantees demonstrate satisfactory performance.

The Committee has provided \$53,896,000, the budget request level, for the State consultation grant program and expects that this program will continue to be targeted to provide compliance assistance to small businesses.

The Committee continues to be pleased with OSHA’s efforts in placing high priority on the voluntary protection programs [VPP] and other voluntary cooperative programs. The Committee expects OSHA to continue to place high priority on the VPP. Cooperative voluntary programs, especially the VPP, are an important part of OSHA’s ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

The Committee also intends that the Office of Regulatory Analysis continue to be funded as close as possible to its present level.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2005 .....	\$279,136,000
Budget estimate, 2006 .....	280,490,000
House allowance .....	280,490,000
Committee recommendation .....	280,490,000

The Committee recommendation includes \$280,490,000 for this account, an increase of \$1,354,000 over the 2005 enacted level, and the same as the budget request and House allowance.

This recommendation provides sufficient funding to offset the impact of inflation, as well as additional resources for enforcement and compliance assistance. It deletes one-time funding of projects contained in the 2005 enacted level.

The Committee recommendation also includes bill language providing up to \$2,000,000 for mine rescue and recovery activities, the same as the fiscal year 2005 comparable level. It also retains the provision allowing the Secretary of Labor to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster.



This Agency insures the safety and health of the Nation’s miners by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

In addition, bill language is included to allow the National Mine Health and Safety Academy to collect not to exceed \$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 \$1,000,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and may utilize such sums for such activities.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2005 .....	\$529,003,000
Budget estimate, 2006 .....	542,523,000
House allowance .....	542,523,000
Committee recommendation .....	542,523,000

The Committee includes \$542,523,000 for this account, \$13,520,000 more than the 2005 comparable level. This includes \$77,845,000 from the “Employment Security Administration” account of the unemployment trust fund, and \$464,678,000 in Federal funds. This funding level will cover the Agency’s built-in increases, and includes funds to continue the Mass Layoff Statistics Program.

The Bureau of Labor Statistics is the principal fact finding Agency in the Federal Government in the broad field of labor economics.

The Committee urges the Bureau of Labor Statistics to revamp its website to make it more user friendly.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2005 .....	\$47,164,000
Budget estimate, 2006 .....	27,934,000
House allowance .....	27,934,000
Committee recommendation .....	47,164,000

The Committee recommends \$47,164,000 for this account in 2006. This is \$19,230,000 more than the President’s request and the same as 2005. The Committee intends that at least 80 percent of these funds shall be used for demonstration and technical assistance grants to develop innovative and effective practices to increase the employment of youth and adults with disabilities.

Congress created the Office of Disability Employment Policy [ODEP] in the Department of Labor’s fiscal year 2001 appropriation. Programs and staff of the former President’s Committee on Employment of People with Disabilities [PCEPD] have been integrated into this office.

The Committee is aware of the outstanding success of national non-profits working to increase self-employment among people with disabilities. Self-employment can provide income, assets and other elements of self-sufficiency to people with disabilities that are hard

to place in traditional work environments because of the flexibility inherent in self-employment. In addition to the direct benefit to the business owner and the savings to the Social Security Disability Income program resulting from self-employment, preliminary data suggests that business owners with disabilities are far more likely to hire other people with disabilities as the business expands.

Within the funds provided for the Office of Disability Employment Policy, the Committee has included \$5,000,000 for a national initiative focusing on self-employment as an option for persons with disabilities. As the centerpiece of this new initiative, the Committee has included \$3,000,000 to assist State Job Training Institutions, WIA One Stops, SBA Small Business Development Centers, the Vocational Rehabilitation and Employment Services of the Department of Veterans Affairs, State, and Tribal Vocational Rehabilitation Agencies, and other related programs in implementing effective and accessible practices for achieving sustainable self employment outcomes for individuals with disabilities. Practices should include but not be limited to providing public education, training, technical assistance and accessible online and print resources with the purpose of advancing self employment opportunities for Americans with disabilities. The Committee directs that, in making the national technical assistance grant, priority be given to national non-profits with experience in delivering direct consumer services as well as training to public and private agencies. The remainder of the funds in the initiative should be used to undertake a thorough analysis of the structures currently in place that either promote or impede the expansion of business ownership in the disability community.

The Committee recommends that the Office of Disability Employment Policy continue the existing, structured, internship program for undergraduate college students with disabilities, at no less than current appropriation levels. The Committee continues to believe that this innovative, structured internship program will provide important opportunities for undergraduate students with disabilities to pursue academic and career development opportunities within the Department of Labor and other Federal agencies.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2005 .....	\$320,688,000
Budget estimate, 2006 .....	244,423,000
House allowance .....	239,783,000
Committee recommendation .....	320,561,000

The Committee recommendation includes \$320,561,000 for this account, which is \$76,138,000 more than the budget request and \$127,000 less than the 2005 comparable level. In addition, an amount of \$24,239,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request and the House allowance.

The primary goal of the Department of Labor is to protect and promote the interests of American workers. The departmental management appropriation finances staff responsible for formulating and overseeing the implementation of departmental policy and

management activities in support of that goal. In addition, this appropriation includes a variety of operating programs and activities that are not involved in departmental management functions, but for which other salaries and expenses appropriations are not suitable.

The Committee recommendation includes \$26,720,000 for Executive Direction, the same as the fiscal year 2005 comparable level.

The Committee recommendation includes \$9,764,000 for the Women's Bureau. The Committee encourages the Women's Bureau to support effective programs such as "Women Work!", to provide technical assistance and training on programming for women in transition to reenter the workforce.

The Committee is pleased with efforts to investigate the impact of the nursing shortage on the overall health care labor market across the country, particularly in rural areas, such as Hawaii. The Committee urges the Department to work with HRSA in creating solutions to remedy the ongoing shortage and report on these efforts.

The University of Hawaii Center on the Family is dedicated to understanding and promoting the factors that foster resiliency in families facing personal, social, and financial crises. The uniqueness of this program is the emphasis on the psychological and behavioral processes, family resilience and vulnerability, and includes Asians, Pacific Islanders and Caucasians families. The State's diverse multicultural population adds to the reliability of the research conclusions.

The Committee is disappointed that the Department of Labor has once again put forward a budget for the coming year that drastically reduces funding for International Labor Affairs Bureau [ILAB], in particular, those initiatives working with the International Labor Organization [ILO] to combat abusive and exploitative child labor.

The Committee is aware that the administration is aggressively pursuing multiple trade agreements that will depend upon the United States' ability to provide technical assistance on labor standards, including but not limited to the eradication of child labor. ILAB is the division of the U.S. Government with the mission and authority to provide that assistance. A budget request that eliminates all funding for multilateral and bilateral technical assistance, elimination of child labor, permanent reporting capacity and HIV/AIDS in the Workplace promotes a lack of confidence in the United States' trade efforts.

The Committee commends the Department of Labor on its report "Investing In Every Child" which found that the average economic benefit of eliminating child labor around the world exceeds the cost of those efforts by a ratio of 6.7 to 1. The study also found that each year of additional education beyond the age of 14 yields an 11 percent increase in that individual's earning power resulting in just over \$5,000,000,000,000 in global benefits. The Committee views the investment made by the United States and the programs run by the Department of Labor to eliminate child labor as a proven method for improving the economic infrastructure of developing nations and providing a market for U.S. goods.

Given the aggressive trade agenda and the recent commitment to capacity building in developing nations as a form of aid, the Committee is mystified by the Department's now annual effort to eliminate these programs, this year proposing an astounding 86 percent reduction.

Therefore, the Committee recommendation includes \$93,248,000 for the Bureau of International Labor Affairs. Of this amount, the Committee's recommendation includes \$45,000,000 for the U.S. contribution to sustain and to extend to more countries in waiting the successful efforts of the ILO's International Program for the Elimination of Child Labor [IPEC]. Also included is \$37,000,000 for bilateral assistance to expand upon the program initiated by the Department in fiscal year 2001 to help ensure access to basic education for the growing number of children removed from the worst forms of child labor in impoverished nations where abusive and exploitative child labor is most acute. The Committee expects the Department of Labor to work with the governments of host countries to eliminate school fees that create a barrier to education.

The Committee notes and welcomes ILAB's technical assistance programs that promote the goals of the Harkin-Engel protocol, as well as ILAB's ongoing efforts to implement Executive Order 13126 and its reporting under the Trade and Development Act of 2000. To complement these efforts, the Committee directs that \$4,500,000 of the basic education funds be used to provide critical oversight of both the public and private investment in the protocol. The Committee expects that at a minimum, this will include an annual public report to both the Congress and the Department. The report should cite progress made on key points of the Protocol and Joint Statement including: development of a child labor monitoring system by industry, the effective elimination of the worst forms of child labor and forced labor in the supply chain, and the development of an industry-wide, public, transparent certification system. The Committee directs that funds be awarded with priority given to academic institutions with expertise in agriculture and the U.N. Norms on Business and Human Rights.

The Committee deems it very important that ILAB deepen and improve its permanent capacity to compile and report to the Congress annually on the extent to which each foreign country that has trade and investment agreements with the United States enforces internationally-recognized worker rights. This report is required under multiple U.S. laws and promotes core labor standards as embodied in the ILO Declaration on Fundamental Principles and Rights at Work as adopted and reaffirmed in 1998. The Committee is aware that currently this report only tracks the progress of countries that are designated as beneficiaries under the U.S. Generalized System of Preferences [GSP]. The GSP program grants duty-free treatment to specified products imported from developing countries and territories. As the United States negotiates separate Free Trade Agreements with GSP beneficiaries, the DOL stops tracking their progress in the elimination of abusive and exploitative child labor. Therefore, the Committee directs the Secretary to include in the 2006 report, all former GSP recipients that have achieved a Free Trade Agreement with the United States over the preceding 2 years. The Committee has provided \$1,000,000 for the compila-

tion of this report, which shall be transmitted to the Congress no later than September 1, 2006.

The Committee is disturbed by recent reports that the Department is treating commodities that were purchased with grant funds as a sub-grant and requiring re-payment in ways that undermine the original purpose of the grants. The Committee notes that the U.S. Government has sensible procedures in place for the distribution of commodities that retain value after the end of the grant. Therefore, the Committee directs that the Department adhere to the OMB standards for grant-making, including those standards that pertain to the disbursement of goods. These standards should be applied to all ongoing grants, as well as any new grants.

For other ILAB programs, including 125 FTE for Federal Administration, the Committee recommends \$10,248,000.

Acknowledging the need to upgrade the information technology capability in the Department of Labor, the Committee recommends \$29,760,000 for the information technology fund, and \$1,700,000 for management cross cut activities. The total provided includes support for cross-cutting investments such as common office automation suite implementation, architecture requirements, equipment, software, and related needs, as well as human resource management. In addition, \$6,230,000 is recommended for a separate Working Capital Fund appropriation, for implementation of a new core accounting system for the Department of Labor.

The Committee retains bill language intended to ensure that decisions on appeals of Longshore and Harborworker Compensation Act claims are reached in a timely manner.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2005 .....	\$222,833,000
Budget estimate, 2006 .....	224,334,000
House allowance .....	229,334,000
Committee recommendation .....	224,334,000

The Committee recommendation includes \$224,334,000 for this account, including \$194,834,000 in general revenue funding and \$29,500,000 to be expended from the "Employment Security Administration" account of the unemployment trust fund. This is \$1,315,000 more than the 2005 comparable level.

For State grants the bill provides \$162,415,000, which includes funding for the Disabled Veterans Outreach Program and the Local Veterans Employment Representative Program.

For Federal administration, the Committee recommends \$30,435,000, the same as the budget request and the House allowance. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain this effective program.

Individuals leaving the military may be at high risk of homelessness due to a lack of job skills transferable to the civilian sector, disrupted or dissolved family and social support networks, and other risk factors that preceded their military service. The Committee expects the Secretary of Labor to ensure that a module on

homelessness prevention is added to the Transition Assistance Program curriculum. The module should include a presentation on risk factors for homelessness, a self-assessment of risk factors, and contact information for preventative assistance associated with homelessness.

The Committee recommendation includes \$1,984,000, the same as the budget request, for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans.

The Committee recommendation includes \$22,000,000 for the Homeless Veterans Program, the same as the budget request. Also included is \$7,500,000 for the Veterans Workforce Investment Program, the same as the budget request.

The Committee is interested in ensuring that qualified job training programs of the Department of Labor fully extend priority of service for veterans as required by the Jobs for Veterans Act. Toward this effort, the Committee urges the Secretary to develop a guide for veterans in accessing workforce investment planning processes; and a guide to inform workforce systems on the employment services needs of veterans and the responsibility of such systems to prioritize veterans for services and to collaborate with veterans organizations and providers. The Committee urges the Secretary to instruct State workforce agencies to increase their outstationing of disabled veterans outreach program specialists and local veterans employment representatives in locations where homeless veterans congregate, including grantees under the homeless provider grant and per diem program and the homeless veterans reintegration program.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2005 .....	\$68,995,000
Budget estimate, 2006 .....	70,819,000
House allowance .....	70,819,000
Committee recommendation .....	72,819,000

The bill includes \$72,819,000 for this account, \$3,824,000 above the 2005 comparable level. The bill includes \$67,211,000 in general funds and authority to transfer \$5,608,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of \$344,000 is available by transfer from the black lung disability trust fund. This level provides sufficient resources to cover built-in cost increases, as well as augmenting program accountability activities and expanding the labor racketeering program.

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

GENERAL PROVISIONS

General provision bill language is included to:

Provide for modified general transfer authority (sec. 101).

Prohibit funding for the procurement of goods and services utilizing forced or indentured child labor in industries and host countries already identified by the Labor Department in accordance with Executive Order 13126 (sec. 102).

Authorize funds to be appropriated for job training for workers involved in construction projects funded through the Denali Commission (sec. 103).

Provide that certain payments made by the New York Workers' Compensation Board in response to terrorist attacks shall be deemed to have been made for workers compensation programs (sec. 104).

Require the Department of Labor to submit its fiscal year 2007 congressional budget justifications in the same format and level of detail used by the Department of Education in its fiscal year 2006 congressional budget justification (sec. 105).

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 2005 .....	\$6,828,012,000
Budget estimate, 2006 .....	5,991,144,000
House allowance .....	6,468,437,000
Committee recommendation .....	7,423,434,000

The Committee provides a program level of \$7,423,434,000 for the Health Resources and Services Administration [HRSA]. The Committee recommendation includes \$7,398,434,000 in budget authority and an additional \$25,000,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2005 comparable program level was \$6,828,012,000, the administration request program level was \$5,991,144,000, and the House provided \$6,468,437,000.

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

The Committee recognizes the unique needs of frontier and rural populations and applauds the Department for establishing competitive grants specifically aimed at programs with those designations. The Committee likewise recognizes the limited accessibility of island communities, whether rural or urban, and urges the Department to include an island designation to promote programs in areas geographically isolated from the mainland and neighbor islands. Criteria for island designation includes a clinic, federally qualified health center, or hospital located on a land mass surrounded by water and greater than 2,000 miles from the United States mainland.

BUREAU OF PRIMARY HEALTH CARE

COMMUNITY HEALTH CENTERS

The Committee provides \$1,839,311,000 for the community health centers. The fiscal year 2005 comparable program level was \$1,734,311,000, the administration request program level was \$2,037,871,000, and the House provided \$1,834,311,000. This group of programs includes community health centers, migrant health centers, health care for the homeless, and public housing health service grants.

Within the amount provided, \$20,000,000 has been allocated to offset the rising cost of health care at existing centers, and



\$5,000,000 has been allocated to resolve specific financial situations beyond the control of the local health center, such as unusual increases in the number of uninsured patients seeking care.

The Committee includes bill language limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to \$45,000,000, which is the same as the administration request and in fiscal year 2005. Bill language has also been included clarifying that these funds are available until expended. The Committee has included bill language allowing costs associated with the health centers tort liability relief to be paid from the fund. The Committee intends that the fund be used to pay judgments and settlements, occasional witness fees and expenses, and the administrative costs of the program, which includes the cost of evaluating claims, defending claims, and conducting settlement activities. The Committee is aware of legislation that would extend FTCA coverage to volunteer physicians and non-grantee health centers (commonly referred to as "look-alikes"). While both proposals would extend FTCA coverage to additional providers, the Committee expects the amount provided to be adequate to cover any increased costs in fiscal year 2006.

The Committee does not provide additional funds for loan guarantee authority under section 330(d) of the Public Health Service Act. The Committee notes that \$105,000,000 in loan guarantee authority from the \$160,000,000 appropriated in fiscal years 1997 and 1998 continues to remain available for guarantees of both loan principal and interest.

The Committee is concerned by the small number of health centers that have been able to utilize the loan guarantee program despite sufficient funding being available since fiscal year 1997. The Committee urges HRSA to increase the percentages at which loan guarantees are provided for managed care plans, networks, and facilities to the highest authorized levels in order to enhance the number of health centers participating in the program.

The Committee supports the long-standing HRSA policy of approving specific qualified applications for future funding. This process enables high-quality applicants to take steps to develop and implement care delivery systems in their communities instead of wasting scarce resources to reapply for funding. However, HRSA should limit the use of this mechanism in a manner consistent with expected budget requests.

The Committee is concerned that HHS requires health centers and other facilities to have a HPSA priority score of 14 or above in order to obtain a J-1 Visa physician placement and that this additional criterion has severely limited access to J-1 physicians in underserved communities. The Committee encourages HRSA to consider using an alternative methodology for entities eligible for Federal J-1 Visa physician placements.

The Committee recognizes an important role of the consolidated health centers is caring for people living with or at risk of hepatitis C. The committee encourages the Bureau of Primary Care to provide leadership and training to its grantees on hepatitis C prevention, medical management and treatment.

The Committee recognizes the cultural differences inherent in addressing family violence prevention among minority populations,

such as Native Hawaiians. Additionally, many victims of domestic violence seek care through safety net providers in community health centers rather than present to costly emergency departments. The Committee encourages the Department to fund demonstration projects that combine integrated family violence prevention models focused on minority populations with primary care delivery.

The Committee commends the efforts of health centers to deliver culturally and linguistically appropriate care and encourages the Secretary to work with health centers to better enable them to provide, to the maximum extent feasible, culturally competent and linguistically appropriate services. The Committee also urges that attention be given to strategies to increase the numbers and diversity of health professionals at community health centers.

The Committee recognizes that Nurse-Managed Health Centers [NMHCs] serve a dual function in strengthening the health care safety net by providing health care to populations in underserved areas and by providing the clinical experiences to nursing students that are mandatory for professional development. Recognizing that NMHCs are frequently the only source of health care to their patients and that a lack of clinical education sites for nurses is a contributing factor to the nationwide nursing shortage, the Committee encourages HRSA to provide alternative means to secure cost-based reimbursement for NMHCs, by providing that reimbursement or by granting university-based CHCs. In addition, the Committee encourages HRSA to research the effectiveness of nurse-managed health centers as a national model to reduce health disparities.

The Committee encourages the Bureau of Primary Health Care to consider establishing a grant program within its community health center program that would support the establishment and/or expansion of nurse practice arrangements commonly referred to as nurse-managed health centers that provide the medically underserved with access to primary care services and promote career advancement among nursing personnel in a variety of training settings.

The Committee is concerned that Federal community health center funds are often not available to small, remote communities in Alaska, Hawaii, and other similar States because the population base is too small. Many of these communities have no health service providers and are forced to travel long distances by boat or plane even in emergency situations. The Committee supports efforts now underway to increase community health center funding to address the growing number of uninsured persons in this country. The Committee recommends that HRSA examine its regulations and applications procedures to ensure they do not unduly burden small communities and are appropriately flexible to meet the needs of these communities. The Committee applauds the agency for its initiatives such as the "Alaska Frontier Health Plan" and encourages the Agency to continue and expand its efforts with this program.

#### *Native Hawaiian Health Care*

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has in-

cluded sufficient funding so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than \$14,100,000 be provided for these activities in fiscal year 2006.

*Free Clinics Medical Malpractice Coverage*

The Committee provides \$99,000 in funding for payments of claims under the Federal Tort Claims Act to be made available for free clinic health professionals as authorized by U.S.C. Title 42, Section 233(o) of the Public Health Service Act. The fiscal year 2005 comparable level was \$99,000 and neither the administration nor the House provided any funding for this program. This appropriation continues to extend Federal Tort Claims Act coverage to medical volunteers in free clinics in order to expand access to health care services to low-income individuals in medically underserved areas.

*Radiation and Exposure Screening and Education Program*

The Committee provides \$1,958,000 for the Radiation Exposure Compensation Act. The fiscal year 2005 comparable level was \$1,958,000, the administration request was \$1,936,000 and the House provided \$1,900,000. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during its mining and milling at nuclear test sites.

*Health Care Access for the Uninsured/Community Access Program*

The Committee provides \$60,000,000 for the Community Access Program. The fiscal year 2005 comparable level was \$82,993,000 and the administration did not request fund for this program in fiscal year 2006. This program is designed to increase the capacity and effectiveness of community health care institutions and providers who serve patients, regardless of their ability to pay.

Community Health Centers have the potential to serve as a valuable resource in biomedical and behavioral research aimed at reducing health status disparities among minority and medically underserved populations. The Committee is pleased that HRSA, through the H-CAP program, has prioritized the establishment of demonstration projects between Community Health Centers and minority health professions schools for the purpose of health status disparities research and data collection. Such demonstration projects were authorized in the "Health Care Safety Net Amendments of 2002."

*National Hansen's Disease Program*

The Committee has included \$17,066,000 for the National Hansen's Disease Program. The fiscal year 2005 comparable level was \$17,251,000 and the administration request was \$16,066,000 in fiscal year 2006. This program offers Hansen's Disease treatment in Baton Rouge at the Center, at other contract supported locations in Baton Rouge, and in grant supported outpatient regional clinics. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the United States.

*National Hansen's Disease Program Buildings and Facilities*

The Committee provides \$222,000 for buildings and facilities. The fiscal year 2005 comparable level was \$247,000 and the administration request was \$222,000. This funding provides for the repair and maintenance of buildings at the Gillis W. Long Hansen's Disease Center.

*Payment to Hawaii for Hansen's Disease Treatment*

The Committee provides \$2,017,000 for Hansen's disease services. The fiscal year 2005 comparable level was \$2,017,000 and the administration requested \$2,016,000.

*Black Lung Clinics*

The Committee provides \$5,975,000 for black lung clinics. The fiscal year 2005 comparable level was \$5,951,000 and the administration requested \$5,912,000. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

## BUREAU OF HEALTH PROFESSIONS

*National Health Service Corps: Field Placements*

The Committee provides \$40,705,000 for field placement activities. The fiscal year 2005 comparable level was \$45,068,000 and the administration request was \$40,705,000. The funds provided for this program are used to support the activities of National Health Service Corps obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

The Committee is pleased by the increasing proportion of NHSC assignees being placed at Community, Migrant, Homeless, and Public Housing Health Centers. The Committee encourages HRSA to further expand this effort to ensure that the health center expansion effort has access to a sufficient level of health professionals through the NHSC.

The Committee is concerned by reports that the current HPSA scoring process used by HRSA to place physicians disadvantages many health centers located in medically underserved areas of the country. The Committee urges HRSA to reconsider the decision to score FQHCs under the newly authorized automatic designation process based on data and criteria that virtually eliminate all such FQHCs from eligibility for the placement of NHSC scholars, Ready Responders, and HHS' J-1 Visa waiver program.

*National Health Service Corps: Recruitment*

The Committee provides \$86,091,000 for recruitment activities. The fiscal year 2005 comparable level was \$86,380,000 and the administration request was \$86,091,000. This program provides major benefits to students (full-cost scholarships or sizable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional

shortage area. These funds should support multi-year, rather than single-year, commitments.

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

#### HEALTH PROFESSIONS

The Committee provides \$454,393,000 for all HRSA health professions programs. The fiscal year 2005 comparable level was \$450,213,000 and the administration requested \$160,534,000 in fiscal year 2006.

The Committee recognizes that physicians trained in combined Internal Medicine-Pediatrics [Med-Peds] residency training programs are particularly well suited to care for patients with chronic medical illnesses who transition from pediatric to adult-centered care. These physicians receive intensive training in the care of children with chronic illnesses as well as primary care for adults. The Committee believes that Med-Peds physicians may fill the emerging need of caring for these patients. The Committee encourages HRSA to consider developing model demonstration projects on transition care. The goal would be to address the healthcare needs of this underserved population and to train future physicians to provide care for them.

The Committee understands that nearly three quarters of the Nation's 122 Job Corps Centers offer health occupations training as well as training in health care related fields. The Committee recognizes the Job Corps success in training students with the skills they need to fill critical shortages through major national employer partners. The Committee encourages HRSA to consider making Job Corps Centers eligible for HRSA funding for allied health training programs.

The Committee commends HRSA for its continuing efforts to address the growing gap between the size of the Nation's aging baby boom population and the number of pulmonary/critical care physicians. The Committee is aware that HRSA has prepared a report on the healthcare workforce shortage issue, and that the portion of the report that will attempt to identify the causes of, and potential responses to, the critical care workforce shortage will be informed, in part, by The Critical Care Medicine Crisis: A Call for Federal Action prepared by the American College of Chest Physicians and the members of the Critical Care Workforce Partnership. The Committee requests HRSA provide a copy of this report to the Committee by July 1, 2006. The Committee continues to encourage HRSA to address the critical care workforce shortage issue and use the pulmonary/critical care specialty as a model for developing and testing policy approaches to address workforce shortage issues.

*Training for Diversity**Centers of Excellence*

The Committee provides \$33,609,000 for the Centers of Excellence program. The fiscal year 2005 comparable level was \$33,609,000 and the administration did not request any funds for this program in fiscal year 2006. This program was established to fund institutions that train a significant portion of the Nation's minority health professionals. Funds are used for the recruitment and retention of students, faculty training, and the development of plans to achieve institutional improvements. The institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities and usually with little State funding, they serve the health care needs of their patients often without remuneration.

The Committee is pleased that HRSA has re-focused the Minority Centers of Excellence program on providing support to historically minority health professions institutions. The Committee recognizes the important role of this program in supporting faculty and other academic programs at minority institutions.

*Health Careers Opportunity Program*

The Committee provides \$35,647,000 for the Health Careers Opportunity Program. The fiscal year 2005 comparable level was \$35,647,000 and the administration did not request any funds for this program in fiscal year 2006. This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and pre-professional school preparations.

The Committee is concerned about the reduced level of support provided to minority health professions schools through the H-COP program in recent fiscal years. For fiscal year 2006, the Committee urges HRSA to give priority consideration to awarding grants to those institutions with a historic mission of training minorities in the health professions. HRSA should report to the Committee within 6 weeks of enactment of this Act with the steps it has taken to address this issue.

*Faculty Loan Repayment*

The Committee provides \$1,302,000 for the Faculty Loan Repayment program. The fiscal year 2005 comparable level was \$1,302,000 and the administration did not request any funds for this program in fiscal year 2006. This program provides for the repayment of education loans for individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than 2 years as a faculty member of a health professions school.

*Scholarships for Disadvantaged Students*

The Committee provides \$47,128,000 for the Scholarships for Disadvantaged Students program. The fiscal year 2005 comparable level was \$47,128,000 and the administration requested \$9,381,000 for this program in fiscal year 2006. This program provides grants to health professions schools for student scholarships to individuals

who are from disadvantaged backgrounds and are enrolled as full-time students in such schools. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarships program.

*Training in Primary Care Medicine and Dentistry*

The Committee provides \$90,000,000 for Training in Primary Care Medicine and Dentistry programs. The fiscal year 2005 comparable level was \$88,816,000 and the administration did not request funding for this program in fiscal year 2006.

*Family Medicine Training*

Family medicine activities support grants for graduate training in family medicine, grants for pre-doctoral training in family medicine, grants for faculty development in family medicine, and grants for the establishment of departments of family medicine. The Committee reiterates its support for this program and recognizes its importance in increasing the number of primary care physicians in underserved areas.

*General Internal Medicine and Pediatrics Training*

This program provides funds to public and private nonprofit hospitals and schools of medicine and osteopathic medicine to support residencies in internal medicine and pediatrics. Grants may also include support for faculty.

*Physician Assistants*

This program supports planning, development, and operation of physician assistant training programs.

*General Dentistry and Pediatric Dental Residencies*

This program assists dental schools and postgraduate dental training institutions to meet the costs of planning, developing, and operating residency training and advanced education programs in general practice of dentistry and funds innovative models for postdoctoral general dentistry and pediatric dentistry.

*Interdisciplinary, Community-based Linkages*

*Area Health Education Centers*

The Committee provides \$28,971,000 for the Area Health Education Centers program. The fiscal year 2005 comparable level was \$28,971,000 and the administration did not request any funds for this program in fiscal year 2006. This program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: Core grants to plan and implement programs; special initiative funding for schools that have previously received Area Health Education Centers [AHEC] grants; and model programs to extend AHEC programs with 50 percent Federal funding.

*Health Education and Training Centers*

The Committee provides \$3,819,000 for the Health Education and Training Centers program. The fiscal year 2005 comparable level was \$3,819,000 and the administration did not request any funds for this program in fiscal year 2006. These centers provide training to improve the supply, distribution, and quality of personnel providing health services in the State of Florida or along the border between the United States and Mexico and in other urban and rural areas with populations with serious unmet health care needs.

*Allied Health and Other Disciplines*

The Committee provides \$11,753,000 for the Allied Health and Other Disciplines programs. The fiscal year 2005 comparable level was \$11,753,000 and the administration did not request any funds for this program in fiscal year 2006. The Committee intends that these funds be used to support existing programs at not less than last year's level. These programs seek to improve access, diversity, and distribution of allied health practitioners to areas of need. The program improves access to comprehensive and culturally competent health care services for underserved populations.

The Committee is concerned about the emerging shortage of occupational therapists needed to work with baby boom retirees and encourages HRSA to give priority consideration to projects for schools that address these manpower shortages by both training faculty and students for entry level service.

The Committee is aware that dental disease disproportionately affects our Nation's most vulnerable populations, including many in rural America. New ways of bringing oral health care to rural and underserved populations are needed. The Committee encourages HRSA to explore alternative methods of delivering preventive and restorative oral health services in rural America. Specifically, the Committee encourages HRSA to explore development of an advanced dental hygiene practitioner who would be a graduate of an accredited dental hygiene program and complete an advanced educational curriculum, which prepares the dental hygienist to provide diagnostic, preventive, restorative and therapeutic services directly to the public in rural and underserved areas.

The Committee notes that since 1999 HRSA has not provided a focus, through a request for proposals or other program initiatives, on pediatric occupational therapy. In view of the importance of this health profession to children with disabilities, the Committee encourages HRSA to identify a competitive category specifically for pediatric occupational therapy training grants in 2006.

*Geriatric Education Centers and Training*

The Committee provides \$29,548,000 for the Geriatrics Education Centers and Training programs. The fiscal year 2005 comparable level was \$31,548,000 and the administration did not request any funds for this program in fiscal year 2006. This program supports grants to health professions schools to establish geriatric education centers and to support geriatric training projects. These centers and geriatric training programs play a vital role in enhancing the



skill-base of health care professionals to care for our Nation's growing elderly population.

*Quentin N. Burdick Program for Rural Health Interdisciplinary Training*

The Committee provides \$6,076,000 for these programs. The fiscal year 2005 comparable level was \$6,076,000 and the administration did not request any funds for this program in fiscal year 2006. This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice.

*Podiatric Primary Care Training*

This program provides grants to hospitals and schools of podiatric medicine for residency training in primary care. In addition to providing grants to hospitals and schools of podiatric medicine for residency training in primary care, the program also permits HRSA to study and explore ways to more effectively administer postdoctoral training in an ever changing health care environment.

*Chiropractic Demonstration Grants*

This program provides grants to colleges and universities of chiropractic to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower back conditions. The Committee continues to support the chiropractic research and demonstration grant program, originally authorized under section 782 of Public Law 102-408, and funded by the Committee in previous years. The Committee recommends that the chiropractic-medical school demonstration grant program be continued.

*Workforce Information and Analysis*

The Committee provides \$712,000 for these programs. The fiscal year 2005 comparable level was \$716,000 and the administration requested \$712,000.

*Health Professions Data and Analysis*

This program supports the collection and analysis of data on the labor supply in various health professions and on future workforce configurations.

*Research on Certain Health Professions Issues*

This program supports research on the extent to which debt has a detrimental effect on students entering primary care specialties; the effects of federally funded education programs for minorities attending and completing health professions schools; and the effectiveness of State investigations in protecting the health of the public.

*Public Health Workforce Development*

With the continued need for public health training throughout the country, the Committee believes these programs serve an important role in maintaining the country's public health infrastructure.

*Public Health, Preventive Medicine, and Dental Public Health Programs*

The Committee provides \$9,097,000 for these programs. The fiscal year 2005 comparable level was \$9,097,000 and the administration did not request any funds for this program in fiscal year 2006. This program supports awards to schools of medicine, osteopathic medicine, public health, and dentistry for support of residency training programs in preventive medicine and dental public health; and for financial assistance to trainees enrolled in such programs.

*Health Administration Programs*

The Committee provides \$1,070,000 for the Health Administration programs. The fiscal year 2005 comparable level was \$1,070,000 and the administration did not request any funds for this program in fiscal year 2006. These programs provide grants to public or nonprofit private educational entities, including schools of social work, but not schools of public health, to expand and improve graduate programs in health administration, hospital administration, and health policy analysis and planning; and assists educational institutions to prepare students for employment with public or nonprofit private agencies.

Although the majority of Native Hawaiians receive services in federally qualified community health centers, there is only one Native Hawaiian health care administrator working in these centers. The Committee is concerned that limited mentoring and training opportunities exist for Native Hawaiian administrators in health care organizations. The Committee urges that a portion of money appropriated for Native Hawaiian Health Care Act programs be used to prepare Native Hawaiians with the expertise to excel in administrative health care positions.

*Nursing Workforce Development Programs*

The Committee provides \$155,661,000 for the Nursing Workforce Development programs. The fiscal year 2005 comparable level was \$150,661,000 and the administration requested \$149,991,000 for these programs in fiscal year 2005. The Committee recognizes that the current nursing shortage has reached a crisis state across America. The situation only promises to worsen due to a lack of young nurses in the profession, an aging existing workforce, and inadequate availability of nursing faculty to prepare future nurses. The Committee urges HRSA to support programs aimed at increasing nursing faculty and encouraging a diverse population's entry into nursing.

*Advanced Education Nursing*

The Committee provides \$58,160,000 for the Advanced Education Nursing programs. The fiscal year 2005 comparable level was \$58,160,000 and the administration requested \$42,806,000 for this

program in fiscal year 2006. This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

The Committee understands that advanced practice nurses provide high quality, cost-effective care in whatever geographic locations they practice and that often they are a patient's only option for care. The Committee requests the Administrator to report to the Committee within 6 weeks of enactment of this Act on the number of advanced practice nurse candidates that receive traineeships and the number that then work in rural, isolated or underserved areas across the United States.

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

The Committee provides \$40,468,000 for the Nurse Education, Practice, and Retention Programs. The fiscal year 2005 comparable level was \$36,468,000 and the administration requested \$46,325,000 for this program in fiscal year 2006. The goal of this program is to improve the quality of nursing practice. Activities under this program will initiate new projects that will change the educational mix of the nursing workforce and empower the workforce to meet the demands of the current health care system.

#### *Nursing Workforce Diversity*

The Committee provides \$17,270,000 for the Nursing Workforce Diversity program. The fiscal year 2005 comparable level was \$16,270,000 and the administration requested \$21,244,000 for this program in fiscal year 2006. The goal of this program is to improve the diversity of the nursing workforce through increased educational opportunities for individuals from disadvantaged backgrounds. The Committee urges the Division of Nursing to develop and increase cultural competence in nursing and to increase the number of underrepresented racial and ethnic minorities in all areas of nursing education and practice to enhance nurses' ability to provide quality health care services to the increasingly diverse community it serves.

#### *Nurse Loan Repayment and Scholarship Program*

The Committee provides \$31,482,000 for the Nurse Loan Repayment and Scholarship programs. The fiscal year 2005 comparable level was \$31,482,000 and the administration requested \$31,369,000 for this program in fiscal year 2006. This program offers student loan repayment to nurses in exchange for an agreement to serve not less than 2 years in an Indian Health Service health center, Native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic.

#### *Nurse Faculty Loan Program*

The Committee provides \$4,831,000 for the Nursing Faculty Loan program. The fiscal year 2005 comparable level was \$4,831,000 and the administration requested \$4,821,000 for this program in fiscal year 2006. This program supports the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty.

*Comprehensive Geriatric Education*

The Committee provides \$3,450,000 for Comprehensive Geriatric Education grants. The fiscal year 2005 comparable level was \$3,450,000 and the administration requested \$3,426,000 for this program in fiscal year 2006. These grants prepare nursing personnel to care for the aging population.

*Children's Hospitals Graduate Medical Education Program*

The Committee has provided \$300,000,000 for the Children's Hospitals Graduate Medical Education [GME] program. The fiscal year 2005 comparable level was \$300,730,000 and the administration requested \$200,000,000 for this program in fiscal year 2006.

The program provides support for health professions training in children's teaching hospitals that have a separate Medicare provider number ("free-standing" children's hospitals). Children's hospitals are statutorily defined under Medicare as those whose inpatients are predominantly under the age of 18. The funds in this program are intended to make the level of Federal Graduate Medical Education support more consistent with other teaching hospitals, including children's hospitals, which share provider numbers with other teaching hospitals. Payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

*National Practitioner Data Bank*

The Committee provides \$15,700,000 for the national practitioner data bank. The fiscal year 2005 comparable level was \$15,700,000 and the administration request was \$15,700,000. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. Bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

*Health Care Integrity and Protection Data Bank*

The Committee provides \$4,000,000 for the health care integrity and protection data bank. The fiscal year 2005 comparable level was \$4,000,000 and the administration request was \$4,000,000. The Committee and the administration assume that full funding will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank. The data bank is intended to collect, maintain, and report on certain actions taken against health care providers, suppliers, and practitioners.

MATERNAL AND CHILD HEALTH BUREAU

*Maternal and Child Health Block Grant*

The Committee provides \$710,000,000 for the maternal and child health [MCH] block grant. The fiscal year 2005 comparable level was \$723,928,000 and the administration request was \$723,928,000.

The Maternal and Child Health Block Grant program provides a flexible source of funding that allows States to target their most ur-

gent maternal and child health needs through development of community-based networks of preventive and primary care that coordinate and integrate public and private sector resources and programs for pregnant women, mothers, infants, children, and adolescents. The program supports a broad range of activities including prenatal care, well child services and immunizations, reducing infant mortality, preventing injury and violence, expanding access to oral health care, addressing racial and ethnic disparities and providing comprehensive care for children, adolescents, and families through clinics, home visits and school-based health programs.

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 85 percent of appropriated funds up to \$600,000,000 are distributed to States and 15 percent are set aside for special projects of regional and national significance [SPRANS]. Also according to statute, 12.75 percent of funds over \$600,000,000 are to be used for community-integrated service systems [CISS] programs. The remaining funds over \$600,000,000 are distributed on the same 85/15 percent split as the basic block grant.

The Committee has included bill language identifying \$121,396,250 for the SPRANS set-aside. Within that total, the Committee intends that \$4,000,000 be used to continue the sickle cell newborn screening program and its locally based outreach and counseling efforts; \$5,000,000 be used to continue the oral health demonstration programs and activities in the States; \$2,000,000 be used for mental health programs and activities in the States; \$3,000,000 be used for epilepsy demonstration projects; \$1,000,000 be used for a fetal alcohol syndrome demonstration program; and \$2,000,000 be used for newborn and child screening for heritable disorders as authorized in title XXVI of the Children's Health Act of 2000.

The Committee has provided \$5,000,000 for the continuation of oral health programs in the States. Through grants, cooperative agreements or contracts, these funds may be used to increase access to dental care for the most vulnerable low-income children, such as Medicaid, SCHIP, and Head Start eligible children and to implement State identified objectives for improving oral health. Anticipated activities include those targeting the reduction of early childhood caries, and strengthening school-linked dental sealant programs.

The Committee also provides \$2,000,000 for mental health programs and activities in the States. The Committee expects that the programs will include mental health grants for prevention and early intervention services for children and youth ages 0 to 24 years and for women's mental health as it relates to their role in the family, particularly for women diagnosed with postpartum depression [PPD]. One out of every ten new mothers suffers from PPD, a treatable condition that presents a range of emotional and physical changes. Unfortunately, half of these women never get help. The Committee encourages the Bureau to utilize this funding to focus on low-income women and mothers of children with low birth weight. The Committee recommends that funding be used on science-based programs or models such as the Starting Early Starting Smart Program that was funded by the Substance Abuse and

Mental Health Service Administration [SAMHSA] and the Casey Family Programs to specifically target early intervention and prevention.

The Committee has provided \$3,000,000 for the continuation of epilepsy demonstration programs to improve access to health and other services regarding seizures and to encourage early detection and treatment in children and others residing in medically underserved and rural areas. Of the amount provided, the Committee recommends 30 percent be used to continue to fund the development and testing of a national public health awareness campaign to increase seizure recognition and improve access to care among minorities and underserved populations. In implementing this program, the Committee encourages HRSA to partner with a national organization whose mission is to improve the lives of children and adults affected by seizure through research, education, advocacy and service.

The Committee has included \$1,000,000 to continue the demonstration program on fetal alcohol syndrome begun in last year's appropriation. Each year, 40,000 children are born with fetal alcohol spectrum disorders [FASD], the leading known cause of mental retardation and birth defects. The demonstration program should continue to coordinate services between the National Organization on Fetal Alcohol Syndrome and community health centers to improve the prevention, identification, and support of individuals with fetal alcohol syndrome. In addition, funds have been included to engage and include maternal child health sites in this successful demonstration.

Newborn screening is a public health activity used for early identification of infants affected by certain genetic, metabolic, hormonal and or functional conditions for which there are effective treatments or interventions. Screening detects disorders in newborns that, left untreated, can cause death, disability, mental retardation and other serious illnesses.

The Committee again provides \$2,000,000 within the SPRANS amount for the heritable disorders program authorized in title XXVI of the Children's Health Act. This program is designed to strengthen States' newborn screening programs and improve States' ability to develop, evaluate, and acquire innovative testing technologies, and establish and improve programs to provide screening, counseling, testing and special services for newborns and children at risk for heritable disorders. The Committee urges HRSA to include additional conditions, such as biliary atresia, Fragile X, and abnormally elevated levels of bilirubin, in this evaluation of testing programs with the goal of implementing cost-effective public health screening programs for these and other disorders. The Committee requests a report by July 15, 2006 on the steps taken to validate a screening tool for Fragile X and to launch a screening program across the country. Given the potential of Fragile X screening as a viable prototype for newborn and infant screening, the Committee encourages HRSA to allocate funding from the heritable disorders screening program toward screening and epidemiological research activities related to Fragile X.

The Committee is aware of the extreme disparities that exist among State newborn screening programs for metabolic and ge-

netic disorders. Parents and healthcare providers responsible for the care of newborns should be able to provide the best chance at a healthy start on life. For this reason, the Committee strongly urges HRSA to include as a requirement for funding a provision that parents be informed in writing of the availability of additional tests that may not be required under State law.

The Committee reiterates its long-standing support for the continuation of funding that the Maternal and Child Health Block Grant has provided to comprehensive thalassemia treatment centers under the SPRANS program. The Committee strongly encourages MCHB to continue this program, expand it to include additional centers around the country, and to coordinate closely its activities with the Cooley's Anemia Foundation.

The most crucial need for individuals suffering from Chronic Fatigue Syndrome is for effective, compassionate medical care. Through its demonstration grants program, HRSA has piloted effective ways of delivering health care services to those with emerging illnesses. The Committee encourages HRSA to provide demonstration grants to develop model CFS clinical centers with the goal of delivering effective, multidisciplinary clinical care to persons with CFS.

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

The Committee is aware that many school-age children with vision problems significant enough to affect their learning are not screened for vision problems prior to entering school. In an effort to stimulate a national effort to reduce the occurrence of vision loss and its accompanying disabilities, the Committee encourages HRSA to consider developing a National Core Performance Measure for children's vision.

#### *Sickle Cell Anemia Demonstration Program*

The Committee provides \$500,000 for the sickle cell anemia demonstration program. The fiscal year 2005 comparable level was \$198,000 and the administration did not request funding for this program in fiscal year 2006.

#### *Traumatic Brain Injury Program*

The Committee provides \$9,297,000 for the traumatic brain injury program. The fiscal year 2005 comparable level was \$9,297,000 and the administration did not request funding for this program in fiscal year 2006. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support. The Committee includes \$3,000,000 for protection and ad-

vocacy services, as authorized under section 1305 of Public Law 106–310.

#### *Healthy Start Initiative*

The Committee provides \$104,000,000 for the healthy start infant mortality initiative. The fiscal year 2005 comparable level was \$102,543,000 and the administration request was \$97,747,000.

The healthy start initiative was developed to respond to persistently high rates of infant mortality in this Nation. The initiative was expanded in fiscal year 1994 by a special projects program, which supported an additional seven urban and rural communities to implement infant mortality reduction strategies and interventions. The Children's Health Act of 2000 fully authorized this initiative as an independent program.

The Committee urges HRSA to give preference to current and former grantees with expiring or recently expired project periods. This should include grantees whose grant applications were approved but not funded during fiscal year 2005.

#### *Universal Newborn Hearing Screening and Early Intervention*

The Committee provides \$9,792,000 for universal newborn hearing screening and early intervention activities. The fiscal year 2005 comparable level was \$9,792,000 and the administration did not request funds for this program in fiscal year 2006.

The Committee has included sufficient funding to continue the initiative begun several years ago to provide grants to States to establish universal newborn hearing screening and early intervention programs. The Committee is pleased by the success of the initiative and the substantial response from States.

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

#### *Emergency Medical Services for Children*

The Committee provides \$20,000,000 for emergency medical services for children. The fiscal year 2005 comparable level was \$19,830,000 and the administration did not request funding for this program in fiscal year 2006. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

The Committee notes that this program is the only Federal source of funding and expertise for improving EMS systems for children. The Committee commends the EMSC program for its 20 years of achievement and applauds its commitment to improving the delivery of emergency medical services to ill and injured children.

#### *Poison Control Centers*

The Committee provides \$23,301,000 for poison control center activities. The fiscal year 2005 comparable level was \$23,499,000 and



the administration requested \$23,301,000 for this program in fiscal year 2006. The funds provided support activities authorized in the Poison Control Center Enforcement and Enhancement Act as well as the development and assessment of uniform patient management guidelines.

#### HIV/AIDS BUREAU

##### ACQUIRED IMMUNE DEFICIENCY SYNDROME

###### *Ryan White AIDS Programs*

The Committee provides \$2,083,296,000 for Ryan White AIDS programs. The recommendation includes \$25,000,000 in transfers available under section 241 of the Public Health Service Act. The fiscal year 2005 comparable level was \$2,073,296,000 and the administration request was \$2,083,296,000.

Next to the Medicaid program, the Ryan White CARE Act (the CARE Act) is the largest Federal investment in the care and treatment of people living with HIV/AIDS in the United States. The CARE Act provides a wide range of community-based services, including primary and home health care, case management, substance abuse treatment, mental health services, and nutritional services.

Within the total provided, the Committee intends that Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African-Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders continue with at least the level of funding provided in fiscal year 2005.

The Committee is concerned that at least 30 percent of persons living with HIV are co-infected with hepatitis C, and that hepatitis C related complications are emerging as the leading cause of death among persons living with HIV/AIDS. The Committee requests that HRSA provide both more guidance to grantees on providing services to co-infected individuals, and more education and training to medical providers on treating persons co-infected with HIV and HCV.

###### *Emergency Assistance—Title I*

The Committee provides \$610,094,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. These funds are provided to metropolitan areas meeting certain criteria. Half of the funds are awarded by formula and the other half are awarded through supplemental competitive grants.

###### *Comprehensive Care Programs—Title II*

The Committee provides \$1,131,836,000 for HIV health care and support services. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of anti-retroviral therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for \$797,521,000 for AIDS medications.

The Committee is concerned that Title II base award amounts have been reduced by \$14,000,000 over the past 2 fiscal years, thereby reducing the ability of State and territory health departments to provide comprehensive health care services to all those living with HIV/AIDS in need. The Committee recognizes the unique role that State health departments play in coordinating HIV/AIDS care and treatment programs within their State, regardless of funding source. The Committee encourages HRSA, in collaboration with state health departments, to seek meaningful measures by which coordination between all Ryan White CARE Act grantees and other Federal HIV/AIDS programs can occur within States and territories, with inclusion of State representatives in HRSA's monitoring visits of Title III and IV grantees, as well as notification to states of new grantees within their jurisdictions.

The Committee recognizes the importance of ADAP in making it possible for low-income Americans to access and afford the drugs to treat HIV/AIDS. Today, more than 150,000 Americans depend on ADAP to preserve and extend their lives. Unfortunately, dozens of States find themselves unable to keep up with the demand for patients in need of coverage under ADAP, and many states have been forced to take drastic action to offset funding shortfalls. The Committee encourages HRSA to explore methods of redistributing unobligated funds to help address the ADAP crisis.

#### *Early Intervention Program—Title III-B*

The Committee provides \$195,578,000 for early intervention grants. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

#### *Women, Infants, Children, and Youth—Title IV*

The Committee provides \$72,519,000 for title IV pediatric AIDS. Funds are awarded to community health centers, family planning agencies, comprehensive hemophilia diagnostic and treatment centers, federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act, county and municipal health departments and other nonprofit community-based programs that provide comprehensive primary health care services to populations with or at risk for HIV disease.

Title IV of the CARE Act provides a program of grants for coordinated services and access to research for women, infants, children and youth. Title IV grantees may engage in a broad range of activities to reduce mother-to-child transmission, including voluntary testing of pregnant women and treatment to reduce mother-to-child transmission. In addition, title IV grantees are required to provide individuals with information and education on opportunities to participate in HIV/AIDS clinical research.

The Committee expects HRSA to maximize available funds under this part to existing grantees. The Committee is concerned that instructions to HRSA regarding the analysis of data pertaining to administrative costs in title IV have still not been followed, making it almost impossible for HRSA to impose a cap in fiscal year 2006. The Committee strongly urges HRSA to collaborate with grantees under this title to produce necessary tools for the accurate collection of expense data. Unless HRSA can produce data regarding administrative expenses with a precise definition to ensure accuracy and comparability, the Agency will be unable to impose a limitation on such expenses without harming the ability of grantees to provide services for women, children, youth and families infected with HIV.

The Committee is aware of the efforts of title IV grantees to care for youth infected with HIV and urges HRSA to disseminate the effective practices and models of care developed by title IV grantees across all Ryan White CARE Act providers.

Technical assistance may be provided to title IV grantees using up to 2 percent of the funds appropriated under this section. Within this amount sufficient funds exist to maintain agreements to provide technical assistance to title IV grantees and to conduct policy analysis and research.

#### *AIDS Education and Training Centers*

The Committee provides \$35,051,000 for the AIDS education and training centers [AETC's]. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The Agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

#### *AIDS Dental Services*

The Committee provides \$13,218,000 for AIDS Dental Services. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

#### *Telehealth*

The Committee provides \$3,888,000 for telehealth activities. The fiscal year 2005 comparable level was \$3,916,000 and the administration request was \$3,888,000. The telehealth program funded through the Office for the Advancement of Telehealth promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and distance education for health professionals.

## SPECIAL PROGRAMS BUREAU

*Organ Donation and Transplantation*

The Committee provides \$24,413,000 for organ transplant activities. The fiscal year 2005 comparable level was \$24,413,000 and the administration request was \$23,282,000. These funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used for education of the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions.

The Committee notes that Public Law 108–216, the Organ Donation Recovery and Improvement Act of 2004 has provided new program authorizations and urges efforts to implement the new law. Funding provided by the Committee may be used to implement the provisions of the new law and the Committee notes that the new provisions may have a direct impact on increasing the rate of successful transplantations.

The Committee is concerned that pregnant women and their families are unaware of the benefits of umbilical cord blood in treating many congenital and genetic diseases. The Committee encourages HRSA to consider adding umbilical cord blood to organ and tissue donation education programs operated by HRSA to provide education on all options for umbilical cord blood storage including public donation and private banking.

The Committee is encouraged by the continuing success of the Organ Donation Collaborative Project and has included funds for its continuation. This project is focused on the Nation's largest hospitals and has adopted the goal of helping these hospitals achieve organ donation rates of 75 percent or higher, which will result in at least 6,000 additional organs available for transplantation. The Committee notes that this project has made important progress toward this goal over the last year and urges its continuation. The Committee also urges the agency to facilitate the adoption of a national system of simultaneous referrals of available organs as opposed to the current system of sequential or serial referrals.

*National Cord Blood Stem Cell Bank Program*

The Committee has provided \$9,859,000 for the National Cord Blood Stem Cell Bank Network. The fiscal year 2005 comparable level was \$9,859,000 and the administration did not request funds for this activity in fiscal year 2006.

The Committee continues to be supportive of the effort to build the Nation's supply of cord blood stem cells available for therapy and research. The Committee notes that the Institute of Medicine study required by House Report 108–401 has been completed and submitted to the Committee and HRSA. The Committee expects HRSA to begin implementation of this program as soon as possible.

*National Bone Marrow Donor Program*

The Committee provides \$22,916,000 for the National Bone Marrow Donor Registry. The fiscal year 2005 comparable level was

\$25,416,000 and the administration request was \$22,916,000. The National Bone Marrow Donor Registry is a network, operated under contract, which helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

#### *Trauma Care*

The Committee provides \$3,418,000 for trauma/emergency medical services. The fiscal year 2005 comparable level was \$3,418,000 and the administration did not request funds for this program in fiscal year 2006. This program is intended to improve the Nation's overall emergency medical systems, which are constantly activated to respond to a wide range of natural and man-made disasters.

#### *State Planning Grants for Health Care Access*

The Committee has not provided funding for State Planning Grants for Health Care Access in fiscal year 2006. The fiscal year 2005 comparable level was \$10,910,000 and the administration did not request funding for this activity in fiscal year 2006.

### RURAL HEALTH PROGRAMS

#### *Rural Health Policy Development Program*

The Committee provides \$8,825,000 for the Rural Health Policy Development Program. The fiscal year 2005 comparable level was \$8,825,000 and the administration request was \$8,528,000. The funds provide support for the Office of Rural Health Policy to be the focal point for the Department's efforts to improve the delivery of health services to rural communities and populations. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service.

#### *Rural Health Care Services Outreach Grants*

The Committee provides \$39,278,000 for health outreach grants. The fiscal year 2005 comparable level was \$39,278,000 and the administration request was \$10,767,000. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services.

The Committee understands that many primary care clinics in isolated, remote locations are providing extended stay services and are not staffed or receiving appropriate compensation to provide this service. The Committee encourages HRSA to continue its support for a demonstration project authorized in the Medicare Modernization Act to evaluate the effectiveness of a new type of provider, the "Frontier Extended Stay Clinic," to provide expanded services in remote and isolated primary care clinics to meet the needs of seriously ill or injured patients who cannot be transferred quickly to acute care referral centers, and patients who require monitoring and observation for a limited time.

Mississippi's Delta is a community in which residents disproportionately experience disease risk factors and children are signifi-

cantly mentally and physically developmentally behind. The Committee recognizes that communities such as this show positive behavioral change when community-based programs and infrastructure are in place. The Committee believes that collaborative programs offering health education, coordination of health services and health-related research offer the best hope for breaking the cycle of poor health in underprivileged areas such as the Mississippi Delta. Therefore, the Committee recommends the continued funding of these activities as already initiated and undertaken by the coordinated efforts of the Mississippi Delta Health Alliance, which is a collaboration involving Delta State University, Mississippi State University, the University of Mississippi Medical Center, and the Mississippi State Department of Health.

#### *Rural and Community Access to Emergency Devices*

The Committee provides \$8,927,000 for rural and community access to emergency devices. The fiscal year 2005 comparable level was \$8,927,000 and the administration request was \$1,960,000. This provides funding for both the rural program under section 413 of the Public Health Service Act and the community access demonstration under section 313. These programs provide grants to expand placement of automatic external defibrillators [AEDs] and to ensure that first responders and emergency medical personnel are appropriately trained.

#### *Rural Hospital Flexibility Grants*

The Committee provides \$64,180,000 for rural hospital flexibility grants. The fiscal year 2005 comparable level was \$39,180,000 and the administration did not request funds for this program in fiscal year 2006.

Under this program, eligible rural hospitals may convert themselves into limited service facilities termed Critical Access Hospitals. Such entities are then eligible to receive cost-based payments from Medicare. The grant component of the program assists States with the development and implementation of State rural health plans, conversion assistance, and associated activities.

Of the amount provided, the Committee includes \$15,000,000 to continue the Small Rural Hospital Improvement Grant Program, as authorized by section 1820(g)(3) of the Social Security Act and Public Law 107-116 and outlined in House Report 107-342.

The Committee has included \$25,000,000 for a Rural Health, Education, and Workforce Infrastructure Demonstration Program which shall solicit and fund proposals from local governments, hospitals, universities, and rural public health-related entities and organizations for research development, educational programs, job training, and construction of public health-related facilities.

#### *State Offices of Rural Health*

The Committee provides \$8,321,000 for the State Offices of Rural Health. The fiscal year 2005 comparable level was \$8,321,000 and the administration request was \$8,223,000. The State Office of Rural Health program helps the States strengthen rural health care delivery systems by allowing them to better coordinate care and improve support and outreach in rural areas. The Committee be-

lieves that continued funds for this purpose are critical to improving access and quality health care services throughout rural communities.

#### *Rural Emergency Medical Services*

The Committee has provided \$500,000 for the Rural EMS Training and Assistance Grants program. The comparable fiscal year 2005 level was \$496,000 and the administration did not request funding for this program in fiscal year 2006.

#### *Native and Rural Alaskan Health Care*

The Committee provides \$39,680,000 for the Denali Commission. The fiscal year 2005 comparable level was \$39,680,000 and the administration did not request funding for this program in fiscal year 2006. These funds support construction and renovation of health clinics, hospitals and social service facilities in rural Alaska, as authorized by Public Law 106–113, to help remote communities in Alaska develop critically needed health and social service infrastructure for which no other funding sources are available, thereby providing health and social services to Alaskans in remote rural communities as they are in other communities throughout the country. The Committee expects the Denali Commission to allocate funds to a mix of rural hospital, clinic, long-term care and social service facilities, rather than focusing exclusively on clinic funding.

#### *Terrorism Preparedness*

The Committee provides \$510,500,000 for bioterrorism preparedness related activities at HRSA. Within this total, \$483,000,000 is provided for hospital preparedness grants and \$27,500,000 is provided for education and curriculum development.

The Committee intends that, at the discretion of the Secretary of Health and Human Services, funds provided for the hospital preparedness grants may be used for deployable mass casualty units (as requested in the Strategic National Stockpile), credentialing integration (as requested in the Office of the Secretary), and training a medical reserve corps (as requested in the Office of the Secretary). These deployable mass casualty units could provide key hospital surge capacity in the event of a terrorist attack or natural disaster. HRSA should continue to work with the Department and other HHS agencies to coordinate their terrorism preparedness activities.

Within the total provided for hospital preparedness grants, the Committee approves the request for \$25,000,000 to create a medical surge capacity national demonstration at Washington Hospital Center. The funding will increase emergency care capacity for the Nation's Capital, and serve as a national demonstration center for advanced mass casualty emergency facility design, training, and care.

The Committee is concerned about the current HRSA strategy for providing training to health care professionals on bioterrorism preparedness. Many expert analyses, including several presented at the Secretary's Council on Public Health Preparedness, have stressed the need for a consistent, national curriculum for bioterrorism preparedness training. The Committee is troubled that, in-

stead of adopting a consistent, national approach to training, HRSA has instead chosen to issue 19 separate grants for continuing education on bioterrorism training, and a further 12 grants for curriculum development. The Committee believes that this approach risks producing a fragmented and uncoordinated bioterrorism preparedness training program instead of the integrated and coordinated program that is needed. The Committee instructs HRSA to seek ways to improve the coordination and consistency of its bioterrorism training program, and to report to the Committee on recommendations for achieving a consistent, national strategy for bioterrorism preparedness training no later than 6 weeks after the date of enactment of this Act.

#### *Family Planning*

The Committee provides \$285,963,000 for the title X family planning program. The fiscal year 2005 comparable level was \$285,963,000 and the administration request was \$285,963,000.

Title X grants support primary health care services at more than 4,600 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level. Title X of the Public Health Service Act, which established the family planning program, authorizes the provision of a broad range of acceptable and effective family planning methods and preventive health services. This includes FDA-approved methods of contraception. The Committee believes that the authority for making grants under title X must remain unchanged.

The Committee is aware of the findings of a recent HHS Inspector General's report, which documents efforts by the Office of Population Affairs to inform and periodically remind title X grantees of their responsibilities regarding State child abuse and sexual abuse reporting requirements. The report notes that OPA includes State reporting requirements in its reviews and site visits of grantees, and cites an extensive amount of effort and training that goes on within the program to ensure that clinicians are conversant with State reporting requirements, and trained to both recognize signs of sexual coercion and sexual violence and follow appropriate procedures when dealing with such cases.

#### *Health Care-related Facilities and Activities*

The Committee provides \$480,751,000 for the construction and renovation (including equipment) of health care-related facilities and other health care-related activities. The fiscal year 2005 comparable level was \$482,729,000 and the administration did not request funds for this program in fiscal year 2006. This account makes funds available to public and private entities for the construction and renovation of health care-related facilities and other health care-related activities.

#### *Program Management*

The Committee provides \$143,992,000 for program management activities for fiscal year 2006. The fiscal year 2005 comparable level was \$147,080,000 and the administration request was \$145,992,000.



Section 340B of the Public Health Service Act created the 340B Drug Discount Program to lower drug prices for over 10,000 public health grantees including community health centers and public hospitals. The Committee notes that the program is growing rapidly due the growth in the number of Community Health Centers and an expansion of the number of rural and small hospitals eligible to be recognized as disproportionate share hospitals, contained in the Medicare Modernization Act. The Committee is deeply concerned that the Department lacks the oversight capability to ensure that safety-net organizations participating in the program receive the full statutory discounts. The Committee agrees with the Inspector General that participating entities must have the ability to independently verify that they are receiving the mandated discounts, and strongly urges HRSA to develop a mechanism by which this verification can take place.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee provides \$4,000,000 to liquidate obligations from loans guaranteed before 1992. The fiscal year 2005 comparable level was \$4,000,000 and the administration request was \$4,000,000. For administration of the HEAL Program including the Office of Default Reduction, the Committee provides \$2,916,000. The fiscal year 2004 comparable level was \$3,244,000 and the administration request was \$2,916,000.

The HEAL Program insures loans to students in the health professions. The Budget Enforcement Act of 1990, changed the accounting of the HEAL Program. One account is used to pay obligations arising from loans guaranteed prior to 1992. A second account was created to pay obligations and collect premiums on loans guaranteed in 1992 and after. Administration of the HEAL Program is separate from administration of other HRSA programs.

NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The Committee provides that \$74,484,000 be released from the vaccine injury compensation trust fund in fiscal year 2006, of which \$3,600,000 is for administrative costs. The total fiscal year 2005 comparable level was \$69,151,000 and the total administration request was \$73,716,000.

The National Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and a death benefit. The vaccine injury compensation trust fund is funded by excise taxes on certain childhood vaccines.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

Appropriations, 2005 .....	\$4,775,810,000
Budget estimate, 2006 .....	4,306,063,000
House allowance .....	6,105,586,000
Committee recommendation .....	6,254,215,000

The Committee provides a program level of \$6,254,215,000 for the Centers for Disease Control and Prevention [CDC]. The Com-

mittee recommendation includes \$5,989,115,000 in budget authority and an additional \$265,100,000 via transfers available under section 241 of the Public Health Services Act. The fiscal year 2005 comparable program level was \$4,775,810,000 and the administration requested program level was \$4,306,063,000.

The activities of the CDC focus on several major priorities: provide core public health functions; respond to urgent health threats; monitor the Nation's health using sound scientific methods; build the Nation's health infrastructure to insure our national security against bioterrorist threats; promote women's health; and provide leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

#### INFECTIOUS DISEASES

The Committee recommends \$1,709,361,000 for infectious disease related programs at the CDC. The fiscal year 2005 comparable level was \$1,679,889,000 and the administration requested a comparable level of \$1,709,758,000 for fiscal year 2006. The Committee recommendation includes \$12,794,000 in transfers available under section 241 of the Public Health Services Act.

The Coordinating Center for Infectious Diseases includes the National Center for Infectious Diseases, the National Center for STD, TB, and HIV Prevention, and the National Immunization Program.

#### *Infectious Diseases Control*

The Committee has provided \$3,848,000 above the comparable amount for fiscal year 2005 to expand infectious diseases control activities. The Committee intends that all infectious diseases control activities be funded at least at the level of the administration's request and that the additional funds be used to address emerging issues as determined by CDC.

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

Disease outbreaks endanger U.S. citizens at home and abroad, threaten U.S. Armed Forces overseas, and exacerbate social and political instability. Outbreaks can interfere with the global marketplace, affecting tourism, trade, and foreign investment. CDC's strategies to combat infectious diseases invest in and build upon both the public health system that was established over a century ago to increase the preparedness to address the emergence of dangerous new threats.

*Chronic Fatigue.*—With near-completion of the restoration of \$12,900,000 to the Chronic Fatigue Syndrome [CFS] research program in response to a report from the Inspector General dated May 12, 1999, the Committee commends CDC for developing a comprehensive CFS program. The Committee encourages CDC to provide sufficient resources to sustain efforts to identify biomarkers for CFS, educate health care providers about the diagnosis and treatment of CFS, and better inform the public about it to aid early

detection and improve patient care. The Committee requests a report by May 1, 2006 providing a detailed accounting of how the \$12,900,000 in restored funding has been used.

*Collaboration With Asia.*—The Committee recognizes that strong collaborative ties with Asian countries are among the mechanisms which may contribute to the stability of the Asia/Pacific region. The multiethnic and multicultural population of Hawaii and its geographic location provide an ideal pathway for a CDC supported initiative with a focus on emerging infectious and chronic disease problems in Asia. The Committee also recognizes this has the potential for providing frontline protection for the United States mainland from emerging diseases, as well as assisting Asian countries with treatment for such diseases. The Committee encourages CDC to explore collaboration and joint funding of projects with Asian governments, such as Korea, to study immigrants in Hawaii as a mechanism for addressing both infectious and chronic disease burden and treatment in the Pacific.

*Hepatitis.*—The Committee is concerned that more than 75 percent of the 4 million people with hepatitis C are unaware of their condition. The Committee encourages CDC to collaborate with national voluntary health organizations to raise awareness of appropriate screening and medical follow up of target populations. The Committee is also aware of increasing rates of hepatitis A and B infections among select adult populations, as well as the alarming rate of individuals co-infected with both hepatitis C and HIV. The Committee encourages CDC to help increase hepatitis screening initiatives in the States. In addition, The Committee encourages CDC to consider focusing on education and awareness programs targeted at specific populations where there is a high prevalence of hepatitis B and where therapeutic interventions are increasingly effective.

*Liver Wellness.*—The Committee continues to be concerned about the prevalence of hepatitis and encourages CDC to consider working with voluntary health organizations and professional societies to promote liver wellness with increased attention toward education and prevention.

*Meningococcal Disease.*—Meningococcal disease is one of the few diseases that can be fatal or severely debilitating to a victim within a matter of hours of initial onset and yet is vaccine-preventable in most cases. The Committee is aware of the recent improvements in the meningitis vaccine and of recent CDC efforts to increase the availability and focus of information on Meningococcal disease and ways to prevent it so that the general public will be better educated on the symptoms and prevention methods. The Committee encourages the CDC to improve meningococcal education and adolescent immunization programs through partnerships with associations, such as the National Meningitis Association, to ensure that all families, especially those with adolescents and young adults, are effectively educated on this disease, vaccine availability, and all methods of prevention.

*Prevention Epicenter Program.*—The Committee applauds CDC's support for the Prevention Epicenter Program and encourages CDC to continue and expand this program to address patient safety issues.

*Sepsis.*—The Committee is aware that sepsis, an overwhelming systemic response to infection that leads to organ dysfunction and death, kills more than 215,000 Americans every year. The Committee understands that new treatments have been developed which significantly improve prognosis when sepsis is diagnosed in a timely fashion. In addition, new guidelines have been developed to aid health care professionals in identifying the syndrome. Unfortunately, too few medical personnel know how to properly diagnose sepsis. To improve patient outcomes, the Committee encourages CDC to develop a sepsis education program to train infectious disease physicians, emergency room doctors, and critical care nurses in the proper identification of sepsis.

*HIV, STD, and TB Prevention*

Recognizing the intersection among these diseases, and the need for a focal point for leadership and accountability, CDC combines HIV, STD, and TB activities to provide leadership in preventing and controlling human immunodeficiency virus infection, other sexually transmitted diseases [STDs], and tuberculosis. CDC works in collaboration with partners at community, State, national, and international levels, applying multi-disciplinary programs of research, surveillance, technical assistance, and evaluation. These diseases are not yet vaccine preventable and must be controlled and prevented by identifying, diagnosing, and treating infected persons; provision of confidential, culturally competent counseling to identify and reach those who have been exposed to infection and who may not know it; and individual and population level health promotion to reduce high risk behaviors.

Within the total provided, \$637,000 above the comparable amount for fiscal year 2005 has been provided for tuberculosis-related activities. All other activities are funded at the level of the administration's request.

*HIV/AIDS Prevention.*—CDC's HIV/AIDS prevention programs are working in every State and territory to prevent new infections, link people who are already infected to medical care, and translate scientific research findings into practical prevention programs available to every person at risk. CDC will continue to adapt these prevention programs to meet new and different needs.

*Infertility Prevention.*—The Committee notes that CDC is charged legislatively with instituting programs to help prevent infertility. CDC's current program activities in this matter are undertaken by the division of HIV/STD/TB and are limited to the prevention of venereal diseases. The Committee understands that there are numerous additional causes of infertility beyond sexually transmitted diseases, such as delayed child bearing, smoking, low or excessive body weight, exposure to hazardous environmental toxins, drug and alcohol abuse and, particularly for men, exposure to high temperatures. The Committee encourages CDC to consider expanding the scope of this program and provide greater support to public education on the risks to fertility.

*Oral Fluid Rapid HIV Tests.*—The Committee is supportive of CDC's use of the oral fluid rapid HIV test in its HIV/AIDS activities. The Committee strongly encourages CDC to move forward as

quickly as possible with the purchase of additional tests to sustain and expand these successful efforts.

*Tuberculosis.*—The Committee is pleased with the efforts of the tuberculosis control program, which has reduced the number of new tuberculosis cases for the past 10 years. However, the number of new tuberculosis cases in foreign-born individuals in the United States remains a concern. Although tuberculosis rates have been falling, the Committee is aware that similar low rates have been achieved in the past only to see a reemergence of the disease due to inadequate control efforts. In the end, any savings achieved during that period were more than used to again gain control of the incidence of the disease. The Committee has provided \$637,000 over the fiscal year 2005 level to expand tuberculosis control efforts to prevent a similar reemergence.

The Committee understands that TB is an enormous health crisis in the developing world, killing 2 million people every year. In recent years, several new vaccine candidates for TB have been developed and have shown promising results when tested in animals. The Committee strongly encourages CDC to continue and, if possible, expand the existing TB vaccine research cooperative agreement.

The Committee is aware that refugees entering the United States with TB pose a serious public health threat. In particular, multidrug resistant TB cases pose the deadliest and costliest risk. The Committee recognizes that over the past year an outbreak of TB has occurred among Hmong refugees from Thailand who have resettled in the United States, mainly in California, Minnesota and Wisconsin. In California alone, local health departments have detected 25 TB cases among 3,400 Hmong refugees from Thailand in the last 10 months, four of which are multidrug resistant. The Committee urges CDC to make resources available to States facing TB outbreaks among their refugee population.

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

#### *Immunization*

The Committee recommends \$510,706,000 for the program authorized under section 317 of the Public Health Service Act. The fiscal year 2005 comparable level was \$480,794,000 and the administration requested \$515,920,000 for fiscal year 2006. The Committee recommendation includes \$12,794,000 in transfers available under section 241 of the Public Health Service Act. Within the total provided, all activities are funded at the level requested by the administration. The Committee has transferred \$5,214,000 from Immunization to Global Health to continue to support global vaccination efforts. This is a technical change and should not result in any programmatic decrease in Immunization activities.

The Omnibus Reconciliation Act of 1993 established a vaccine purchase and distribution system that provides, free of charge, all pediatric vaccines recommended for routine use by the Advisory Committee on Immunization Practices to all Medicaid-eligible children, uninsured children, underinsured, and native Americans through program-registered providers.

Despite great success in lowering disease levels and raising immunization coverage rates, much remains to be done to ensure the protection of children and adults worldwide. Approximately 1 million 2-year-old children in the United States have not received one or more of the more established, recommended vaccines. New vaccines, although greatly beneficial to public health, complicate an already complex immunization schedule and make it increasingly difficult to ensure complete immunization. One of our Nation's greatest challenges is extending our success in childhood immunization to the adult population. The burden due to the occurrence of vaccine-preventable diseases in adults in the United States is staggering. As many as 50,000 U.S. adults die of influenza, pneumococcal infections and hepatitis B. CDC is addressing these obstacles to the greatest extent possible and continues to provide leadership to reduce disability and death resulting from diseases that can be prevented through vaccination.

The Committee encourages CDC to increase section 317 grant support for infrastructure development and purchase of vaccines for the State of Alaska's universal immunization program. It has been brought to the Committee's attention that infrastructure costs of delivering vaccines to children in Alaska are substantially higher than in other areas of the country, because of the many small, remote communities which must be served primarily by air. The Committee encourages the agency to give careful consideration to Alaska's request for sufficient funding for the purchase of vaccines needed for 90 percent of Alaskan children and to provide infrastructure support needed to deliver these vaccines at the community level, including development of a statewide immunization registry to ensure that all children in Alaska are immunized. The Committee notes that failure to immunize children in remote areas of Alaska results in deaths each year from exposure to open sewage lagoons and contaminated water.

*Vaccine Tracking.*—The Committee is pleased by CDC's development of the Surveillance, Preparedness, Awareness and Response System and has included sufficient resources to provide the same level of support of these activities as in fiscal year 2005. In light of vaccine shortages that have occurred over the past several flu seasons, the Committee understands that this system could serve as a valuable surveillance and tracking system for private and public sector inventory levels of vaccine.

#### HEALTH PROMOTION

The Coordinating Center for Health Promotion includes the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Birth Defects and Developmental Disabilities.

The Committee recommends \$974,080,000 for Health Promotion related activities at the CDC. The fiscal year 2005 comparable level

was \$1,021,709,000 and the administration requested \$964,421,000.

The Committee recognizes the important role national non-governmental health organizations play in increasing the awareness of chronic disease prevention and birth defects and development disabilities issues. Therefore, the Committee has included \$2,421,000 to allow for the award of projects to support the dissemination of information on the condition or disease and effective public health interventions or to conduct public and professional health awareness and education efforts. Using a competitive review process, each project should be awarded for a 3-year project period and should not exceed \$1,000,000 per year.

#### CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2005: \$300,000 to expand Heart Disease and Stroke related activities; \$300,000 to expand Diabetes related activities; \$404,000 to expand Cancer Prevention and Control activities; \$3,000,000 to expand Tobacco related activities; \$50,000 to expand oral health related activities; \$310,000 to expand Prevention Center activities; \$100,000 to expand the Racial and Ethnic Approach to Community Health Program; and \$84,000 to expand Primary Immune Deficiency Syndrome-related activities. All other activities are funded at the level of the administration's request or as specified below.

Chronic diseases have had a profound human and economic toll on our Nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, and various neurological conditions such as epilepsy. These and other chronic diseases now account for nearly 70 percent of all health care costs, as well as 70 percent of all deaths annually. A few modifiable risk factors bring suffering and early death to millions of Americans. Three such factors—tobacco use, poor nutrition, and lack of physical activity—are major contributors to our Nation's leading causes of death.

*Alzheimer's Disease and Healthy Aging.*—The Committee understands that a growing body of evidence suggests that many of the same strategies that preserve overall health may also help prevent or delay the onset of Alzheimer's disease and dementia. Epidemiological studies reveal that individuals taking anti-inflammatory drugs to treat conditions such as arthritis have a lower-than-expected occurrence of Alzheimer's. Other studies appear to link known risk factors for diabetes and heart disease and risk factors for Alzheimer's and dementia. CDC, in cooperation with the Alzheimer's Association, is launching a new program aimed at educating the general public and health professionals on ways to reduce the risks of developing Alzheimer's disease by maintaining a healthy lifestyle. In light of the threat Alzheimer's presents as well as growing public interest in learning how to remain brain-healthy, the Committee recommends \$1,700,000 to continue this important initiative.

*Amyotrophic Lateral Sclerosis.*—The Committee understands that a national Amyotrophic Lateral Sclerosis [ALS] registry may enable unprecedented progress in understanding ALS. Although

several sources of ALS patient information currently exist in varying forms around the world, this information is not as comprehensive as required for the needed research. The Committee provides \$1,000,000 for pilot programs to begin to gather data for a nationwide ALS registry that will estimate the incidence and prevalence of the disease, promote a better understanding of the epidemiology of the disease, and provide data that will be useful for research on improving disease management and developing standards of care. CDC should, to the extent practicable, identify and coordinate with existing data, surveillance systems and registries, such as state-based ALS registries, the Department of Veterans Affairs ALS registry and the National Institute for Neurological Disorders and Stroke repository.

*Autoimmune Diseases.*—The Committee encourages CDC to provide resources for the awareness and prevention of autoimmune diseases.

*Breast and Cervical Cancer.*—The Committee commends the CDC for creating partnerships to address the early detection of breast cancer, particularly in historically underserved communities including the Native American, Hispanic, Asian Pacific Islander, and African American populations. As part of this initiative, the Committee is very interested in the innovative approaches, such as that of the Men Against Breast Cancer Partners In Survival Program, which focuses on the role of the male support-giver as an integral component of the early detection, patient care and survivorship of breast cancer.

*Cancer Prevention and Control.*—The Committee is strongly supportive of the CDC cancer programs focused on awareness, education and early detection and has included a significant increase for these programs.

The growth of cancer prevention and control programs within State health agencies has resulted in the recognition that improved coordination of cancer control activities is essential to maximizing resources and achieving desired cancer prevention and control outcomes. The Committee commends CDC for its work with health agencies to enhance the number and quality of cancer-related programs that are available to the U.S. population and to develop an integrated and coordinated approach to reduce the cancer burden through prevention, early detection, treatment, and rehabilitation.

Within the amounts provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year 2005: \$136,000 to expand comprehensive cancer activities and \$200,000 to expand activities related to the Geraldine Ferraro Cancer Education Program. All other activities are funded at the level of the administration's request.

*Cancer Survivorship Resource Center.*—The Committee supports the ongoing partnership between CDC and the Lance Armstrong Foundation to address the needs of the approximately 10 million cancer survivors and their families and friends. The Committee has included sufficient resources to provide at least the same level of support for LiveStrong, the National Cancer Survivorship Resource Center, as was provided in fiscal year 2005.

*Chronic Kidney Disease.*—The Committee previously has expressed concern regarding the need to expand public health strate-



gies to combat chronic kidney disease [CKD] given that many individuals are diagnosed too late to initiate treatment regimens that could reduce morbidity and mortality. Twenty million Americans have CKD, and another 20 million are at risk of developing the disease. Individuals with diabetes or hypertension have especially high vulnerability. Kidney disease is the 9th leading cause of death in the United States, and death by cardiovascular disease is 10 to 30 times higher in kidney dialysis patients than in the general population. Further, the number of individuals with end stage renal disease [ESRD], irreversible kidney failure requiring either dialysis or a transplant to remain alive, is expected to increase from 372,000 patients in 2000 to over 660,000 by 2010. Therefore, the Committee has included an increase of \$1,800,000 for CKD to develop capacity and infrastructure at CDC for a kidney disease surveillance, epidemiology, and health outcomes program; award grants to support several State-based demonstration projects for CKD prevention and control; and under the leadership of a national voluntary health organization and in collaboration with CDC, convene a consensus conference of experts in the area of kidney disease and other stakeholders to lay the groundwork for a formal Public Health Kidney Disease Action Plan for prevention and control of kidney disease.

*Chronic Obstructive Pulmonary Disease.*—Chronic Obstructive Pulmonary Disease [COPD] is the fourth leading cause of death in the United States and the only one of the top 10 causes of death that is on the increase. The Committee urges the CDC to expand its data collection efforts on COPD. Specifically, the Committee encourages the CDC to include questions on COPD in the National Health and Nutrition Examination Survey, the National Health Interview Study and the Behavioral Risk Factor Surveillance Survey that asks about COPD by name.

*Colorectal Cancer.*—The Committee understands that colorectal cancer is the third most commonly diagnosed cancer among both men and woman in the United States, and the second leading cause of cancer related deaths. When colorectal cancer is detected and treated early, survival is greatly enhanced. However, despite the availability of proven screening tests, only 37 percent of colorectal cancers are diagnosed while the disease is still in a localized stage.

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

*Delta Health Initiative.*—The Mississippi Delta Region experiences some of the Nation's highest rates of chronic diseases, such as diabetes, hypertension, obesity, heart disease and stroke. The Committee recognizes the efforts of the Delta Health Alliance in health education, coordination of health services and health-related research in the Mississippi Delta. The Committee believes that such collaborative, community-based programs offer the best hope for breaking the cycle of poor health in underprivileged areas such

as the Mississippi Delta. The Committee recommends that the CDC collaborate with the Delta Health Alliance in addressing the chronic health issues of the Mississippi Delta.

*Diabetes.*—The Committee commends CDC for implementation of SEARCH, a pilot study to determine the incidence and prevalence of diabetes in youth under the age of 20 years in six locations around the United States. The Committee encourages CDC to consider developing a plan to use the information gathered from SEARCH to create a national registry of patients afflicted with juvenile diabetes. In addition, the Committee encourages CDC to take advantage of the opportunity to also collect information about the standard of care available to people with diabetes nationwide. Samples from this study may represent a valuable scientific resource, and the Committee encourages CDC to consider making these samples and information available to the research community.

The Committee encourages the CDC to continue and expand its efforts to standardize the measurement of C-peptide as a surrogate marker for pancreatic beta cell function. The development and validation of reliable, standard assays for C-peptide have the potential to significantly accelerate regulatory approval of new therapies to prevent or reverse autoimmune diabetes.

*Diabetes and Obesity in Minority Populations.*—The Committee is concerned by the toll that the twin epidemics of diabetes and obesity are taking on the health of minorities. An effective culturally-sensitive response is urgently needed to address this escalating epidemic. The Committee encourages CDC to fund initiatives of national and community organizations that have the capacity to carry out coordinated health promotion programs that will focus on diabetes and obesity in minority communities. The Committee encourages CDC to seek out organizations directed by and serving individuals from communities with disproportionate diabetes and obesity rates.

The high incidence of diabetes among Native American, Native Alaskan, and Native Hawaiian populations persists. The Committee is pleased with the CDC's efforts to target this population, in particular, to assist the leadership of Native Hawaiian and Pacific Basin Islander communities. It is important to incorporate traditional healing concepts and to develop partnerships with community health centers. The Committee encourages CDC to build on all its historical efforts in this regard.

*Epilepsy.*—The Committee supports the CDC epilepsy program, which is making progress in research, epidemiology and surveillance, early detection, improved treatment, public education and expansion of interventions to support people with epilepsy and their families in their communities. The Committee applauds CDC's partnership with the Epilepsy Foundation in developing the recommendations of Living Well with Epilepsy II. Sufficient funding has been provided to continue this partnership and to implement ongoing epilepsy public health programs.

*Genomic Medicine.*—The Committee is aware that steps need to be taken today to prepare the public health system for the coming widespread use of genetic technologies in healthcare. Failing to do so may exacerbate existing health disparities and seriously limit

progress generated by the Human Genome Project. The Committee urges CDC to move forward aggressively with the creation and implementation of partnerships with industry and the nonprofit sector to achieve the widest benefits from the coming era of genomic medicine.

*Geraldine Ferraro Cancer Education Program.*—In fiscal year 2004, Congress provided funding to initiate the Geraldine Ferraro Cancer Education Program, as authorized by the Hematological Cancer Research Investment and Education Act of 2002. The Committee is pleased that CDC has established a cooperative agreement program with national health organizations to develop strategies to provide information and education for patients, their family members, friends, and caregivers with respect to hematologic cancers. The Committee expects CDC to increase efforts to address hematologic cancer survivorship issues and improve quality of national hematologic data. With the additional funds provided, the Committee strongly encourages CDC to support activities related to the development of interactive web based education for health care providers on the signs, symptoms and current treatment of blood cancer by comprehensive cancer centers.

*Glaucoma and Other Vision Disorders.*—Age-related threats to sight, including age-related macular degeneration, glaucoma, cataracts and diabetic retinopathy are expected to nearly double by the year 2030 with the aging of the baby-boomer generation. Recognizing this emerging public health threat, the Committee is aware of the demonstrated success of vision screening programs in preventing blindness and vision impairments among many of the more than 30 million adults that suffer from eye-related disorders.

The Committee is encouraged by the CDC's exploration of strategies to implement a national initiative to combat the effects of eye-related disorders, especially glaucoma. The Committee has included sufficient resources to maintain at least the fiscal year 2005 level for vision screening and education programs in partnership with national voluntary health agencies and for CDC to continue to develop a national surveillance system to monitor trends over time and assess the economic costs of vision loss especially related to glaucoma. In addition, the Committee has again included sufficient resources to maintain at least the fiscal year 2005 level of funding for a model project that is testing and evaluating the efficacy of glaucoma screening using mobile units.

*Heart Disease and Stroke.*—The Committee understands that CDC is establishing a Heart Disease and Stroke Division to consolidate and elevate its efforts to prevent and control heart disease, stroke and other cardiovascular diseases. The Committee supports the goal of establishing a Heart Disease and Stroke Prevention program in each State. The Committee encourages CDC to maintain support for these activities in fiscal year 2006 within the funds provided.

*Inflammatory Bowel Disease.*—The Committee understands that an estimated 1 million people in the United States may suffer from Crohn's disease or ulcerative colitis, collectively known as inflammatory bowel disease [IBD]. In fiscal year 2005, the Committee provided funds to continue a national IBD epidemiology program established through a partnership between CDC and the Crohn's

and Colitis Foundation of America. The Committee encourages the CDC to continue this important initiative and has provided sufficient resources to do so.

*Interstitial Cystitis.*—The Committee is pleased by the establishment of a cooperative agreement between the CDC and the Interstitial Cystitis Association and has included funds to continue the public and professional education initiative regarding interstitial cystitis.

*Lung Disease.*—The Committee encourages the CDC to consider supporting efforts to validate the importance of spirometry screenings in early detection of lung disease. Such efforts include further research and development of projects to facilitate the translation of new scientific knowledge into spirometry public health screening programs. The Committee urges the CDC to coordinate with the National Heart, Lung and Blood Institute in translating the results of these efforts into guidance for public health programs, including vital signs and screening programs.

*Lupus.*—The Committee recognizes that lupus is a serious, complex, debilitating chronic autoimmune disease that can cause inflammation and tissue damage to virtually any organ system in the body and impacts between 1.5 and 2 million individuals. The Committee is concerned by the lack of reliable epidemiological data on the incidence and prevalence of all forms of lupus among various ethnic and racial groups. The Committee encourages CDC to consider modifying the National Lupus Patient Registry to create a common data entry and management system across all study sites, to collaborate with a consortium of academic health centers with an expertise in lupus epidemiology, and to ensure that study sites represent different geographic regions of the United States that have a sufficient number of individuals of all racial and ethnic backgrounds disproportionately affected by Lupus, including Hispanics, Asians, Native Americans, and African Americans.

*Mind-Body Research.*—The Committee continues to support mind-body research and has provided sufficient funding to continue these efforts in the same form and at the same level as in fiscal year 2005.

*National Information Center on Vision Loss.*—The Committee encourages CDC to create a National Information Center on Vision Loss to address the need for access to appropriate public health information to improve the well being and prevent further disability and disease among persons who are blind or visually impaired. The Committee encourages CDC to partner with a national nonprofit organization that has regional offices throughout the United States and is recognized for its dedication and leadership in providing information to persons who are blind.

*Nutrition, Physical Activity and Obesity.*—Obesity is rampant in the United States. Between 1980 and 1994, the prevalence of obesity in the United States has increased by 100 percent in children and adolescents. More than 20 percent of the adult population is 30 pounds or more overweight and 10 to 15 percent of children and adolescents are overweight. Risk factors associated with obesity—physical inactivity and unhealthy eating—account for at least 300,000 preventable deaths each year and increase the risk for many chronic diseases like diabetes, heart disease and cancer. The

Committee is aware that the CDC's own statistics show that Native Americans, including Native Alaskans and Native Hawaiians suffer higher rates of obesity than other Americans. The Committee has included sufficient resources to provide the same level of support provided in fiscal year 2005 for Nutrition, Physical Activity, and Obesity related activities.

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

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

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

*Oral Health.*—The Committee recognizes that to effectively reduce disparities in oral disease will require improvements at the State and local levels. The Committee has provided additional funding to States to strengthen their capacities to assess the prevalence of oral diseases, to target interventions, such as additional water fluoridation and school-linked sealant programs, and resources to the underserved, and to evaluate changes in policies, programs and disease burden. The Committee encourages the CDC to advance efforts to reduce the disparities and health burden from oral cancers that are closely linked to chronic diseases such as diabetes and heart disease.

The Committee is concerned about the rising obesity rate among American's youth. Some eating habits can adversely affect not only body weight but also oral health. The Committee has provided \$50,000 above the fiscal year 2005 level for the CDC Division of Oral Health to develop an instructional video for school age children on the harmful effects of excessive consumption of soft drinks. The Committee understands that the dental community has already developed some instructional materials and urges CDC to work with the American Dental Association in producing the video.

*Osteoporosis and Bone Health Action Plan.*—The Committee is aware of the Surgeon General's report on Bone Health and Osteoporosis. The Surgeon General calls for a national action plan for bone health. The Committee encourages CDC to collaborate with a leading national voluntary health organization focused on osteoporosis and bone health to confer with other relevant Federal agencies and public and private stakeholders to develop a National Action Plan on Bone Health and Osteoporosis.

*Prevention Centers.*—The Committee encourages the continued support of center activities aimed at improving knowledge about the effective models for health promotion programs for persons with disabilities.

The Committee continues to support within the prevention center program a Tobacco Prevention Research Network to increase the knowledge base on the most effective strategies for preventing and reducing youth tobacco use, as well as on the social, physiological, and cultural reasons for tobacco use among children.

*Primary Immunodeficiency Diseases.*—Congress has made funds available for CDC to support the national physician education and public awareness campaign developed by the Jeffrey Modell Foundation. The Foundation program has generated more than \$35,000,000 in donated media coverage, resulted in substantial increases in the number of diagnosed patients, and is a model of public-private cooperation. The campaign has featured public service announcements, physician symposia, publications, and the development of website and educational materials, as well as mailings to physicians, school nurses, daycare centers, and others. The campaign was expanded to reach the underserved African-American population in fiscal year 2005, and the Committee has provided \$84,000 above the fiscal year 2005 level to further expand the program to Hispanic communities in fiscal year 2006.

*Prostatitis.*—The Committee understands that up to 10 percent of the male population worldwide may benefit from better methods to diagnose and prevent prostatitis. The Committee encourages CDC to consider expanding its investigation of the etiology of prostatitis.

*Psoriasis.*—The Committee urges CDC to consider working with a national organization to develop a surveillance program to ascertain and monitor psoriasis and psoriatic arthritis prevalence and comorbidities.

*Pulmonary Hypertension.*—The Committee continues to be interested in pulmonary hypertension [PH], a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. PH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. Because early detection of PH is critical to a patient's survival and quality of life, the Committee encourages CDC to consider supporting a cooperative agreement with the pulmonary hypertension community to foster greater awareness of the disease.

*Reorganization.*—The Committee understands that the CDC is considering the reorganization of programs under the Coordinating Center on Health Promotion, particularly programs under the National Center on Chronic Disease Prevention and Health Promotion. The Committee encourages the Director to work closely with external partners to adopt changes that will streamline administrative functions, improve and strengthen collaboration among programs, and increase public awareness of these serious illnesses.

*REACH Initiative.*—The Committee recognizes the strengths that national/multi-geographical minority organizations may be able to provide to the REACH Initiative. Such organizations could have the capacity to influence communities through pre-existing coali-

tions and collaborative relationships. Such organizations may also be able to provide key support to local organizations that may lack the infrastructure needed to fully implement the programmatic activities required for this important program. The Committee urges CDC to include such organizations among the entities that are eligible to compete for funding without preventing other applicants from receiving these grants.

*Sleep Disorders.*—The Committee continues to be concerned about the prevalence of sleep disorders and recognizes the need for enhanced public and professional awareness on sleep and sleep disorders. The Committee encourages CDC to consider working with other agencies and voluntary health organizations to support the development of a sleep education and public awareness initiative.

*Steps to a Healthier United States.*—The Committee applauds the Department's continued commitment to tackling the problems of obesity, diabetes, and asthma. The Committee agrees that these are three of the most critical chronic conditions afflicting Americans. The Committee is concerned that existing programs that address these problems have not yet been implemented in all of the States. The Committee has provided sufficient resources to continue this initiative and existing programs within CDC that are aimed at obesity, diabetes, and asthma. The Committee strongly urges CDC to coordinate the efforts of these programs such that the best possible outcome is achieved using these funds.

*Thrombosis.*—The Committee understands that thrombosis is a serious public health problem and that there is a great need to increase public awareness of thrombosis and thrombophilia among the public and the medical community. Information on the basic epidemiology of thrombosis and thrombophilia remains to be collected. The Committee encourages CDC to expand its efforts by partnering with a volunteer health organization to expand its outreach and education programs regarding thrombosis and thrombophilia.

*Tobacco Use.*—The Committee recognizes the effectiveness of State and national counter-marketing campaigns in reducing youth tobacco use and the diminishing resources at the State and national levels for such efforts. The Committee has provided increased funding for tobacco activities to support counter marketing programs targeting areas with the highest rates of youth tobacco use.

*Vision Screening.*—The Committee commends CDC for its partnership with a leading voluntary health association dedicated to fighting blindness and saving sight, improving education and early detection of potentially blinding eye diseases. Despite the fact that half of all blindness can be prevented through education, early detection and treatment, it is estimated that the number of blind and visually impaired people will double by 2030 if nothing is done to curb vision problems. To address this growing public health problem, the Committee has provided sufficient resources to continue this partnership with the same association.

*Birth Defects, Developmental Disabilities, Disability and Health*

Within the total provided, the following amounts are provided for the specified activities above the comparable amount for fiscal year

2005: \$200,000 to expand autism surveillance, awareness, and education activities; \$75,000 to expand the National Spina Bifida Program; \$73,000 to expand surveillance and epidemiological efforts of Duchenne and Becker muscular dystrophies; \$48,000 to expand support for the Special Olympics Healthy Athletes Initiative and \$500,000 to expand the activities of the Christopher and Dana Reeve Paralysis Resource Center; all other sub-activities are funded at the level of the administration's request. In addition, the Committee has provided \$936,000 over the fiscal year 2005 level for undesignated birth defect-related activities.

*Autism.*—The Committee is aware of the progress that has been made with the autism programs at CDC. The Committee acknowledges the importance of this work by the CDC in the area of autism surveillance and research, and urges this work to continue in a timely manner. Within funds provided, \$100,000 in new funding is available to fund the Center's surveillance and research programs including the CADDRE and ADDM Network. The Committee is pleased to see the work being done in the area of the national awareness campaign and provides an additional \$100,000 for the Center to expand its work on this initiative.

*Centers for Birth Defects Research and Prevention.*—The Committee encourages CDC to consider expanding the promising research being conducted by the regional Centers for Birth Defects Research and Prevention and maintain assistance to States to implement and expand community-based birth defects tracking systems, programs to prevent birth defects, and activities to improve access to health services for children with birth defects. The Committee also encourages CDC to continue to support collaboration among the States on issues related to surveillance, research and prevention through support of the National Birth Defects Prevention Network.

*CHADD Resource Center.*—The Committee is aware that some estimates indicate that as many as 7 percent of school-age children have Attention-Deficit/Hyperactivity-Disorder [AD/HD] and more than two-thirds of these children will continue to experience symptoms through adulthood. The Committee has been informed that only half of all children with AD/HD receive necessary treatment with lower diagnostic and treatment rates among girls, minorities and children in foster care. The Committee continues to support the National Resource Center on AD/HD and has provided sufficient resources to provide the same level of support as was provided in fiscal year 2005.

*Christopher and Dana Reeve Paralysis Resource Center.*—The Committee understands the growing demand for information, resources, and public health services by individuals with paralysis. The Committee has included \$500,000 above the fiscal year 2005 level for the Paralysis Resource Center and the associated rehabilitation therapy program. The Committee encourages CDC to evaluate the public health effectiveness of the paralysis programs and explore the feasibility of health care system-wide implementation of new rehabilitation programs.

*Cooley's Anemia.*—The Committee is pleased with the progress that CDC has made with regard to the establishment of a blood safety surveillance program for Cooley's anemia patients, who are



the largest consumers of red blood cells. Six treatment centers throughout the Nation handle the medical monitoring and treatment; the Cooley's Anemia Foundation provides education and awareness, patient recruitment, and other services; and, CDC has created an archive of tested and analyzed blood samples. The Committee expects CDC to direct an increasing amount of the funds available to education and awareness, patient recruitment and other related services.

*Craniofacial Malformation.*—The Committee has continued funding for CDC's initiatives to help families of children with craniofacial malformations. The Committee commends CDC for their work with the National Foundation for Facial Reconstruction and has provided funds to continue the Foundation's efforts with Arkansas, Iowa, and New York and possibly other States to collect data on the prevalence of these malformations, the ability of families to access services, and the long-term outcomes associated with craniofacial malformation. Funds are also available to analyze and disseminate this information to families and health care professionals and to define and categorize established standards of optimal care.

*Diamond Blackfan Anemia.*—The Committee has provided sufficient funds to continue CDC's public health outreach and surveillance program for Diamond Blackfan Anemia [DBA]. These funds should continue to be used to (a) educate clinicians and blood disorder treatment centers about DBA and how to diagnose it and (b) collaborate with a Clinical Care Center, which already has significant experience in treating DBA patients, to create a critical mass of DBA expertise where DBA patients may be referred.

*Disabilities Prevention.*—The Committee continues to strongly support the CDC disabilities prevention program, which provides support to States and academic centers to reduce the incidence and severity of disabilities, especially developmental and secondary disabilities.

*Down Syndrome.*—The Committee understands that CDC is performing a study to estimate the number of people in the United States living with Down syndrome and identify them by age and ethnic group and expects to have preliminary results by the end of fiscal year 2005. A second study will document the onset and course of secondary and related developmental and mental disorders in individuals with Down syndrome. The Committee has provided sufficient resources to further develop this studies in fiscal year 2006.

*Duchenne and Becker Muscular Dystrophy.*—The Committee has provided \$6,000,000 to continue and expand surveillance, epidemiological, and education efforts for Duchenne and Becker muscular dystrophy. The Committee is pleased that the CDC and the Parent Project Muscular Dystrophy have established a coordinated education and outreach initiative and has provided sufficient resources to continue this initiative at least at the fiscal year 2005 level. The Committee requests that CDC develop and submit to the Committee a 5-year strategic plan for the Duchenne and Becker Muscular Dystrophy program by May 1, 2006.

*Fetal Alcohol Spectrum Disorders.*—The Committee is concerned by the prevalence of Fetal Alcohol Spectrum Disorders [FASD] in

the United States and notes that drinking during pregnancy is the Nation's leading known preventable cause of mental retardation and birth defects. FASD affects 1 in 100 live births or as many as 40,000 infants each year, and an individual with fetal alcohol syndrome can incur a lifetime health cost of over \$800,000. To publicize and promote awareness of this critical updated public health information, the Committee has provided sufficient resources to continue these activities.

*Fetal Deaths.*—CDC has reported that fetal deaths at 20 weeks gestation or greater account for nearly as many deaths as those that occur to infants during the first year of life. In fiscal year 2005, the Committee included funding to implement a demonstration project with several States to link existing birth defect surveillance systems and fetal death registries and to use that data to help develop strategies to reduce fetal deaths. The Committee is aware that the first year of the demonstration project was highly successful. A review of the public health burden of fetal deaths, identification of data gaps related to surveillance and risk factors, and a plan to expand broader birth defects surveillance to include surveillance of fetal deaths were produced. The Committee supports continued funding of the project at the same level in fiscal year 2006 to develop a detailed protocol for the surveillance project, which should include identifying possible data sources, developing and testing data collection instruments and standard methods for surveillance of fetal deaths, and pilot testing and evaluating the surveillance project.

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

*Genomic Medicine.*—The Committee is aware that steps need to be taken today to prepare the public health system for the coming widespread use of genetic technologies in healthcare. Failing to do so may exacerbate existing health disparities and seriously limit progress generated by the Human Genome Project.

*Hemophilia.*—The Committee supports CDC's continued efforts with the National Hemophilia Foundation to carry out needed education, prevention, blood safety surveillance, and outreach programs for the millions of people in the United States affected by bleeding and clotting disorders, including hemophilia, women's bleeding disorders, and thrombophilia. The Committee encourages CDC to consider enhancing its support of the network to ensure continued access to this comprehensive chronic care model for all persons with bleeding and clotting disorders.

The Committee recognizes the important work of all voluntary organizations concerned with hemophilia, and encourages CDC to take steps to ensure that additional patient-based organizations can participate in its hemophilia grant program on an annual basis.

*Hereditary Hemorrhagic Telangiectasia.*—The Committee is aware of interest in the establishment of a Hereditary Hemorrhagic Telangiectasia [HHT] National Resource Center through a partner-

ship between the CDC and the national voluntary agency representing HHT families. The Committee encourages the CDC to examine carefully proposals to establish such a center and give appropriate consideration to supporting it within the funds provided.

*Human Genome Project.*—The Committee urges CDC to move forward aggressively with the creation and implementation of partnerships with industry and the nonprofit sector to achieve the widest benefits from the coming era of genomic medicine.

*Limb Loss Information Center.*—The Committee understands that more than 1.5 million Americans are living with limb loss due to diabetes, heart disease, trauma, and cancer. A key challenge facing individuals with limb loss is gaining access to necessary health and rehabilitative services. The Committee commends CDC for its collaborations with voluntary organizations, such as the Amputee Coalition of America, to identify strategies to remove these barriers. The Committee continues to support the CDC's resource and information center, which assists individuals living with disabilities, and their families, in need of information on medical, physical, and emotional needs, and resources and support to reintegrate socially and economically into society. The Committee encourages CDC to continue its support of the existing Center at no less than the fiscal year 2005 level.

*Special Olympics Healthy Athletes Initiative.*—To address the unmet health needs among its athletes, Special Olympics created the Healthy Athletes Program, which provides Special Olympics athletes access to an array of health assessment, education, preventive health services and supplies, and referral for follow-up care where needed. These services are provided to athletes without cost in conjunction with competitions at local, State, national, and international levels. The Committee has included \$48,000 above the fiscal year 2005 level for this program.

*Spina Bifida.*—The Committee recognizes that Spina Bifida is the leading permanently disabling birth defect in the United States. While Spina Bifida and related neural tube defects are highly preventable through proper nutrition, including appropriate folic acid consumption, and its secondary effects can be mitigated through appropriate and proactive medical care and management, such efforts have not been adequately supported or coordinated to result in significant reductions in these costly conditions. Also, the Committee supports the Memorandum of Understanding between CDC and the Agency for Healthcare Research and Quality to examine clinical treatment of Spina Bifida and improve quality of life.

#### HEALTH INFORMATION AND SERVICE

The Coordinating Center for Health Information and Services includes the National Center for Health Statistics [NCHS], a new National Center for Health Marketing, and a new National Center for Public Health Informatics.

The Committee recommends a program level of \$223,799,000 for Health Information and Service related activities at the CDC. This recommendation includes \$134,235,000 in transfers available under section 241 of the Public Health Service Act. The fiscal year 2005 comparable program level was \$228,673,000 and the administration requested \$223,799,000.

### *Health Statistics*

CDC's statistics give context and perspective on which we can base important public health decisions. By aggregating the experience of individuals, CDC gains a collective understanding of health, collective experience with the health care system, and our problems and public health challenges. NCHS data are used to create a basis for comparisons between population groups or geographic areas, as well as an understanding of how trends in health change and develop over time.

The NCHS is the Nation's preeminent source of health statistics and therefore provides the foundation for assessing National health trends and developing sound programs and policies to protect and enhance the Nation's health. The Committee is concerned with the adequacy and overall coordination of the various Federal programs that collect, analyze, and report the health statistics necessary for policy development and public health interventions. During this period of rapid advance in health and welfare policy, medical practice, and biomedical knowledge, the Committee is committed to ensuring that timely and relevant health statistics are available to guide policy decisions. The Committee has provided additional funds for the NCHS to strengthen its data collection infrastructure.

*Eating Disorders.*—The Committee is concerned about the growing incidence and health consequences of eating disorders among the population. The extent of the problem while estimated by several long-term outcome studies as being high remains unknown. The Committee urges the CDC to research the incidence and morbidity and mortality rates of eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders not otherwise specified across age, race, and sex.

#### ENVIRONMENTAL HEALTH AND INJURY PREVENTION

The Coordinating Center for Environmental Health and Injury Prevention includes the National Center for Environmental Health, the Agency for Toxic Substances and Disease Registry, and the National Center for Injury Prevention and Control.

The Committee recommends \$288,982,000 for environmental health and injury prevention related activities at the CDC. The fiscal year 2005 comparable level was \$285,721,000 and the administration requested \$284,820,000 for fiscal year 2006.

### *Environmental Health*

Within the total provided, \$400,000 above the fiscal year 2005 level is to expand the Health Tracking Network. All other activities are funded at the level of the administration's request.

Many of the public health successes that were achieved in the 20th century can be traced to innovations in environmental health practices. However, emerging pathogens and environmental toxins continue to pose risks to our health and significant challenges to public health. The task of protecting people's health from hazards in their environment requires a broad set of tools. First among these tools are surveillance and data collection to determine which substances in the environment are getting into people and to what degree. It also must be determined whether or not these substances

are harmful to humans, and at what level of exposure. Many scientists estimate that about two-thirds of all cancers result from environmental exposure, but much better data are needed to improve this estimate and determine which exposures cause cancer and other diseases.

*Asthma.*—The Committee is pleased with the work that the CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at-risk populations in underserved communities. To further facilitate this effort, CDC is encouraged to partner with voluntary health organizations to support program activity consistent with the CDC's efforts to fund community-based interventions that apply effective approaches demonstrated in research projects within the scientific and public health community.

*Biomonitoring.*—The CDC's National Report on Human Exposure to Environmental Chemicals is a significant new exposure tool that provides invaluable information for setting research priorities and for tracking trends in human exposures over time. The Committee continues to support the CDC environmental health laboratory's efforts to provide exposure information about environmental chemicals. The Committee understands that for most chemicals it is currently difficult to interpret biomonitoring information in a health risk context. Therefore, the Committee encourages CDC to develop the necessary methods to better interpret human biomonitoring concentrations in the context of potential health risks. The Committee applauds the CDC's biomonitoring efforts and encourages the Agency to continue this program and continue to improve its efforts to communicate these results in context.

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

*Environmental Health Laboratory.*—The CDC environmental health laboratory performs assessments for State investigations of diseases (such as cancer and birth defects) and investigations of chemical exposures, such as dioxin, pesticides, mercury and cadmium. CDC is also working with States to improve public health laboratories that assess State level biomonitoring needs. CDC works closely with academic institutions, other Federal agencies, and other partners to measure human exposure to toxic substances and the adverse effects of that exposure.

*Health Tracking Network.*—The Committee has provided \$400,000 over the fiscal year 2005 level to continue and expand the development of a Health Tracking Network, which seeks to develop a surveillance system that can integrate environmental hazards data with human exposure and health effects data that have possible links to the environment. With health tracking, public health officials can better target preventive services, health care providers can offer better health care, and the public will be able to develop

a clear understanding of what is occurring in their communities and how overall health can be improved.

*Landmine Survivor Network.*—The Committee commends CDC for its partnership with the Landmine Survivor Network that has developed peer support networks for landmine survivors in six mine-affected countries. The Committee has included sufficient resources to continue support of the network at no less than the fiscal year 2005 level. These funds will be used to expand peer support networks and the number of survivors that are reached in network and non-network countries; strengthen the capacity of medical and rehabilitative care facilities to address the needs of amputees; enhance economic opportunities for survivors; and further CDC programs and research for victims of landmines, civil strife and warfare.

*Volcanic Emission and Asthma.*—The problem of asthma in Hawaii remains a serious health threat and challenge, especially among the medically underserved. In particular, the problem of volcanic emissions in Hawaii contributes to this and other respiratory problems. The Committee encourages CDC to consider potential interventions that may be helpful.

#### *Injury Prevention and Control*

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: fires and burns; poisoning; drowning; violence; lack of bicycle helmet use; lack of seatbelt and proper baby seat use; and other injuries. The national injury control program at CDC encompasses non-occupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized for both intramural and extramural research as well as assisting State and local health agencies in implementing injury prevention programs. The Committee recognizes the vital role CDC serves as a focal point for all Federal injury control activities.

Within the total provided, the Committee has provided \$2,500,000 over the fiscal year 2005 level for Youth Violence Prevention base funding; sufficient resources to support the National Violent Death Reporting System at the fiscal year 2005 level; and undesignated funding of \$780,000 to the National Center for Injury Prevention and Control. Sufficient funds have been included to continue or increase support for all existing Injury Control Research Centers.

*National Violent Death Reporting System.*—The Committee is supportive of the National Violent Death Reporting System, which is a State-based system that collects data from medical examiners, coroners, police, crime labs, and death certificates to understand the circumstances surrounding violent deaths. The information can be used to develop, inform, and evaluate violence prevention programs. The Committee has provided sufficient resources to continue this program with at least the fiscal year 2005 level of funding. The Committee urges the CDC to continue to work with private health and education agencies as well as State agencies in the development and implementation of an injury reporting system.

*Suicide Prevention.*—The Committee is aware that suicide remains the third leading cause of death among adolescents aged 10–19. Research has determined that those adolescents most at risk often suffer from mental disorders, including depressive disorders and substance abuse. Other risk factors, which interact with mental disorders to increase risk for adolescent suicide, may include family discord, school-related problems, obesity, contact with the juvenile justice system and exposure to the suicide of others. The Committee encourages CDC to consider the extent to which mental health screenings incorporated into ongoing prevention efforts regarding obesity, STDs and self-injury may serve to identify youth at risk. The Committee requests that CDC report on its findings to the Committee by May 1, 2006.

The Committee encourages CDC to consider supporting the evaluation of suicide prevention planning, programs, and communication efforts to change knowledge and attitudes and to reduce suicide and suicidal behavior. These evaluation efforts would support communities to identify promising and effective suicide prevention strategies that follow the public health model and build community resilience.

*Violence Against Women.*—The Committee urges CDC to increase research on the psychological sequelae of violence against women and expand research on special populations and their risk for violence including adolescents, older women, ethnic minorities, women with disabilities, and other affected populations.

*Youth Violence.*—The Committee has included \$2,500,000 above the fiscal year 2005 level for CDC's youth violence prevention activities. The Committee notes that the level of youth violence in cities around the Nation is troubling. The city of Philadelphia, in particular, has experienced a spike in youth violence. The Committee encourages CDC to use some of the increase to address the growing number and seriousness of violent acts committed by youth in urban areas such as Philadelphia.

#### OCCUPATIONAL SAFETY AND HEALTH

The Committee recommends \$257,121,000 for occupational safety and health programs. The fiscal year 2005 level was \$286,041,000 and the administration requested \$285,930,000 for fiscal year 2006. The Committee recommendation includes \$87,071,000 in transfers available under section 241 of the Public Health Service Act. Sufficient funds have been included to maintain staffing levels at the Morgantown facility.

The CDC's National Institute for Occupational Safety and Health [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 spans the spectrum of activities necessary for the prevention of work-related illness, injury, disability, and death by gathering information, conducting scientific biomedical research (both applied and basic), and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

The Committee recognizes NIOSH as one of the Agency's 5 coordinating centers. Given its unique statutory requirements, this is

the appropriate placement of NIOSH within CDC's current structure. It is the expectation of the Committee that CDC will afford NIOSH all the rights and privileges of this status in the organization including participation on CDC's Executive Leadership Board as well as the Management Council given that these are the policy and decision-making bodies of the Agency.

In fiscal year 2005, the Committee separated actual program costs from the administration of those programs by reallocating all administrative costs (except those of NIOSH) to a new account: Business Services Support. This enabled CDC to more easily interpret Congress' intent with funding increases meant for either programs or administration of those programs. In fiscal year 2006, the Committee recommends reallocating \$34,800,000 from the NIOSH line item to the Business Services and Support line item. This reallocation is equal to the administrative costs associated with NIOSH in fiscal years 2004 and 2005 and will end the need for continued central business services assessments, except those that are assessed across the entire Department of Health & Human Services. A reprogramming request will be required for any additional CDC assessment on the NIOSH budget line. All comparisons to fiscal year 2005 levels and the budget request have been adjusted to reflect this reallocation.

The Committee recognizes that NIOSH, as the only Federal Agency for occupational safety and health research and prevention, provides national and international leadership to prevent work-related illness, injury, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services. Examples include the recently launched Research to Practice [r2p] initiative, which continues to gain momentum, and the next decade of the National Occupational Research Agenda [NORA-2]. The Committee applauds the goal of r2p, which is to reduce or eliminate occupational disease and injury by helping to ensure an increased impact of NIOSH-funded research in the workplace. The Committee notes that NIOSH is now consulting with partners and stakeholders to plan for NORA-2, which will be a review of the decade for the 21 priority research areas, examining the state of the science, noting key changes, identifying NORA contributions, discussing gaps and lessons learned, and making recommendations for the future.

*Construction Safety and Health.*—The Committee once again is very pleased with the progress that NIOSH has made in its program directed at occupational illnesses and injuries in the building and construction industry and has included funding to continue this important worker safety initiative.

*Education and Research Centers.*—The Committee recognizes the important role Education and Research Centers [ERCs] play in preventive health research and the training of occupational safety and health professionals, and includes an increase of \$500,000 for ERCs over the amount appropriated for ERCs in fiscal year 2005.

*Energy Employees Occupational Illnesses.*—Not later than 6 months after enactment of this Act, NIOSH should provide a report to the Committee which: (1) identifies the cancer types which are not included in the list of 22 "specified cancers" under the Energy Employees Occupational Illness Compensation Program Act (42



U.S.C. 7384 et seq.) but for which exposure to internal or external ionizing radiation of any type can be shown to cause or contribute to the development of a cancer; (2) recommend the cancer types to be added to the list of specified cancers for individuals covered in the Special Exposure Cohort, with a justification for including such cancers and a ranking in order of priority based on radiosensitivity; (3) for each Special Exposure Cohort in effect on the date of submission of this report to Congress, identify the number of cases by facility for which there is a Special Exposure Cohort for each cancer type listed in item (2). The Secretaries of Labor and Health and Human Services are encouraged to amend their respective implementing regulations to include the list of cancers covered in the above referenced report for purposes of defining specified cancers for members of special exposure cohorts.

*Farm Health and Safety.*—The Committee has included funding to continue the farm health and safety initiative. This important initiative, begun in fiscal year 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the millions of agricultural workers and their families in the United States. The Committee is particularly pleased with the research being undertaken by the Agricultural Research Centers.

*Miners' Choice Health Screening Program.*—The Committee is concerned that sufficient resources were not allocated to implement the Miners' Choice Health Screening Program in fiscal year 2005. The Committee urges NIOSH to implement this program in fiscal year 2006. This program was initiated to encourage all miners to obtain free and confidential chest x-rays to obtain more data on the prevalence of Coal Workers' Pneumonconiosis in support of development of new respirable coal dust rules. The Committee is strongly supportive of these efforts and urges NIOSH to work to improve this health screening program thereby helping to protect the health and safety our Nation's miners.

*Mining Research Program.*—The Committee has provided sufficient resources to maintain the fiscal year 2005 level of funding for NIOSH's Mining Research Program.

*National Occupational Research Agenda.*—The Committee recommendation includes sufficient resources to maintain funding at the fiscal year 2005 level for CDC's National Occupational Research Agenda [NORA]. The Committee believes that NORA is a critical scientific research program that protects employees and employers from the high personal and financial costs of work site health and safety losses. Industries such as agriculture, construction, health care, and mining benefit from the scientific research supported by NORA. The program's research agenda focuses on prevention of disease and injury resulting from infectious diseases, cancer, asthma, hearing loss, musculoskeletal disorders, traumatic injuries, and allergic reactions, among others. The Committee continues to strongly support NORA and encourages expansion of its research program to cover additional causes of work place health and safety problems.

*National Mesothelioma Registry.*—The Committee has provided \$1,000,000 for the establishment of a National Mesothelioma Registry to collect data regarding symptoms, pathology, evaluation,

treatment, outcomes, and quality of life and a Tissue Bank to include the pre- and post-treatment blood (serum and blood cells) specimens as well as tissue specimens from biopsies and surgery. The Committee intends that not less than \$500,000 of this amount should be allocated for the collection and maintenance of tissue specimens.

*National Personal Protective Technologies Laboratory.*—The Committee provides sufficient resources to maintain the fiscal year 2005 level of funding for the NIOSH National Personal Protective Technologies Laboratory to expedite research and development in, and certification of, protective equipment, such as powered air purifying respirators, and combined self-contained breathing apparatus/escape sets.

#### GLOBAL HEALTH

The Committee recommends \$313,227,000 for global health related activities at the CDC in fiscal year 2006. The fiscal year 2005 comparable level was \$308,863,000 and the administration requested \$306,079,000 for fiscal year 2006. The Office of Global Health will lead and coordinate CDC's global programs to promote health and prevent disease in the United States and abroad, including ensuring rapid detection and response to emerging health threats. Within the total provided, all of the programs, except the global immunization program and the global malaria program, have been funded at the level requested by the administration.

*Global HIV/AIDS.*—CDC works with governments in 25 countries in Africa, Asia and Latin America and the Caribbean focusing on primary prevention of HIV/AIDS; care and treatment of tuberculosis and other opportunistic infections, palliative care and appropriate use of antiretroviral medications; and infrastructure and capacity development.

The Committee notes that funding for continuation of the International Mother and Child HIV Prevention Initiative [MTCT] has been requested in the budget for the Department of State under the jurisdiction of the Foreign Operations Appropriations Subcommittee. Therefore, the Committee does not provide any funding for the program in the CDC, however, the Committee remains supportive of this critical program. The Committee encourages CDC to ensure that funds provided to the MTCT program, the CDC GAP initiative, and the Global Fund for HIV/AIDS, Tuberculosis, and Malaria are used in a coordinated and complementary fashion.

*Global Disease Detection.*—The Committee commends CDC for its role in strengthening the capacity of the public health community, both at home and abroad, to respond to global threats, such as SARS, monkeypox, West Nile virus, pandemic flu and bioterrorism. CDC's Global Disease Detection System is integral to these efforts. This system is designed to provide worldwide technical support to ensure rapid and accurate diagnoses of emerging infectious disease events, and to provide a secure link between clinicians and laboratories and CDC and the World Health Organization to ensure real-time reporting of emerging threats. The Global Disease Detection System also will support sentinel sites in key regions around the globe to ensure prompt disease detection and referral to a regional laboratory service. These capacities are critical to mitigate the con-

sequences of a catastrophic public health event, whether the cause is an intentional act of terrorism or the natural emergence of a deadly infectious virus, like SARS. The Committee has provided \$12,077,000 over the fiscal year 2005 level for these efforts.

*Global Immunization Activities.*—The Committee includes \$144,455,000 for global immunization activities, including \$101,254,000 for polio vaccine, surveillance, and program operations for the highly successful, yet unfinished polio eradication efforts; and \$43,201,000 for the purchase of measles vaccine for measles mortality reduction and regional measles elimination initiatives and to expand epidemiologic, laboratory, and programmatic/operational support to WHO and its member countries.

The increased funding levels in Global Health and decreases in Immunization capture the proper alignment of programmatic costs within CDC under the new budget structure and will be directed to support programmatic activities to eradicate polio and eliminate measles worldwide. They do not represent a decrease in support of the immunization program.

The Committee appreciates CDC's contribution to global immunization efforts to eradicate polio and eliminate measles worldwide. Federal dollars help leverage private dollars in both the Polio Eradication Campaign and the Measles Initiative, partnerships among international agencies, NGOs and CDC. Polio eradication is close to completion; however, polio is still endemic in six countries. Any ground lost in maintaining "immunization days," surveillance and labs is disastrous. Immunization is respected in these developing countries to the point that they cause temporary ceasefires in countries at war.

The Committee notes that the fiscal year 2006 appropriation recommended here assumes full funding of the Congressional intent in the fiscal year 2005 appropriation. Accordingly, funds requested in Immunization and Business Services support related to Global Immunization Activities have been provided here.

#### PUBLIC HEALTH RESEARCH

*Public Health Research.*—The Committee has provided \$31,000,000 in transfers available under section 241 of the Public Health Service Act to fund the Public Health Research program. The fiscal year 2005 comparable level was \$31,000,000 and the administration requested \$31,000,000 for this program in fiscal year 2006. The Committee is strongly supportive of public health and prevention research, which bridge the gap between medical research discoveries and behaviors that people adopt by identifying the best strategies for detecting new diseases, assessing the health status of populations, motivating healthy lifestyles, communicating effective health promotion messages, and acquiring and disseminating information in times of crisis.

*Alternative Therapies.*—As more and more Americans use alternative and complementary therapies to maintain and improve their health, there is a growing need for better consumer information about these therapies. The Committee encourages CDC to consider expanding their efforts in this area. Practice-based assessments and the identification and study of promising and heavily used complementary and alternative therapies and practices should be

undertaken and results published. The Committee urges CDC to collaborate with the National Center for Complementary and Alternative Medicine [NCCAM] to assure that its efforts complement efforts by NCCAM.

*Food Marketing.*—The Committee commends the CDC for its role and participation in the Food Marketing and the Diets and Health of Children and Youth study done in partnership with the Institute of Medicine through the Food and Nutrition Board and the Board on Children, Youth, and Families. The Committee encourages CDC to continue its efforts to identify the causes of obesity, particularly the science-based effects of food marketing on the diets and health of children and youth in the United States.

*Poor Diet and Inactivity.*—Hundreds of thousands of people die prematurely each year from heart attack, stroke, and diabetes, and scientists agree that poor diet, physical inactivity, and being obese puts one at greater risk for those conditions. The Committee is concerned that the recent controversy regarding the estimates of the number of deaths due to obesity has resulted in public confusion and ignores other diet and physical inactivity disease rates, related deaths and health care costs.

The Committee urges the CDC to conduct a study to estimate the number of premature deaths, diseases, and costs due to poor diet and physical inactivity. The study should include diet- and inactivity-related deaths, diseases, and costs due to heart disease, cancer, stroke, diabetes, and other diseases and those due to a range of dietary factors. The number of diet- and inactivity-related deaths, diseases, and costs should be compared to other leading causes including tobacco, alcohol, infectious diseases, etc.

#### PUBLIC HEALTH IMPROVEMENT AND LEADERSHIP

The Committee provides \$269,055,000 for public health improvement and leadership activities at the CDC. The fiscal year 2005 comparable level was \$266,842,000 and the administration requested a comparable program level of \$206,541,000 for fiscal year 2006.

##### *Leadership and Management*

The Committee provides \$178,672,000 for leadership and management costs at the CDC in fiscal year 2006. The fiscal year 2005 comparable level was \$178,541,000 and the administration requested a comparable level of \$178,672,000 for fiscal year 2006.

*Director's Discretionary Fund.*—The Committee has provided \$10,000,000 for a Director's Discretionary Fund. This fund will allow the Director to quickly respond to emerging public health issues and threats not contemplated at the time of enactment of the appropriations.

*Epidemic Services and Response.*—CDC's epidemic services and response program provides resources and scientific expertise for operating and evaluating surveillance systems; developing and refining research methods and strategies to the benefit of public health practice; training public health professionals who are prepared to respond to public health emergencies, outbreaks and other assistance requests; and communicating with multi-faceted audiences accurate public health information and effective messages. The Com-

mittee recognizes that CDC maintains a keen appreciation for the fact that local outbreaks of illness can develop rapidly into epidemics, that previously unidentified health problems can appear at any time, that contaminated food or defective products may appear in the community without warning, and that the threat of bioterrorism is present in many areas of the world. When CDC participates in an investigation, all of the resources of the Agency are at the disposal of the affected area, including its state-of-the-art laboratories.

*Leadership and Management Savings.*—The Committee strongly believes that as large a portion as possible of CDC funding should go to programs and initiatives that improve the health and safety of Americans. To facilitate this goal, any savings in leadership and management may be reallocated to the Director's Discretionary Fund upon notification of the Committee.

#### PREVENTATIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

The Committee has provided \$100,000,000 for the Preventative Health & Health Services Block grant. The fiscal year 2005 comparable level was \$118,526,000 and the administration requested no funding for this program in fiscal year 2006.

The block grant provides funding for primary prevention activities and health services that address urgent health problems in local communities. This flexible source of funding can be used to target concerns where other funds do not exist or where they are inadequate to address the extent of the health problem. The grants are made to the 50 States, the District of Columbia, two American Indian tribes, and eight U.S. territories.

#### BUILDINGS AND FACILITIES

The Committee has provided \$225,000,000 for the planning, design, and construction of new facilities, repair and renovation of existing CDC facilities, and data security and storage. The fiscal year 2005 comparable level was \$269,708,000 and the administration requested \$30,000,000 for fiscal year 2006.

The Committee recommendation includes \$200,000,000 for the continuation of CDC's Buildings and Facilities Master Plan in Atlanta, Georgia and \$25,000,000 to complete construction of CDC's Division of Vector Borne Infectious Diseases Laboratory in Fort Collins, Colorado.

The Committee has again provided bill language to allow CDC to enter into a single contract or related contracts for the full scope of development and construction of facilities and instructs CDC to utilize this authority, when necessary, in constructing the Atlanta and Fort Collins facilities.

#### BUSINESS SERVICES AND SUPPORT

The Committee provides \$296,119,000 for business services support functions at the CDC. The fiscal year 2005 comparable level was \$278,838,000 and the administration requested a comparable level of \$263,715,000 for fiscal year 2006. These funds will be used to support CDC-wide support functions.

The recommendation includes \$34,800,000 within Business Services and Support that was provided in fiscal year 2005, and in the administration request, in NIOSH. The reason for this is to provide the NIOSH share of CDC central services and support within this activity and to eliminate the need for additional taps and assessments.

The Committee strongly believes that as large a portion as possible of CDC funding should go to programs and initiatives that improve the health and safety of Americans. To facilitate this goal, any savings in business services support may be reallocated to the Director's Discretionary Fund upon notification of the Committee.

#### TERRORISM

The Committee provides \$1,566,471,000 for CDC terrorism preparedness activities. The comparable fiscal year 2005 level was \$1,622,757,000 and the administration requested \$1,616,723,000 for these activities in fiscal year 2006. Although these funds have been provided in the Public Health and Social Services Emergency Fund [PHSSEF] in past appropriations, they have always been managed by CDC. The Committee expects that CDC will continue to closely coordinate its terrorism preparedness activities with those of the Department and other HHS Agencies.

Within the funds provided, \$735,391,000 is for Upgrading State and Local Capacity through grants and cooperative agreements; \$29,425,000 is for the Centers for Public Health Preparedness; \$5,424,000 is for the Advanced Practice Centers; \$26,899,000 is for other State and Local Capacity; \$137,972,000 is for upgrading CDC Capacity; \$10,000,000 is for anthrax vaccine studies; \$79,361,000 is for the Biosurveillance Initiative; and \$542,000,000 is for the Strategic National Stockpile.

*Blood Safety.*—The Committee understands that the American Red Cross [ARC] supplies blood to approximately one-half the Nation's hospitals, operates the only blood system with the capacity to deliver blood anywhere and anytime it is needed, and is the only non-governmental organization with mandated primary agency responsibilities under the National Response Plan [NRP]. Among its NRP obligations, the ARC serves as a support agency to HHS for the provision of blood and blood products. The Committee is aware that the ARC has initiated a Biomedical Technology Assurance Initiative to protect its capacity to manage national blood supplies against cyber- and bio-security threats. The Committee supports this effort and encourages CDC to consider providing support to the Initiative from within the funds made available for biosurveillance, capacity enhancement and stockpile activities.

*Clinician Update Service.*—The conferees are aware of the Clinician Update Service, which the CDC has begun with World Medical Leaders to disseminate news, information, and alerts to physicians who are on the front lines in the effort to recognize biological, chemical, and radiological events. The Committee encourages CDC to consider supporting the completion of Phase II of the project.

*Modified Vaccinia Ankara.*—The Committee is concerned that individuals with weak immune systems, an estimated 20 percent of the U.S. population, cannot take the existing animal-derived and cell-derived smallpox vaccines currently stored in the Strategic Na-

tional Stockpile for emergency purposes. Funds have already been appropriated under the Project Bioshield Act for the planned stockpiling of the Modified Vaccinia Ankara [MVA] Smallpox Vaccine for immuno-compromised Americans. The Committee supports plans to purchase the new vaccine.

*Pandemic Influenza.*—The Committee notes that several outside organizations, including the Trust for America's Health, have made recommendations regarding pandemic preparedness. The Committee encourages CDC to consult with outside experts in its preparations for, and response to, a potential pandemic.

The Committee is aware that the Department is developing a pandemic influenza response plan. The Committee recognizes that local public health departments, working with their States, play essential roles in responding to influenza outbreaks, including monitoring of local vaccine availability, distribution and redistribution of vaccines and antiviral medications to high priority populations, implementation of necessary epidemic containment measures, and communication to the public. Therefore, Committee encourages the Department to assure that all aspects of Federal pandemic influenza planning are consistent with operational realities at the local level and will have the intended public health results when implemented locally. The Committee further urges the Department to assure that Federal pandemic flu planning avoid duplication and inconsistency with other Federal directives concerning public health preparedness.

*State and Local Capacity.*—The Committee continues to recognize that bioterrorism events will occur at the local level and will require local capacity, preparedness and initial response. It is the Committee's intent that significant funding for State and local public health infrastructure be used to improve local public health capacity and meet the needs determined by local public health agencies. The Committee notes that HHS' cooperative agreement guidance now includes explicit requirements for local concurrence with State spending plans for public health emergency preparedness and urges CDC to monitor and enforce these requirements.

The Committee also recognizes that HHS has incorporated the National Response Plan into the cooperative agreement guidance and established new CDC Preparedness Goals. The Committee urges the Department to assure that the performance metrics for the CDC Preparedness Goals, by which local health department preparedness will be measured, are fully consistent with all requirements in the Target Capabilities being developed under Homeland Security Presidential Directive 8 by the Department of Homeland Security.

Funds for bioterrorism prevention and response are distributed through grants to 50 States and four metropolitan areas. The Committee strongly recommends that these funds be distributed based on a formula that includes factors for risk of a terrorist event. Risk is challenging to quantify, but the Committee suggests that CDC, in coordination with the Secretary of Health and Human Services, consider the following and other factors: (1) Site of headquarters or major offices of multinational organizations; (2) site of major financial markets; (3) site of previous incidents of international terrorism; (4) some measure of population density versus just popu-

lation; (5) internationally recognized icons; (6) percent of national daily mass transit riders; (7) proximity to a major port, including major port ranked on number of cargo containers arriving at the port per year.

*Strategic National Stockpile.*—The Committee appreciates that planning and exercising plans for distribution of the Strategic National Stockpile is an integral aspect of overall local bioterrorism preparedness. The Committee urges CDC to assure that requirements for and evaluation of State and local activities with respect to the stockpile, including the Cities Readiness Initiative, are fully integrated into and consistent with requirements of the guidance for overall bioterrorism preparedness.

#### NIH PREAMBLE

No task before this country is more important than safeguarding and improving the health of all Americans. For protecting the public's health, together with educating our citizenry, represent the mainspring of our economic and social progress. Without question, the Nation's strength can be no greater than the health and vitality of its population. Beyond its human toll, needless suffering and death erode productivity, undermine our leadership role on the global stage, weaken our defenses and threaten to bankrupt Federal, State, and family budgets.

History has shown that it is imperative to maintain our long-term commitment to medical research regardless of short-term economic conditions. Since World War II, the life span of the average American has risen steadily, from 65 to nearly 77 years. While no single entity nor action can be credited for that success, one organization has played a significant role—the National Institutes of Health. The Nation's investment in NIH has yielded a myriad of scientific achievements that are helping to save lives, prevent illness and improve the quality of life. From drugs to control high blood pressure, lower cholesterol and prevent blood clots to the development of a vaccine that eliminates the leading cause of mental retardation in infants, NIH has played a significant role. But that role has broadened and taken on even greater immediacy, as NIH has taken the lead in protecting our Nation against bioterrorism and other public health emergencies including anthrax, plague, tularemia and West Nile virus. With these and other threats looming, now is not the time for retrenchment; rather, it is the time to exploit fully any opportunity that could lead to improved health.

The Committee also encourages new initiatives to reshape the conduct of research such as the "NIH Roadmap for Medical Research," an approach that would bring together multiple institutes and scientific disciplines to tackle a handful of public health concerns. Similarly, the Committee strongly urges NIH to focus greater effort and resources on transforming basic science discoveries into preventive measures, improved diagnostics, drugs and treatments. The backbone of clinical research in this country, the Nation's academic health centers, should be nurtured and new, innovative ways should be found to re-energize this enterprise.

To these ends, the Committee recommends \$29,414,515,000 for the NIH. This amount is \$1,050,000,000 above the fiscal year 2005 appropriation and \$904,731,000 over the budget request.



*Biomedical Research and Development Price Index.*—The Committee is once again disappointed that the budget request would require NIH to break its funding commitments to existing grantees. Forcing grantees to reduce the scope of research that is already underway would establish an unfortunate precedent and could erode confidence in NIH. As a result, this reduction would have caused a disproportionate impact on more junior researchers and trainees, who need continued encouragement to pursue careers in research. Therefore, the Committee has included sufficient funding to enable NIH to fully pay the committed levels on its grants. The Committee is also disappointed that the budget request's proposed average cost assumptions would keep NIH from purchasing the same amount of research as in fiscal year 2005 with its new research project grants [RPGs], when biomedical inflation, as measured by the Department of Commerce's Biomedical Research and Development Price Index [BRDPI], is taken into account. The funding level recommended by the Committee will permit the average cost of new and competing RPGs to rise by the BRDPI inflator, or 3.2 percent, instead of being held flat, as proposed in the budget request.

*Human Embryonic Stem Cell Research.*—The Committee continues to be concerned that the current administration policy relating to human embryonic stem cell research is so narrow that it is stifling the pace of stem cell research. The Committee strongly believes that embryonic stem cell research holds enormous potential for the treatment of cardiovascular disease, Parkinson's, spinal cord injury and a vast array of other diseases and injuries. After convening 16 in-depth hearings on the subject, the Committee believes that with the proper safeguards in place, this field of investigation ought to be widened. While it originally appeared that 78 embryonic stem cell lines would be available for research under the Federal policy, now, nearly 4 years after the President's announcement on August 9, 2001, only 22 lines are available to researchers. Moreover, scientists have told the Committee that all available stem cell lines were grown with mouse feeder cells, making their therapeutic use for humans uncertain. The Committee strongly urges the administration to modify the current embryonic stem cell policy so that it provides this area of research the greatest opportunity to lead to the treatments and cures for which we are all hoping.

The Committee also strongly urges that the NIH explore all avenues of stem cell research including adult stem cells and alternative methods of establishing human embryonic stem cell lines that do not involve the destruction of an embryo.

The Committee is also deeply concerned with the slow pace of implementation of the current stem cell policy. The Committee was informed by NIH this year that anticipated spending on human embryonic stem cell research is just \$24,300,000. The Committee strongly urges the NIH to commit a substantial amount of resources to all methods of human embryonic stem cell research.

## NATIONAL CANCER INSTITUTE

Appropriations, 2005 .....	\$4,825,259,000
Budget estimate, 2006 .....	4,841,774,000
House allowance .....	4,841,774,000
Committee recommendation .....	4,960,828,000

The Committee recommends an appropriation of \$4,960,828,000 for the National Cancer Institute [NCI]. The budget request was \$4,841,774,000. The fiscal year 2005 appropriation was \$4,825,259,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Blood Cancers.*—The Committee acknowledges some notable advances in the treatment of blood cancers, including leukemia, lymphoma, and multiple myeloma. These include several new drugs that have been approved and introduced to the market in the last 3 years, products of a strong public-private partnership. Despite new treatments, these cancers represent a serious health crisis. Almost 115,000 Americans will be diagnosed with these cancers in 2005, and nearly 55,000 will die from them. Moreover, the 5-year survival rates for these cancers lag behind the 64 percent 5-year survival rate for all cancers; the rate for multiple myeloma is only 32 percent, and for non-Hodgkin's lymphoma it stands at 59 percent. The Committee encourages the Institute to strengthen its support for translational and clinical blood cancer research. The blood cancers strike individuals of all ages, races, and each gender, and serve as valuable prototypes for the development of therapies for all types of malignant disorders. The Committee urges the institute to explore all mechanisms to support blood cancer research to improve treatment options and rapidly move discoveries from the laboratory bench to the patient's bedside.

*Bone Marrow Failure Diseases.*—The Committee encourages NCI to expand its research efforts into bone marrow failure diseases, including aplastic anemia, myelodysplastic disorders [MDS], and paroxysmal nocturnal hemoglobinuria [PNH]. Each year, between 20,000 and 30,000 Americans are diagnosed with these diseases. In some cases, MDS, the most prevalent of these diseases, can progress over time to become acute leukemia. More research is critically needed to understand the causes of these diseases, develop effective treatments and cures, and prevent the progression of certain cases into leukemia. Furthermore, cancer patients who undergo chemotherapy often develop bone marrow failure diseases. The Committee encourages NCI to gain a better understanding of the link between chemotherapy and these diseases, and to explore the development of alternative means of treating cancer without causing the subsequent development of bone marrow failure diseases.

*Brain Tumors.*—The Committee believes that increased attention should be given by NCI and NINDS to brain tumor research. The Committee encourages NCI to fund at least five Specialized Programs of Research Excellence in Brain Tumors [SPORE] grants in the upcoming fiscal year, with particular emphasis on those proposals which include both basic research and clinical treatment applications.

*Breast Cancer.*—Breast cancer's toll continues to threaten the lives and the quality of life of thousands of women across all walks of life. In addition to ongoing research activities underway at the National Cancer Institute, the Committee strongly urges the NCI to give increased attention to areas of research that focus on helping women to more fully restore and improve their quality of life after treatment, including further breast cancer research on lymphadema, stress, nutrition, exercise, weight, and the environment.

The Committee remains concerned about missed opportunities in breast cancer screening, detection, prevention, control, and early diagnosis including those in mammogram detection, reading and analysis. The Committee strongly urges the NCI to further accelerate advances in breast cancer screening technology and to capitalize on existing and create new technologies that improve early diagnosis, health outcomes, and survival.

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

*Cancer Centers and Minorities.*—The Committee commends NCI on the success of its cancer centers program. Given that minority populations suffer disproportionately from virtually every form of cancer, the Committee encourages NCI to provide continued support for comprehensive cancer centers at minority institutions focused on research, treatment, and prevention of cancer in African American, Native Hawaiian, and other minority communities.

*Cancer Metastasis.*—The NCI is encouraged to develop an interdisciplinary and integrated approach to study bone metastasis, by combining the expertise of oncologists, bone biologists and metastasis experts. Key issues to address include the generation of novel organ-like or mouse models which closely mimic tumor bone interactions that will pave the way for delineating novel mechanisms of how tumor cells go to the bone; the development of novel targets for better prognosis; and effective therapeutic targeting. Designing new strategies to make the bone microenvironment hostile to invading tumor cells is of high clinical relevance. The Committee also urges NCI to expand research on osteosarcoma to improve survival and quality of life and to prevent metastatic osteosarcoma in children and teenagers who develop this cancer.

*Chronic Lymphocytic Leukemia [CLL].*—This incurable disease is the most common form of adult leukemia in the United States. The Committee once again urges the NCI to increase research into

CLL, including improved therapies and their rapid movement from the laboratory to the bedside. The Committee strongly urges the NCI to give favorable consideration to continuing and expanding the scope of research activities funded through the CLL Research Consortium as it works to defeat this devastating blood disorder.

*Complementary and Alternative Cancer Therapies.*—The Committee expects NCI to continue and expand its collaborative efforts with NCCAM to support research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies.

*DES.*—The Committee continues to support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. The Committee expects NCI to continue to consult with organizations representing individuals impacted by DES as it carries out DES research and education efforts.

*Gynecologic Cancers.*—In the last 5 years, approximately 130,000 women in the United States have lost their lives to gynecologic cancer. The Committee commends the NCI for creating a cervical cancer and endometrial cancer SPORE, bringing the total number of gynecologic cancers SPORES to six, and expects that the NCI will expand the number of centers in the future. Unfortunately, 70 percent of ovarian cancer patients continue to be diagnosed in advanced stages when 5-year survival rates remain less than 25 percent. The Committee encourages continued research by the four ovarian SPORES that will lead to a better understanding of prevention and the development of a screening tool offering women earlier diagnosis when this cancer is more curable. The Committee also supports the expansion of NCI's collaboration with the NICHD for faculty development of gynecologic oncologists.

*Health Cognition.*—The Committee encourages NCI's Division of Cancer Control and Population Sciences to continue to build innovative collaborations such as the Health Cognition Group. The activities of this group of researchers are designed to plumb knowledge from basic research on how people process and use health information and synthesize it with the development and evaluation of theory-based interventions to promote healthy behavior. Although these efforts are directed primarily to behaviors relevant to cancer, they will also serve the broader goal of developing theoretical frameworks that can be applied across a range of behavioral domains and conditions.

*Health Communication.*—The Committee acknowledges NCI's Division of Cancer Control and Population Sciences for developing HINTS, the first-ever survey to collect nationally representative information on the American public's need for, access to, and use of cancer information. Such a database is useful to practicing physicians, public health departments and policymakers, among others. HINTS provides an invaluable snapshot of how adults use the many information resources around them to lead healthier lives and to reduce the burden of cancer in America.

*Hemophilia Cohort Study.*—The Committee understands that NCI has made plans to discontinue research funding support of the Multi-Center Hemophilia Cohort Study. This cohort offers a database for improving the understanding of HCV and has served as

the basis of significant peer-reviewed findings. The Committee strongly urges the NCI to take all necessary steps to ensure the samples obtained through this cohort are preserved and accessible for future research. The Committee also requests a report by May 1, 2006 on possible future research opportunities using the cohort samples.

*Imaging Systems Technologies.*—The Committee is encouraged by progress made by the NCI following its August 1999 conference on biomedical imaging, and it urges the NCI to continue to take a leadership role with the Centers for Medicare and Medicaid Services and the Food and Drug Administration to avoid duplicative reviews of new imaging technologies which may prevent their benefits from reaching patients on a timely basis. The Committee is aware of the great potential for improved patient care and disease management represented by molecular imaging technologies, especially positron emission tomography [PET] through its ability to image the biology of many kinds of cancer and other diseases. The Committee continues to support the NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as PET and MicroPET. The Committee also continues to encourage the large-scale testing of women for breast cancer and men for prostate cancer to demonstrate and quantify the increased diagnostic and staging capabilities of PET relative to conventional diagnostic and staging technologies, including mammography.

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

*Lung Cancer.*—Lung cancer remains a major public health issue and is the leading cause of cancer death among women and minority populations. The death rate is expected to escalate as the population ages. The Committee is encouraged by the success of new targeted drug therapies demonstrated in recent clinical trials in stage 4 patients. The Committee encourages the NCI to work with the thoracic surgical community to initiate new clinical trials that involve patients at an early stage of the disease when surgery is a treatment option. The trials should test the effectiveness of these new drugs as adjuvant therapy to improve the outcome of established thoracic surgical therapy for lung cancer.

*Lymphoma.*—The Committee strongly urges that the NCI take bold action to address lymphoma as a public health problem and to capitalize on important research advances to date. While new treatments have become available for patients, more and improved treatment options are needed. The Committee strongly encourages the NCI to boost its investment in translational and clinical

lymphoma research. The Committee commends the NCI and the NIEHS for convening a workshop on the viral and environmental links to lymphoma and recommends that steps be taken to strengthen the NCI investment in this area. The Committee encourages the NCI to direct resources to: (1) studies of adequate scope to assure the identification of environmental risk factors for specific subtypes of lymphoma; (2) small studies designed to improve detection and quantification of historically difficult-to-measure environmental factors; (3) studies that are directed toward enhancing the understanding of the role of the immune system in the initiation and progression of lymphoma; and (4) studies that examine the simultaneous presence of a wide profile of infectious agents among individuals with lymphoma. The Committee also encourages that resources be used for research related to long-term survivors of both non-Hodgkin's lymphoma and Hodgkin's lymphoma. The Committee strongly supports the recommendation of the Leukemia, Lymphoma, and Myeloma Progress Review Group [LLM PRG] that resources be invested in identifying the populations of patients that are at high risk of adverse outcomes from their treatment for lymphoma.

*Mesothelioma Research.*—The Committee is concerned with the pace of mesothelioma research. This aggressive disease invades the lining of the lungs, heart, or stomach resulting in death in 4 to 14 months. To address these concerns, the Committee strongly encourages the NCI to establish up to 10 mesothelioma centers, increase research, including clinical trials, detection and prevention methods, palliation of disease symptoms and pain management. The Committee requests that the NCI issue a report, by June 1, 2006 on steps taken to address mesothelioma research.

*Multidisciplinary Research.*—The NCI is commended for its innovative support of multidisciplinary training programs to enhance the scientific workforce. The Committee encourages NCI to explore new opportunities with the Office of Behavioral and Social Sciences Research to increase the number of scientists who can bridge the realms of behavioral and social science research and public health or biomedical research.

*Nanosystems Biology.*—The Committee encourages NCI and the Office of the NIH Director to support a collaborative effort to bring nanotechnology, systems biology and molecular imaging together to examine the molecular basis of cancer. Initial efforts have shown that cancers such as breast cancer are not a single disease, but may encompass many different diseases, when examined at the molecular level. Many clinical trials of new drugs are now considered to fail if only 10 percent of patients benefit, yet the 10 percent may represent a specific type of the disease, where the drug may be 100 percent effective. Bringing these three disciplines together may allow researchers to identify specific sub-types of cancer and to better target new interventions. Successful results of such an effort could lead to a molecular classification of many types of cancer and to targeted molecular treatments for molecular-specific diseases.

*Native Hawaiians.*—The Committee remains concerned about the high incidence of breast, colon, and lung cancer among the Native Hawaiian population. The Committee commends the NCI for its

progress toward understanding and addressing the needs of the Hawaiian and Pacific Basin populations through its cooperative agreement with Papa Ola Lokahi and looks forward to a report of the prioritized health needs identified by those assessments.

*Neurofibromatosis.* The Committee commends NCI for conducting clinical trials of NF1 patients. The Committee is concerned about recent large drops in funding for NF research, and recognizing NF's connection to many of the most common forms of human cancer, the Committee encourages NCI to substantially increase its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation, and clinical trials. The Committee recognizes that basic research has successfully brought NF into the clinical era and encourages NCI to create, fund, and implement NF clinical trials infrastructures including NF centers, patient data bases, and tissue banks. The Committee further encourages NCI to apply existing cancer drugs to NF patients in clinical trials both extramurally and intramurally, and to develop new drugs for NF which could then apply to the general population because of NF's connection to most forms of human cancer. The Committee is aware of significant new advances in NF research in the past few years in the area of tumor suppression, and encourages NCI to continue to coordinate its efforts with other NIH institutes and government agencies.

*Ovarian Cancer.*—Congress remains concerned that mortality rates associated with ovarian cancer have not seen the decreases that other cancer sites have experienced in the past 5 years. As the deadliest of all gynecologic cancers, ovarian cancer takes the lives of three-quarters of all women diagnosed with it within 5 years. Congress commends the National Cancer Institute for its recognition of the importance of studying this deadly women's disease and appreciates the NCI's recent investment that is helping to increase the understanding of the unique molecular pathways associated with ovarian cancer through its Specialized Programs of Research Excellence [SPORes] program. As such, Congress strongly encourages NCI to sustain and strengthen its commitment to and investment in ovarian cancer and maintain the SPORes initiatives directed toward ovarian cancer in fiscal year 2006.

*Pancreatic Cancer.*—Pancreatic cancer is the country's fourth leading cause of cancer death, killing over 32,000 individuals this year. Its 99 percent mortality rate is the highest of all cancers, and the average life expectancy after diagnosis with metastatic disease is just 3 to 6 months. The Committee is pleased that the NCI is moving forward to implement the recommendations outlined in the 2001 report by the Pancreatic Cancer Progress Review Group [PRG] and that the Institute is funding three pancreatic cancer SPORes grants. However, the Committee is concerned that the current level of funding for pancreatic cancer research does not allow for the implementation of the PRG report and that only one of the three SPORes grants is fully funded. In addition, the Committee strongly urges the NCI to maintain or increase the number of pancreatic SPORes as it undertakes a review of its translational research activities. Finally, the Committee notes that the NCI's September 2004 report titled "Pancreatic Cancer Research" includes a single, overall budget figure for implementing the immediate and

short-term strategies of the Institute's strategic plan to address the PRG's recommendations, with no details about how the money would be used. Therefore, the Committee requests the NCI to develop a professional judgment budget that specifically details the cost of fully implementing the pancreatic cancer PRG and provide this professional judgment budget to the Committee by May 1, 2006.

*Prostate Cancer.*—The Committee commends the NCI for the considerable investment in prostate cancer, the leading cause of non-cutaneous cancer death among men, and encourages NCI to continue to support research to improve the accuracy of screening and early detection of prostate cancer.

*Radio Waves.*—The Committee urges the NCI to support research using radio waves that could prove promising in reducing cancerous tumors. While current radio frequency ablation requires placing electrodes directly into the tumor, this new non-invasive technique would target only the cancer cells while avoiding healthy tissue.

*Social Work.*—The Committee encourages NCI to coordinate with the Centers for Disease Control and Prevention to conduct further research on the outcome of social work interventions to meet patient and family psychosocial needs in hospitals and cancer treatment centers.

*SPORE Program.*—The Specialized Programs of Research Excellence [SPORE] Program at the NCI was established to support efforts to move laboratory findings into clinical practice to benefit patients in the near term. The Committee understands that the program has resulted in the translation of some exciting research into cancer clinical trials for vaccines, chemoprevention and dietary interventions. The results to date from SPORE funding include multi-center clinical trials, biomarker studies, prevention studies, genetic registries, data sharing, and tissue banking projects, all with critical patient focus. The Committee strongly encourages the NCI to continue to keep this translational goal at its forefront. The Committee further understands that the SPORE program has been extremely successful in rapidly moving science to practices that benefit patients; funded research that requires a team approach to cancer; supports collaboration across basic science, population science and clinical investigation; and provides a rapid translation from the laboratory to patient care. The Committee further urges that the translational research momentum, developed under the SPORE program, be maintained by the NCI.

*Tuberous Sclerosis Complex.*—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. In light of its similarities to the uncontrolled growth of cancer cells, many scientists believe that determining the cause of tumor growth in TSC could open the way for cures and treatments for cancer as well. The Committee is encouraged that NCI is participating in a Trans-NIH Tuberous Sclerosis Coordinating Committee, and urges NCI's continued involvement in this process. The Committee also urges NCI to collaborate with NIDDK on a conference on nutrient sensing and insulin-signaling in cells with inclusion of TSC research.



*War on Cancer.*—The Committee applauds the Director of the National Cancer Institute for setting a bold goal to eliminate suffering and death due to cancer by 2015. To assist Congress in establishing priorities, the Committee requests the Director to report to the Committee, by June 1, 2006, an outline of the progress made since the war on cancer was declared in 1971 and detail the specific steps that must be taken to achieve this goal by 2010.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2005 .....	\$2,941,201,000
Budget estimate, 2006 .....	2,951,270,000
House allowance .....	2,951,270,000
Committee recommendation .....	3,023,381,000

The Committee recommendation includes \$3,023,381,000 for the National Heart, Lung, and Blood Institute [NHLBI]. The fiscal year 2005 appropriation was \$2,941,201,000 and the budget request was \$2,951,270,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Advanced Imaging Technology for Heart Disease and Stroke.*—The Committee is aware that heart perfusion PET scans using Rubidium-82 are considered the “gold standard” for determining the extent of muscle damage to the heart following a heart attack. The Committee encourages the NHLBI to expand its research efforts into the role of biological imaging and PET in delivering more accurate information to determine appropriate treatment for heart disease patients.

*Behavioral Research Grants.*—For many years NIH has required that any proposed research project grant with a budget over \$500,000 in direct costs be subject to additional review and scrutiny. The Committee is interested to know whether at NHLBI this additional layer of review may differentially impact large behavioral science research grants. The Committee requests a report from NHLBI of all requests to fund research grants over \$500,000, and whether they were approved, comparing behavioral grants to others in the pool, during fiscal years 2000–2004. The report should be transmitted no later than May 1, 2006.

*Bleeding and Clotting Disorders.*—The Committee commends NHLBI for its leadership in advancing research on bleeding and clotting disorders and their complications. The Committee encourages NHLBI to maintain its work in this area and applauds the Institute for its efforts, in cooperation with the National Hemophilia Foundation, to support research on improved and novel therapies for these disorders.

*Bone Marrow Failure Diseases.*—The Committee encourages NHLBI to expand its research efforts into bone marrow failure diseases, including aplastic anemia, myelodysplastic disorders [MDS], and paroxysmal nocturnal hemoglobinuria [PNH]. Each year, in some cases, MDS, the most prevalent of these diseases, can progress over time to become acute leukemia. More research is

critically needed to understand the causes of these diseases, to develop effective treatments and cures, and to prevent the progression of certain cases into leukemia.

*Cardiothoracic Surgery.*—The Committee recognizes the contributions of cardiothoracic surgery to the improvement in cardiac health in this country and looks forward to the advances that will come from further clinical research in the field. The Committee is encouraged by the steps the Institute is taking to establish a network for cardiothoracic surgical investigations, and urges rapid implementation of this plan with sufficient funding to continue the progress being made in the treatment of heart disease.

*Cardiovascular Diseases.*—The Committee continues to strongly urge the Institute to place the highest priority on research for heart disease, stroke and other cardiovascular diseases. Therefore, the Committee urges the NHLBI to expand its research portfolio and increase its resources into the causes, cure, prevention and treatment of cardiovascular diseases. The Committee remains concerned that funding over the years for cardiovascular disease research has not kept pace with the scientific opportunities available, the number of Americans afflicted with cardiovascular diseases, or their economic toll. The Committee urges NHLBI to expand existing studies and to invest in promising initiatives.

*Cardiovascular Disease, Hypertension, and Kidney Disease.*—The Committee is aware that chronic kidney dysfunction is an important risk factor for the development of cardiovascular disease. Additionally, hypertension, or high blood pressure, is the second leading cause of end-stage renal disease [ESRD], accounting for 23.6 percent of ESRD patients. ESRD and kidney dysfunction together affect millions of Americans and is especially prevalent among elderly persons, African-Americans and patients with diabetes. Given the significant morbidity and mortality associated with cardiovascular disease among patients with kidney disease, the Committee recognizes the urgency to examine the relationship between cardiovascular disease and kidney disease. The Committee encourages NHBLI and NIDDK to work together to develop appropriate basic and clinical research initiatives addressing the pathogenesis of cardiovascular events in patients with kidney disease, while exploring therapeutic and preventive interventions. The Committee also encourages NHBLI to work with the renal community to support ongoing educational programs directed to health professionals, patients and the public to raise the awareness of the relationship between cardiovascular disease, hypertension and kidney disease.

*Cardiovascular Disease With Juvenile Diabetes.*—The Committee commends NIDDK and NHLBI for their efforts in developing new opportunities for studies on the pathogenesis of cardiovascular disease complications among patients with juvenile diabetes, and to evaluate opportunities for intervention studies to reduce CVD complications among patients with juvenile diabetes. The Committee encourages the Institutes to closely monitor research progress in this field and to continue to promote the clinical translation of research findings into new therapies.

*Chronic Obstructive Pulmonary Disease [COPD] National Education and Prevention Program.*—The Committee is pleased that NHLBI held a preliminary workshop to formulate strategies to-

ward implementing a National Chronic Obstructive Pulmonary Disease [COPD] Education and Prevention Program. Since COPD is the fourth leading cause of death in the United States, the Committee urges the NHLBI to continue its education efforts to bring advances in medical care to the public.

Early identification of those at-risk for or who have COPD is essential in the effort to stem the growth of the population with COPD. The Committee encourages NHLBI to continue its efforts in this area, including working with national lung organizations such as the American Thoracic Society and the American Lung Association to develop a national education campaign for providers and the public about COPD.

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

*Diamond-Blackfan Anemia.*—The Committee is pleased that NHLBI has awarded grants for research initiatives to investigate the rare bone marrow deficiency disorder, Diamond Blackfan Anemia [DBA]. The Committee understands that breakthroughs in this disorder may lead to important strides in research especially relating to blood cell formation (recovery from cancer chemotherapy), cancer predisposition, gene discovery, and the effectiveness of steroids and blood transfusions as treatment options for all bone marrow failure syndromes. The Committee commends NHLBI for its attention to this disorder.

*Down Syndrome.*—The Committee encourages NHLBI to review the causes of congenital heart disease in children with Down Syndrome. Studies should also be encouraged in analyzing the increased risk of leukemia in persons with Down Syndrome.

*Duchenne Muscular Dystrophy.*—The Committee is pleased that NHLBI has enhanced its research and related activities surrounding cardiac complications associated with DMD and urges the Institute to continue to expand and enhance this work going forward. The Committee urges NHLBI to become more involved with NIH Muscular Dystrophy activities by joining the Muscular Dystrophy Coordinating Committee.

*Heart Failure Clinical Research Network.*—The Committee is concerned that in spite of advances in treatment, both the number of newly diagnosed cases and the number of Americans suffering from heart failure continues to grow, while the long-term prognosis for patients still remains poor. The Committee urges the NHLBI to initiate a planned research network to conduct clinical studies using burgeoning new approaches to improve outcomes for heart failure patients, and provide an infrastructure to enable rapid translation of promising research findings into enhanced patient care. The network would have the capability of implementing multiple concurrent clinical studies that may show promise for new therapies and provide background for larger clinical trials.

*Hemoglobinopathies.*—Sickle cell anemia and thalassemia are inherited blood disorders caused by mutations in the genes for the

hemoglobin molecule, the protein in red blood cells that carries oxygen to all parts of the body. These conditions cause many problems including moderate to severe anemia, chronic pain, iron overload with its associated diabetes, liver and heart failure, enlarged spleen, bone weakness, pulmonary hypertension, and stroke. The Committee recognizes NHLBI's continued commitment to invest in basic and clinical research in sickle cell anemia and thalassemia, and encourages NHLBI to sponsor a conference of experts to develop a report focused on the science and management issues that are common to these hemoglobinopathies. The Committee supports a cooperative effort to identify areas of scientific collaboration and promising new research directions in sickle cell anemia and thalassemia.

*Hemophilia.*—The Committee commends the NHLBI for its leadership in advancing research on bleeding and clotting disorders and the complications of these disorders. The Committee encourages the NHLBI to maintain its work in this area and support research on improved and novel therapies.

*Innovative Technologies for Engineering Small Blood Vessels.*—The Committee understands that the supply of natural blood vessels for multiple grafts does not meet the demand for patients undergoing heart artery bypass surgery, and that prosthetic grafts for children born with complex heart defects fail at an unacceptable rate. To advance the development of substitutes for natural blood vessels, the Committee urges the NHLBI to continue to invest in research to address this matter.

*Lung Cancer.*—Chronic Obstructive Pulmonary Disease [COPD] is the fourth leading cause of death in the United States. Lung cancer is the leading cancer killer in both men and women and in 2005. The Committee understands that COPD may be a predictor of future onset of lung cancer. With 24 million people having decreased lung function, and in the face of an ever-aging population, the need to develop better treatment and prevention strategies to address this linkage will only increase over the coming decade. The Committee encourages NHLBI to collaborate more extensively with NCI to develop appropriate research initiatives that can be undertaken cooperatively, and encourages NHLBI to sponsor a workshop on COPD as it relates to lung cancer with input from the lung community.

*Marfan Syndrome.*—The Committee commends the NHLBI for its support of research on this life-threatening, degenerative genetic disorder, which is characterized by aortic aneurysms and dissections, painful orthopedic issues, pulmonary issues and ocular manifestations that can result in blindness. Years of basic research are ready to be translated into a clinical trial for a drug therapy that may potentially prevent aneurysm development, which may benefit not only the Marfan population but thousands of people who are afflicted with genetically triggered aneurysms and others with similar connective tissue disorders. The Committee urges the NHLBI to support this effort through all available mechanisms, as deemed appropriate.

*Novel Targets and Therapy Development for Clot-based Stroke.*—The Committee recognizes that an urgent need exists to develop new therapies to reduce bleeding risk, minimize brain damage and

loss of function from stroke. The Committee urges the NHLBI and the National Institute of Neurological Disorders and Stroke to initiate a planned collaborative effort to identify new molecular targets, explore promising agents, and develop innovative therapies to quickly restore blood flow to the brain to limit stroke damage.

*Primary Immunodeficiency Diseases.*—The Committee understands that NHLBI has begun to work with the Jeffrey Modell Foundation as part of its national physician education and public awareness campaign for primary immunodeficiency diseases, including co-sponsorship of physician conferences at the NIH. The Institute also has supported the Foundation's 10 Warning Signs Poster distribution, which is widely utilized by healthcare professionals in the Nation and globally. The Committee encourages NHLBI to take further action in this regard and to continue to be an active participant in the development of educational materials, conferences, and related initiatives, as appropriate.

*Pulmonary Fibrosis.*—The Committee urges the NHLBI to increase funding for lung research, particularly in the area of pulmonary fibrosis, a disease that is terminal and for which there is currently no effective treatment.

*Pulmonary Hypertension.*—Pulmonary Hypertension [PH] is a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. PH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. The Committee continues to view research in this area as a high priority and commends NHLBI's efforts to promote PH related research. For fiscal year 2006, the Committee encourages the Institute to increase funding for basic research, gene therapy and clinical trials of promising pharmaceuticals, and to take appropriate measures to ensure the submission of high quality proposals in this area.

*Scleroderma.*—The Committee is encouraged by NHLBI's growing interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, affecting multiple systems including the heart and lungs. The Committee commends the NHLBI for funding the Scleroderma Lung Study, a large multi-center trial whose focus is to find a therapy that may alter the course of the inflammation of the lungs that occurs in approximately 40 percent of those diagnosed with systemic scleroderma. The Committee also commends NHLBI for its increasing commitment to finding a cause and improved therapies for pulmonary arterial hypertension. Pulmonary arterial hypertension occurs in approximately 50 percent of those diagnosed with systemic scleroderma. More research is needed for the continued development of safe, effective treatments where few exist for some and none for others and to identify the causes of the complications of scleroderma that include pulmonary fibrosis, pulmonary hypertension, myocardial fibrosis, cardiac arrhythmias, pericarditis, and Raynaud's Phenomenon.

*Sleep Disorders.*—The Committee continues to urge the National Center on Sleep Disorders Research to partner with other Federal agencies, such as the Centers for Disease Control and Prevention, as well as voluntary health organizations, such as the National Sleep Foundation, to develop a sleep education and public aware-

ness initiative to serve as an ongoing, inclusive mechanism for public and professional awareness on sleep and sleep disorders.

*Specialized Centers of Clinically Oriented Research [SCCOR] for Vascular Injury, Repair, and Remodeling.*—Vascular diseases result from clogged, weakened or otherwise damaged blood vessels. The Committee encourages the NHLBI to initiate a planned new SCCOR program to conduct interdependent clinical and multidisciplinary basic research projects on the molecular and cellular mechanisms of vascular injury, repair, and remodeling. This program would promote patient-oriented research to improve prevention, detection, and treatment of vascular diseases, such as heart attack and stroke. The SCCOR would provide resources to enable new clinical investigators to develop skills and research capabilities to conduct relevant research in this area.

*Thrombosis and Thrombophilia.*—The Committee is very concerned about the basic science of thrombosis and thrombophilia, major causes of death and disability in this country. The Committee strongly urges the Institute to expand its support for basic research into their underlying causes in order to improve diagnosis and treatment for these conditions. The Committee also strongly urges the Institute to support this research and urges collaboration with the thrombophilia centers funded by CDC.

*Vascular Biology.*—The Committee is very supportive of the Institute’s research initiatives and encourages NHLBI to continue to advance the field of vascular biology, the study of blood and blood vessels and their interactions. Vascular biology research provides the foundation for understanding the underlying causes of atherosclerosis, angiogenesis, inflammation, and thrombosis. Venous and arterial thrombosis, blood clots that can lead to heart attacks, strokes, or respiratory dysfunction, are a particularly important and understudied area of vascular biology. Much remains to be learned about the basic mechanisms of pathologic thrombosis, but research has determined that age is one of the most important risk factors. The Committee encourages NHLBI, in collaboration with NIA, to develop a research agenda on thrombosis and its impact on the elderly, to improve the diagnosis and treatment of this potentially fatal complication of many diseases.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2005 .....	\$391,829,000
Budget estimate, 2006 .....	393,269,000
House allowance .....	393,269,000
Committee recommendation .....	405,269,000

The Committee recommendation includes \$405,269,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. The fiscal year 2005 appropriation was \$391,829,000 and the budget requested \$393,269,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NIDCR supports research and research training to improve the oral health of Americans. The Institute emphasizes ways to prevent disease in high-risk groups, including the elderly, minority populations, and individuals with medical conditions and medications that compromise oral health. The research agenda in-

cludes studies of craniofacial genes and birth defects; bone and joint diseases; AIDS, other infections, and immunity; oral cancer; chronic pain; epidemiology; biomaterials; and diagnostic systems.

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

*Scleroderma.*—The Committee is encouraged by NIDCR’s interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and life-threatening, and effective treatments are lacking. Scleroderma is often associated with a number of dental and craniofacial complications. The most major and common problems are xerostomia and microstomia. Additional concerns are increased frequency of caries, periodontal disease, fibrotic changes, fungal infections, telangectasia and bone resorption of the mandible. Additional research is needed to develop safe and effective treatments and to identify the cause or causes of the serious complications of scleroderma.

*Temporomandibular Joint Disorders [TMJ].*—The Committee agrees with and is encouraged by recent public statements by NIH officials that because of past and current investments in research and patient registries, the field is now ready to support a substantial new research investment in this complex set of disorders. The Committee therefore strongly urges that NIDCR take its appropriate leadership role in a substantially expanded effort to complete the research needs and opportunities agenda outlined in the June 2005 NIH TMJ Report to Congress. As noted previously, the Committee expects NIDCR to continue to collaborate and coordinate with all relevant ICs.

Because patient advocacy groups are often the best sources of information about affected populations and have established mechanisms for communicating with them, the Committee urges NIDCR to regularly consult with the TMJ Association and other relevant groups as it develops and operates its patient registry activities. In addition, the Committee urges NIDCR to fund an effort to categorize and analyze the symptoms of people with TMJ disorders that are collected in a patient advocacy group database, in an effort to enhance future TMJ research agendas.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2005 .....	\$1,713,584,000
Budget estimate, 2006 .....	1,722,146,000
House allowance .....	1,722,146,000
Committee recommendation .....	1,767,919,000

The Committee recommends an appropriation of \$1,767,919,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. The fiscal year 2005 appropriation was \$1,713,584,000 and the administration’s request is \$1,722,146,000.

The comparable amounts for the budget estimates include funds to be transferred from the Office of AIDS Research.

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

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

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

*Diamond-Blackfan Anemia.*—The Committee is pleased that NIDDK will be hosting a workshop to understand the state of the science of Diamond-Blackfan Anemia [DBA] as it relates to research important to NIDDK, including red cell formation, ribosomal proteins, DBA animal models, gene therapy, mechanisms of iron overload and the development of treatment options for patients with iron overload. The Committee strongly encourages NIDDK to develop grant opportunities to support DBA research initiatives in these areas.

*Digestive Diseases.*—Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, hemochromatosis, celiac disease, and hepatitis take a tremendous toll in terms of human suffering, mortality, and economic burden. The Committee commends NIDDK on the success of its Digestive Disease Centers program in addressing a wide range of disorders that result in tremendous human suffering and economic cost. The Committee continues to encourage NIDDK to expand this important program with an increased emphasis on irritable bowel syndrome.

*Diabetes in Native Hawaiians.*—The Committee commends the NIDDK for its focused research on diabetes in Native American, Native Alaskan, and Native Hawaiian populations. The Committee is pleased with the innovative multicultural diabetes prevention campaign tailored specifically for native populations and the collaboration with CDC in the SEARCH epidemiological study. Addi-



tionally, the Committee requests an update in the fiscal year 2007 appropriations justification on recommendations resulting from the NIDDK and IHS conference scheduled to convene in 2005, and looks forward to similar conferences addressing prevention and treatment strategies in Native Hawaiian communities.

*Fatty Liver Disease.*—The Committee notes that there is an emerging obesity-related chronic liver disease, which may affect as many as one in four adults and a significant number of obese children. This diagnosis encompasses a spectrum of severity with many cases evolving into non-alcoholic steatohepatitis [NASH] and, ultimately, cirrhosis. NASH-related liver disease has already become an important indicator for liver transplantation, and in the absence of better treatments, the need for NASH-related liver transplantation will increase significantly over time. The Committee is pleased that NIDDK is funding a fatty liver disease clinical trial that includes both adult and pediatric populations. The Committee urges NIDDK to focus research on the progression of fatty liver disease to cirrhosis and the impact of alcohol on the progression of fatty liver disease. The Committee notes that the recently published new USDA nutrition guidelines regarding alcohol consumption may not be appropriate for individuals with fatty liver disease, and therefore urges NIDDK to focus research on this matter to support a clarification of the USDA guidelines.

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

*Glomerular Disease Research.*—The Committee continues to be pleased with the work of NIDDK in the area of glomerular disease research, particularly as it relates to focal segmental glomerulosclerosis. The Committee commends NIDDK for conducting the recent Glomerular Disease Workshop in January 2005, and urges NIDDK to issue a program announcement or other appropriate mechanism to ensure the initiation of grant proposals, training positions, and other activities to expand the NIDDK portfolio in this important area of research.

*Hepatitis B.*—The Committee is concerned that a consensus treatment protocol for hepatitis B does not yet exist, but is pleased to learn that NIDDK is actively supporting preliminary research to convene a research workshop to plan a Hepatitis B Consensus Development Conference. The Committee is pleased that NIDDK is taking all necessary steps to plan a successful conference, and urges that this conference be convened as soon as possible.

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

rate for hepatitis C within 10 years. The Committee encourages NIDDK to work with the National Hemophilia Foundation in developing and advancing research initiatives for addressing HCV within the bleeding disorders community.

*Hematology.*—The Committee is aware of the high-quality hematology research in iron metabolism, gene regulation, and stem cell plasticity currently funded by the Institute. The Committee encourages NIDDK to set priorities for future research in these and new areas that significantly impact a broad array of blood disorders, such as erythroid differentiation, oxidant injury, and metabolomics.

*Incontinence.*—Many otherwise healthy, active individuals suffer from incontinence. Fecal incontinence, also called bowel incontinence, affects people of all ages and is associated with a wide variety of causes. The Committee is pleased that NIDDK is contributing to the development of standardized approaches to measure incontinence and urges NIDDK to continue collaborating with NICHD on the incontinence state-of-the-science conference and on appropriate follow-up to this conference.

*Inflammatory Bowel Disease.*—The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease [IBD]. These extremely complex disorders represent the major cause of morbidity from intestinal illness. The Committee commends NIDDK for its strong leadership in this area and encourages the Institute to increase funding for research focused on: (1) the cellular, molecular and genetic structure of IBD; (2) identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups; and (3) translation of basic research findings into patient clinical trials as outlined in the research agenda developed by the scientific community titled "Challenges in Inflammatory Bowel Disease." The Committee also encourages NIDDK to continue to strengthen its partnership with the IBD community and increase funding for its successful Digestive Disease Centers program with an emphasis on IBD.

*Integration of Type 1 Diabetes Research.*—The Committee urges the NIH to facilitate the effective integration of the various research programs funded by the special funding for Type 1 Diabetes Research.

*Interstitial Cystitis.*—The Committee notes that RFAs have been very helpful in stimulating scientific interest in interstitial cystitis [IC]. Therefore, the Committee urges the NIDDK to continue using this funding mechanism when investing in IC-specific basic science research, particularly in the area of urinary markers. The Committee also encourages the NIDDK to sponsor a scientific symposium on IC in 2006 to follow up on the very successful 2003 symposium. The Committee also urges the NIDDK to hold a separate meeting of leading international opinion leaders involved in IC research to seek clarity on the definition of IC. The absence of a uniform definition that accurately captures the condition and the affected population is negatively impacting patients in terms of diagnosis and treatment as well as researchers in terms of literature review and their research activities. The Committee was encouraged to learn that the NIDDK is launching an IC awareness campaign, and it hopes the NIDDK will continue to work closely with

the IC patient community on both developing the content and executing the campaign.

*Irritable Bowel Syndrome.*—The Committee is pleased that NIDDK is formulating an action plan for digestive diseases and that irritable bowel syndrome [IBS] will be a focus area of this overall plan. However, given the increasing frequency of IBS and the Committee's long-standing interest in this condition, the Committee strongly urges the NIDDK to complete this digestive disease plan as quickly as possible.

*Kidney Disease.*—Kidney disease is a rapidly growing health problem in the United States, where an estimated 15 million people have lost 50 percent of their kidney function and another 20 million more Americans are at increased risk of developing kidney disease. The marked increase in the end-stage renal disease [ESRD] population is fueled by the large number of patients with diabetes. Diabetes is the most common cause of kidney disease and accounts for 34 percent of patients on dialysis. Chronic kidney disease has emerged as a major contributing factor to cardiovascular disease. The Committee therefore encourages NIDDK to assign priority to expand the kidney disease research infrastructure through a robust program of kidney research core centers to promulgate collaborative research on a local, regional and national level. In addition, the Committee recommends expanded support for investigator-initiated research projects in five priority areas of greatest clinical importance: acute renal failure, diabetic nephropathy, hypertension, transplantation, and uremic cardiovascular toxicity. Research grant applications in these areas should be encouraged with appropriate program announcements and requests for proposals. Continued funding of grants to support development of investigator-initiated clinical and basic studies in these areas of high priority is essential. The Committee wishes to commend NIDDK for moving forward with the Clinical Trials Cooperative Group and supports collaboration with the renal community to seek new strategies and energize clinical investigation in the above mentioned areas.

*Liver Disease Research Action Plan.*—The Committee is pleased to note that NIDDK, working with the leading scientific experts in the field, has published a comprehensive Liver Disease Research Action Plan to guide future research activities. The Plan is organized into 16 chapters and identifies numerous areas of research important to virtually every aspect of liver disease. The Committee urges that steps be taken to implement the plan immediately and submit a report to the Committee prior to next year's hearings detailing what has been accomplished to that point, as well as future plans, with a specific timeline, for implementation of the balance of the plan.

*Mucopolysaccharidosis [MPS].*—The Committee recognizes the efforts of the NIDDK to enhance research efforts to achieve a greater understanding and pursue development of effective therapies for MPS disorders. In addition to the general overall support of broad-based MPS research, the Committee supports efforts by NIDDK to reach out to NIAMS to improve collaborative bone and joint disease research in MPS disorders. Research focused on the underlying pathophysiology of bone and joint lesions, the gene mutations and

substrates that are stored, and potential therapeutic approaches continue to be of significant interest to the Committee. The Committee commends the NIDDK on its collaborations with NINDS, NICHD, NCCR, and ORD in advancing broad-based MPS-related research.

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

*Paget's Disease.*—NIDDK is urged to study the functional consequences of the recently identified gene mutations in Paget's disease as a means of identifying new therapeutic treatments for the disease.

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

*Pediatric Liver Disease.*—The Committee is pleased that the NIDDK has taken steps to increase research on biliary atresia, the most common cause of liver transplantation in children, by creating 10 centers within the Biliary Atresia Clinical Research Consortium. The Committee is also pleased that centers have been added with a special focus on additional neonatal liver diseases.

*Polycystic Kidney Disease.*—The Committee is pleased to learn of the first clinical drug trial for PKD in humans and the development of additional, innovative PKD therapies. This progress directly benefits more than 600,000 Americans suffering from PKD and could potentially save billions of Medicare and Medicaid dollars for renal replacement therapy and free up thousands of spots on the kidney transplant waiting list. These discoveries have produced a cohesive, interdisciplinary body of scientific work benefiting PKD research; engendered a broad range of alternative model research systems and reagents shared worldwide among PKD investigators; and drawn a host of talented investigators from other disciplines into the PKD field. The Committee urges NIDDK to pursue fulfillment of its PKD Strategic Plan by facilitating PKD clinical trials, expanding studies of pathophysiology and cellular pathobiology, expanding the PKD research infrastructure, and enhancing resources to create a supportive environment for PKD in-

investigators to develop new interventional strategies and pursue long-range planning.

*Primary Biliary Cirrhosis [PBC].*—PBC is a rare, chronic and progressive liver disease that causes irreversible destruction of the bile ducts. The cause of PBC is still unknown, but current studies suggest it may involve autoimmunity, infection, or genetic predisposition, and does seem to appear more often in certain families. Women are affected 10 times more than men, and PBC is usually diagnosed in patients between the ages of 35 to 60 years. The Committee encourages NIDDK to further study this rare disease to determine among other things, why women are predominantly affected and whether there are successful treatment options other than liver transplantation.

*Prostatitis.*—The Committee encourages the Institute to provide more diverse medical specialties to supplement and build upon the insufficient treatment options and the background of basic information now available for prostatitis. The genetic and molecular epidemiology, the management of pelvic pain, the infectious origins and the symptoms of prostatitis that are identical to symptoms of prostate cancer need special attention.

The Committee applauds the work the Chronic Prostatitis Collaborative Research Network [CPCRN] has undertaken. The genetic and other possibilities linking prostate diseases is virtually unexplored. The Committee encourage microscopic studies of the prostatic fluid and tissue by infectious disease specialists, pathologists, immunologists and others. The Committee further encourages the NIDDK to increase research, public awareness, and public education to erase the stigma attached to this affliction that attacks young men.

*Scleroderma.*—The Committee encourages the NIDDK to support scleroderma-relevant research. Scleroderma is a chronic and progressive disease that predominantly strikes women. It is estimated that 90 percent of patients with systemic sclerosis have gastrointestinal [GI] involvement and that of that number 50 percent have clinically significant manifestations. GI involvement can manifest as gastroesophageal reflux disease, dysphagia, Barrett's esophagus, gastroparesis, "watermelon stomach", malabsorption, and fibrosis of the small and large intestines. Renal crisis affects 20 percent of those with systemic sclerosis often within the first 5 years after diagnosis. More research is needed in order to develop safe and effective treatments and to identify the cause or causes of the complications of scleroderma.

*TEDDY.*—The Committee commends the NIDDK for launching TEDDY, a long-term study to identify the environmental causes of autoimmune diabetes. The Committee urges the NIDDK to communicate details of the study to the research community, to provide access to study materials and data, and to develop mechanisms to integrate new technologies into the study design.

*TrialNet.*—The Committee commends the NIDDK for its support of the Type 1 Diabetes TrialNet, which has launched a natural history study and a clinical intervention trial for juvenile diabetes. The Committee encourages the NIDDK to continue its efforts to translate basic and preclinical research on juvenile diabetes into a pipeline of new therapeutic strategies that can be evaluated

through the TrialNet clinical trials network. The Committee urges the NIDDK to develop biomarkers for the evaluation of efficacy and the efficient operation of clinical trials and to develop more efficient approaches to subject recruitment for clinical trials.

*Tuberous Sclerosis Complex.*—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body including the kidneys, where patients are at risk for polycystic kidney disease, cancer or, most commonly, benign growths known as angiomyolipoma that can result in kidney failure. The Committee is encouraged that NIDDK is participating in a Trans-NIH Tuberous Sclerosis Coordinating Committee, and urges NIDDK's continued involvement in this process. The Committee also urges NIDDK to collaborate with NCI on a conference on nutrient sensing and insulin-signaling in cells with inclusion of TSC research.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2005 .....	\$1,539,448,000
Budget estimate, 2006 .....	1,550,260,000
House allowance .....	1,550,260,000
Committee recommendation .....	1,591,924,000

The Committee recommends an appropriation of \$1,591,924,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. The fiscal year 2005 appropriation was \$1,539,448,000 and the budget request is \$1,550,260,000. The comparable amounts for the budget estimates include funds to be transferred from the Office of AIDS Research.

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

*Alzheimer's Disease.*—NINDS is currently supporting both pre-clinical and translational research intended to expand the pool of therapeutic agents for treating Alzheimer's disease. For example, a recent NINDS-supported study tested a drug that interferes at a specific point in the cholesterol pathway that contributes to the generation of amyloid protein, a hallmark of Alzheimer's. The study resulted in a 99 percent reduction in brain amyloid in a mouse model of the disease, suggesting that this may provide a novel approach for developing a therapeutic intervention for Alzheimer's disease. The Committee encourages NINDS to continue to assign a high priority to Alzheimer research, and to work closely with NIA, NIMH and other institutes.

*Amotrophic Lateral Sclerosis [ALS].*—The Committee is pleased by the increased number of NINDS research programs on ALS, including participation in the NIH partnership of 14 Institutes to accelerate neuroscience research, the NIH Blueprint for Neuroscience

Research, plus new interdisciplinary collaborations with other organizations and appropriate NIH Institutes, particularly NIEHS. The Committee commends NINDS on its multiple initiatives involving high-throughput screening and assay development to identify compounds with activity in neurodegenerative disorders, including ALS. The Committee is gratified by the development of translational research and the clinical trials programs at NINDS and by the public's new opportunities to benefit from better access to and dissemination of information. The Committee is also pleased by the series of scientific workshops held since 2003 with the Department of Veterans Affairs [VA], the Department of Defense [DOD], and with leading scientists from academic centers throughout the Nation. The Committee encourages NINDS to continue and to grow its collaborative initiatives with voluntary health associations, other NIH Institutes, the DOD and the VA in the effort to advance ALS research and identify treatments and a cure for the disease.

*Ataxia Telangiectasia [A-T].*—A-T is a genetic disease that attacks in early childhood. It progressively affects coordination and severely compromises the immune system. Children with A-T are highly likely to develop cancer, and rarely live beyond their teens. The Committee encourages the NINDS to work with the NCI and other appropriate Institutes to support research aimed at understanding the underlying causes of A-T, with the goal of translating this basic research into treatments for the disease.

*Basic Behavioral and Social Sciences Research.*—The Committee encourages NINDS to participate in trans-institute initiatives organized by OBSSR or another institute to strengthen basic behavioral research and enhance opportunities for behavioral science research training.

*Batten Disease.*—The Committee strongly urges the Institute to increase funding for Batten Disease research by actively soliciting grant applications and taking aggressive steps to assure that a vigorous research program is established. The Committee expects to be informed of the steps taken to increase research on Batten disease.

*Brain Tumors.*—The Committee continues to believe that additional attention should be given by NINDS to identifying causes of and treatments for brain tumors and encourages NINDS to continue working with NCI to carry out the recommendations of the Report of the Brain Tumor Progress Review Group.

*Charcot-Marie-Tooth Disease.*—The Committee continues to be concerned about NIH support for research on Charcot-Marie-Tooth [CMT] disease. The Committee welcomes the upcoming NINDS workshop on peripheral neuropathies, but remains unclear as to the degree this workshop will focus on CMT. The Committee urges the NIH to include a significant focus on CMT in the upcoming workshop with a goal of producing outcomes which will be directly relevant to CMT research and lead to a relevant program announcement or request for applications on CMT. The Committee encourages that relevant Institutes and Centers will participate in the workshop. In addition, the Committee requests NIH incorporate CMT research into its Blueprint for the Neurosciences initiative.

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

*Duchenne Muscular Dystrophy.*—The Committee remains concerned with the amount of time taken by the NIH to comply with requirements of the MD Care Act, which became law in December 2001. However, the Committee is pleased NIH has funded one additional Wellstone Muscular Dystrophy Cooperative Research Center and is working to fund two more for a full complement of six. The Committee further encourages the Institute to provide adequate funding and resources for each center. The Committee further requests that NINDS coordinate with NIAMS on timelines for translational research, the consensus conference and the strategic plan.

*Epilepsy.*—The Committee seeks intensified efforts by the NINDS to produce breakthroughs in the prevention, treatment, and eventual cure of epilepsy. The Committee applauds the development of benchmarks for epilepsy research resulting from the "Curing Epilepsy: Focus on the Future" conference held in March 2000 and encourages the Institute to address important research issues raised at the "Living Well with Epilepsy II" conference held in July 2003. The Committee encourages NINDS to continue to dedicate resources for carrying out its benchmark priorities, to develop plans and goals for the anti-epileptic drug development program, and to report to the Committee on its activities to further these important areas of research.

*Fragile X.*—The Committee urges the NINDS to intensify its research into these issues as they relate to Fragile X, and to coordinate this research with other Institutes working on Fragile X, including but not limited to NIMH and NICHD.

*Fragile X-associated Tremor/Ataxia Syndrome [FXTAS].*—FXTAS is a newly discovered, progressive neurological disorder that affects older men who are carriers of a premutation in the same gene that causes Fragile X syndrome. Identification of older male carriers will lead to a better understanding of the true incidence of Fragile X syndrome and afford at-risk families of child-bearing age the opportunity to pursue genetic counseling. NINDS, in collaboration with the National Institute on Aging, is urged to commit additional resources and expand research into FXTAS, including working with the other NIH institutes as well as the Centers for Disease Control and Prevention in the development of ge-



netic counseling protocols for families affected by both Fragile X and FXTAS.

*Learning Disabilities.*—The Committee commends NINDS for the work conducted to explore the neurological aspects of learning disabilities. The Committee looks forward to learning the results of this work and encourages the Institute to continue to coordinate with other Institutes working on related activities.

*Mucopolysaccharidosis [MPS].*—The Committee commends NINDS efforts to collaborate with the Lysosomal Storage Disorder Research Consortium [LSDRC] in the development and release of the July 2004 program announcement titled “CNS Therapy Development for Lysosomal Storage Disorders” and the stated intent to enhance blood brain barrier research in lysosomal storage disorders. The Committee continues to encourage NINDS to collaborate with all appropriate Institutes and Centers to support ongoing MPS research, including study of the blood brain barrier as an impediment to treatment, and use all available mechanisms to further stimulate and enhance efforts to better understand and treat MPS disorders.

*Neurofibromatosis.*—The Committee encourages NINDS to aggressively expand its NF clinical and basic research portfolios. The Committee commends NINDS for its leadership role in NF research and in coordinating efforts with other Institutes engaged in NF research. The Committee recognizes that basic research has now successfully brought NF research into the clinical era. The Committee therefore encourages NINDS to continue its exemplary efforts in the creation, implementation and funding of NF clinical trials infrastructures and clinical trials using existing and new drugs on NF patients. The Committee calls upon NINDS to continue to coordinate its efforts with the other institutes at NIH as well as other government agencies.

*Neuroprosthetics.*—The Committee strongly supports research on neuroprosthetics, such as the Brain Machine Interface (or Human Assisted Neurological Device) project. This research offers great promise in restoring movement in individuals suffering from a variety of neurological disorders, including paralysis, stroke and wound-related trauma, and should be expanded.

*PET Imaging and Alzheimer’s Disease.*—The Committee urges the NINDS, in collaboration with the NIA and NIMH, to expand its research into early diagnosis of Alzheimer’s using PET imaging of the brain, and to share its results with the Centers for Medicare and Medicaid Services.

*Parkinson’s Disease.*—The Committee supports the innovative multidisciplinary research and training concerning Parkinson’s disease provided by the Morris K. Udall Parkinson’s Disease Research Centers of Excellence. The Committee urges NINDS to continue support for the Udall Centers. The Committee further encourages the Director to create an additional Coordinating Udall Center to further focus and manage the interdisciplinary efforts of the Udall Centers. The additional research opportunities and discoveries made by Udall Center scientists are leading to improved diagnosis and treatment of patients with Parkinson’s. The Committee commends both the basic and clinical objectives of the Centers that, together, enhance research effectiveness in a multidisciplinary set-

ting. The Committee commends the NINDS for participating in a community-wide examination of private and public Parkinson's disease research funding through the Parkinson's Community Research Advisory Council. The Committee strongly encourages NINDS to continue to participate in this effort. The Committee commends the Director for implementing the Neuroscience Blueprint, which creates new opportunities for collaborative, directed research across institutes and through public-private partnerships. As the NINDS develops Blueprint initiatives for this and future years, the Committee encourages continued collaborations including additional intramural activities between NINDS, NIMH, and NIA to enhance understanding of neurodegenerative diseases, particularly Parkinson's disease. Specifically, the Committee encourages collaborations with other institutes in the areas of genetics, cell biology, pathology/epidemiology, non-human models, biomarkers, neuroimaging, gene therapy, surgical approaches, drug development, cell replacement therapy (i.e., stem cells), and mental health which will lead to better treatments or a cure for this devastating and costly disease. In particular, the Committee urges continued research on biomarkers, for early detection of Parkinson's, and neuroprotective compounds, to slow or stop the disease until cures can be found. As the results of neuroprotection trials become known, the Committee urges the Director to provide funding for Phase III clinical trials of all the neuroprotection compounds found to be effective, including combinations of them. As Parkinson's is affecting men and women at progressively younger ages, causing many to have to stop working within a few years of their diagnosis, early diagnosis and identification of neuroprotective compounds are critical.

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

*Picks Disease.*—The Committee urges the NINDS to initiate funding for drug discovery efforts that focus on specific targets relevant to treating the mechanisms underlying brain degeneration due to frontotemporal dementia [FTD]. The Committee further encourages the NINDS to conduct multicenter treatment trials for symptomatic management of Pick's disease and other FTDs. The Committee encourages the Institute to focus on methods for discovering the causes of this family of diseases, improving diagnostic accuracy, and providing longitudinal characterizations so that the success of intervention can be determined.

*Rett Syndrome.*—The Committee remains concerned at the level of funding dedicated toward research into the genetic cause of Rett syndrome, an incurable childhood neurological disorder that is the leading cause of severe neurologic impairment in females and the only autism spectrum disorder that is known to have a genetic cause. While once considered rare, increased diagnosis suggests that the prevalence of Rett syndrome may be much greater than the current estimated incidence of 1 in every 10,000 females. The discovery of the specific genetic cause of Rett syndrome could help elucidate a host of other disorders, including autism, schizophrenia, Parkinson's, anxiety and autonomic nervous system disorders. Accordingly, the Committee strongly urges NIH to dedicate enhanced resources to research on the genetic cause of Rett syndrome. The Committee also encourages NIH to coordinate with private organizations supporting research initiatives in this area in order to ensure the most efficient use of resources.

*Spinal Muscular Atrophy.*—The Committee understands that the severity of SMA, its relatively high incidence, and the possibility of imminent treatments have led NINDS to initiate the SMA Therapeutics Development Program. The Committee commends NINDS for this initiative and strongly urges NIH/NINDS to continue to commit the resources to ensure a timely completion of the project mission—to identify and complete preclinical research and development of candidate therapeutics for treating SMA by 2007. To maximize program efficiency, it is also critical that NINDS lead efforts to integrate Therapeutics Development efforts with emerging programs in the biotech and pharmaceuticals industry, academic medical centers and collaborations with voluntary health organizations to ensure that duplication of effort is avoided. The Committee encourages NINDS to aggressively expand its SMA basic, translational and clinical research portfolio. The Committee understands that the strategy for developing a treatment for SMA will guide therapeutics development for other diseases including: Duchenne Muscular Dystrophy, ALS, Huntington's and Alzheimer's. The Committee strongly urges NINDS to successfully and expeditiously execute the SMA Therapeutics Development Program for the benefit of patients of SMA and countless other diseases. The Committee requests that NIH report back to the Committee, no later than June 1, 2006 with a progress report on all aspects of SMA research.

*Stroke.*—The Committee continues to place a high priority on stroke research and strongly encourages the NINDS to increase resources for basic, clinical and translational research and related activities into stroke. The Committee remains concerned that funding for stroke research over the years has not kept pace with the scientific opportunities, the number of Americans afflicted with stroke, and the economic toll of this disease. Therefore, the Committee encourages the NINDS to aggressively expand its stroke education program, to implement the long-range strategic plan for stroke research and to continue searching for novel approaches to improve stroke diagnosis, treatment, rehabilitation and prevention. The Committee supports implementation of the Stroke Progress Review Group Report and expects prior to the fiscal year 2007

hearings a written update, including specific activities and initiatives in this regard.

*Tuberous Sclerosis Complex.*—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes and/or skin. Individuals with TSC—many of whom are infants and young children—face a lifetime of suffering with kidney failure, seizures, behavioral disorders, autism and mental retardation. The Committee is encouraged that NINDS has organized a Trans-NIH Tuberous Sclerosis Coordinating Committee, and urges NINDS to continue to take a leadership role in convening meetings of this Committee, facilitating communication between the participating institutes, and encouraging funding of TSC-related research. The Committee also encourages NINDS to host a pre-clinical translational research workshop on TSC and to include TSC in the NINDS Pilot Therapeutic Network [NPTUNE].

*Vulvodynia.*—The recently published findings of NIH-supported research indicates that millions of women suffer from chronic pelvic and genitourinary pain conditions such as vulvodynia. Therefore, the Committee calls on NINDS to expand its support of research in this area, in coordination with NICHD, ORWH, the NIH Pain Consortium and other ICs, with a focus on etiology and multi-center therapeutic trials.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2005 .....	\$4,402,840,000
Budget estimate, 2006 .....	4,459,395,000
House allowance .....	4,359,395,000
Committee recommendation .....	4,547,136,000

The Committee recommends an appropriation of \$4,547,136,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. The budget request was \$4,459,395,000. The fiscal year 2005 appropriation was \$4,402,840,000. Included in these funds is \$100,000,000 to be transferred to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis. Also included is bill language permitting up to \$30,000,000 for extramural facilities construction grants. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NIAID is the lead NIH Institute charged with developing vaccines and supporting research on allergies, acquired immunodeficiency syndrome [AIDS], sexually transmitted diseases, tuberculosis, tropical diseases, and other infectious diseases—including those likely to be used as agents of bioterrorism. To accomplish this mission, the NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, whether they are naturally occurring or the result of a bioterrorist attack, and in diseases caused by, or associated with, disorders of the immune system.

*Anaphylaxis.*—In recent years, the Committee has encouraged the NIAID to expand research in the areas of food and drug allergy. The Committee was pleased to learn of the Institute’s co-sponsorship of a symposium on the definition and management of anaphylaxis, a particularly severe reaction often resulting from allergic responses to food or medications. A recent published report

of the meeting emphasized the need for expanded research to improve methods for diagnosing, treating, and preventing the condition. The Committee urges the NIAID to work with interested organizations to develop a comprehensive research agenda on anaphylaxis. The Committee requests a report by May 1, 2006, on how it plans to stimulate research in this area.

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

*Atopic Dermatitis.*—The Committee was pleased to learn about NIAID research efforts related to atopic dermatitis undertaken through projects such as the Immune Tolerance Network and the Atopic Dermatitis and Vaccinia Immunization Network. Last year, the Committee encouraged NIAID to complement these efforts by working with NIAMS to spearhead a multidisciplinary, multi-institute initiative to encourage investigator-initiated research projects on AD as it relates to smallpox vaccination as well as the progression to asthma and other allergic diseases. The Committee requests an update in the fiscal year 2007 appropriations justification on efforts that have been made to foster investigator-initiated research in this area.

*Autoimmune Diseases.*—The Committee applauds the formation of two cooperative research groups, the Autoimmune Centers of Excellence and the Cooperative Study Group for Autoimmune Disease Prevention, which support multidisciplinary research to understand and treat autoimmune diseases. The Committee urges NIAID to continue its support for the prevention centers and to encourage the participation of the wider research community in this initiative.

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

*Coinfection Research.*—The Committee is concerned that there is growing evidence of liver toxicity of highly active antiretroviral therapy [HAART] in those with chronic viral hepatitis and in particular those with decompensated liver disease awaiting liver transplantation. There also appears to be an emerging problem of liver cancer in co-infected patients (HCV and/or HBV with HIV). The Committee encourages NIAID to initiate significant research initiatives in both of these areas.

*Dystonia.*—The Committee continues to support the expansion of research and treatment developments regarding the neurological movement disorder dystonia, given that dystonia is the third most

common movement disorder after tremor and Parkinson's disease. The Committee encourages NINDS to support additional research on both focal and generalized dystonia, and commends NINDS for its study of the DYT1 gene and encourages expansion in this area of research. The Committee is pleased with progress made in expanding the dystonia research portfolio resulting from the joint dystonia research program announcement [PA], and urges NINDS to consider options for continued progress once the program announcement expires in August 2005.

*Hemophilia.*—The Committee urges NIAID to continue its efforts to develop and advance research initiatives for addressing HCV within the bleeding disorders community. The Committee understands that HCV continues to have a devastating impact on this community, with nearly half of all persons with hemophilia having contracted HCV from blood clotting factor products.

*Hepatitis.*—The Committee continues to be concerned about the prevalence of hepatitis and urges NIAID to work with public health organizations to promote liver wellness, education, and prevention of hepatitis.

*Hepatitis C Vaccine Development.*—The Committee is encouraged to learn that a small hepatitis C vaccine human trial has been successfully completed. The Committee urges NIAID to implement the results of the recent workshop that was held to discuss and evaluate efforts toward development of HCV vaccines with the goal of spurring their development and testing. The Committee also urges NIAID to proceed with phase two of the human clinical trial as soon as it is scientifically practicable. Additionally, NIAID is urged to foster the development of an in vitro culture system for HCV as well as new animal models for basic research and for adequately testing vaccine candidates and antiviral drugs.

*Immune Tolerance.*—The Committee is encouraged by the progress of the Immune Tolerance Network in launching clinical trials of protocols to induce immune tolerance in patients with Type 1 diabetes. These trials have the potential to prevent the recurrence of autoimmunity in patients with long-standing diabetes who have undergone islet transplantation and halt the autoimmune attack in recently diagnosed Type 1 diabetes patients. The Committee encourages the NIAID to continue its strong support of this clinical network and to expand its clinical studies promoting the translation of promising basic discoveries.

*Immune Surveillance Cell Proteomes.*—The Committee recognizes the potential threat to national security posed by terror attacks involving biological, chemical, nuclear, and radiological weapons. One of the challenges facing public health officials responding to such an attack is their limited ability to diagnose individuals who have been exposed to these agents and do not show illness. Recent disease outbreaks—such as SARS in Asia and Canada, avian influenza in East Asia, and Ebola and Marburg virus in Africa—demonstrate that the speed of diagnosis and implementation of public health measures can mean the difference between an isolated outbreak and a global pandemic. Therefore, the Committee strongly supports research on immune surveillance cell proteomes (e.g. monocytes, neutrophils, dendritic cells, B cells and NK cells) and their response to chemical and biological pathogens. The Com-

mittee also urges the NIAID to fund the development of a searchable electronic database for biological proteomes, the proteomics of immune surveillance cell interaction with pathogens (biological and chemical), and proteins derived from the immune surveillance cells themselves, as well as their interaction with pathogens.

*Inflammatory Bowel Disease.*—The Committee continues to note with interest a scientific research agenda for Crohn’s disease and ulcerative colitis (collectively known as inflammatory bowel disease) titled “Challenges in Inflammatory Bowel Disease [IBD].” This report identifies strong linkages between the functions of the immune system and IBD. The Committee encourages the Institute to expand its research partnerships with the IBD community in fiscal year 2006 and increase funding for research focused on: (1) the immunology of IBD and (2) the interaction of genetics and environmental factors in the development of the disease.

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

*Lupus.*—The Committee recognizes that Lupus is a serious, complex, debilitating chronic autoimmune disease that causes inflammation and tissue damage to virtually any organ system in the body and impacts between 1.5 and 2 million individuals. The Committee strongly urges the National Institute of Allergy and Infectious Diseases to expand and intensify research and related activities with respect to Lupus.

*Primary Immunodeficiency Diseases.*—NIAID is the lead agency for research into this class of diseases that is known to afflict about 500,000 Americans and may affect an equal amount that have not yet been diagnosed. To address the complex research needs of this group of about 140 separate diseases, the Institute has created a research consortium comprised of the leading experts in PI. Because of the importance of these diseases to public health and the impact they have on the economics of health care in this country, the Committee believes that it is critical that the consortium be managed efficiently, from both a scientific and an economic perspective. The Committee requests that NIAID report to it by May 1, 2006 on the management of the consortium, as well as its plans for future research in this field.

*Psoriasis.*—Psoriasis is a common, chronic, immune-mediated skin disease. The Committee urges NIAID to support additional research on psoriasis and psoriatic arthritis pathogenesis, research to develop diagnostic tests for psoriatic arthritis and clinical research to identify new safe and effective therapies for these diseases.

*Scleroderma.*—The Committee commends the NIAID for its growing commitment to understanding the cause and to finding improved treatments for scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring

and can be life threatening, affecting multiple systems including the heart, lungs, kidneys, and gastrointestinal tract. NIAID has provided a grant to fund the SCOT Study (Scleroderma Cytoxin or Transplant). This study will compare the differences between autologous stem cell transplant (stem cells that are taken from the blood of the patient) versus high dose cytoxin for the treatment of progressive systemic scleroderma. The Committee encourages the NIAID to continue this commitment through expanded inclusion of scleroderma in the Autoimmune Centers of Excellence and for continued dialogue with the Institutes that are part of the Autoimmune Disease Coordinating Committee.

*Transplantation Research.*—The Committee is aware that while 1-year organ transplantation survival has improved remarkably over the last 15 years, there has been little success in reversing the decline in long-term graft and patient survival. Therefore, the Committee urges NIAID to convene an expert conference during fiscal year 2006, in collaboration with NIDDK and NHLBI, to develop a 5-year Transplantation Research Action Plan identifying the most urgently needed research to facilitate an increase in the success of organ transplantation. The expert conference is also urged to focus on promising new technologies in pre-transplant organ care and post-transplant patient therapies. The Committee requests a report by May 1, 2006 on the results of this conference including a trans-NIH breakdown of resources committed to this category of research. The Committee also urges the initiation of a cohort study to assess the health outcomes of living donors not only for the period immediately following the donation, but for the quality of life implications in the decades post donation.

*Tuberculosis.*—The World Health Organization [WHO] estimates that nearly one-third of the world's population will become infected with tuberculosis [TB]; and by 2020, 70 million people will die worldwide of this disease. The Committee is pleased with NIAID's efforts to develop an effective TB vaccine. The Committee encourages the Institute to continue its TB vaccine development work and expand efforts to develop new drugs, including multi-drug resistant drugs to treat TB.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2005 .....	\$1,944,067,000
Budget estimate, 2006 .....	1,955,170,000
House allowance .....	1,955,170,000
Committee recommendation .....	2,002,622,000

The Committee recommendation includes \$2,002,622,000 for the National Institute of General Medical Sciences [NIGMS]. The fiscal year 2004 appropriation was \$1,955,170,000 and the administration's request is \$1,944,067,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics, and computational biology, study normal biological processes to better understand what goes wrong when disease occurs. In this way,



NIGMS supplies the new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also regularly find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia to maintain United States leadership in biomedical science.

*Basic Behavioral Research.*—The Committee notes the lack of a positive response to Congressional requests that the NIH establish a basic behavioral research and training program within the National Institute of General Medical Sciences as authorized within the statutory language establishing the Institute. The Committee notes that this recommendation was also made to the Director of NIH by a special task force created by the NIH to review this matter. The Committee believes that this research will support important advances in understanding the wide range of fundamental behavioral topics relevant to a variety of diseases and health conditions. The Committee strongly urges the NIGMS to consider establishing a basic behavioral research and training program as part of its portfolio, especially in the areas of learning, memory, and cognition; behavioral neuroscience; behavioral genetics; the biological basis of behavior; behavior change; stress; psychophysiology; social psychology; methodology and evaluation; and experimental psychology.

*Basic Research on Pre-disease Pathways.*—The Committee is pleased that NIGMS, NIMH, NCI and OBSSR are collaborating to identify scientific opportunities and areas of basic behavioral research that should be supported by NIH. The Committee requests a report of the recommendations from the working group and the NIGMS's plan for implementation of the recommendations by May 1, 2006.

*Basic Behavioral Research in Roadmap.*—The Committee requests that NIGMS study the feasibility of developing one or more funding initiatives specific to basic behavioral and social sciences research, which is significantly underrepresented in the New Pathways to Discovery segment.

*Minorities in Research.*—The Committee commends NIGMS and its Division of Minority Opportunities in Research for their success in increasing the number and capabilities of ethnic minority students in the educational pipeline for biomedical research careers in psychology and other biomedical sciences and for mentoring them as they make the transition to graduate school. The Committee notes the role of behavior in racial and ethnic health disparities and that six of the ten leading causes of death are behaviorally based. The biomedical field involves a wide range of psychological research that addresses critical health and behavior concerns, such as HIV/AIDS, stress, cardiovascular disease, diabetes, cancer, substance abuse, and mental disorders, which have disproportionately negative effects on the health and lifespan of ethnic minorities.

*Training Programs.*—The Committee continues to be pleased with the quality of NIGMS's training programs, particularly those that have a special focus on increasing the number of minority scientists such as the Minority Access to Research Careers [MARC] and Minority Biomedical Research Support [MBRS] programs. The

Committee encourages NIGMS to continue to support these important initiatives, and is particularly pleased that NIGMS has supported biomedical career opportunity programs for high school and undergraduate college students in conjunction with historically black health professions schools. The Committee urges continued, long-term support of this program.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2005 .....	\$1,270,321,000
Budget estimate, 2006 .....	1,277,544,000
House allowance .....	1,277,544,000
Committee recommendation .....	1,310,989,000

The Committee recommends an appropriation of \$1,310,989,000 for the National Institute of Child Health and Human Development [NICHD]. The fiscal year 2005 appropriation was \$1,270,321,000 and the administration's request is \$1,277,544,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

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

*Behavioral Science.*—The Committee emphasizes its strong support for the broad portfolio of behavioral research at NICHD and supports its efforts to determine the biological, behavioral, and social factors that affect cognitive, social, and personality development of children in a variety of settings. The Committee encourages the institute to maintain its support for research and training in behavioral science as it engages in its priority setting process.

*Childhood Diseases on the Growing Skeleton.*—NICHD is urged to support studies investigating the effects of pharmaceuticals, lifestyle, and chronic childhood diseases on the growing skeleton and fracture risk and bone-formation interventions for children. The Institute is encouraged to expand the Osteogenesis Imperfecta Clinic and osteogenesis imperfecta research, especially in genetic therapies, animal models, drug treatment and rehabilitation. To the extent feasible, NICHD is encouraged to work with NIAMS to study the rare disorders osteopetrosis and juvenile Paget's disease.

*Childhood Obesity.*—The Committee continues to be concerned about rising rates of childhood obesity and would like to see additional clinical trials that focus on the effectiveness of behavioral

interventions. The Committee recognizes the critical importance of prevention efforts in this area and supports continued initiatives to promote healthy behaviors in children and adolescents, and research to prevent health risk behaviors that contribute to this growing public health challenge.

*Demographic Research.*—The Committee commends NICHD for its strong support of demographic research. Given the tremendous changes occurring in the U.S. population, demographic research is necessary to analyze trends and determine consequences for the health and well-being of our Nation. The Committee strongly encourages the Institute to assure adequate support for demographic training and for critical databases such as National Longitudinal Study of Adolescent Health and Fragile Families. NICHD-supported studies like these yield objective information about population trends and provide unbiased, accurate data to inform policy, programs, and practices to improve the health and productivity of the American people.

*Down Syndrome.*—The Committee commends NICHD for increasing support for production of an experimental mouse model for Down Syndrome, the Ts65Dn mouse which allowed for the first time a pre-clinical model to test possible drugs or other treatments. The Committee encourages the NICHD to partner with NINDS and other agencies to define additional mouse models needed to link important structural and functional abnormalities that underlie cognitive difficulties to the actions of specific genes and gene pathways. The Committee also encourages NICHD to work with the Office of Director to develop a strategic plan for Down Syndrome research and to coordinate its research with NICHD, NIA, NIMH and other institutes. The Committee further encourages the Institute to pursue clinical trials for Down Syndrome.

*Drug Safety for Children.*—The Committee recognizes the importance of ensuring that drugs are safe and effective for use by children and are appropriately labeled for pediatric use. The Committee supports continued implementation of the Best Pharmaceuticals for Children Act of 2003, which supports the pediatric testing of off-patent drugs, as well as on-patent drugs not being studied through existing mechanisms. The Committee is pleased to note that in fiscal year 2004, six studies were initiated and five additional studies are planned for fiscal year 2005. The Committee notes that NICHD has made numerous outreach efforts to other Institutes and Federal agencies to further refine the priority listing process. The Committee requests that NIH provide an update during its annual appropriations testimony that shall include the role of other Federal agencies in implementing the Best Pharmaceuticals for Children Act of 2003; information on the number of studies supported through the Research Fund; the estimated cost of each study undertaken; the nature and type of studies undertaken, the number of label changes resulting from completed studies; the patent status of the drug studies; the number of drugs remaining on the priority list and a summary of NICHD's findings on the frequency of pediatric use for medications that may be considered for the priority list.

*Epilepsy.*—Epilepsy often begins in childhood and can have potentially devastating effects when seizures are not controlled. This

disease has a severe impact on cognition and, even in its mildest forms, lifelong effects on employment and other quality of life measures. Recurring seizures are also a heavy burden for children with autism, brain tumors, cerebral palsy, mental retardation, tuberous sclerosis and a variety of genetic syndromes. The Committee urges the Institute to make research in epilepsy a priority, with particular emphasis on developmental effects, and to coordinate research efforts with the NINDS.

*Family Formation.*—Families constitute the key environment for children's development, and parents are crucial to children's health and academic outcomes. The Committee encourages research on effective ways to promote and sustain healthy family formations, particularly for low-income families and families of color. Additional research is encouraged on the immediate and long-term impact of chronic and acute exposures to violence on child health and development. The institute is encouraged to include research related to family, community and cultural factors that serve as risk or protective factors and promote resilience from exposure to violence in the home, communities, and schools.

*Fragile X.*—Title II of the Children's Health Act of 2000 authorized the establishment of at least three Fragile X research centers. The Committee is pleased that the NICHD has funded three Centers, and urges the NICHD to increase the funding for existing centers of excellence by the end of fiscal year 2006, with the goal of enhancing the Centers and recruiting new researchers to the Fragile X field. The Committee also encourages the NICHD to coordinate its Fragile X research efforts internally, by partnering with others, and by relating Fragile X research with that in other developmental disorders, such as autism research.

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

*Human Infertility.*—The Committee understands that the NICHD is planning to merge its National Cooperative Program for Infertility Research with its Specialized Cooperative Centers Program in Reproduction Research to form the Specialized Cooperative Centers Program in Reproduction and Infertility Research. The Committee understands that the merger of these center programs will allow a greater focus on human infertility research by permitting more efficient translation of knowledge from non-human animal models to humans. This will ensure the rapid development of novel approaches for the diagnosis, treatment and amelioration of such reproductive diseases and disorders as polycystic ovarian syndrome, endometriosis, hypogonadotropic hypogonadism and idiopathic male infertility.

*Infertility and Contraceptive Research.*—The Committee notes that infertility is a disease which affects over 6 million people in the United States and is concerned that the number appears to be

growing as age, lifestyle, and environmental factors increasingly impact reproductive health outcomes. The Committee urges that additional research be undertaken to improve reproductive health intervention outcomes, as this research will not only increase the efficacy and effectiveness of reproductive health interventions but will significantly lower costs by reducing the number of interventions necessary to achieve a successful outcome.

*Learning Disabilities.*—The Committee is pleased that NICHD continues to place a high priority on learning disabilities research. The efforts to address the special needs of children affected by a learning disability and improve literacy are showing promising results. The Committee encourages NICHD to continue to focus on reading disability and mathematics development research. Additionally, the Committee urges NICHD to lead a cooperative effort to collaborate on research efforts with other Institutes working on related activities. The Committee encourages cooperation in areas where work can be shared across Institutes on behalf of individuals with learning disabilities.

*Learning and School Readiness.*—The Committee continues to support NICHD's commitment to research in reading, learning disabilities and math and science cognition. The Committee is encouraged that NICHD has made progress on developing comprehensive, culturally neutral and developmentally appropriate assessments and instruments to measure cognitive, social and emotional skills for pre-school aged children that are necessary for school readiness.

*Maternal-Fetal Medicine Units Network.*—The Committee recognizes the efforts of NICHD, through its Maternal Fetal Medicine Units Network [MFMU], to achieve a greater understanding and pursue development of effective treatments for the prevention of pre-term births, low birth weight infants, and medical complications during pregnancy such as pregnancy-related hypertension and diabetes. The Committee is pleased to learn that the NICHD is proceeding with a competing renewal of the MFMU's in 2006 and encourages a sustained research investment in this program to facilitate resolution of these problems and promote the birth of healthy infants.

*National Children's Study.*—The Committee is pleased with NICHD efforts to launch the National Children's Study, which would be the largest study of children ever undertaken in the United States and is intended to follow 100,000 children to age 21, examining the impacts and influences of many environmental and genetic factors on children's health and development. The Committee urges that the National Children's Study include an adequate sample of children to enable examination of the health and development outcomes of children conceived with the assistance of reproductive health technologies.

The Committee further urges the NICHD to coordinate the involvement of the Department, the lead Federal partners—CDC, EPA and NIEHS—and other interested institutes, agencies and non-Federal partners conducting research on children's environmental health and development, such that this study is ready for the field by no later than 2007.

*National Cooperative Program for Infertility Research.*—The Committee understands that the NICHD is planning to merge its

National Cooperative Program for Infertility Research with its Specialized Cooperative Centers Program in Reproduction Research to form the Specialized Cooperative Centers Program in Reproduction and Infertility Research. The Committee understands that this merger will allow a greater focus on human infertility research and a more efficient translation of knowledge from non-human animal models to humans to ensure rapid development of novel approaches for the diagnosis, treatment and amelioration of such reproductive diseases and disorders as polycystic ovarian syndrome, endometriosis, hypogonadotropic, hypogonadism, and idiopathic male infertility. The Committee looks forward to hearing more about the progress towards this merger.

*Neurofibromatosis.*—Learning disabilities occur with high frequency (30–65 percent) in children with NF and in approximately 5 percent of the entire world's population. Enormous advances have been made in the past few years in the successful treatment and curing of learning disabilities in pre-clinical NF animal models. Therefore the Committee encourages NICHD to issue RFAs for NF research and aggressively pursue and expand funding of clinical trials for NF patients in the area of learning disabilities. The Committee is mindful that finding a treatment and cure for learning disabilities will not only benefit children, but also reduce costs of special education.

*Pediatric Kidney Disease.*—The National Children's Study provides a unique opportunity to identify pre- and post-natal exposures that increase the risk of kidney disease, hypertension, and the progression of chronic kidney disease from birth to early adulthood. The Committee urges NICHD to support research toward understanding the physiologic mechanisms responsible for these risks to further prevent the development of kidney diseases and the antecedents of cardiovascular disease.

*Prader-Willi Syndrome.*—Prader-Willi Syndrome is the most common known genetic cause of life threatening obesity in children. The Committee strongly encourages the NICHD to place a high priority on Prader-Willi Syndrome research to study childhood obesity. Furthermore, the NICHD is urged to incorporate Prader-Willi Syndrome into the planning process for The National Children's Study.

*Preterm Birth.*—Last year, the National Center for Health Statistics reported the first increase in the U.S. infant mortality rate since 1958; 61 percent of this increase is attributed to an increase in the birth of premature and low birth weight babies. An analysis of Agency for Healthcare Research and Quality data conducted by the March of Dimes Perinatal Data Center estimated that the total national hospital bill for premature babies was \$15,500,000,000 in 2002. The financial burden of prematurity is expected to continue to worsen until prevention of preterm births is better understood and clinical interventions are developed. The Committee is pleased that NICHD is one of the sponsors of an Institute of Medicine study now underway to define and address the health-related and economic consequences of premature birth.

*Primary Immunodeficiency Diseases.*—The Committee continues to be impressed with the dedication of financial and personnel resources by NICHD to the physician education and public awareness program conducted by the Jeffrey Modell Foundation to reach ear-

liest diagnosis of this class of about 140 diseases. With regard to research on PI, the Committee is strongly encouraged by the Institute's commitment to develop newborn screening procedures for PI, particularly X-linked SCID, utilizing microarray technologies. The Committee believes that NICHD should move ahead aggressively with this initiative, in partnership with the Foundation and private industry.

*Spinal Muscular Atrophy [SMA].*—SMA is the leading genetic killer of infants and toddlers, and is the most prevalent genetic motor neuron disease. The severity of the disease, its relatively high incidence, and the possibility of imminent treatments have led NINDS to initiate the SMA Project. The Committee believes that the treatment of SMA, and the SMA Project at NINDS, is strategically consistent with the mission of the NICHD, with the NIH Roadmap initiative and its specific emphasis on cross-institute research integration. The Committee is concerned that, to date, the NICHD has not made any progress toward working collaboratively with NINDS to support and expand the SMA Project. The Committee strongly urges NICHD to do so expeditiously and to report back to the Committee no later than May 1, 2006.

*Vulvodynia.*—The Committee commends NICHD for its commitment to chronic pain conditions including vulvodynia. This condition has profound impacts on the health and quality of life for millions of women. As a result of efforts funded by NICHD, the number of high-quality researchers interested in research on vulvodynia has increased. NICHD is strongly encouraged to reissue its request for applications in this area and to fund high-quality applications, with a particular emphasis on etiology and multi-center therapeutic trials.

#### NATIONAL EYE INSTITUTE

Appropriations, 2005 .....	\$669,070,000
Budget estimate, 2006 .....	673,491,000
House allowance .....	673,491,000
Committee recommendation .....	693,559,000

The Committee recommends an appropriation of \$693,559,000 for the National Eye Institute [NEI]. The budget request was \$673,491,000 and the fiscal year 2005 appropriation was \$669,070,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Basic Behavioral and Social Sciences Research.*—Committee encourages NEI to participate in trans-institute initiatives organized by OBSSR or another institute to strengthen basic behavioral research and enhance opportunities for behavioral science research training.

*Ocular Albinism.*—The Committee recognizes recent advances in the treatment of ocular albinism by using gene therapy. The Committee encourages the National Eye Institute to favorably consider research grant proposals that seek to expand upon these important findings.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2005 .....	\$644,505,000
Budget estimate, 2006 .....	647,608,000
House allowance .....	647,608,000
Committee recommendation .....	667,372,000

The Committee recommends an appropriation of \$667,372,000 for the National Institute of Environmental Health Sciences [NIEHS]. The budget request was \$647,608,000 and the fiscal year 2005 appropriation was \$644,505,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

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

*Basic Behavioral and Social Sciences Research.*—The Committee encourages NIEHS to participate in trans-institute initiatives organized by OBSSR or another institute to strengthen basic behavioral or social science research, and to enhance opportunities for behavioral and social science research training.

*Breast Cancer.*—The Committee believes that it is essential to support research on environmental factors that may be related to the etiology of breast cancer. The Committee recognizes the important first step the Institute has taken with its recently awarded grants to four research centers to begin to study the prenatal-to-adult environmental exposures that may predispose a woman to breast cancer. However, the recent awards are only a small down payment in terms of dollars, process, and focus on the comprehensive and collaborative research that is needed. The need for more funding and a comprehensive research strategy, as outlined by the Breast Cancer and Environmental Research Act, is clear. The Committee understands that the Institute will establish an advisory board to make recommendations to the Director with regard to the development of the research centers. The Committee is pleased that the board will include representatives from the breast cancer community who have had the disease. The Committee asks that the director provide an update in the fiscal year 2007 appropriations justification on the progress of the centers.



*Built Environment.*—The Committee is pleased with the research that NIEHS is supporting on environmental factors, including built environment, and their relationship to the rising prevalence of obesity among youth and adults. The Committee urges NIEHS to continue work in this area, including transportation choices and their impact on public health outcomes.

*Environmental Health and Nursing.*—The Committee is pleased with the coordination efforts of the NIEHS, NINR, CDC, HRSA and EPA to address the recommendations outlined in the 2002 Roundtable Report and the IOM Report, “Nursing, Health and Environment.” The Committee encourages the establishment of a nursing research fellowship in environmental health issues.

*Interagency Coordinating Committee for the Validation of Alternative Methods [ICCVAM].*—In order for the Interagency Coordinating Committee for the Validation of Alternative Methods [ICCVAM] to carry out its responsibilities under the ICCVAM Authorization Act of 2000, the Committee encourages the NIEHS to strengthen the resources for the National Toxicology Program’s Interagency Center for the Evaluation of Alternative Toxicological Methods [NICEATM] for ICCVAM for methods validation reviews in fiscal year 2006. The Committee is encouraged by the National Toxicology Program’s [NTP] Road Map and Vision for NTP’s toxicology program in the 21st century and encourages NIEHS to move rapidly to implement the programs, especially those directly aimed at strengthening the scientific basis for many alternative methods (such as Quantitative Structure-Activity Relationships), mechanistic screens, high throughput assays, and toxicogenomics.

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

*Pacific Center for Environmental Health.*—The Committee commends the NIEHS for its prompt attention to the concerns of the citizens of Hawaii related to volcanic emissions, food and waterborne illnesses, fish contamination by pesticides and heavy metals, and pesticide residue in food and water. The Committee urges NIEHS to pursue an Environmental Health Sciences Center in Hawaii to research and address these environmental concerns and to seek workable solutions to improve the health of Pacific Islanders.

*Perchlorate.*—The Committee encourages the Institute to support clinical, mechanistic, and epidemiological studies that focus on establishing a better understanding of the long-term health effects of perchlorate exposure on humans and determining with greater certainty what perchlorate exposures are safe for the most vulnerable populations. The Committee encourages the NIEHS to give priority in the following areas: (1) clinical studies on humans or primates designed to provide information on the effects of long-term exposures to low doses of perchlorate; (2) the design and implementa-

tion of innovative epidemiological studies that assess the possible health effects of perchlorate exposure on the most vulnerable populations, including pregnant women and their fetuses and newborns, and involve appropriate control populations; and/or (3) in vitro studies of the perchlorate influence on placental and breast iodide transport using human tissues and animals studies, and the effects of perchlorate on development independent of effects on iodide transport.

*Risk Sciences.*—The Committee encourages NIEHS to establish a competitive, peer-reviewed extramural program to conduct research in risk sciences, including methodologies for assessment, management, analysis, and communication of risks from exposure to environmental chemicals.

#### NATIONAL INSTITUTE ON AGING

Appropriations, 2005 .....	\$1,051,990,000
Budget estimate, 2006 .....	1,057,203,000
House allowance .....	1,057,203,000
Committee recommendation .....	1,090,600,000

The Committee recommendation includes \$1,090,600,000 for the National Institute on Aging [NIA]. The budget request was \$1,057,203,000 and the fiscal year 2005 appropriation was \$1,057,203,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease.

*Age-related Bone Health.*—The Committee is aware that the costs of age-related bone loss top \$17,000,000,000 annually. NIA is urged to address cell senescence and altered cell phenotype in age-related bone diseases; aging's impact on bone response to loading, bone matrix and quality, and bone marrow; and the role of exercise, new anabolics, and stem cells in elderly bone.

*Alzheimer's Disease.*—The most common cause of dementia, Alzheimer's disease has become one of the most serious threats to the Nation's health and economic well-being. Today, an estimated 4.5 million Americans—1 in 10 persons over age 65 and nearly half of those over 85—suffer from Alzheimer's disease. That toll will rise to 5.1 million by 2010 and 7.7 million by 2030 unless scientists find ways to stop or slow the progression of the disease process. And unless answers are found soon, Alzheimer's disease will wreak havoc, not only on family budgets but public funds as well. Over the next decade, Medicare spending on beneficiaries with Alzheimer's will more than triple, to \$189,000,000,000, while Medicaid spending over the same period will rise to \$27,000,000,000. In light of these social and economic imperatives, the Committee was troubled to learn that NIA's investment in Alzheimer research actually declined in fiscal year 2004 from the previous year. Given the enormous human and financial toll this disease is exacting on society, the Committee strongly urges NIH to expand its investment in Alz-

heimer research toward an overall goal of \$1,000,000,000. NIA should continue to assign the highest priority to this effort.

*Bone Marrow Failure Diseases.*—Every year, between 20,000 and 30,000 Americans are diagnosed with bone marrow failure diseases, which include aplastic anemia, myelodysplastic disorders [MDS], and paroxysmal nocturnal hemoglobinuria [PNH]. The highest incidence of these diseases occurs with people age 60 or older, and the number of cases of these diseases will increase each year as the American population continues to age. The Committee urges NIA to collaborate with NHLBI and NCI on research aimed at gaining a better understanding of the causes of these diseases and effective treatments and cures.

*Claude D. Pepper Older American Independence Centers.*—The Committee continues to strongly support these successful centers, which focus on developing innovative and cost-effective ways to enhance the independence of older Americans, and on developing top-level experts in geriatrics.

*Demographic and Economic Research.*—The Committee commends NIA for supporting the Centers on the Demography of Aging program and expanding its program to include four new centers in 2004 and for supporting the economic and demographic components of the Roybal Centers for Applied Gerontology program. The Committee encourages the Institute to sustain the economic viability of these centers programs in their quest to conduct essential economic and demographic population research as the United States and world age rapidly. The Committee encourages NIA to provide the scientific knowledge on population aging issues, especially by fully supporting the Health and Retirement Survey and National Long-Term Care Survey. Data from these surveys are particularly important for understanding the budgetary impact of population aging and for Congress as it deliberates potential changes to the Social Security, Medicare, and Medicaid programs.

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

*Epilepsy.*—As the population ages, the Committee is concerned about the rapidly growing incidence of epilepsy in senior citizens. Age-related epilepsy caused by stroke, cardiovascular disease, brain tumors and Alzheimer's disease severely impacts the well-being, independence and health care needs of these vulnerable patients. The Committee urges the Institute to make research in epilepsy a priority and to coordinate research efforts with the NINDS.

*Health of Older Workers.*—The Committee acknowledges NIA's efforts to build a research agenda focused on maximizing older workers' safety, health, productivity and life satisfaction. NIA is

encouraged to collaborate with other agencies, institutes and centers to further develop this research agenda. In particular, the Committee supports efforts to develop new surveys or piggyback on existing surveys as appropriate, to enhance the data available to NIA on aging workers, the designs and parameters of various jobs and related health information. Research should be conducted to assess the effectiveness, benefits, and costs of worksite health promotion programs and techniques tailored to older workers, and other workplace policies that may influence health and safety.

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

*Parkinson's Disease.*—The Committee commends the NIA on its collaboration with Parkinson's researchers at National Institute of Neurological Disorders and Stroke [NINDS] Udall Centers in helping to discover new Parkinson's susceptibility genes, including dardarin, the most recently discovered Parkinson's gene by a NIA scientist. This research will prove to be invaluable in the development of improved methods of diagnosis, as well as neuroprotective and neurorestorative treatment of Parkinson's disease. The Committee encourages continued collaborations including additional intramural activities between NINDS, NIMH, and NIA to enhance understanding of neurodegenerative diseases, particularly Parkinson's.

*Racial and Ethnic Health Disparities in Later Life.*—The Committee commends NIA's systematic attempts to build a research agenda to help understand racial and ethnic health disparities in later life. NIA is encouraged to build on its behavioral genetics research program in order to assess genetic and environmental factors in racial and ethnic differences simultaneously, in studies that permit identification of main effects and of interactions.

*Social Psychology.*—NIA is requested to study the feasibility of expanding its portfolio of basic research on social psychology, particularly basic research on stigma and race; well-being; and emotion, health and disease.

*Thrombosis.*—The Committee is very pleased with the Institute's plans to further research on anemia and its impact on the elderly, and encourages NIA to continue its collaborative research efforts with other Institutes on the best strategies to diagnose and treat elderly patients with anemia. The Committee believes that NIA collaboration could also be helpful for another area of age-related hematology research, the study of venous and arterial thrombosis, blood clots that can lead to heart attacks, strokes, or respiratory dysfunction. In light of research findings that age is one of the most important risk factors for thrombosis, the Committee urges NIA and NHLBI to collaborate on a research agenda exploring the underlying causes of thrombosis and its impact on the elderly.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN  
DISEASES

Appropriations, 2005 .....	\$511,157,000
Budget estimate, 2006 .....	513,063,000
House allowance .....	513,063,000
Committee recommendation .....	525,758,000

The Committee recommends an appropriation of \$525,758,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. The budget requested \$513,063,000 and the fiscal year 2005 appropriation was \$511,157,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

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

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

*Duchenne Muscular Dystrophy.*—The Committee continues to be concerned with the amount of time taken by NIAMS to complying with the MD Care Act. The Committee encourages the NIAMS to increase research for Duchenne Muscular Dystrophy. The Committee further requests that NIAMS coordinate with NINDS on timelines for translational research, a consensus conference and the strategic plan.

*Lupus.*—The Committee recognizes lupus is a serious, complex, debilitating chronic autoimmune disease that can cause inflammation and tissue damage to virtually any organ system in the body and impacts between 1.5 and 2 million individuals. This autoimmune disorder affects the skin, bones, joints, connective tissue

and vital organs. The Committee is disappointed with the pace of research regarding lupus and strongly urges the Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases to expand and intensify research and related activities with respect to lupus.

*Marfan Syndrome.*—The Committee commends NIAMS and its collaborative efforts with other Institutes to provide vital research on Marfan syndrome, a life-threatening, progressive and degenerative genetic disorder that is characterized by aortic aneurysms, painful orthopedic issues, pulmonary issues and ocular manifestations. Years of basic research are ready to be translated into a clinical trial for a drug therapy that may potentially prevent and reverse many of the life-threatening aspects of this syndrome. In addition, it may help many of the disabling characteristics not only of Marfan syndrome but also of other connective tissue disorders. The Committee urges NIAMS to support this effort through all available mechanisms, as deemed appropriate.

*Mucopolysaccharidosis [MPS].*—The Committee encourages the NIAMS to work collaboratively with NIDDK in an effort to achieve a greater understanding of the underlying pathophysiology of bone and joint lesions in MPS disorders, the gene mutations and substrates that are stored, and potential therapeutic approaches to treating these debilitating aspects of MPS and related disorders.

*Osteogenesis Imperfecta.*—The Committee commends NIAMS for its support of the promising gene targeting stem cells research that represents a potential cure for osteogenesis imperfecta and encourages continued support of this research.

*Osteoporosis.*—The Committee urges the study of genetics of osteoporosis, including studies to determine the causes of variation in peak bone mass and rates of bone loss and therapies to lower fracture risk in patients at high risk for osteoporotic fractures.

*Paget's Disease.*—The Committee urges NIAMS to study the role of genes and the underlying abnormal functioning of cells involved in bone breakdown in Paget's disease patients. Further research is needed on the role the bone microenvironment plays in the development of Paget's disease and the molecular processes involved.

*Psoriasis.*—Ten to 30 percent of psoriasis patients develop psoriatic arthritis, a painful and potentially destructive joint disease. The Committee urges NIAMS to support additional genetic research to identify the genes responsible for psoriasis susceptibility, basic research to understand the mechanism of disease and clinical research to identify new safe and effective therapies for these diseases.

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

*Tuberous Sclerosis Complex.*—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the skin. The Committee is encouraged that NIAMS is participating in a Trans-NIH Tuberous Sclerosis Coordinating Committee, and strongly encourages NIAMS to continue to assist the clinical research community in the development of standardized protocols for skin assessment and the development of pilot clinical trials.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION  
DISORDERS

Appropriations, 2005 .....	\$394,259,000
Budget estimate, 2006 .....	397,432,000
House allowance .....	397,432,000
Committee recommendation .....	409,432,000

The Committee recommends an appropriation of \$409,432,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. The budget requested \$397,432,000 and the fiscal year 2005 appropriation was \$394,259,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Animal Models of Hearing Loss.*—It is now clear that peripheral hearing loss leads to profound changes in the central nervous system, including cell death and loss of synapse function. The Committee encourages research to focus on animal models of conductive and sensorineural hearing loss, particularly changes in brain physiology from deafness during development. Understanding these mechanisms is essential to implementation of ameliorative strategies such as hearing aids and cochlear implants.

*Balance Disorders.*—The Committee is aware that over 124 million Americans have experienced dizziness or a balance problem, and the cost of medical care for patients with balance disorders exceeds \$1,400,000,000 annually. Over 50 percent of elderly patients interviewed at home complain of balance disorders. Despite research into the organization and function of these balance receptors located in the inner ear, there is a need to study the genes expressed in these tissues in order to understand why receptors commonly fail or become dysfunctional. Gene discovery techniques including cDNA libraries and microarray expression profiling are likely to lead to new drugs to treat or prevent vestibular disorders and greater understanding of how these systems work. The Institute is urged to expand its support of research in this promising area.

*Clinical Evaluation of Hearing Loss.*—The Committee encourages NIDCD to partner with other Institutes at NIH to support the de-

velopment of functional neuroimaging technology with more precise spatial and temporal resolution, as well as better molecular probes to monitor brain activity.

*Early Detection and Intervention.*—The Committee urges the NIDCD to continue to use its newsletter and website to promote awareness among parents and clinicians that early identification and treatment of hearing loss are essential for normal language acquisition. Therefore, the Committee encourages expanded research on the early detection, diagnosis and intervention of infants with deafness and other communication disorders, including progressive hearing impairment from cytomegalovirus exposure. It is also critical to recognize that otitis media, or middle ear infection, is among the most frequent reasons for a sick child to visit the doctor during the first few years of life. The Committee recommends that the NIDCD continue to support research to develop novel therapeutic preventative strategies to lessen dependence on antibiotic therapies.

*Environmentally-induced Hearing Loss.*—The Committee continues to be concerned by the number of Americans who suffer from chemical and noise-induced hearing loss and strongly supports the expansion of NIDCD's Wise Ears! Campaign among school-age children. The Committee also supports expanded research on prosthetic and pharmacological therapies for hearing loss from noise stress and ototoxic drugs.

*Hearing Devices for Children.*—Everything that is known about hearing aids and cochlear implants is based on adult needs. Hearing aids also need to be optimized for children's needs, because there are so many differences between adults and children. Therefore the Committee encourages the NIDCD to support a collaborative effort of researchers to participate in a multi-center, longitudinal research project to track auditory development and speech perception in hearing-impaired infants. Also, the Committee encourages NIDCD to explore the feasibility of electrical stimulation applied to the vestibular system (analogous to the cochlear implant) to treat balance disorders.

*Hereditary Hearing Loss.*—The Committee applauds the remarkable progress towards understanding the molecular basis for hereditary hearing impairment and encourages the NIDCD to continue to support research to identify the structure, regulation and function of genes whose mutation results in human communication disorders, including deafness. The Committee continues to encourage efforts to screen for the single and multi-genetic bases of hearing loss through contemporary techniques, including diagnostic gene chips. The Committee encourages the development of animal models to better assess how gene mutations result in impaired central auditory function.

*Inner Ear Hair Cell Regeneration.*—The Committee applauds past support of regenerative studies, such as those in guinea pigs, and urges the NIDCD to continue to give a high priority to new and important directions in restoring hair cells of the cochlea, such as gene therapy, adenovirus vectors and stem cells. The Committee also encourages the NIDCD to request more collaborative applications among scientists working on the isolation of stem cells in the brain and scientists working in the inner ear hair cell field.



*Language Acquisition.*—The Committee encourages the NIDCD to explore the biological bases of infant speech perception and language acquisition. This should include studies on the impact of partial or profound hearing loss.

*Learning Disabilities.*—The Committee is pleased that NIDCD continues to support research activities focused on speech processing and on the development of expressive and receptive language. The Committee encourages continued activity and looks forward to learning the results of this work as they hold significant promise for individuals with learning disabilities. The Committee encourages the Institute to continue to coordinate with other Institutes working on related activities.

*Neurofibromatosis.*—NF2 accounts for approximately 5 percent of genetic forms of deafness. Unlike other genetic forms of deafness, NF2-associated deafness is potentially preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Research is now being conducted to cure deafness in NF2 mice through gene therapy, with enormous implications for gene therapy in general and for patients suffering from meningiomas and other tumors in particular. The Committee therefore encourages NIDCD to expand its NF2 research portfolio through all suitable mechanisms including RFAs and clinical trials.

*Pharmaceutical Research.*—Recognizing the promise of new technologies to deliver pharmaceutical agents to the inner ear, the Committee encourages the NIDCD to initiate molecular studies analyzing effectiveness of drugs, genes and gene products on cell death pathways and cascades, followed by trials to assess safety and benefits of pharmaceuticals to prevent and better treat sensorineural hearing loss from various causes.

*Presbycusis.*—Presbycusis, the gradual loss of hearing from aging, is the most prevalent type of hearing loss and the third leading chronic disease (following hypertension and arthritis) in people over 65. It will become more common as the Nation's population grows older. To improve the quality life of millions of senior citizens, the Committee encourages research into declining stria vascularis metabolism, an important factor, as well as continuing studies on the central mechanisms of presbycusis.

*Tinnitus.*—Recognizing that tinnitus compromises the lives of tens of millions of Americans, the Committee encourages the NIDCD to expand its research into causal mechanisms underlying peripheral and central tinnitus and continue exploring potential treatments for this affliction.

*Translational Research.*—The Committee encourages the NIDCD to establish a Translational Research Branch to support research activities aimed at accelerating the translations of new findings in the molecular and basic sciences into new interventions and technologies clinicians can use to treat individuals with communication disorders.

#### NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2005 .....	\$138,072,000
Budget estimate, 2006 .....	138,729,000
House allowance .....	138,729,000
Committee recommendation .....	142,549,000

The Committee recommends an appropriation of \$142,549,000 for the National Institute of Nursing Research [NINR]. The budget request was \$138,729,000 and the fiscal year 2005 appropriation was \$138,072,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The National Institute of Nursing Research [NINR] supports clinical and basic research on biological and behavioral aspects of critical national health problems. The Institute’s programs have established a scientific basis for research that seeks to reduce the burden of acute and chronic illness and disability for individuals of all ages; improve the quality of life by preventing and delaying the onset of disease or slowing its progression; and establishing better approaches to promoting health and preventing disease. The NINR supports programs essential to improving clinical environments by testing interventions which influence patient health outcomes and reduce costs and demands for care.

*Nurse-managed Health Centers.*—The Committee urges the NINR to increase funding for research and demonstrations projects involving nurse-managed health centers and advanced practice nurses.

*Nursing Shortage.*—The nursing shortage has an adverse effect on the health care delivery system as well as the health of our Nation’s citizens. A shortage of nurse faculty caused schools of nursing to turn away thousands of qualified students last year. NINR confronts this issue by directing 8 percent of its budget to research training to help develop the pool of nurse researchers who also become faculty. Training support for fast-track baccalaureate-to-doctoral program participants is one important initiative. The 17 recently-funded Nursing Partnership Centers to Reduce Health Disparities is another initiative that helps produce an adequate number of nurse researchers. The Committee encourages these ongoing efforts. The Committee also encourages NINR to fund research projects located in rural areas that serve minority nursing students through community colleges. Not only will these partnerships between research-intensive schools of nursing and minority serving schools of nursing train more minority nurses, but they also expand opportunities for health disparities research.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2005 .....	\$438,277,000
Budget estimate, 2006 .....	440,333,000
House allowance .....	440,333,000
Committee recommendation .....	452,271,000

The Committee recommends an appropriation of \$452,271,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. The budget request was \$440,333,000 and the fiscal year 2005 appropriation was \$438,277,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country’s effort to combat these problems by developing

new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, neuroscience, and moderate drinking.

*Alaska Substance Abuse.*—The Committee is aware of serious problems with alcohol and substance abuse, especially among its Alaska Native population, and of the need for translating research into clinical applications for this population. The Committee urges NIAAA to sponsor a Research to Practice Forum with the Substance Abuse and Mental Health Services Administration to focus on bridging the gap between researchers and practitioners and translating scientific research into clinical applications, and encourages NIAAA to support the implementation of any recommendations developed at the forum.

*Alcohol Abuse by College Students.*—Colleges continue to struggle with the consequences of alcohol abuse by students. The Committee encourages NIAAA to continue its program of fast-track approval for research grants to be carried out collaboratively by scientists and college administrators who express an urgent need for intervention. The Committee understands that NIAAA is updating the 2001 report of the NIAAA Task Force on College Drinking, to incorporate new findings. The Committee further encourages NIAAA to provide this update to college presidents and other relevant organizations.

*Alcohol Dependence as a Developmental Disorder.*—Epidemiology studies show that alcohol is the drug of choice for youth and that it is associated with a host of consequences in this age group, including death and increased risk of harm and other negative outcomes. The Committee is aware of more recent data showing that 18- to 24-year-olds have the highest prevalence of alcohol dependence of any age group. These and other data make it clear to the Committee that alcohol has become entrenched in the developmental processes of adolescence, and that the developmental changes of adolescence appear to make this age group particularly vulnerable to alcohol's effects. The Committee urges NIAAA to continue its youth initiative, to work toward understanding how to extricate alcohol from adolescent development and how to change adolescents' behaviors toward alcohol. The Committee recognizes the importance of including scientists from several disciplines, from behavior to genetics, to reflect the many factors that contribute to underage drinking, and encourages NIAAA to continue guiding the research through its team approach.

*Alcohol, Obesity, and Liver Disease.*—The relationship among the use of alcohol, the occurrence of obesity, and the presence of liver disease has become increasingly worrisome for clinicians. While alcohol's negative impact on weight and liver wellness is long established, the current epidemic of obesity and its consequent increase in liver disease creates a new focus for research. The Committee urges NIAAA to bring greater attention and resources to this relationship with special emphasis on the differentiation of impact of

alcohol consumption on the liver for specific populations, such as women, minorities, the elderly, and others.

*Brain Development.*—The Committee is aware of recent evidence that the human brain continues to develop for a longer period than previously thought, and that NIAAA has found physical differences in how adult brains and adolescent brains respond to certain stimuli. Biochemical and physiological events in the brain translate into behaviors. NIAAA is urged to continue research that will reveal biological links between adolescent brain changes, alcohol-related behaviors, and capacity for alcohol, and research that will reveal alcohol’s short- and long-term impact on developmental changes in the adolescent brain.

*Underage Drinking.*—The Committee recognizes that alcohol consumption represents one of the most important public health problems among youth today and commends the NIAAA on its efforts to collect data on the influence of environment and genetics on adolescent drinking behaviors.

*Treatments for Alcohol-use Disorders.*—The Committee is aware that 18 million American adults abuse or are dependent on alcohol. The Committee encourages NIAAA to conduct research that will advance behavioral and pharmaceutical treatments, alone and in combination, for these disorders. The Committee understands that NIAAA recently convened more than 40 experts to establish priorities for accelerating development of medications to treat alcohol-use disorders, and requests a copy of the report on the outcome of that meeting, when it is completed.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2005 .....	\$1,006,419,000
Budget estimate, 2006 .....	1,010,130,000
House allowance .....	1,010,130,000
Committee recommendation .....	1,035,167,000

The Committee recommends an appropriation of \$1,035,167,000 for the National Institute on Drug Abuse [NIDA]. The budget request was \$1,010,130,000. The fiscal year 2005 appropriation was \$1,006,419,000. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Adolescent Brain Development.*—The Committee notes neuroimaging research by NIDA and others showing that the human brain does not fully develop until about age 25. This adds to the rationale for referring to addiction as a “developmental disease.” The Committee encourages NIDA to continue its emphasis on adolescent brain development to better understand how developmental processes and outcomes are affected by drug exposure, the environment and genetics.

*Clinical Trials Network.*—The Committee is pleased with the success and progress of NIDA’s National Drug Abuse Treatment Clinical Trials Network [CTN]. The CTN provides an infrastructure to test the effectiveness of new and improved interventions in real-life community settings with diverse populations, enabling an expansion of treatment options for providers and patients. The Committee suggests NIDA develop ways to use the CTN as a vehicle to address emerging public health needs.

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

*Co-occurring Disorders.*—The Committee recognizes that addiction is a disorder that can affect the course of other diseases, including HIV/AIDS, mental illness, trauma, cancer, cardiovascular disease and even obesity. To adequately address co-occurring health problems, the Committee encourages the Institute to work with other agencies to stimulate new research to develop effective strategies and to ensure the timely adoption and implementation of evidence-based practices for the prevention and treatment of co-occurring disorders.

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

*Drug-Induced Liver Injury.*—The Committee notes that the mechanisms and causes of Drug-Induced Liver Injury [DILI] related to over-the-counter and prescription medications is not well understood and therefore merits further research. The Committee is aware that NIDDK currently funds 5 centers in the Drug-Induced Liver Injury Network [DILIN] and encourages increased support for the DILIN to help identify the underlying mechanisms and

patterns in DILI to better obtain data and find patterns in DILI. The Committee also encourages NIDA to work collaboratively with NIDDK, FDA, industry, and the liver research community to address these priorities.

*Drug Treatment in Criminal Justice Settings.*—The Committee is very concerned about the well-known connections between drug use and crime. Research continues to demonstrate that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior, while improving social functioning. The Committee strongly supports NIDA's efforts in this area, particularly the Criminal Justice Drug Abuse Treatment Studies.

*Emerging Drug Problems.*—The Committee recognizes that drug use patterns are constantly changing and is pleased with NIDA's efforts to monitor drug use trends and to rapidly inform the public of emerging drug problems. The Committee encourages NIDA to continue supporting research that provides reliable data on emerging drug trends, particularly among youth and in major cities across the country.

*Genetics Addiction.*—The Committee recognizes that not everyone who takes drugs becomes addicted. Research has shown that genetics plays a critical role in addiction, and that the interplay between genetics and environment is crucial. The Institute is urged to further investigate this phenomenon.

*Long-term Consequences of Marijuana Use.*—The Committee is concerned with the continuing widespread use of marijuana. The Committee urges NIDA to continue support for efforts to assess the long-term consequences of marijuana use on cognitive abilities, achievement, and mental and physical health, as well as work with the private sector to develop medications focusing on marijuana addiction.

*Medications Development.*—The Committee applauds NIDA for over a decade of leadership in working with private industry to develop anti-addiction medications and is pleased this collaboration has resulted in a new medication for opiate addiction. The Committee encourages NIDA to continue its work with the private sector to develop anti-addiction medications, particularly for cocaine, methamphetamine, and marijuana.

*Primary Care Settings and Youth.*—The Committee recognizes that primary care settings are potential key points of access to prevent and treat problem drug use among young people. The Committee encourages NIDA to support health services research on effective ways to educate primary care providers about drug abuse and develop brief behavioral interventions for preventing and treating drug use and related health problems; and develop methods to integrate drug abuse screening, assessment, prevention and treatment into primary health care settings.

*Reducing Health Disparities.*—The Committee notes that the consequences of drug abuse disproportionately impact minorities, especially African American populations. The Committee is pleased to learn that NIDA formed a Subgroup of its Advisory Council to address this important topic. Researchers should be encouraged to conduct more studies in this population and to target their studies

in geographic areas where HIV/AIDS is high and/or growing among African Americans, including in criminal justice settings.

*Reducing Inhalant Abuse.*—The Committee understands and is alarmed that, for the second year in a row, NIDA’s Monitoring the Future Survey has shown an increase in the use of inhalants by 8th graders. The Committee urges the Institute to continue its support of research on prevention and treatment of inhalant abuse, and to enhance public awareness on this issue.

*Reducing Methamphetamine Abuse.*—The Committee is very concerned about the continued abuse of methamphetamine across the United States. The Committee urges NIDA to continue supporting research to address the medical consequences of methamphetamine abuse.

*Reducing Prescription Drug Abuse.*—The Committee notes the recent increases in the numbers of people who use prescription drugs for non-medical purposes. Research targeting a reduction in prescription drug abuse, particularly among our Nation’s youth, should continue to be a priority for NIDA.

*Translational Research.*—The Committee commends NIDA for its broad and varied information dissemination programs. The Committee also understands that the Institute is focused on stimulating and supporting innovative research to determine the components necessary for adopting, adapting, delivering, and maintaining effective research-supported policies, programs, and practices. As evidence-based strategies are developed, the Committee urges NIDA to support research to determine how these practices can be best implemented at the community level.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2005 .....	\$1,411,933,000
Budget estimate, 2006 .....	1,417,692,000
House allowance .....	1,417,692,000
Committee recommendation .....	1,460,393,000

The Committee recommends an appropriation of \$1,460,393,000 for the National Institute of Mental Health [NIMH]. The budget request was \$1,417,692,000 and the fiscal year 2005 appropriation was \$1,411,933,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The National Institute of Mental Health [NIMH] supports research on mind, brain, and behavior with the aim of reducing the public health burden of mental and behavioral disorders. NIMH’s ultimate goal is to generate research that will lead to the ability to effectively treat mental disorders so that individuals can truly recover from them, and, ultimately, achieve the ability to predict and prevent them from even occurring. A major goal for NIMH is to identify the biological basis of mental disorders to more precisely pinpoint targets for prevention and treatment. This means understanding the neural basis of the illness at all levels, from molecular to behavioral.

*Adolescent Depression and Suicide.*—Major depressive disorder in adolescence—one of the major risk factors for suicide—has become increasingly common. Suicide now accounts for 13 percent of all adolescent deaths and ranks third as a cause of death among teen-

agers. The Committee notes that NIMH has conducted a major trial on adolescent depression which has yielded valuable knowledge about effective treatments for depression. The Committee strongly encourages NIMH to strengthen its investment in understanding the clinical epidemiology of suicidal behavior and thinking in children and adolescents; improving the criteria for identifying those at risk; and examining the outcomes of actions taken to assist those found to be at risk.

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

*Aging and Mental Health.*—The Committee commends the NIMH for recently recognizing the need to place a higher priority on the mental health needs of older persons through the 2004 recommendations promulgated by the NIMH Aging Research Workgroup and the restructuring of the Adult and Geriatric Treatment and Preventive Intervention Research Branch. However, the Committee believes it is critical that studies related to the elderly keep pace with the rapid growth of this cohort. The Committee encourages the NIMH to devote greater resources to research on adults over age 65 to reflect the growth in numbers of this population. Therefore, the Committee strongly encourages NIMH to significantly expand research in this area.

The Committee is pleased with NIMH's continued emphasis on research involving mental disorders in the elderly population, especially since the causes of depression in the elderly and the factors affecting its course are not well understood. The Committee urges NIMH to continue its level of support in this area.

*Autism Research.*—The Committee commends NIMH for its strong leadership of the Interagency Autism Coordinating Committee [IACC], and for the institute's continued emphasis on autism as an urgent public health problem. Autism continues to be a top priority for NIH. The Committee supports continued cross-Institute investments in several new centers and projects, which have produced recent findings indicating that the fundamental pathology may be "miswiring" in the brains of autistic children, with an excess of local circuits and a deficit of long-range circuits. NIMH research is helping to develop new tools for detecting autism early, before age 2. In a new study on infant siblings of children with autism, early findings indicate that siblings later diagnosed with autism show social deficits, visual attention impairments, and unusual temperament by 12 months of age. This work could greatly enhance efforts for early detection and treatment.

*Basic Behavioral Science.*—The Committee encourages NIMH to continue its commitment to support basic behavioral research fo-



cused on fundamental psychological domains and factors that promote mental health or become disturbed in mental disorders. The Committee is concerned that the institute may be diminishing its support for some areas of relevant scientific inquiry and urges the institute to support a balanced program of grant funding and to maintain its support for research on the promotion of mental health and the study of psychological, social, and legal factors that influence behavior.

*Combat Veterans.*—The Committee is concerned about the mental health effects of military service in Iraq and Afghanistan, particularly since so many of the combatants are members of the National Guard or Reserves who will have to assimilate quickly back into civilian life after service. The Committee urges NIMH to work closely with the Veterans Administration and with the Department of Defense in efforts to best address this looming problem.

*Demographics.*—The Committee is aware that demographics will demand a greatly increased focus on mental disorders in older persons, and consequently the Committee continues to be concerned about funding for late-life mental health research at the National Institute of Mental Health [NIMH]. The Committee encourages NIMH to expand research in Adult and Geriatric Treatment and Preventive.

*Depression in the Workplace.*—The Committee notes with interest that recent NIMH research has demonstrated the importance of recognizing depression in the workplace and the cost-effectiveness of treating those affected. Employees with depression—even compared to employees with rheumatoid arthritis, a chronic illness that can impair job performance—were four to five times more likely to become unemployed, to have diminished productivity, and to exhibit increased absenteeism. However, appropriate treatment for depression resulted in positive changes in all three areas. The research found that offering appropriate, evidence-based depression treatment for employees is a cost-effective strategy for American businesses. Further information on cost effectiveness will become available at the completion of the ongoing NIMH-funded study, “Outreach and Treatment for Depression in the Labor Force,” which is scheduled for completion in 2006.

*Disease Prevalence.*—The Committee is aware that NIMH has supported a major study that will provide critical information concerning the prevalence of most mental disorders in this country, as well as about the availability of quality care. When the study is published, the Committee would like to have a briefing to summarize the results of that study for interested Members of Congress and staff.

*Down Syndrome.*—The Committee encourages the NIMH to develop new strategies for cataloging, understanding, diagnosing and treating behavioral disorders that are common in people with Down syndrome. They include autism, pervasive developmental disorder, obsessive compulsive disorder, depression and psychosis. The Committee urges NIMH to coordinate its research on Down syndrome with NICHD, NINDS, NIA and other Institutes. The Committee encourages NIMH to continue their studies on imaging of the brains of persons with Down syndrome broadening their focus to include behavior and motor coordination.

*Epilepsy.*—Recent evidence of connections between depression and epilepsy point to relationships between the two disorders that suggest potential common pathogenic mechanisms. Research could help improve care for both groups of patients. The Committee strongly urges the Institute to make research in epilepsy a priority and to coordinate research efforts with NINDS.

*Evidence-based Treatments for Recovery and Dissemination.*—The first of several large, NIMH-funded clinical studies testing various treatment options for those with serious mental illnesses was completed last summer: a 13-site trial aimed at defining the most effective and safe treatment for children and adolescents with major depressive disorder. There has been much debate about whether a class of antidepressant medications, selective serotonin re-uptake inhibitors [SSRIs] can actually increase suicidal thinking. Results of the trial revealed that a combination of fluoxetine (Prozac) and a type of psychotherapy called cognitive behavioral therapy [CBT] was the most effective treatment (71 percent responded). Suicidal thinking, which was present in 29 percent of the participants at the beginning of the study, improved significantly in all four treatment groups, with those receiving medication and therapy showing the greatest reduction in suicidal thinking. The effectiveness of these treatments over a 6-month period from treatment initiation will soon be known. It is critical for physicians and psychotherapists to closely monitor their young patients on antidepressant medications for signs of hurtful or suicidal behavior, particularly during the early phases of treatment.

*Fragile X.*—Fragile X is the most common single-gene neuropsychiatric disease known. It causes cognitive impairment, mental disorders such as obsessive-compulsive disorder, and extreme anxiety. The Committee commends NIMH for spearheading three focused research meetings devoted to identifying critical research needs, in November 2001, January 2003, and July 2004. The Committee urges NIMH to pursue the most critical needs identified by the meeting panels. These include controlled studies of existing and new pharmacological treatments for Fragile X and identification of the key molecular targets which are likely candidates for designing drug treatments for Fragile X and related disorders such as autism. The Committee also urges NIMH to include Fragile X in its studies of related neuropsychiatric disorders and to work with other Institutes such as NICHD and NINDS to develop cooperative research support mechanisms in this area. In addition, the Committee urges the NIMH to work with industry and academia to test available medications and bring new treatments to market.

*Frontier Mental Health Needs.*—The Committee commends NIMH on its outreach efforts to determine the differences in mental health needs which may exist in remote frontier communities, including Alaska. The Committee encourages NIMH to expand its research efforts into these communities, which are often ignored in research projects, but which continue to suffer from high incidences of mental health problems including depression, suicide and co-occurring disorders with substance abuse.

*Health Disparities and Clinical Trials.*—The Committee is aware of the work being done by NIMH and its National Advisory Mental Health Council [NAMHC] to address issues involving health dis-

parities and inclusion of historically underserved minorities in clinical trials sponsored by the Institute. The Committee supports these efforts.

*Hepatitis.*—The Committee urges the National Institute of Mental Health [NIMH] to conduct and/or facilitate research to explore the etiology and effective therapeutic management of neuropsychiatric symptoms and disorders associated with chronic hepatitis C and interferon-based antiviral treatment.

*Learning Disabilities.*—The Committee commends NIMH for the work conducted to explore the neurological and behavioral aspects of learning disabilities. The Committee looks forward to learning the results of this work and encourages the Institute to continue to coordinate with other Institutes working on related activities.

*Morbidity and Mortality.*—The burden of mental disorders is staggering, in terms of both morbidity and mortality. Researchers supported by NIMH have found that half of all lifetime cases of mental illness begin by age 14, and that despite effective treatments, there are long delays between the appearance of the first symptoms of illness and provision of even adequate treatment. Unlike most other disabling medical diseases, mental illness begins very early in life. Mental disorders, then, can very aptly be called the chronic diseases of the young. Young people with mental disorders suffer disability when they are in the prime of life, when they would normally be most productive. The NIMH study also found that mental disorders really are quite common—26 percent of the general population reported that they had symptoms sufficient for diagnosing a mental disorder during the past 12 months. Although some of these cases are mild ones that will resolve without formal interventions, many more will not. The Committee urges NIMH to continue its current efforts to focus on research that promises to yield effective results that can be translated to the benefit of patients, with the goal of finding new ways to intervene early in the development of disease—or even prevent its occurrence, and, when prevention is not possible, to achieve rational treatments that are tailored to be most effective to the individual patient.

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

*Prevention Research.*—The Committee places a high priority on prevention research, particularly with respect to mental disorders among children and adolescents, in identifying protective factors against the negative impacts of stress among young adults, and in developing strategies to strengthen the family and other relationships that serve as protective factors.

*Psoriasis.*—Psoriasis is associated with elevated rates of mental disability, depression and suicidal ideation. The Committee urges NIMH to conduct research into the mental health aspects of psoriasis, especially as it relates to quality of life and burden of the disease. Furthermore, a 2005 study of 44 autoimmune diseases found that only psoriasis, when present in women around the time of pregnancy, was significantly associated with autism, doubling the risk of autism spectrum disorder in their children. The Committee

urges NIMH to support further study of the link between psoriasis and autism.

*Psychological Impacts of Terrorism.*—The Committee supports NIMH research related to the psychological impact of both acute and chronic exposure to threats of violence, including terrorism and war, with particular emphasis on vulnerable populations, such as trauma survivors, children and older adults. The Committee encourages NIMH to expand its research portfolio to include research related to factors that promote detection or prediction, prevention, and post-exposure recovery and resilience.

*Suicide.*—In addition to being disabling and chronic, mental disorders can be fatal. Depression is an important risk factor for suicide, the third leading cause of death among adolescents. The Committee notes that there are far more suicides each year in this country than there are homicides. The Committee supports NIMH efforts to enhance suicide awareness and prevention, and encourages the institute to continue its ongoing collaborative efforts with other institutes and with SAMHSA to address this painful topic.

*Translating Behavioral Research.*—The Committee commends NIMH for undertaking a reorganization to promote the translation of basic behavioral science into treatments for those with mental disorders. The Committee strongly supports NIMH’s efforts to advance the application of behavioral research and interventions in clinical settings to address the public health burden of mental disorders and develop preventive interventions. The Committee strongly supports additional clinical trials that examine the effectiveness of behavioral interventions in community-based settings. Behavioral interventions are especially needed for children and adolescents with mental disorders, including post-traumatic stress disorder, eating disorders, attention deficit-hyperactivity disorder, and the most common forms of depression. Translational research in the behavioral and social sciences is especially needed to address how basic behavioral processes, such as cognition, emotion, motivation, development and social interaction, inform the diagnosis, treatment and delivery of services for mental disorders.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2005 .....	\$488,608,000
Budget estimate, 2006 .....	490,959,000
House allowance .....	490,959,000
Committee recommendation .....	502,804,000

The Committee recommendation includes \$502,804,000 for the National Human Genome Research Institute [NHGRI]. The budget requested \$490,959,000 and the fiscal year 2005 appropriation was \$488,608,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The Human Genome Project was an effort to determine the location and sequence of the estimated 30,000 genes that constitute the human genome. This historic achievement opens the genomic era of medicine. The Committee commends the NHGRI for developing this vision for the future of genomics.

The Institute coordinates extramural and intramural research, as well as research training, in the areas of genomics and genetics. The Division of Extramural Research supports research on se-

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

*Basic Behavioral and Social Sciences Research.*—The Committee encourages NHGRI to participate in trans-institute initiatives organized by OBSSR or another institute to strengthen basic behavioral research and enhance opportunities for behavioral science research training.

*Chromosome Abnormalities.*—The Committee commends the NIH for its efforts over the past year to encourage new scientific work into molecular, genetic, clinical and therapeutic aspects of chromosome abnormalities. Because of the multisystemic consequences of a chromosome abnormality, multidisciplinary and multi-Institute support by NIH will be required in order to make progress that will be meaningful to those affected. The Committee continues to urge NIH to seek ways to expand and intensify such research, especially studies involving the syndromes of chromosome 18.

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

*Targeting Disease Prevention.*—The Committee commends NHGRI for its leadership of the international haplotype mapping [HapMap] project. The HapMap will provide a powerful new public resource to gain a deeper understanding of human biology, and discover the genetic and environmental factors that contribute to disease, predict potential disease risk, optimize drug prescribing for individuals, and identify and validate critical new targets for therapeutic development. These new developments also suggest that a large-scale population-based cohort study in the United States could provide a critical path toward improved genome-based public health and the Committee urges NHGRI to explore the feasibility of commencing such a study.

#### NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2005 .....	\$298,209,000
Budget estimate, 2006 .....	299,808,000
House allowance .....	299,808,000
Committee recommendation .....	309,091,000

The Committee recommends an appropriation of \$309,091,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB]. The budget requested \$299,808,000 and the fiscal year 2005 appropriation was \$298,209,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NIBIB improves health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences. The Institute plans, conducts, fosters, and supports an integrated and coordinated program of research and research training that can be applied to a broad spectrum of biological processes, disorders and diseases and across organ systems. The Institute coordinates with the biomedical imaging and bioengineering programs of other agencies and NIH Institutes to support imaging and engineering research with potential medical applications and facilitates the transfer of such technologies to medical applications.

*Professional Judgment Budget.*—The Committee acknowledges receipt of the Five-Year Professional Judgment Budget for the National Institute of Biomedical Imaging and Bioengineering [NIBIB] requested in House Report 108–636. The Committee notes the Budget’s central conclusion that biomedical imaging and bioengineering “are dynamic and ripe with opportunities for major scientific advances” that could be translated into dramatic improvements in health care. The Professional Judgment Budget recommends a measured, reasonable rate of growth for the NIBIB to achieve the goals of the important research areas enumerated in the report. The Committee commends the NIH and Department of Health and Human Services for this approach and believes that the projected rate of growth is necessary to enable the NIBIB to achieve the scientific advances that the Congress envisioned when it established the Institute.

The Professional Judgment Budget recognizes the role of the NIBIB with respect to interdisciplinary research, the physical sciences, and technology development. The NIBIB has taken a leadership role in efforts to examine the scientific questions that can be addressed by collaboration between life and physical scientists, the barriers to such collaboration, and the steps that need to be taken to bridge these disciplines.

The Committee is pleased with the role of the NIBIB has played and will continue to play in the development of biomedical technology related to the physical sciences.

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

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

The Committee is encouraged by the potential of image-guided surgery to improve patient outcomes. The Committee supports the Institute's plans to hold a conference on image-guided surgery and looks forward to learning about the results of this conference.

*PET and MicroPET Scans.*—The Committee continues to encourage the Institute to devote significant resources to molecular imaging technologies such as positron emission tomography [PET] and microPET to take advantage of the capacities of molecular imaging to detect disease process at the molecular level and to monitor the effectiveness of targeted gene therapies now under development. The Committee also encourages the new Institute to develop its research agenda in close collaboration with other, disease-specific Institutes at NIH, so that new imaging technologies are closely tied to the research projects being undertaken by the various other Institutes of NIH.

#### NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 2005 .....	\$1,115,090,000
Budget estimate, 2006 .....	1,100,203,000
House allowance .....	1,100,203,000
Committee recommendation .....	1,188,079,000

The Committee recommends an appropriation of \$1,188,079,000 for the National Center for Research Resources [NCRR]. The budget request was \$1,100,203,000 and the fiscal year 2005 appropriation was \$1,115,090,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Clinical Research Curriculum Award.*—The Clinical Research Curriculum Awards or K30, has been extremely effective in training successful clinical investigators. Funded programs report that over 60 percent of their graduates are active researchers who have already secured funding for their research. The Committee supports the NIH decision to increase the size of these awards from \$200,000 to \$300,000 but is concerned that this was accomplished by reducing the number of funded institutions. The Committee would encourage increased support in order to expand rather than reduce the number of institutions receiving this important award.

*Clinical and Translational Science Awards [CTSA].*—In September 2003, NIH launched the NIH Roadmap for Medical Research, a set of trans-NIH research initiatives designed to accelerate the pace of discovery and improve the translation of research findings into medical and health interventions for public benefit. A critical component of the Roadmap is the theme of re-engineering the clinical research enterprise. The Committee has encouraged the Director to utilize the NCRR-funded General Clinical Research Centers as the foundation of NIH Roadmap activities related to

clinical research. NIH is now poised to capitalize on the revolutionary discoveries emerging from basic science, and has developed an innovative proposal to address the current difficulty recruiting and retaining clinical researchers; the increasing regulatory burden; fragmented training programs; and limitations and barriers due to NIH funding mechanisms, review and programs structures. The Committee supports NIH's efforts to integrate NIH's General Clinical Research Centers [GCRCs] and other relevant clinical mechanisms into a new and more efficient single application that results in awards that combine clinical science support with clinical career development and training. This will transform clinical and translational sciences for the future. The Committee has a long-standing and abiding interest in the health of the clinical research system supported under this appropriation, and therefore requests that NIH submit a report by February 6, 2006. The report should describe NIH's new award for clinical and translational sciences, which NIH expects to fund in fiscal year 2006, describe the expected costs in fiscal year 2006 and fiscal year 2007, and indicate the specific components of the program and plans for transition from the current funding mechanisms to the new awards. The Committee expects that the new award will support the full spectrum of clinical research activities, from early translation between the laboratory and the patient to epidemiological studies and health services research. The report should describe how this will be accomplished. The Committee has included \$327,000,000 for clinical research supported by the GCRCs and the CTSA's combined. The Committee expects the total number of awards for this combined program to remain at 79 in fiscal year 2006.

*Clinical Trials Technology.*—The Committee encourages NCRP to work with grantees in the Research Centers at Minority Institutions [RCMI] program and the General Clinical Research Centers [GCRC] program to upgrade their clinical trials data management capabilities.

*Extramural Facilities Construction at Minority Institutions.*—The Committee encourages NCRP to give priority consideration to supporting extramural facilities construction projects at historically minority institutions which have developed a comprehensive plan to address the disproportionate impact of cancer in minority communities, and those which have developed plans for enhancing their library facilities.

*Extramural Construction.*—The Committee has included bill language identifying \$30,000,000 for extramural biomedical facility renovation and construction. This amount is the same as the fiscal year 2005 appropriation. The fiscal year 2006 budget proposed to eliminate funding for the program. These funds are to be awarded competitively, consistent with the requirements of section 481A of the Public Health Service Act, which allocates 25 percent of the total funding to institutions of emerging excellence.

*General Clinical Research Centers.*—The Committee is concerned about the growing gap between the GCRC budgets approved by the NCRP Advisory Council and the actual budgets awarded. The Committee requests a report comparing the Advisory Council-approved budgets and the actual funds awarded to each GCRC for fiscal



years 2003, 2004, and 2005. The Committee requests this same information as soon as possible.

*IDeA Grants.*—The Committee has provided \$230,000,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. The Committee recognizes the importance of the Centers of Biomedical Research Excellence and the IDeA Networks of Biomedical Research Excellence programs and expects funding to be maintained for both. The focus of IDeA should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within the IDeA States.

*National Primate Research Centers.*—The Committee values the critical role played by the eight National Primate Research Centers [NPRCs]. These Centers conduct specialized basic and applied biomedical research and offer essential and valuable services to other researchers. Primates are increasingly important to the Nation’s public health priorities in areas such as biodefense, heart disease, cancer, diabetes, AIDS, kidney disease, Alzheimer’s, Parkinson’s and emerging infectious diseases. In fiscal year 2004, the Committee urged the NIH to fully commit to the NPRCs’ Five Year Federal Advancement Initiative in order to address the upgrades and program expansions required to meet the demanding research needs of the Nation. Nevertheless, NIH has taken only incremental steps to increase the NPRCs’ base grant funding. The Committee strongly urges the NIH to place a higher priority on funding these centers adequately.

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

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE  
MEDICINE

Appropriations, 2005 .....	\$122,105,000
Budget estimate, 2006 .....	122,692,000
House allowance .....	122,692,000
Committee recommendation .....	126,978,000

The Committee has included \$126,978,000 for the National Center for Complementary and Alternative Medicine. The budget request was \$122,692,000 and the fiscal year 2005 appropriation was \$122,105,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee strongly supports the work of the National Center for Complementary and Alternative Medicine. The Center is charged with assuring that complementary and alternative thera-

pies be rigorously reviewed to provide consumers reliable information.

The Committee continues to strongly support the work of NCCAM. As more and more Americans are using complementary and alternative therapies, there is an increasing need for quality research into this area and for sharing research findings and other information with health professionals and the general public.

The Committee expects that funding for existing and new Centers supported by the office will be maintained. The Committee expects NCCAM to renew its support of CDC's field investigations program and expand its support of AHRQ's literature reviews and data analysis efforts. It also commends NCCAM's efforts to develop and disseminate a comprehensive set of fact sheets on CAM therapies to inform the public and health professionals of the state of scientific knowledge about these therapies and expects that to continue and expand.

*Antioxidants.*—The Committee is aware that the role of antioxidants in maintaining health in a variety of organ systems has been attracting attention in recent years. Recent evidence suggests that the delicate inner ear structures can be protected against the ravages of acoustic trauma produced by noise such as that encountered on the battlefield, and may have a role to play in preventing or slowing the progression of age-related hearing loss in the elderly by routine administration of commonly available antioxidant food supplements. Other applications may be found for these compounds in the treatment or prevention of auditory or vestibular disorders. The Committee encourages the institute to collaborate with NIDCD to fund research in this very promising area.

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

*Bone Health.*—The Committee encourages NCCAM to conduct research on complementary and alternative medical approaches to bone health, bone pain and nutrition, including supplements and nutraceuticals, for osteoporosis and later life fractures.

*Behavioral Research on Stress.*—NCCAM is encouraged to continue collaborations with other NIH offices, Institutes and centers to identify mechanisms through which various stressors produce adverse health effects, and the extent to which stress reduction interventions improve health.

*Integrative Medicine Model.*—The Committee supports the concept of integrative medicine, which reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing. The Committee encourages NCCAM and other relevant ICs to accelerate the infusion of this model throughout their research, research training and communication activities.

*Native Hawaiian Healing.*—The Committee commends the NCCAM for its plans to convene a working group in fiscal year 2005 to establish communication and facilitate research collaborations among traditional and conventional healing techniques.

*Parkinson's Disease.*—The Committee encourages NCCAM to continue exploration of aerobic exercise and Chinese exercises such as Tai Chi Chuan in the treatment of Parkinson's. Recent studies show exercise may increase neuroprotective chemicals in the brain and decrease falls in the elderly. The Committee also encourages continued research into magnetic stimulation for depression and the phytochemistry Valerian for sleep dysfunction, as both symptoms are significant non-motor co-morbidities in Parkinson's. Finally, NCCAM is encouraged to work the Office of Dietary Supplements in investigating supplements which may be neuroprotective, such as berries, alpha lipoic acid, N-acetyl-L-cysteine, acetyl-L-carnitine, vitamin E, ginkgo biloba, vitamin D, vitamin B12, phosphatidylcholine, and glyconutrients.

*PET.*—The Committee continues to urge NCRR to support research resource centers for the development and refinement of positron emission tomography [PET] as a unique imaging technology to diagnose and stage diseases of the brain, including Alzheimer's disease.

*Practice-Based Research Network.*—One of the major advances achieved through the work of NCCAM has been the development of CAM or integrative medicine research centers at many of the Nation's top medical centers. In order to build upon this important new research infrastructure base, the Committee expects NCCAM to implement one of the major recommendations of the recent Institute of Medicine CAM report—the development and utilization of an Integrative Medicine Practice-Based Research Network [PBRN]. The Committee concurs with the IOM that the PBRN model is very well-suited for the study of CAM therapies and would greatly enhance the ability to conduct high quality cost-effective clinical trials of CAM therapies and treatment modalities. Such a network would also allow for the rapid dissemination of data, which would directly affect the provision of health care to consumers. Key to the establishment of such a network would be funding for a data tracking system linking the network practice members and a centralized data coordinating center. The Committee considers the PBRN to be one of its top priorities for NCCAM this year.

#### NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2005 .....	\$196,159,000
Budget estimate, 2006 .....	197,379,000
House allowance .....	197,379,000
Committee recommendation .....	203,367,000

The Committee has included \$203,367,000 for the National Center on Minority Health and Health Disparities. The budget request was \$197,379,000 and the fiscal year 2005 appropriation was \$196,159,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—The NCMHD advises the NIH Director and Institute and Center [IC] directors on the development of NIH-wide policy issues related to minority health disparities research, research on

other health disparities, and related research training. Among other activities, the NCMHD develops, in consultation with the NIH Director, IC directors, and the advisory council, a comprehensive strategic plan that identifies and establishes objectives, priorities, budgets, and policy statements governing the conduct and support of all NIH minority health disparities research, research on other health disparities, and related research training activities. It also administers funds for the support of minority health disparities research and other health disparities research, by awarding grants and leveraging the programs of the ICs.

*Cancer in Minorities.*—While the Committee remains concerned about the burden of cancer in African-Americans and other minorities, it is encouraged by opportunities that exist for addressing this devastating toll. The Committee urges the NCMHD to collaborate with NCRR and NCI in taking the necessary steps to expand comprehensive Cancer Center's with a focus on research, treatment, prevention and control of cancer across minority and other disadvantaged populations.

*Cancer in Minority Communities.*—The Committee commends NCMHD for its leadership in addressing the disproportionate impact of cancer in minority communities. The Committee encourages NCMHD to consider collaborating with the National Center for Research Resources and the National Cancer Institute in supporting the establishment of a cancer center at a historically minority institution focused on research, treatment, and prevention of cancer in African-American and other minority communities.

*Community-Based Organization Partnership Prevention Centers.*—The Committee encourages continued expansion of community-based prevention initiatives and looks forward to hearing the recommendations of the strategic planning subcommittee on priority areas for research funding and the NCMHD's plans for implementation.

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

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

*Minority Health Disparities.*—The Committee commends the National Center on Minority Health and Health Disparities for its leadership in addressing the long-standing problem of health status disparities in minority and medically underserved populations. For fiscal year 2006, the Committee continues to encourage NCMHD to implement its successful Research Endowment program as an on-

going initiative. Moreover, the Committee encourages NCMHD to implement the program in a manner that is consistent with the authorizing legislation.

*Project EXPORT.*—The Committee commends NCMHD for its successful “Project EXPORT” initiative and urges continued support for this important program. Also, the Committee encourages the Director of NCMHD to coordinate with the NIH Director and the National Center for Research Resources in support of extramural facility construction and the development of other research and research library infrastructure at minority health professions schools.

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

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

Appropriations, 2005 .....	\$66,632,000
Budget estimate, 2006 .....	67,048,000
House allowance .....	67,048,000
Committee recommendation .....	68,745,000

The Committee recommends an appropriation of \$68,745,000 for the Fogarty International Center [FIC]. The budget request was \$67,048,000 and the fiscal year 2005 appropriation was \$66,632,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

*Mission.*—Adapting research advances in biomedicine to populations at home and abroad requires a continuing commitment to basic science as well as rigorous clinical and applied (epidemiological) studies. Examples are vaccines, anti-infective agents, drugs, and more efficient diagnostic tools, combinations of interventions, and health policies to reduce the risk of disease and its associated human, social, and economic consequences. These challenges will benefit from a more coordinated and multi-disciplinary approach to global health needs. It is the mission of the FIC to address these challenges by forging collaborations with a range of domestic and global partners in international research and training to pursue three core objectives: first, to accelerate the pace of discovery and its application by special projects enabling scientists worldwide to share conceptual insights, analytic methods, data sets, patient cohorts, or special environments; second, to engage and assist young as well as more established U.S. investigators to address scientific challenges related to global health; and third, to help develop a cadre of highly capable young foreign investigators positioned to cooperate with U.S. scientists in areas of the world that, due to geography, genetics, or disease burdens, provide unique opportunities to

understand disease pathogenesis, anticipate disease trends, or develop interventions of relevance and priority for both the United States and the collaborating country.

*Chronic Obstructive Pulmonary Disease.*—The Committee notes that Chronic Obstructive Pulmonary Disease [COPD] is the fourth leading cause of death worldwide, and encourages the Fogarty International Center to expand its COPD research and training activities.

*Fragile X.*—The Committee encourages the Fogarty International Center to consider Fragile X syndrome through all appropriate programs, such as the Fogarty International Research Collaboration Award and the FIC Brain Disorders in the Developing World Program.

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

#### NATIONAL LIBRARY OF MEDICINE

Appropriations, 2005 .....	\$323,346,000
Budget estimate, 2006 .....	326,291,000
House allowance .....	326,291,000
Committee recommendation .....	335,422,000

The Committee recommends an appropriation of \$355,422,000 for the National Library of Medicine [NLM]. The budget requested \$326,291,000 and the fiscal year 2005 appropriation was \$323,346,000. These amounts include \$8,200,000 made available from program evaluation funds. The recommendation includes \$4,000,000 for improvement of information systems. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

*Communication of NIH-Supported Research Findings.*—One of the fundamental charges to NIH is to facilitate the translation of research findings into practice, both in terms of the care provided by health professionals and behavioral and lifestyle changes by the public. The Committee commends the excellent work NLM does in this regard. The Committee endorses efforts to launch a new magazine aimed at physician offices and their patients communicating

the latest NIH research findings with authoritative content presented in a user-friendly format.

*Disease Management Technology.*—The Committee urges NLM to conduct outreach activities to all public and private sector organizations which have demonstrated capabilities in health information technology. The Committee is particularly interested in disease management technology as it relates to saving health care dollars, and improving care for chronically ill individuals and the workforce.

*Health Equity Review.*—The Committee congratulates NLM for its concern about health disparities and its sensitivity to native populations, such as Native Americans, Alaskans, and Hawaiians, and other minority communities. The Committee encourages NLM to fund projects to map health disparities and population profiles in minority communities.

*Native Hawaiian Healing.*—The Committee applauds the NLM's leadership for conducting "listening circles" to discuss the need for preservation and documentation of traditional cultural healing practices. The Committee encourages the NLM to explore the best ways of capturing and documenting this information through continued collaboration with Native Hawaiians.

*Outreach.*—The Committee encourages NLM to continue its outreach activities aimed at educating health care professionals and the general public about the Library's products and services, in coordination with medical librarians and other health information specialists.

*Public Access.*—The Committee has noted that the National Institutes of Health has begun to implement its public access policy which is geared to ensuring that NIH-funded research results are made available as soon as possible to the public, health care providers, educators, and scientists through the National Library of Medicine's PubMed Central [PMC] database. The Committee agrees with the need for, and a goal of, issuing a balanced policy to help promote increased public access to NIH-funded research while maintaining the integrity of the peer review system which is essential to ensure the quality and accuracy of medical research in the United States. The Committee urges NIH to work with all stakeholders as it moves forward in implementing this policy. To assist the Congress in assessing the degree of success of this new policy, the Committee requests a progress report by no later than February 1, 2006. Specifically, the Committee requests that the report contain the following information: (1) the total number of peer-reviewed articles deposited in PubMed Central since the May 2, 2005 implementation date and the distribution of chosen delay periods; (2) an assessment of the extent to which the implemented policy has led to improved public access; (3) an assessment of the impact of the policy on the peer review system; and (4) the cost of operating the database.

*PubChem.*—The Committee is aware of the development of PubChem, the informatics component of the Molecular Libraries project of the NIH Roadmap for Medical Research. The Committee understands that the purpose of PubChem is to create a database of chemical structures and their biological activities. PubChem will house both data from the new NIH molecular libraries screening

center network and compound information from the scientific literature. The Committee expects the NIH to work with private sector chemical information providers, with a primary goal of maximizing progress in science while avoiding unnecessary duplication and competition with private sector databases.

OFFICE OF THE DIRECTOR

Appropriations, 2005 .....	\$358,047,000
Budget estimate, 2006 .....	385,195,000
House allowance .....	482,216,000
Committee recommendation .....	487,434,000

The Committee recommends an appropriation of \$487,434,000 for the Office of the Director [OD]. The budget request was \$385,195,000 and the amount appropriated in fiscal year 2005 was \$358,047,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

The Committee has included within the total, \$97,021,000 to support specific targeted research activities needed to develop radiological/nuclear (\$47,021,000) and chemical threat (\$50,000,000) countermeasures. This funding was originally requested in the Office of the Secretary Public Health and Social Services Emergency Fund.

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

*Office of Research on Women's Health*

The Office of Research on Women's Health [ORWH] works in collaboration with the Institutes and Center of NIH to promote and foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and/or ensuring the inclusion of women in clinical research funded by NIH, including the development of a computerized tracking system and the implementation of guidelines on such inclusion. This office also promotes the number of women in biomedical science careers.

*Irritable Bowel Syndrome.*—The Committee is pleased with the increased focus on irritable bowel syndrome [IBS] at the NIH's Office Research on Women's Health. It is estimated that between 25 to 45 million Americans, disproportionately women, suffer from IBS.

*Office of AIDS Research*

*Microbicides to Prevent HIV/AIDS.*—Given current scientific advancements, an effective microbicide could be developed by the end of the decade, and once available, could well change the course of the epidemic. According to NIH, "the U.S. Government is firmly committed to accelerating the development of safe and effective microbicides to prevent HIV" because microbicides may provide



“one of the most promising prevention interventions that could be inexpensive, readily available, and widely acceptable” (U.S. Government Strategic Plan for Microbicides). Despite these statements, NIH continues to spend barely 2 percent of its HIV/AIDS research budget on microbicides. The Committee strongly urges greater funding for microbicide research and development at NIH. In addition, this Committee has long advocated that NIH establish a dedicated microbicide unit with clearly identified leadership to accelerate and coordinate federally supported microbicide research, and is concerned that no significant progress has been made towards this goal. Greater leadership and coordination on this issue is especially critical given that consideration is being given to the possibility of a microbicide-specific clinical trial network. If this evolves, the notion of a dedicated microbicide unit at the NIH would be essential.

There is an urgent need to expand the development pipeline with more microbicide candidate products, particularly those that target HIV in new ways. In addition to candidates that may arise from basic research efforts, the best possibilities may be found within pharmaceutical companies where there are dozens of potential compounds already developed as therapeutics that could move into clinical development as microbicides if made available. As outlined in the NIH Roadmap, NIH has mechanisms in place to encourage partnerships among researchers in academia, government and the private sector. The Committee strongly urges the leadership at NIH to support the microbicide field by encouraging the pharmaceutical industry to allow its drug candidates to be developed as microbicides. In the past year, the International Partnership for Microbicides has entered into innovative agreements with leading pharmaceutical companies to jointly test and develop leading AIDS drugs as microbicides. More partnerships like these between the pharmaceutical industry and the non-profit community will be critical, and should receive the active support of NIH leadership.

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

*Pediatric HIV Vaccine Testing.*—The Committee requests the NIH Director to submit a report within 90 days of enactment of this bill on the status of activities related to the testing of potential HIV vaccine candidates in relevant pediatric populations, including infants, preadolescents, and adolescents. The report shall include an analysis of regulatory or other barriers to developing an HIV vaccine and a comprehensive review of current and planned clinical trials in relevant pediatric populations. In addition, the Committee requests that the NIH fiscal year 2007 Plan for HIV-Related Re-

search and future plans include: plans for expanding existing capacity for HIV vaccine candidate testing in relevant pediatric populations; plans for increasing coordination in advancing pediatric HIV vaccine testing across federally funded HIV vaccine research programs, including, but not limited to the HIV Vaccine Trials Network, the Pediatric AIDS Clinical Trials Group, the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Partnership for AIDS Vaccine Evaluation; opportunities for collaboration with the Office of the Global HIV/AIDS Coordinator; appropriate principles for initiating HIV vaccine testing in relevant pediatric populations, including recommendations for sequencing the enrollment of adults and relevant pediatric populations and for addressing issues related to human subjects protections for children involved in clinical research; and proposed community education efforts in support of the inclusion of relevant pediatric populations in HIV vaccine clinical trials.

*Office of Research on Women's Health*

*Stroke in Women.*—As the second leading cause of death among women worldwide, stroke is a major health problem. Stroke kills more than twice as many women as do breast cancer and AIDS combined. Acute care of women stroke victims is often delayed, and 61 percent of all stroke-related deaths occur in women. Recognizing that women are the single largest group at risk for death from stroke, the Committee believes that special attention should be focused on better understanding the gender-related differences in stroke. Studies suggest that significant gender differences occur in the evaluation and treatment of stroke patients, with women often receiving fewer diagnostic tests and intervention procedures. Increased research is needed to understand these differences and provide a means to optimize stroke care for all patients. Some aspects of the disease unique to women include strokes related to pregnancy and the use of oral contraceptives; stroke in younger women requires increased attention. Stroke is additionally a leading cause of serious disability among women and may contribute to late-life cognitive decline. The Committee supports the funding of new and continuing NIH studies that investigate the impact of postmenopausal hormone replacement therapy on stroke risk. Continued support of clinical and basic research on hormone physiology in women is necessary to understanding the impact of hormones on women's vascular systems. The Committee urges NIH to increase research in stroke among women of all ages, with specific attention to gender-related differences in stroke risk, and to stroke prevention interventions, acute stroke management, post-stroke recovery, long-term outcomes, and quality of care. The Committee further urges NIH to increase research into new therapies for stroke in women as well as into ways of enhancing the vascular health of all Americans, including: (1) observational research on differences in the way men and women present with stroke symptoms, (2) research addressing how stroke influences the likelihood and severity of cognitive impairment in women, (3) a clinical trial of carotid endarterectomy and angioplasty/stenting in women, (4) studies of differences in how men and women respond to FDA-approved antiplatelet agents for recurrent stroke prevention, and (5) basic

science research to address unique brain cell death and repair mechanisms in females.

The Committee also encourages and supports NIH's initiatives toward advancing the organization of stroke care, including post-stroke rehabilitation, and the identification of stroke treatment and research centers that would provide rapid, early, continuous 24-hour treatment to stroke victims, including the use of the clot-buster t-PA, when appropriate. Designated areas in medical facilities equipped with the resources and personnel for treating stroke would also promote the early evaluation of innovative stroke treatments.

*Vulvodynia.*—Since fiscal year 1998, the Committee has highlighted the need for research on the prevalence, causes and treatment of vulvodynia, a painful and often debilitating disorder of the female reproductive system. The Committee is pleased that some progress has been made since that time. For example, the NICHD has supported a major study of the prevalence of this disorder. The published results of this study found that as many as 6 million women suffer from vulvodynia, making it one of the most prevalent chronic pain conditions affecting women. The Office of Research on Women's Health [ORWH] was crucial in supporting an important 2003 research conference on vulvodynia. These efforts have both clearly demonstrated the need for substantial additional research and served to heighten the research community's level of interest in studying vulvodynia. The Committee calls upon the Director to build upon these initial successes by coordinating through the ORWH an expanded and collaborative extramural and intramural research effort into the causes of and treatments for vulvodynia. This expanded effort should involve ORWH, NICHD, NINDS and other relevant ICs as well as the NIH Pain Consortium. In addition, the Committee notes that as many as 40 percent of women with vulvodynia remain undiagnosed after visiting three or more physicians. To address this shortcoming, the Committee urges that NIH include information about vulvodynia on its website and that it work with the National Vulvodynia Association, the American College of Obstetricians and Gynecologists and other relevant groups to implement a national education program for primary care health professionals, patients and the general public on vulvodynia's symptoms, diagnosis and treatment options. Finally, the Committee encourages the Director to work with the Center for Scientific Review and ICs to ensure that experts in vulvodynia and related chronic pain and female reproductive system conditions are adequately represented on peer review panels.

#### *Office of Dietary Supplements*

The Committee continues to strongly support the important work of this Office. Use of dietary supplements has increased significantly among Americans who want to improve their health and prevent disease. There is a great need for additional research to better inform consumers of the health benefits of supplements. Accordingly, the Committee has provided additional funds to expand this Office's efforts.

As in past years, the Committee strongly urges the Office to speed up ongoing collaborative efforts to develop, validate and dis-

seminate analytical methods and reference materials for the most commonly used botanicals and other dietary supplements. This effort is a crucial underpinning for conducting quality research and assuring quality and consistency for consumers of dietary supplements.

The Committee commends ODS for developing a request for proposals for a contract with industry nonprofit associations or foundations that currently have and maintain a database of dietary supplement labels to develop, create, continually update, maintain and make available to Government and research entities a database of all supplement labels sold in the United States. The creation of this database will allow ODS to have access for research purposes of all known supplements manufactured in the United States and to allow access by other Federal agencies for ensuring safety to consumers who purchase supplements manufactured and/or sold in the United States, through the mandatory listing of ingredients in these products on the label.

The Committee notes that there is great potential in work being done on the relationship between fish oils and other dietary supplements in combating anti-inflammatory diseases. This also applies to work being done on the potential for selected botanicals to reverse the development of insulin resistance, the key pathophysiological feature of metabolic syndrome. Given the growing prevalence of obesity, expansion of this area of research is clearly warranted.

A number of recent studies point to the need for an expansion of ODS support for research into herb-drug interactions. ODS, NCCAM and other ICs at NIH are supporting important work in this area, and it should be expanded. Improved dissemination of results of this research to the public, health professionals and other interested parties is also needed.

The Committee commends ODS for its efforts to seek input from consumers, industry, researchers and other stakeholders on its future agenda. ODS should continue and expand its outreach to industry stakeholders to share information, gather ideas and assure better coordination of privately and publicly funded research.

#### *Office of Behavioral and Social Sciences Research*

The Office Behavioral and Social Sciences Research furthers the mission of the NIH by emphasizing the role that behavioral and social factors and their interaction with biomedical variables play in health. The goals of the office are to enhance behavioral and social sciences research and training; integrate a biobehavioral perspective across the NIH; and improve communication among health scientists and with the public.

#### *Office of Rare Disease Research*

The Office of Rare Diseases was established in 1993 to address the conditions that affect fewer than 200,000 persons in the United States. The goals of the office are to stimulate and coordinate research on rare diseases and to support research to respond to the needs of patients who suffer from the more than 6,000 rare diseases known today.

*Multi-Institute Research Initiatives*

*Autism Spectrum Disorders.*—The Committee is encouraged by the NIH's autism research matrix and urges NIH to devote sufficient resources to this research agenda. The Committee urges the NIH when implementing the autism research matrix to coordinate with autism organizations already funding research initiatives to ensure the most efficient use of resources. The Committee also notes the promise of particular areas cited in the matrix, including genetic and behavioral characterizations of the disorder and screening and early diagnosis.

*Autoimmune Diseases.*—The Committee commends the NIH Autoimmune Diseases Coordinating Committee [ADCC] for fostering collaborative, integrated multi-Institute research on issues affecting the genetically related family of autoimmune diseases. Implementation of autoimmune diseases research by the ADCC should focus on high-priority, cross-cutting opportunities, including research into the role of environmental and infectious agents in the initiation and/or exacerbation of autoimmune diseases. The Committee also encourages the ADCC to identify and initiate promising areas of autoimmune research where collaboration among the NIH institutes enhances the potential for major advances in understanding the common etiology of, and developing more effective diagnostic and treatment tools for, this family of debilitating and high-cost diseases.

*Bone Health and Osteoporosis.*—The Committee is pleased that the Surgeon General has submitted the report on bone health requested in the fiscal year 2002 Appropriations bill. The Surgeon General calls for a national action plan to achieve improved bone health. To this end, the Committee encourages the NIH to establish a "Bone Health Research Blueprint" to achieve the Surgeon General's objectives through enhanced cooperation between and among the NIH research institutes. The Blueprint should place particular emphasis on osteoporosis, osteogenesis imperfecta, Paget's disease, other metabolic bone diseases and rare bone disorders such as osteopetrosis. The Committee requests a report on the status of the Bone Health Blueprint by May 1, 2006.

*Chronic Fatigue Syndrome.*—The Committee is deeply concerned that NIH has failed to expand research on chronic fatigue syndrome [CFS] and that a June 2003 commitment to issue a request for applications on CFS has not yet been fulfilled. The RFA should emphasize multi-disciplinary studies to understand the cause and progression of CFS in adults and children, identify diagnostic markers and develop effective treatment. The Committee also is troubled that a CFS funding report for fiscal years 1999–2003 issued in response to congressional requests included amounts for grants unrelated to CFS, thus artificially inflating the total dollars awarded for CFS research. CFS is just one condition for which this has been a problem. The Committee requests that NIH report back to it by May 1, 2006, on the number of CFS-specific grant applications received and funded since fiscal year 2000.

*Child Abuse and Neglect Research.*—The Committee recognizes the magnitude and significance of child abuse and neglect as a serious public health problem claiming an estimated 896,000 victims in 2002, according to data reported by the Department of Health and

Human Services. The Committee applauds NIH for developing and implementing a coordinated research agenda for child abuse and neglect involving relevant NIH institutes, including NIMH, NICHD, NIDA, NINR, and NIAAA, the Office of Behavioral Social Science and Research and other appropriate agencies. In response to recommendations in the 1993 National Research Council report entitled *Understanding Child Abuse and Neglect*, the NIH child abuse and neglect initiative first addressed the knowledge gaps in child neglect. The Committee encourages NIH to proceed with the research agenda by examining current research gaps on the abuse of children, including research on treatment interventions with substantiated cases of child maltreatment. The Committee requests that the Director be prepared to report on current and proposed NIH efforts in this area at the fiscal year 2007 hearings.

*Clinical Research and Academic Health Centers.*—Past breakthroughs in basic biomedical sciences have provided an unprecedented supply of information for improving health and preventing disease. But in recent years, the Nation's academic health centers, which serve as the staging ground that deploys the results of research to hospitals and health care providers, have encountered obstacles that threaten to slow the pace of clinical research, including unfunded mandates. Without a robust infrastructure, the translation of basic science into tangible public health improvements will be slowed. The Committee therefore encourages the Director to take concrete steps to address the problems encountered by academic health centers.

*Clinical Research Curriculum Award.*—The Clinical Research Curriculum Award has been extremely effective in training successful clinical researchers. The Committee supports the NIH decision to increase the size of these awards from \$200,000 to \$300,000 but is concerned that it was accomplished by reducing the number of funded institutions. The Committee urges the Director to consider an increase in funding from Institutes and Centers that support the program in order to expand rather than reduce the number of institutions receiving this award. In addition, the Committee reiterates its support for implementation of the Congressionally authorized Graduate Training in Clinical Investigation award to provide tuition and stipend support for clinical research training program students.

*Clinical Research Workforce Training.*—The Committee has heard testimony that virtually every medical specialty is experiencing a shortage of adequately trained clinical investigators capable of translating basic science advances into the diagnosis, treatment and prevention of disease. This shortage inhibits clinical research productivity and slows the rate at which results from basic biomedical research efforts can be applied to the problems of patients. Improved clinical research will have a positive effect on the quality of health care and patient safety, and advance the application of the principles of evidenced-based medicine to routine patient care. The Committee urges allocation of sufficient resources for training of physician-scientists throughout all NIH institutes, to support studies of patient outcomes, medical effectiveness, and disease- and treatment-specific quality of life.

*Clinical Trials Technology.*—The Committee recommends that the NIH Director and the Director of the NIH Clinical Center explore options for utilization of technology to improve efficiency, cost savings, and sharing of information in clinical trials being supported intramurally and extramurally.

*Distribution of Resources.*—The Committee believes, in light of the doubling of the NIH budget and the emergence of new medical research challenges such as SARS and threats of bioweapons, NIH should encourage funding of large scale collaborative efforts to address these and other medical challenges. In addition, while the pace of new challenges has increased, review time for proposals submitted to the Institutes at NIH continues to average about 18 months. The Committee strongly encourages the Director to develop means of encouraging large scale multi-institution projects to address significant areas of medical research and to devise means of reducing the time frames between submission of proposals and awarding of grants.

*Down Syndrome Research Task Force.*—The Committee urges the Director of NIH to establish a NIH Down Syndrome Research Task Force to develop a strategic plan for genetic and neurobiological research relating to the cognitive dysfunction and the progressive late-life dementia associated with Down syndrome. The purpose of the strategic plan is to provide a guide for coordinating Down syndrome research on cognition across the NIH and for enhancing the development of new research efforts based on identification of areas of greatest scientific opportunity, especially as they relate to the development of future treatments. The plan should include short, intermediate and long-term goals for basic and clinical research with strategies for achieving goals and with specified timeframes for implementation. The Committee requests the NIH to report to Congress by June 1, 2006 on the steps it is taking to develop the Down Syndrome Research Task Force on Cognition.

*Duchenne Muscular Dystrophy.*—The Committee remains concerned with the amount of time taken by the NIH to comply with requirements of the MD Care Act, which became law in December 2001. The Committee is pleased NIH has funded one additional Wellstone Muscular Dystrophy Cooperative Research Center and is working to fund two more for a full complement of six. The Committee further encourages the Institute to provide adequate funding and resources for each center. As the original report on the activities being performed pursuant to the MD Care Act was both late in coming and insufficient in detail, the Committee requests that NIH submit a report to the Committee no later than May 1, 2006 stating the current research goals and progress made toward each goal; the Institute or Center responsible for each goal; the total amount of money invested toward each goal as well as projected spending for the present and future fiscal year; opportunities for external partnerships; and a timeline for establishing a Duchenne/Muscular Dystrophy translational research initiative, modeled on the lines of the spinal muscular atrophy project. The Committee recognizes that several promising treatments and therapies for Duchenne and Becker Muscular Dystrophy are in development, and urges NIH to invest additional resources, including a coordinating mechanism, necessary to expedite their translation

into practice. Furthermore, the Committee urges NIH to work with leading stakeholders to convene a consensus conference on translational research opportunities in early 2006, and report back to the Committee, by September 2006, with a strategic plan for launching a translational research initiative.

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

*Epilepsy.*—While NINDS is the primary Institute for addressing epilepsy research, several other Institutes are also involved in related research. The Committee urges the Director to intensify coordination of cross-cutting research on epilepsy in all Institutes.

*Fragile X.*—The Committee notes the impressive progress made by Fragile X researchers in understanding the basic neural defects that cause this developmental disorder. NIH Institutes, units, and its National Center for Research Resources provided 75 grants in fiscal year 2004 to find a treatment and cure for Fragile X. The success of these translational research efforts has made treatment of Fragile X a near-term possibility. However, further efforts are required to translate these basic science findings into viable treatments. Specifically, collaborative efforts between industry, academia and NIH Institutes are likely to be necessary to develop promising therapeutic options for this orphan indication. The Committee further notes that while Fragile X is a relatively common genetic disease, the treatments being developed for Fragile X may also be effective for a much larger number of people with related autism spectrum disorders. Research has shown many possible treatment strategies which merit human Fragile X clinical trials, including—but not limited to—mGluR5 antagonists, Ampakines, aripiprazole, and lithium. The Committee strongly urges the Director to facilitate and fund public/private partnerships which will enable these vital studies to proceed. In addition, privately-funded Fragile X research is rapidly expanding, often in partnership with NIH grants. The Committee commends the growing breadth and diversity of this research but strongly urges the Director to establish a coordinating mechanism to direct and coordinate these efforts in regularly-scheduled meetings. To achieve this mandate, the NIH is urged to convene a yearly workshop with the research community to develop priorities for basic, clinical and translational research as they relate to Fragile X. The Committee also encourages the Director to increase the number and size of institutional training grants to institutions supporting pediatric training and the number of grants for career development clinical research as they relate to Fragile X.

*Gene Therapy Research.*—While the promise of gene therapy has not yet been realized, the Committee is encouraged by some promising research done in the area of thalassemia, or Cooley's anemia. It is concerned, however, that the most innovative gene therapy research is currently being done in Europe rather than in the United States. The Committee urges the Director to assess the prospects



for the most promising areas for breakthroughs in this field and to develop an aggressive program to focus resources on it. The assessment should also include the prospects for successes in additional hemoglobinopathies and in an even broader range of diseases. The goal of this effort should be nothing less than to cure a disease in the shortest possible time utilizing gene therapy techniques.

*Heart Disease Research and Prevention Action Plan.*—Advances have been made in the identification and treatment of risk factors for heart disease. The Committee encourages the NIH to convene a transagency national conference on heart disease to assess progress and opportunities and to develop a comprehensive, long range research and prevention action plan. Participants should include representatives from all Federal agencies involved in heart disease research and prevention, including the NIH and all relevant institutes and centers, CDC, AHRQ, DOD, and pertinent voluntary nonprofit organizations, foundations, and experts in the field. The Committee encourages the Director to develop a long-range, strategic Heart Disease Research and Prevention Action Plan and submit a report to the Committee by May 1, 2006. The plan should include quantifiable goals and benchmarks to measure progress in the battle against heart disease, and a professional judgment budget for each year as well as for the entire plan.

*Hereditary Hemorrhagic Telangiectasia.*—Hereditary Hemorrhagic Telangiectasia [HHT], also known as Osler-Weber-Rendu Syndrome, is a multi-system vascular genetic disorder producing blood vessel malformations in the brain and lung which may result in stroke, hemorrhage, aneurysm and death. Sudden death or disability occurs in 20 percent of children and adults but is largely preventable with proper intervention. Because this is a multi-system disorder, the Committee encourages the Director to formulate an NIH-wide research agenda with the participation of the NHLBI, NINDS and NIDDK Institutes.

*Hepatitis B.*—Although there has been tremendous success in the prevention and treatment of hepatitis B, this disease remains a serious concern. The Committee proposes that the success of past research be built upon with new program development and the potential for new funding. The large number of immigrants to the United States from parts of the world where hepatitis B is endemic will keep this disease in the forefront of public health for years to come. For example, the more than 8 million people who are estimated to have immigrated from Asia to the United States in the past 10 years, alone, will significantly add as many as 600,000 people to the more than 1.2 million people already believed to be chronically infected, in the United States. The Committee urges the Director of NIH to report to Congress the amount of funding necessary to develop programs which would stimulate new research to find: (1) complements for the current therapies for hepatitis B, (2) improvements in the detection and treatment of hepatitis and liver cancer associated with hepatitis B, (3) improvements in the prevention of the disease by development of new vaccines, new outreach and population studies. Initiatives that promote truly innovative approaches and stimulate and excite new investigation in these areas is specifically encouraged.

*Human Tissue Supply.*—The Committee remains interested in matching the increased needs of NIH grantees, intramural, and university-based researchers who rely upon human tissues and organs to study human diseases and search for cures, including for those researchers dedicated to the study and cure of rare diseases. The Committee is aware that one of the leaders in this competitive field, the National Disease Research Interchange [NDRI], is uniquely positioned to obtain this valuable and effective alternative research resource. More than 500 peer-reviewed research advances made by NDRI-dependent researchers have been published during the past 4 years contributing to the research community's fund of knowledge. The Committee is encouraged by NDRI's role in these research advances and applauds the Director's expanded support for NDRI by bringing NEI, NIDDK, NIAID, NIAMS, and the Office of Rare Diseases into the multi-Institute initiative. While this is promising, more needs to be done to match the demand for the use of human tissue in research. The Committee, therefore, expects the Director to increase the core support NDRI receives from NCRR, and to broaden the scope of the multi-Institute initiative by strongly urging the Institute Directors of NCI, NHGRI, NHLBI, NICHD, NIMH, and NINDS to identify and implement program-specific initiatives to expand support for NDRI.

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

*Kidney Disease.*—The Committee is aware that kidney disease is a major health problem in the United States, and according to a recent CDC study is one of the fastest growing causes of death in the United States. It is estimated that at least 15 million people have lost 50 percent of their kidney function and another 20 million more are at increased risk of developing kidney disease due to diabetes, cardiovascular disease and hypertension. Of these individuals, a disproportionate share are minorities. The Committee encourages the Director to ensure that the NIDDK and NHLBI work closely and collaboratively to maximize the output of our national investment in kidney disease.

*Lupus.*—The Committee recognizes lupus is a serious, complex, debilitating chronic autoimmune disease that can cause inflammation and tissue damage to virtually any organ system in the body. The Committee strongly urges the Director of the National Institutes of Health to expand, intensify and coordinate research and related activities with respect to lupus across all relevant institutes, centers and offices, especially the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the National Institute of Allergy and Infectious Diseases.

The Committee is disappointed with the pace of research regarding lupus and strongly urges that the Director of the National Institutes of Health conduct or support research to expand the understanding of lupus, including: basic research to discover the pathogenesis and pathophysiology of the disease; research to determine

the reasons underlying the disproportionate prevalence of lupus in African American, Hispanic, Native American, and Asian women; epidemiological studies to address the frequency and natural history of the disease and the differences between the sexes and among racial and ethnic groups with respect to the disease; clinical research for the development and evaluation of new treatments, including new biological agents; and research to validate lupus biomarkers; and research to develop improved diagnostic tests. The Committee strongly urges the Institute to increase funding for lupus research by actively soliciting grant applications for lupus and taking aggressive steps to assure that a vigorous research program is established.

*Lymphangioliomyomatosis [LAM].*—The Committee remains very interested in efforts to find a cure and treatments for LAM, a progressive and fatal lung disease that strikes women, usually in their childbearing years. Currently, there are no effective treatments. The Committee understands that recent scientific findings have presented new treatment approaches for clinical testing, and that experimental trials with the drug sirolimus have begun. The Committee urges the NHLBI, as well as the NCI, the Office of Rare Diseases, and the NINDS to fund clinical treatment trials through both intramural and extramural means and to use all available mechanisms as appropriate, including support of state-of-the-science symposia, request for applications, and facilitating access to human tissues to stimulate a broad range of clinical and basic LAM research. The Committee also commends the NCR and ORD for their roles in supporting the Rare Lung Disease Consortium.

*Lymphatic Research.*—The lymphatic system is central to the progression of disease and the maintenance of health, yet scientific and medical knowledge of this important system is woefully deficient. While the Committee is pleased that a Trans-NIH Coordinating Committee on the Lymphatic System exists to ensure that scientific knowledge and understanding about this neglected body system will be advanced and coordinated, adequate efforts and funding are lacking. ICs are urged to include relevant language addressing basic and clinical lymphatic system research in all existing and future funding mechanisms, where such grant applications could be responsive. The Trans-NIH Coordinating Committee should be informed of relevant lymphatic language included within such funding initiatives.

The Committee is encouraged to learn that the Trans-NIH Coordinating Committee on the Lymphatic System, and in particular the NHBLI, is working with patient advocates to address the needs of the lymphatic disease and lymphedema patient communities. Initiatives such as a national lymphatic disease patient registry/tissue bank; an NIH lymphatic disease working group and national guidelines for clinical care; an NIH partnership funding program; intramural longitudinal studies; and multidisciplinary centers for research, clinical care, and medical training are strongly encouraged.

*Nanosystems Biology.*—The Committee encourages the Director, along with NCI, to support a collaborative effort to bring nanotechnology, systems biology and molecular imaging together to examine the molecular basis of cancer, consistent with the Direc-

tor's Roadmap Initiative. Initial efforts have shown that cancers such as breast cancer are not a single disease, but may encompass many different diseases, when examined at the molecular level. Many clinical trials of new drugs are now considered to fail if only 10 percent of patients benefit, yet that 10 percent may represent a specific type of the disease, where the drug in question may be 100 percent effective. Bringing these three disciplines together may allow researchers to identify specific sub-types of cancer and to better target new interventions. Successful results of such an effort could lead to a molecular classification of many types of cancer and to targeted molecular treatments for molecular-specific disease.

*Parkinson's Disease.*—The Committee understands that the Director, in accordance with the Udall Act, convened a research conference in June 2005. The Committee strongly urges the Director to report back to the Committee by May 1, 2006 to address current and ongoing Parkinson's disease research including the final analysis of the Parkinson's Disease Research Agenda that expired this year, the goals and conclusions from the summit held in June 2005, a thorough examination of the existing Parkinson's research portfolio, identification of shortcomings and opportunities for more effective treatments and a cure for Parkinson's, and recommendations of research goals for the next 3 years to help scientists better understand the causes, more quickly diagnose, and develop better treatments and a cure for Parkinson's disease.

The Committee strongly urges the NIH to work in conjunction with the Centers for Disease Control and Prevention to investigate and report on geographic population clusters of incidence of Parkinson's disease. It is estimated that more than 1 million Americans are fighting Parkinson's disease and 60,000 cases are newly diagnosed each year. However, these figures are only estimates. Further, it is believed that there are increasing numbers of Americans who are diagnosed with young onset Parkinson's disease. With a stronger understanding of who is impacted by this devastating disease, the NIH will be better able to better target critical research funds that will find treatments or cures for the more than 1 million Americans who have this progressive, neurodegenerative disease.

*Peer Review of Patient-Focused Research.*—In 1998, the NIH Director's Panel on Clinical Research identified problems with NIH peer review of clinical research grant applications and recommended the organization of study sections capable also of reviewing patient-oriented research and the implementation of a system for tracking the review of these clinical research applications. Nevertheless, a 2002 General Accounting Office report to Congress indicated that the NIH did not have reliable methods for identifying and tracking patient-oriented research applications or reviewers. More recent analysis by the Center for Scientific Review has confirmed previous studies demonstrating that grant applications focused on patient-oriented research are less likely to receive funding than laboratory research grant proposals. The Committee believes it is critically important that the Director take action to address this disparity and requests a report regarding efforts that are being undertaken to recruit clinical investigators to participate in the peer review process, to assure that patient-oriented research applications are assigned to knowledgeable review groups, and to

improve the system for tracking the review of clinical research grants to assure that shortcomings of the review process are identified and corrected.

*Pioneer Awards.*—The Committee is pleased with the establishment of the NIH Director's Pioneer Award, an innovative program designed to encourage investigators to pursue high-risk research avenues of research with the potential to result in truly groundbreaking discoveries. The Committee is especially pleased that this program has attracted a large number of interested, high-quality applicants, but is concerned that relatively few awards have been made so far.

*Population-Based Prevention Research.*—The Committee commends NIH for its efforts to support research in humans that examines factors associated with preventing disease and promoting health. The Committee urges the NIH to seek ways to remove barriers that prevent research findings from being translated into population-wide health improvements and to expand its support for studies that include examination in human populations of biological, behavioral and environmental factors associated with disease and means to ameliorate them.

The Committee urges the Director to support additional genetic research to identify the genes responsible for psoriasis susceptibility, basic research to understand the mechanism of disease and clinical research to identify new safe and effective therapies for these diseases.

*Rehabilitation Services.*—The Committee recognizes the burgeoning growth in rehabilitation services provided to patients, especially the elderly, with musculoskeletal problems and the urgent need to establish a solid scientific basis for clinical practice in this area. The Committee urges the Director to establish a research program in the National Center for Medical Rehabilitation Research to: (1) evaluate the efficacy and establish optimal schedules and settings for movement based rehabilitation interventions, such as therapeutic exercise, to improve physical function in individuals with musculoskeletal conditions, including arthritis, back pain, hip fracture and major joint replacements, and (2) further knowledge of the underlying mechanisms of repair, regeneration and recovery of these interventions. The NCMRR is still a relatively new agency with a small budget and its research portfolio needs to be expanded particularly in the area of medical and physical rehabilitation and musculoskeletal conditions. The Committee urges the National Institute on Aging, the National Institute on Arthritis and Musculoskeletal and Skin Diseases, and the National Institute on Biomedical Imaging and Bioengineering to collaborate on these initiatives.

*Reproductive Health Research.*—The Committee is concerned that the NIH does not have trans-NIH information regarding the amount of infertility and reproductive health research that is conducted in many Institutes including NICHD, NCI, NIDDK, NIAID, and NIEHS. The Committee is concerned that until NIH has accurate trans-NIH information, it is not possible to lead and coordinate this area of research to help ensure scientific and research progress. The Committee therefore urges that the Office of the Director ensure that such information is available in order to permit

a vigorous scientific leadership with regard to this category of diseases that has devastating physical, social, financial and psychological consequences.

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

*Spinal Muscular Atrophy.*—The Committee strongly urges the OD to ensure the success of the SMA Project by providing active and ongoing support from the OD as well as from other related Institute Directors. While the Committee commends the active work and progress of NINDS on the SMA Project, the Committee remains concerned that other Institutes, to date, has made no commitment to SMA research. The Committee reiterates its request of last year that the OD take all necessary steps to ensure that relevant Institutes are fully engaged by devoting attention and resources to SMA and specifically to the SMA Project.

*Temporomandibular Joint Disorders [TMJ].*—The Committee continues its strong support of research into TMJ disorders. The Committee agrees with and is encouraged by recent public statements by NIH officials that because of past and current investments in research and patient registries, the field is now ready to support a substantial new research investment in this complex set of disorders. The Committee therefore strongly urges that this path be followed and that a substantially expanded TMJ research effort be undertaken to speed up completion of the research needs and opportunities agenda outlined in the June 2005 NIH TMJ Report to Congress. As noted previously, the multifaceted nature of TMJ disorders requires an approach that coordinates the work of many interested parties at NIH. Therefore, this expanded effort should include increased efforts from all relevant ICs and should give priority to collaborative, cross-cutting research.

In addition, the Committee strongly encourages the Director, through the NIDCR and ORWH, to undertake an effort to improve awareness among dentists and other relevant health professionals such as internists, rheumatologists, otolaryngologists, neurologists and other primary care professionals about TMJ disorders. Such an effort should include the development of a model symposium on this topic and the presentation of this symposium at relevant major medical society conferences.

*Trans-NIH Research Initiatives.*—The Committee commends NIH for continuing to expand trans-NIH research initiatives that foster scientific collaboration and advancement. The Committee is particularly interested in programs like the Blueprint for Neuroscience Research, which pools the resources and expertise of 15 NIH institutes and centers to focus on disorders of the nervous system. The

multidimensional roots of the obesity epidemic—encompassing behavioral, biological, and environmental factors—call for research efforts across Institutes and Centers, and the Committee commends the activities undertaken through the trans-NIH Strategic Plan for Obesity Research. The Committee urges that funds allocated to the NIH Institutes and Centers be used for increased support of the Neurosciences Blueprint and increased research in obesity.

*Tuberous Sclerosis Complex.*—Tuberous sclerosis complex, or TSC, is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes or skin. Its victims—many of whom are infants and young children—face a lifetime of suffering with kidney failure, seizures, behavioral disorders, autism and mental retardation. Because of the effects of TSC on multiple organ systems, the Committee in 2003 called upon the NIH Director to formulate an NIH-wide research agenda. The Committee is encouraged by recent steps taken by the Office of the Director to establish a Trans-NIH Tuberous Sclerosis Coordinating Committee. The Committee encourages the Office to continue its support of this Committee and expand it to include other Institutes such as the NEI, NIGMS and NICHD.

#### OFFICE OF AIDS RESEARCH

The Committee recommendation does not include a direct appropriation for the Office of AIDS Research [OAR]. Instead, funding for AIDS research is included within the appropriation for each Institute, Center, and Division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Director of the NIH and the OAR to shift up to 3 percent of AIDS research funding among Institutes and Centers throughout the year if needs change or unanticipated opportunities arise. The Committee requests that the Director provide notification to the Committee in the event the Directors exercise the 3 percent transfer authority.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

#### BUILDINGS AND FACILITIES

Appropriations, 2005 .....	\$110,288,000
Budget estimate, 2006 .....	81,900,000
House allowance .....	81,900,000
Committee recommendation .....	113,626,000

The Committee recommends an appropriation of \$113,626,000 for buildings and facilities [B&F]. The budget requested \$81,900,000 and the fiscal year 2005 appropriation was \$110,288,000.

*Mission.*—The buildings and facilities appropriation provides for the NIH construction programs including design, construction, and repair and improvement of the clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. This program maintains physical plants at Bethesda, Poolesville, Baltimore, and Frederick, MD; Research Triangle Park, NC; Hamilton, MT; Perrine, FL; New Iberia, LA; and Sabana Seca, PR.

The Committee has included full-scope bill language within this appropriation to give flexibility to the NIH to continue work on the John E. Porter Neuroscience Research Center for which \$15,000,000 has been included. Funds have also been included for the Animal Research Center, the Rocky Mountain Laboratories Buffer Replacement Facility, asbestos abatement, fire protection and health and safety compliance, air quality improvement programs and to eliminate barriers to persons with disabilities.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 2005 .....	\$3,391,769,000
Budget estimate, 2006 .....	3,336,023,000
House allowance .....	3,352,047,000
Committee recommendation .....	3,385,086,000

The Committee recommends \$3,385,086,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2006. This amount is \$6,683,000 below the comparable fiscal year 2005 level and \$49,063,000 above the administration request. The recommendation includes \$123,303,000 in transfers available under section 241 of the Public Health Service Act. SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

The Committee has provided funding for programs of regional and national significance under each of the three SAMHSA centers: mental health services, substance abuse treatment and substance abuse prevention. Separate funding is available for the children’s mental health services program, projects for assistance in transition from homelessness, the protection and advocacy program, data collection activities undertaken by the Office of Applied Studies and the two block grant programs: the community mental health services block grant and the substance abuse prevention and treatment block grant.

The Committee strongly supports SAMHSA’s Federal leadership role to improve the quality and availability of empirically-based prevention and treatment services in the areas of mental health and substance abuse. To further the translation of research knowledge into practice, the Committee supports the ongoing collaboration between SAMHSA and the National Institutes of Health (specifically with the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism). Through this partnership, services research conducted by NIH will identify effective treatment and prevention strategies, the findings of which will be promoted by SAMHSA through its knowledge dissemination programs to improve the quality of services rendered. Furthermore, outcomes from program



evaluation research conducted by SAMHSA will be communicated as critical implementation feedback to NIH, and may ultimately lead to further improvements in the delivery of effective mental health and substance abuse services in community programs nationwide.

The Committee expects that no less than the amounts allocated in fiscal year 2005 will be spent in fiscal year 2006 on activities throughout SAMHSA addressing the needs of the homeless. Specifically, the Committee has provided funding at last year’s level for programs directed at chronic homelessness and for programs directed at providing mental health and substance abuse treatment services to homeless.

The Committee notes that, according to a study released by the New England Journal of Medicine, as many as one in four veterans of Afghanistan and Iraq treated at Veterans Affairs hospitals in the past 16 months have been diagnosed with mental disorders. While many at-risk veterans will take advantage of mental health services available through the Departments of Defense and Veterans Affairs, concern about possible stigmatization may lead some veterans to avoid treatment through these sources. The Committee believes that community outreach, early intervention and treatment for veterans will be a significant need in the coming years and encourages SAMHSA, through CMHS and CSAT, to develop opportunities for communities to prepare and coordinate mental health and addiction services for returning combat veterans and their families.

Greater availability of a rapid HIV test can increase overall HIV testing and reduce the number of people, an estimated 225,000 Americans, who are unaware of their HIV infection. The Committee acknowledges that treatment services provided by mental and behavioral health care providers for individuals testing positive are a necessary component of rapid HIV testing. The Committee commends SAMHSA for developing the Rapid HIV Testing Initiative [RHTI] to train substance abuse and mental health service providers on rapid HIV testing and encourages SAMHSA to expand the program.

The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and Native Hawaiian communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds to fund projects to increase knowledge about effective ways to deliver services to rural and native communities.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2005 .....	\$901,317,000
Budget estimate, 2006 .....	837,250,000
House allowance .....	880,294,000
Committee recommendation .....	901,334,000

The Committee recommends \$901,334,000 for mental health services. This amount is \$17,000 above the comparable level for fiscal year 2005 and \$64,084,000 above the administration request. The recommendation includes \$21,803,000 in transfers available

under section 241 of the Public Health Service Act. Included in the recommendation is funding for programs of regional and national significance, the mental health performance partnership block grant to the States, children's mental health services, projects for assistance in transition from homelessness, and protection and advocacy services for individuals with mental illnesses.

*Programs of Regional and National Significance*

The Committee recommends \$274,297,000 for programs of regional and national significance. This amount is the same as the comparable level for fiscal year 2005 and \$64,084,000 above the administration request. Programs of regional and national significance address priority mental health needs through developing and applying best practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented and consumer-run activities.

The Committee remains deeply concerned that suicide is the third leading cause of death among adolescents. Consistent with the recommendations of the President's New Freedom Commission on Mental Health, the Committee in fiscal year 2005 called upon SAMHSA to award grants to local educational systems or non-profit entities in conjunction with local educational systems to test the use of screening mechanisms and to identify evidence-based practices for facilitating treatment for youth at risk. The Committee has provided funding at last year's level for SAMHSA to continue this effort in fiscal year 2006.

In addition, the Committee has provided \$11,000,000 for State and campus-based programs that address youth suicide prevention. This is an increase of \$2,556,000 above the comparable level for fiscal year 2005 and the administration request. The Committee has included funding at last year's level to continue supporting the National Suicide Prevention Resource Center. This important initiative supports technical assistance in developing, implementing and evaluating effective suicide prevention programs. The Resource Center serves as a training and field support and acts as a clearinghouse for all pertinent best practices information regarding suicide prevention, and it promotes evaluation of suicide prevention programs to ensure that effective techniques, strategies, and recommended best practices are made available to users. The Committee also continues funding at last year's level for the Suicide Prevention Hotline program.

The Committee notes that the National Strategy for Suicide Prevention calls for the establishment of public/private partnerships for the purpose of advancing and coordinating the implementation of the National Strategy. While much progress has been made, many of the objectives included in the National Strategy have not been completed. The Committee commends SAMHSA for its work on examining the National Strategy objectives with the goal of developing a priority work plan and encourages SAMHSA to establish a coordinating body aimed at advancing the objectives of the National Strategy.

The Committee continues to strongly support funding for prevention of youth violence. The Committee intends that no less than

last year's level of funding be used for this initiative, which includes the Safe Schools/Healthy Students interdepartmental program. The administration proposed cutting this program by \$27,427,000. The Committee believes that enhanced school and community-based services can strengthen healthy child development, thus reducing violent behavior and substance use. Since 1999, over 180 communities have received and benefited from these grants. The Committee therefore is providing funding at last year's level to assist schools in that effort. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach.

The Committee provides funding at last year's level for the consumer and consumer-supporter national technical assistance centers. The Committee directs CMHS to support multi-year grants to five such national technical assistance centers.

The Committee recommendation restores funding to the State Infrastructure Planning Grants activity. The administration request proposed to shift the funding source for this program to the CMHS block grant setaside. State Infrastructure Planning Grants are a critical initiative that informs both States and SAMHSA on practical implementation issues and mechanics related to the new performance and outcome data reporting requirements included in SAMHSA's Data Strategy.

The Committee recommendation includes funding at last year's level for the elderly treatment and outreach program. The Committee notes that while many older Americans experience depression, dementia, anxiety and substance abuse disorders, far too often these conditions are not recognized or treated. Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meal sites, primary care settings and other locations, is needed. The elderly treatment and outreach program helps local communities establish the infrastructure necessary to better serve the mental health needs of older adults.

The Committee recommendation fully funds the administration request for the State Incentive Grants for Transformation program. The Committee directs SAMHSA to ensure that State mental health planning and advisory councils play a significant role in the development of comprehensive State plans under this new program, because the councils represent the consumer and family voice in States across the country.

The Committee believes that research-based prevention and wellness promotion efforts that strengthen parenting and enhance child resilience in the face of adversity can have a significant impact on the mental health of children and youth. While some programs that use such a strengths-based approach exist for families already in contact with the juvenile justice system or immediate risk for dissolution, evidence suggests that they may be particularly effective for families that have one or more risk factors but are not yet in crisis and may not have had contact with child protective services or other government agencies. The Committee requests CMHS to provide it with a report by May 1, 2006 that reviews the effectiveness of such programs and the best ways to implement them so they reach families in need, and offers recommendations for future preventive efforts in this area.

*Community Mental Health Services Block Grant*

The Committee recommends \$432,756,000 for the community mental health services block grant, which is the same as the comparable fiscal year 2005 amount and the administration request. The recommendation includes \$21,803,000 in transfers available under section 241 of the Public Health Service Act.

States use these funds to support the development and implementation of innovative community-based services and maintain continuity of community programs. Funds are allocated to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Because the mental health needs of our Nation's elderly population are often not met by existing programs and because the need for such services is dramatically and rapidly increasing, the Committee encourages SAMHSA to require that States' plans include specific provisions for mental health services for older adults.

*Children's Mental Health Services*

The Committee recommends \$105,129,000 for the children's mental health services program. This amount is \$17,000 above the comparable fiscal year 2005 level and the same as the administration request. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

*Projects for Assistance in Transition From Homelessness [PATH]*

The Committee recommends \$54,809,000 for the PATH Program. This amount is the same as the comparable fiscal year 2005 level and the administration request.

PATH provides outreach, mental health, and case management services and other community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The PATH program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

*Protection and Advocacy*

The Committee recommends \$34,343,000 for the protection and advocacy program, which is the same as the comparable fiscal year 2005 level and the administration request. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities, or while they are living in the community, including their own homes. Funds are allocated to

States according to a formula based on population and relative per capita incomes.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2005 .....	\$2,197,921,000
Budget estimate, 2006 .....	2,222,607,000
House allowance .....	2,184,986,000
Committee recommendation .....	2,187,646,000

The Committee recommends \$2,187,646,000 for substance abuse treatment programs. This amount is \$10,275,000 below the comparable fiscal year 2005 funding level and \$34,961,000 below the administration request. The recommendation includes \$83,500,000 in transfers available under section 241 of the Public Health Service Act. This amount funds substance abuse treatment programs of regional and national significance and the substance abuse prevention and treatment block grant to the States.

The Committee commends the Center for Substance Treatment [CSAT] for its ongoing collaboration with the National Institute on Drug Abuse [NIDA]. The Committee continues to be pleased that the CSAT/NIDA collaboration with State substance abuse directors, also known as Single State Authorities [SSAs] for Substance Abuse, is improving the manner in which evidence-based practices are used in our publicly funded system. The Committee encourages CSAT to continue its Blending Initiative with NIDA and SSAs to ensure that research findings are relevant and adaptable by State substance abuse systems.

*Programs of Regional and National Significance*

The Committee recommends \$412,091,000 for programs of regional and national significance [PRNS]. The recommendation includes \$4,300,000 in transfers available under section 241 of the Public Health Service Act. The recommendation is \$10,275,000 below the comparable fiscal year 2005 level and \$34,961,000 below the administration request.

Programs of regional and national significance include three primary activities: best practice programs are used to develop more information on how best to serve those most in need; training and technical assistance supports dissemination of information through knowledge development; and targeted capacity expansion programs enable the agency to respond to service needs in local communities.

The Committee recommendation includes \$100,000,000 for the Access to Recovery program. The Committee expects that addictive disorder clinical treatment providers participating in the Access to Recovery program, as well as their respective staff, shall meet the certification, accreditation, and/or licensing standards recognized in their respective States.

The Committee recommends funding at no less than last year's level for the Addiction Technology Transfer Centers [ATTCs]. The ATTC Network operates as 14 regional centers and one national office to translate the latest science of addiction, including evidence-based addiction treatment. The ATTCs are also an important component of the CSAT/NIDA Blending Initiative that seeks to improve the manner in which research findings are moved into every day practice.

The Committee continues to be concerned about the incidence of drug addiction among pregnant and parenting women. The unavailability of family-based treatment is manifested in the overrepresentation of substance-abusing mothers in the child welfare system. Up to 80 percent of the families who come to the attention of child welfare agencies are substance abusing. The absence of treatment opportunities for families has also extended to the criminal justice system. Nearly 70 percent of the women behind bars are suffering from untreated addiction. Most of these women offenders are mothers: approximately 65 percent of women in State prisons, and 59 percent of women in Federal prisons have young children.

SAMHSA's evaluation of both the Residential Women and Children [RWC] and Pregnant and Postpartum Women [PPW] programs showed significantly reduced alcohol and drug use, as well as decreased criminal behavior. Rates of premature delivery, low birth weight, and infant mortality were improved for participating women. In addition, treatment costs were offset three to four times by savings from reduced costs of crime, foster care, Temporary Assistance to Needy Families [TANF], and adverse birth outcomes. The Committee believes that increased capacity for family-based treatment programs is imperative. Within the funds appropriated for CSAT, the Committee recommends \$11,000,000 for treatment programs for pregnant, postpartum, and residential women and their children. This amount is \$1,080,000 above the comparable level for fiscal year 2005 and the administration request. No less than last year's funding shall be used for the Residential Treatment Program for Pregnant and Postpartum Women [PPW], authorized under section 508 of the Public Health Service Act. In addition, the Committee strongly urges SAMHSA to explore ways to increase family treatment capacity.

#### *Substance Abuse Prevention and Treatment Block Grant*

The Committee recommends \$1,775,555,000 for the substance abuse prevention and treatment block grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the Public Health Service Act. The recommendation is the same as the comparable level for fiscal year 2005 and the administration request. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually.

The Committee wishes to express its strong support for increased funding for the Substance Abuse Prevention and Treatment [SAPT] Block Grant, an effective and efficient funding stream that flows to every State and territory. The Committee is aware that the SAPT Block Grant funds critical prevention and treatment services for our Nation's most vulnerable citizens, including those with HIV/AIDS, pregnant women, and others who can not afford these life-saving services. The Committee continues to believe that the most effective and efficient way to support substance abuse programs in every State and territory is to direct the bulk of available new resources into the SAPT Block Grant.

The Committee is aware of SAMHSA's efforts to improve the quality of substance abuse prevention and treatment data by seek-

ing information on a core set of National Outcome Measures [NOMS] across all SAMHSA funding mechanisms, including services funded by the SAPT Block Grant. The Committee is also aware of SAMHSA’s work to implement a State Outcomes Measurement and Management System [SOMMS] as the mechanism to achieve this initiative. The Committee commends SAMHSA for working with States and territories to streamline data reporting requirements and reduce reporting burden while improving accountability. The Committee strongly encourages SAMHSA to continue to work with States and territories to reach consensus on all aspects of SOMMS planning, implementation and evaluation.

The Committee recognizes that States receiving the HIV set-aside within their Substance Abuse Prevention and Treatment Block Grant are well positioned to offer hepatitis prevention services to high risk clients, and encourages set-aside dollars to be used to support hepatitis prevention. The Committee recognizes that the majority of new hepatitis C virus infections are related to drug use, and asks SAMHSA to encourage all grantees to incorporate hepatitis prevention services, such as hepatitis C screening, into existing drug treatment programs.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2005 .....	\$198,725,000
Budget estimate, 2006 .....	184,349,000
House allowance .....	194,950,000
Committee recommendation .....	202,289,000

The Committee recommends \$202,289,000 for programs to prevent substance abuse, which is \$3,564,000 above the comparable fiscal year 2005 level and \$17,940,000 above the administration request.

The Committee recognizes the important role played by the 20 percent prevention services set-aside within the Substance Abuse Prevention and Treatment [SAPT] Block Grant. This vital substance abuse prevention funding helped contribute to the fact that 600,000 fewer teens used drugs in 2004 compared to 2001, according to the Monitoring the Future survey. The Committee also supports the need to recognize substance abuse prevention as a unique, separate and distinct field and encourages SAMHSA to promote programming consistent with this finding, including a strong role for CSAP as the Federal Government’s lead agency for substance abuse prevention.

The Committee is concerned about the intersection of methamphetamine abuse and the transmission of infectious diseases such as HIV and Hepatitis C. Both SAMHSA and the Centers for Disease Control and Prevention [CDC] have funded crucial programs targeting methamphetamine abuse and infectious disease prevention. However, the intersection of methamphetamine abuse and infectious disease has not been adequately addressed. Recognizing that the two agencies have different responsibilities in responding to the damage caused by the drug abuse epidemic, the Committee requests that SAMHSA and CDC draft a list of priorities to address the intersections of these two epidemics and provide a collaborative written report by April 1, 2006, designating a coordinating plan between SAMSHA and CDC. The plan should in-

clude a proposed infrastructure, needed resources, mechanisms of communication, and community involvement representing populations at high-risk to coordinate prevention, community outreach, professional training, treatment and new and existing grant programs to effectively address the intersection of the crystal methamphetamine epidemic and rising HIV rates.

*Programs of Regional and National Significance*

The Committee has provided \$202,289,000 for programs of regional and national significance [PRNS]. The recommendation is \$3,564,000 above the comparable fiscal year 2005 level and \$17,940,000 above the administration request. The Center for Substance Abuse Prevention is the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. Through the programs of regional and national significance activity, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity-building for implementation of proven effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

The Committee recommendation includes \$93,488,000 for the Strategic Prevention Framework State Incentive Grant [SPFSIG] program, which is designed to promote, bolster and sustain prevention infrastructure for every State in the country. The Committee recognizes that a linchpin of this program is State flexibility so that each State may tailor initiatives and direct resources in ways that are most appropriate for its own jurisdiction. The Committee encourages SAMHSA to promote maximum State flexibility in managing the SPFSIG program and the 20 percent prevention set-aside within the Substance Abuse Prevention and Treatment [SAPT] Block Grant so that each State may employ a range of effective prevention strategies to meet their own unique needs and local circumstances.

The Committee expects SAMHSA to ensure that SPFSIG grantees do not fund duplicative sub-state anti-drug coalition infrastructures, but utilize those already functioning and funded by programs such as the Drug Free Communities program.

The Committee remains very concerned about the prevalence of methamphetamine use. According to the National Survey on Drug Use and Health [NSDUH], approximately 12.3 million Americans ages 12 or over tried methamphetamine in 2003. In more than three-quarters of Western States, methamphetamine and amphetamine-related treatment admissions rates are higher than those for cocaine or heroin. While methamphetamine is a serious problem on the West Coast, in the Mountain States and in parts of the Midwest, recent data suggest that the problem may be spreading eastward. Since fiscal year 2003 the Committee has provided \$14,000,000 to twelve States for grants aimed at expanding the capacity of health care and community organizations to address methamphetamine abuse. The Committee is disturbed that the administration did not request funding for this program in fiscal year



2006. The Committee's recommendation includes \$4,000,000 to continue this program.

With the consolidation of the contracts for the National Clearinghouse for Alcohol and Other Drug Information and the Mental Health Clearinghouse, the Committee expects SAMHSA to ensure that the funding and materials available for substance abuse prevention be maintained at no less than current levels.

The Committee recommendation includes \$850,000 for the third year of the Ad Council's parent-oriented media campaign to combat underage drinking. Previous funding for the campaign was provided through the Office of the Secretary.

#### PROGRAM MANAGEMENT

The Committee recommends \$93,817,000 for program management activities of the agency. The recommendation includes \$18,000,000 in transfers available under section 241 of the Public Health Service Act. The recommendation is \$11,000 above the comparable level for fiscal year 2005 and \$2,000,000 above the budget request.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer SAMHSA's programs.

Last year the Committee included funds for SAMHSA to "establish surveillance measures to address the mental and behavioral health needs of the population of the United States." The Committee is pleased that SAMHSA decided to work with the Centers for Disease Control and Prevention [CDC] to include questions on mental health in a CDC survey known as the Behavioral Risk Factor Surveillance System. The funds are being used to test appropriate questions and to help defray the cost of including them in the survey. Funds are also being provided to help States respond to the surveys. The Committee recommendation for fiscal year 2006 includes \$2,000,000 to expand on the collaborative effort by SAMHSA and CDC to establish a population-based source of data on the mental and behavioral health needs in this country. These data will help policymakers implement the recommendations of the President's New Freedom Commission on Mental Health report "Achieving the Promise: Transforming Mental Health Care in America."

The Committee recognizes the benefits of client level data reporting in order to build a more accurate picture of Americans in need of prevention and treatment services. The Committee strongly encourages SAMHSA to reach out to the Department of Justice, Department of Education, Health Resources and Services Administration [HRSA] and other Federal agencies to ensure that all Federal grants seek client level data reporting in order to complement and coordinate with SAMHSA's National Outcomes Measurement [NOMS] and State Outcomes Measurement and Management Initiative [SOMMS] initiatives.

## AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2005 .....	\$318,695,000
Budget estimate, 2006 .....	318,695,000
House allowance .....	318,695,000
Committee recommendation .....	323,695,000

The Committee recommends \$323,695,000 for the Agency for Healthcare Research and Quality [AHRQ]. This amount is \$5,000,000 above both the administration request and the comparable funding level for fiscal year 2005. The Committee has funded AHRQ through transfers available under section 241 of the Public Health Service Act.

The Agency for Healthcare Research and Quality was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHRQ is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHRQ provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

## HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$265,695,000 for research on health costs, quality and outcomes [HCQO]. This amount is \$5,000,000 above both the administration request and the comparable amount for fiscal year 2005. HCQO research activity is focused upon improving clinical practice, improving the health care system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

For fiscal year 2006, the Committee directs AHRQ to devote \$84,000,000 of the total amount provided for HCQO to determining ways to reduce medical errors. Of this amount, \$50,000,000 will support the Department's initiative to promote the development, adoption and diffusion of information technology in health care.

The Committee recognizes the work that AHRQ has done regarding comparative effectiveness research. Comparative effectiveness research has the potential to lower health care costs while improving quality of care. The Committee directs AHRQ to devote \$20,000,000 of the total amount provided to research authorized under Section 1013 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The Committee's recommendation is \$5,000,000 more than the amount provided last year. The increased funding will allow AHRQ to continue and build upon the priority list of conditions identified in fiscal year 2005.

*Autoimmune Disease.*—In order to support continued HHS-wide implementation of the HHS Autoimmune Diseases Research Plan, the Committee encourages AHRQ to estimate the annual treatment and societal costs of autoimmune diseases in the United States, in order to project their future impact and burden on the healthcare system.

*Duchenne Muscular Dystrophy.*—The Committee is pleased AHRQ is studying standards of care issues associated with patients

diagnosed with Duchenne Muscular Dystrophy. The Committee urges AHRQ to build on this work by partnering with CDC to convene a consensus conference to develop these standards.

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

*Health Disparities.*—The Committee remains disturbed by the March 2002 Institute of Medicine report regarding the disparities of medical care delivery to minorities. The Committee encourages AHRQ to carefully evaluate the analysis, findings, and recommendations of this study in order to pursue creative ways to improve health care delivery for all minority populations, including African-Americans, those of Hispanic and Asian origin, Native Americans, Alaskans and Native Hawaiians.

*Hospital-based Initiative.*—The Committee urges AHRQ to work with multi-site academic medical centers to identify and implement programs to improve patient safety in a hospital setting. The Committee is interested in patient safety improvements that are designed for rapid turnaround and for developing practical and replicable projects in the future.

*Investigator-initiated Research.*—The Committee notes that the Department reallocated \$11,518,000 from AHRQ in fiscal year 2005 to fund the Department's health information technology initiative. While the Committee strongly supports this initiative, it notes that this reallocation delayed the start of several non-patient safety grant programs. Research outside of targeted areas such as patient safety, health IT and comparative effectiveness is a critical part of AHRQ's mission yet these grants are a diminishing portion of the agency's research portfolio. The Committee notes that important initiatives like the patient safety program were based on investigator-initiated research. The Committee strongly urges AHRQ to maximize investigator-initiated research.

*Nurse-Managed Health Centers.*—The Committee encourages AHRQ to include nurse managed health centers and advanced practice nurses in research and demonstration projects conducted by the agency.

#### MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$55,300,000 for health insurance and medical expenditures panel surveys [MEPS], which is the same as the administration request and the comparable fiscal year 2004 level. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings esti-

mates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

*Program Support*

The Committee recommends \$2,700,000 for program support. This amount is the same as the administration request and the comparable fiscal year 2005 level. This activity supports the overall management of the Agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2005 .....	\$123,779,019,000
Budget estimate, 2006 .....	156,954,419,000
House allowance .....	156,954,419,000
Committee recommendation .....	156,954,419,000

The Committee recommends \$156,954,419,000 for Grants to States for Medicaid. This amount is \$33,175,400,000 more than the fiscal year 2005 appropriation and the same as the administration's request and House allowance. This amount excludes \$58,517,290,000 in fiscal year 2005 advance appropriations for fiscal year 2006. In addition, \$62,783,825,000 is provided for the first quarter of fiscal year 2007, as requested by the administration. Fiscal year 2006 funding increases by \$22,910,109,000 to fund obligations incurred but not reported in fiscal year 2005, thus reflecting the shift in the program from a cash basis of accounting to accrual-based accounting. The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula, which determines the appropriate Federal matching rate for State program costs. This matching rate is based upon the State's average per capita income relative to the national average, and shall be no less than 50 percent and no more than 83 percent.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 2005 .....	\$114,608,900,000
Budget estimate, 2006 .....	177,822,200,000
House allowance .....	177,742,200,000
Committee recommendation .....	177,822,200,000

The Committee recommends \$177,822,200,000 for Federal payments to health care trust funds. This amount is the same as the administration's request, \$80,000,000 more than the House allowance, and is an increase of \$63,213,300,000 from the fiscal year 2005 appropriation. The significant funding increase is largely due to the cost of the new prescription drug benefit. This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare 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. The Committee has provided \$128,015,000,000 for the Federal payment

to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Part B enrollees. This amount is the same as the administration's request and is \$14,013,000,000 more than the fiscal year 2005 amount. The Committee further provides \$53,596,000,000 for the general fund share of benefits paid under Public Law 108-173, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The Committee includes bill language requested by the administration providing indefinite authority for paying the General Revenue portion of the Part B premium match and provides resources for the Part D drug benefit program in the event that the annual appropriation is insufficient. The recommendation also includes \$202,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is \$115,000,000 more than the fiscal year 2005 amount. The Committee also recommends \$206,000,000 for Federal uninsured benefit payment. This payment reimburses the Hospital Insurance Trust Fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as the administration's request and an increase of \$7,000,000 over the fiscal year 2005 level, reflecting an increase on the number of covered individuals who are currently enrolled. The Committee recommendation includes \$164,000,000 to be transferred to the Hospital Insurance Trust Fund as the general fund share of CMS Program Management administrative expenses. This amount is the same as the administration's request and is \$51,000,000 less than the fiscal year 2005 amount. The Committee recommendation also includes \$677,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of Part D administrative expenses. This amount is the same as the administration's request. The recommendation also provides \$99,100,000 for State low-income determination activities through the prescription drug account. This amount is the same as the administration's request and is \$6,800,000 less than the 2005 amount. The Committee recommends \$80,000,000 as reimbursement to the Health Care Fraud and Abuse Control [HCFAC] fund, described in a separate account, for new program integrity activities to be funded as discretionary spending. The House did not fund this account.

HEALTH CARE FRAUD AND ABUSE CONTROL

Appropriations, 2005 .....	
Budget estimate, 2006 .....	\$80,000,000
House allowance .....	
Committee recommendation .....	80,000,000

The Committee recommends \$80,000,000 for program integrity activities to be funded in fiscal year 2006 through a discretionary cap adjustment. These funds will be reimbursed from the Payment to the Health Care Trust Funds appropriation. Of this total, \$75,000,000 is for program integrity activities related to the new Part D prescription drug benefit and \$5,000,000 for enhanced Medicaid financial management. The House did not fund this account.

The Committee notes that mandatory funding for program integrity activities has not increased since fiscal year 2003 and that the Part D prescription drug legislation did not include resources for

program oversight. The Committee recommends \$75,000,000 to be used to initiate program integrity efforts related to the new prescription drug benefit in the Medicare Integrity Program. The Committee recommends \$5,000,000 to augment the role of the CMS in financial management and oversight of program integrity efforts in the Medicaid and SCHIP grant programs.

The Committee encourages CMS to consider implementing a Medicare analysis and detection system, aimed at reducing fraud, waste, and abuse through use of supercomputing technology.

PROGRAM MANAGEMENT

Appropriations, 2005 .....	\$2,664,911,000
Budget estimate, 2006 .....	3,177,478,000
House allowance .....	3,180,284,000
Committee recommendation .....	3,203,418,000

The Committee recommends \$3,203,418,000 for CMS program management, which is \$25,940,000 more than the amount requested by the administration \$23,134,000 more than the House allowance, and \$538,507,000 more than the fiscal year 2005 enacted level. Fiscal year 2006 marks the first year that funding for ongoing Medicare Modernization Act [MMA] activities is included in the CMS Program Management appropriation. The Committee recommends the budget request of \$560,000,000 for ongoing MMA activities in fiscal year 2006.

*Research, Demonstrations, and Evaluations*

The Committee recommends \$78,494,000 for research, demonstrations, and evaluation activities. This amount is \$33,300,000 more than the budget request, and \$1,000,000 more than the 2005 level.

CMS research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decision making. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decision making, projects to measure the impact of Medicare and Medicaid on health care costs, projects to measure patient outcomes in a variety of treatment settings, and projects to develop alternative strategies for reimbursement, coverage, and program management.

The Committee has included \$40,000,000 for Real Choice Systems Change Grants for Community Living to States to fund initiatives that establish enduring and systemic improvements in long-term services and supports. Given the progress to date, the Committee recommends the issuance of a grant solicitation designed to provide a greater level of support to grantees to effectively identify and target requisite components of a coherent and integrated system of long-term care supports. The Secretary shall also allocate a portion of funding to: provide technical assistance to grantees on the development of a strategic plan to achieve systems transformation; maintain an information system that facilitates acquisition of data and information necessary to assess the progress of states in transforming their long-term care systems; and conduct an evaluation that would provide specific, measurable indicators of whether systems transformation has been achieved.

The Committee commends CMS for implementing section 1860d-4(c)(2) of the Medicare Modernization Act requiring Part D prescription drug sponsors to provide medication therapy management services [MTMP] to targeted Medicare Part D enrollees. MTMP are critical to improving health outcomes and to reducing medication errors for targeted Medicare beneficiaries with chronic conditions and high drug costs. The Committee encourages CMS to conduct a demonstration project to identify effective MTMP models for targeted Medicare Part D enrollees, capable of implementation on a large scale. This demonstration project should include approaches that emphasize evidence-based prescribing, prospective medication management, technological innovation, and outcomes reporting.

#### *Medicare Operations*

The Committee recommends \$2,184,984,000 for Medicare operations, which is \$5,003,000 less than the amount requested by the administration. In addition, \$720,000,000 is available for the Medicare Integrity Program within the mandatory budget as well as \$80,000,000 recommended in this bill for a new Health Care Fraud and Abuse Control account.

The Medicare operations line item 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. In addition, this line item includes a variety of projects that extend beyond the traditional fee-for-service arena.

The Committee recommends that not less than \$31,700,000 be made available for the State Health Insurance Counseling Program. SHIPs provide one-on-one counseling to beneficiaries on complex Medicare-related topics, including Medicare entitlement and enrollment, health plan options, prescription drug benefits, Medigap and long-term care insurance, and Medicaid.

The Committee recommends that \$79,934,000 be made available for obligation over a 2-year period ending September 30, 2007, for contract costs pursuant to the development of the Healthcare Integrated General Ledger Accounting System [HIGLAS].

CMS is encouraged to explore alternative approaches for recruiting, training and employing the severely disabled for 1-800-MEDICARE. The outcome will identify work activities performed by severely disabled individuals that fully support the needs of the 1-800-MEDICARE program and promote the employment of people with disabilities. CMS is encouraged to work directly with the National Industries for the Severely Handicapped [NISH] organization to develop the approach and to subsequently implement within the 1-800-MEDICARE program.

Medicare contractors partner with Federal Government to administer the Medicare fee-for-service program. Contractors pay over 1 billion Medicare fee-for-service claims annually, are the first line of defense against Medicare fraud, and are the primary contact for Medicare providers and beneficiaries. Without adequate funding, contractors are not able to pay claims, respond to beneficiary and provider inquiries timely, and effectively combat fraud and abuse. The Committee is pleased CMS eliminated the 5 percent cap on transferring funds among Medicare functions so that contractors

have greater flexibility to manage their budgets in a manner that best matches program requirements. Budget flexibility is important to Medicare contractors, particularly in a tight funding environment. The Committee understands an existing statute capped Medicare Integrity Program [MIP] funding at \$720,000,000 in fiscal year 2003. The Committee believes that Medicare contractors must be given greater flexibility to effectively manage their MIP resources given the continuing increases in claims volume. In fact claims have risen by more than 16 percent since MIP was last increased. The Committee strongly recommends CMS give Medicare Contractors and Program Safeguard Contractors greater flexibility to manage their Medicare Integrity Program [MIP] funding in a manner that best matches program requirements including increases in workload. The Committee expects CMS to report on its plans to provide this flexibility to contractors in its fiscal year 2007 congressional justification.

#### *State Survey and Certification*

The Committee recommends \$260,735,000, the budget estimate and House allowance, for Medicare State survey and certification activities, which is \$2,000,000 more than the fiscal year 2005 level.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

#### *Federal Administration*

The Committee recommends \$655,000,000 for Federal administration costs, which is an increase of \$73,507,000, over the fiscal year 2005 level. This funding level allows for fixed cost increases associated with the current staffing level of 4,398 full-time equivalent positions. Savings from the request level of \$657,357,000 are expected to be made in travel expenses and such administrative costs as printing and postage.

The Committee recommends continuing the Healthy Start, Grow Smart program, which disseminates informational brochures to new Medicaid-eligible mothers. These brochures are distributed at the time of birth, then monthly over the first year of each child's life. Each publication focuses on activities that stimulate infant brain development and build the skills these children need to be successful in school. In addition to these educational suggestions, Healthy Start pamphlets include vital health and safety information for new parents.

During last year's consideration of the Omnibus Appropriations Act, the Committee expressed its concerns with the lack of adequate funding for section 508 of the Medicare Modernization Act. The Committee directed CMS to report back on the number of hospitals that qualified for reclassification under section 508; the number of hospitals that qualified but received no funding; and a cost estimate, by year, of the amounts needed to fully fund these hospitals over 3 years. The Committee recently received the required report from CMS, several months late and well into this year's appropriations process. The report finds the cost to fully fund section



508 reclassification for hospitals that qualified for funding but received no funds to be approximately \$1,050,000,000 to \$1,080,000,000 for 3 years or \$350,000,000 to \$360,000,000 for 1 year. The Committee believes that it is important to find resources to expand section 508 reclassifications to as many unfunded hospitals as possible as a necessary first step in addressing the inequities caused by the existing wage index determinations, while a long-term solution is developed.

The Committee expects that programs funded under the authority of the Ryan White Act (title XXVI of the Public Health Service Act) continue to be considered as payors of last resort in any Federal or State health benefits program. The Committee expects CMS to conform its program guidance to preserve the status of Ryan White funds as the payor of last resort. The Committee further requests that the Government Accountability Office study the legislative intent regarding the interaction of Ryan White and Medicare Part D spending, and report its findings by October 1, 2005. The report should examine whether Ryan White spending should be able to provide "wrap around" coverage which counts toward true out-of-pocket costs and thus catastrophic coverage under Part D of the Medicare Modernization Act.

The Committee commends CMS for its outreach efforts to help dually eligible beneficiaries transfer from Medicaid prescription drug coverage to the new Medicare Part D program. However, the Committee believes that low-income dual eligible persons with mental disabilities will need additional assistance with Part D enrollment decisions and both pharmaceutical and formulary changes. The Committee urges CMS to support one-on-one pharmaceutical benefits counseling through community-based organizations and safety net mental health providers in order to address this need.

The Committee is very pleased with the demonstration project at participating sites licensed by the Program for Reversing Heart Disease and encourages its continuation. The Committee further urges CMS to continue with the demonstration project being conducted at the Mind Body Institute of Boston, Massachusetts.

The Committee is very pleased with the efforts of CMS to address the extraordinary adverse health status of Native Hawaiians in Waimanalo, Hawaii. The Committee continues to urge additional focus upon American Samoan residents in that geographical area utilizing the expertise of the Waimanalo Health Center.

The Committee urges the Centers for Medicare and Medicaid Services to consider waivers for rural or isolated area demonstration projects when calculating such requirements as population density in the State of Hawaii.

The Committee urges CMS to provide for reimbursement for services rendered to Native Hawaiians in federally qualified health centers in the same manner that it currently does for American Indians and Alaskan Natives. Further, the Committee requests a report on this matter by next year's budget hearings.

The Committee is aware that legislation authorizing direct Medicare reimbursement to nurse practitioners providing reimbursable Medicare Services, was passed by Congress and signed into law, effective January 1, 1998. Since that time nurse practitioners have

been providing reimbursable care to patients as Part B providers. Despite their ability to provide and bill for services rendered in all of these areas, they are still unable to refer patients to home health or hospice care. The apparent reason is that an expanded interpretation of the word “physician” is needed in Part A, Section 1814, of the Medicare law in order for home health agencies and hospice centers to accept these referrals.

The Committee is very aware that nurse practitioners have been demonstrated to provide safe and responsible care to the patients they serve. They have expert knowledge that allows them to provide high level assessments of patients needs and recognize when additional care, such as home health and hospice care is needed or not needed by their patients. The Committee urges CMS to reinterpret the statute that will authorize home health agencies and hospices to accept orders from nurse practitioners.

The Committee recognizes that rural residents account for 25 percent of the general population in the United States with a disproportionate number of them being seniors. Additionally, 67 percent of the country’s primary care health professional shortage areas are located in rural areas and access to specialized care is limited for seniors. The Committee urges CMS to consider funding projects with a focus on rural healthcare, specifically those serving minority populations such as Native Hawaiians, Native Alaskans, and Native Americans.

The Committee expects CMS to promulgate regulations providing the option of direct access to licensed audiologists under similar terms and conditions used by the Department of Veterans Affairs and the Office of Personnel Management. The Department of Veterans Affairs reports that direct access provides high-quality, efficient, and cost-effective hearing care.

The Secretary of HHS is encouraged to include, in negotiating Prime contracts supporting the Medicare Prescription Drug Plan Program Part D, small business and small disadvantaged business subcontracting plan requirements. These subcontract plans should achieve a participation rate of not less than 5 percent of the total value of prime contract award for each fiscal year.

The Committee expects CMS to conduct a demonstration to develop a pilot program to assist patients with expensive chronic illnesses, including hepatitis, in securing private health insurance. Non-profit organizations such as Patient Services, Inc. have had success on a State level in assisting families burdened by chronic illness in retaining or obtaining insurance coverage. This transitional support has saved State dollars by reducing reliance on Medicaid and keeping patients with expensive chronic illnesses insured. The Committee is hopeful that this model can be expanded to achieve savings on a national level.

Those State Pharmaceutical Assistance Programs (SPAPs) whose outreach plans have been approved and awarded outreach grants by CMS may rollover any unspent fiscal year 2005 grant monies into the next Federal fiscal year to be used to bring the initiative to completion (section 221).

A qualified pharmacy workforce is necessary to fully implement efforts to improve the quality of care received by our Nation’s seniors, particularly high-risk seniors who have multiple chronic condi-

tions and are taking multiple medications. The committee therefore urges CMS to carefully review its decision to cut Medicare funding for second-year, specialized pharmacy residency programs, which provide specialized training to medication use experts in areas like geriatrics, oncology, and critical care, taking into account new data submitted by national pharmacist associations, and provide a full report back to the Committee within 3 months with the Agency's rationale for any decision that results in these programs remaining un-funded.

Deep-vein thrombosis affects more than 2 million Americans each year and its complications also take a toll on our Nation's hospital systems, costing approximately \$860,000,000 annually. It has been brought to the Committee's attention that there is a large gap between knowledge and practice where deep-vein thrombosis and associated morbidity and mortality including Pulmonary Embolus and Post Thrombotic Syndrome are concerned. In order to identify ways to reduce the burden of deep-vein thrombosis and associated complications including death in the inpatient setting, the Center for Medicare and Medicaid Services is encouraged to develop a demonstration project, with from experts in the field to: analyze ongoing practices to appropriately assess and prophylax "at risk" surgical and medical patients; implement a process within demonstration study sites to improve appropriate prophylaxis; and, create a follow-up report on steps of implementation and an outcomes report, to define the impact of the program.

The Committee supports programs that can demonstrate the feasibility of achieving quality improvement as well as cost savings to the Medicare program through improved quality of care. In this regard, the Committee encourages CMS to consider a quality-focused cost containment in cardiac surgery for Medicare beneficiaries pilot program to demonstrate and quantify cost savings possible through quality improvement efforts.

#### *Revitalization Plan*

The Committee recommends the budget request and House allowance of \$24,205,000 in 2-year budget authority, as the third-year investment in CMS's efforts to make significant improvements to key aspects of managing the Agency and the Medicare program. First-year funding in fiscal year 2004 was \$29,619,000 and second-year funding was \$24,205,000 for fiscal year 2005. Funding in fiscal year 2006 will target system-related improvements, and continue addressing long-term information technology issues, including Medicare claims processing redesign activities. The Committee urges CMS to augment information technology activities utilizing resources available under the Quality Improvement Organization program.

#### *HMO Loan and Loan Guarantee Fund*

The Committee concurs with requested bill language making receipts of this fund available for payment of obligations, but prohibiting the issuance of additional direct loans or loan guarantees to health maintenance organizations from this fund.

ADMINISTRATION FOR CHILDREN AND FAMILIES  
PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND  
FAMILY SUPPORT PROGRAMS

Appropriations, 2005 .....	\$2,873,802,000
Budget estimate, 2006 .....	2,071,943,000
House allowance .....	2,121,643,000
Committee recommendation .....	2,121,643,000

The Committee recommends \$2,121,643,000 be made available in fiscal year 2006 for payments to States for child support enforcement and family support programs. The comparable funding level for fiscal year 2005 is \$2,873,802,000 and the budget request includes \$2,071,943,000 for this program. The Committee recommendation provides the full amount requested under current law. The budget request includes net savings of \$49,700,000 based on proposed legislation.

These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. These funds also support efforts to locate non-custodial parents, determine paternity when necessary, and establish and enforce orders of support. The appropriation, when combined with the \$1,200,000,000 in advance funding provided in last year's bill, an estimated \$208,000,000 from offsetting collections, and an estimated carryover of \$740,173,000, supports a program level of \$4,269,816,000.

The Committee also has provided \$1,200,000,000 in advance funding for the first quarter of fiscal year 2007 for the child support enforcement program, the same as the budget request.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2005 .....	\$2,182,399,000
Budget estimate, 2006 .....	2,000,000,000
House allowance .....	2,006,799,000
Committee recommendation .....	2,183,000,000

The Committee recommends \$2,183,000,000 for fiscal year 2006 for LIHEAP. The comparable funding level for fiscal year 2005 is \$2,182,399,000 and the budget request includes \$2,000,000,000 for this program. LIHEAP is made up of two components: the State grant program and the contingency fund.

The Committee recommendation includes \$1,883,000,000 for fiscal year 2006 for the State grant program. The comparable funding level for fiscal year 2005 is \$1,884,799,000 and the budget request includes \$1,800,000,000 for this program. Within the funds provided, the Committee recommends \$500,000 for a feasibility study, as requested by the administration. LIHEAP grants are awarded to States, territories, Indian tribes, and tribal organizations to assist low-income households in meeting the costs of home energy. States receive great flexibility in how they provide assistance, including direct payments to individuals and vendors and direct provision of fuel. These resources are distributed by formula to these entities as defined by statute, based in part on each State's share of home energy expenditures by low-income households.

The Committee recommendation includes \$300,000,000 for fiscal year 2006 for an emergency fund to meet the additional home en-

ergy assistance needs arising from a natural disaster or other emergencies. The comparable funding level for fiscal year 2005 is \$297,600,000 and the budget request does not include funds designated as emergency for this program, but did request \$200,000,000 for the contingency fund.

The Committee intends that up to \$27,500,000 of the amount recommended for LIHEAP for fiscal year 2006 be used for the leveraging incentive fund. The fund will provide a percentage match to States for private or non-Federal public resources allocated to low-income home energy benefits.

#### REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2005 .....	\$484,394,000
Budget estimate, 2006 .....	552,040,000
House allowance .....	560,919,000
Committee recommendation .....	571,140,000

The Committee recommends \$571,140,000 for fiscal year 2006 for refugee and entrant assistance. The comparable funding level for fiscal year 2005 is \$484,394,000 and the budget request includes \$552,040,000 for this program.

The Refugee and Entrant Assistance Program is designed to assist States in their efforts to assimilate refugees, asylees, Cuban and Haitian entrants, and adults and minors who are trafficking victims, into American society as quickly and effectively as possible. The program funds State-administered transitional and medical assistance, the voluntary agency matching grant program, programs for victims of trafficking and torture, employment and social services, targeted assistance, and preventive health. Based on an estimated refugee admission ceiling of 70,000, this appropriation enables States to provide at least 8 months of cash and medical assistance to eligible refugees and entrants, a variety of social and educational services, as well as foster care for refugee and entrant unaccompanied minors.

In order to carry out the refugee and entrant assistance program, the Committee recommends \$268,229,000 for transitional and medical assistance including State administration and the voluntary agency program, of which \$4,100,000 is from emergency funds; \$9,915,000 for victims of trafficking; \$151,121,000 for social services; \$4,796,000 for preventive health; and \$49,081,000 for targeted assistance.

For unaccompanied children, pursuant to section 462 of the Homeland Security Act of 2002, the Committee recommends \$78,083,000, of which \$15,000,000 is from emergency funds. Funds are provided for the care and placement of unaccompanied alien minors in the Office of Refugee Resettlement. In fiscal year 2006 there will be approximately 9,600 placements for unaccompanied alien children apprehended in the United States by INS/Homeland Security agents, Border Patrol officers, or other law enforcement agencies. These children are then taken into care pending resolution of their claims for relief under U.S. immigration law, released to an adult family member, or released to a responsible adult guardian.

The Committee also recommends \$9,915,000 to treat and assist victims of torture. These funds may also be used to provide train-

ing to healthcare providers to enable them to treat the physical and psychological effects of torture. The Committee acknowledges that well-established treatment centers, such as the Center for Victims of Torture, have developed the knowledge base that has fostered growth of treatment facilities around the country and strengthened treatment services generally. This positive trend may continue if leading centers are able to expand their staffs to create more trainers and improve evaluation and research needed to guide and develop new programs. The Committee recommends ORR support core funding of strong regional programs that invest carefully in building their rehabilitation programs that produce research and knowledge in this new field. Those organizations can then be expected to organize training for mainstream health care providers.

The Committee bill includes \$19,100,000 in emergency funds for the unanticipated and significantly increased demand for services to individuals eligible for assistance, of which \$4,100,000 is for transitional and medical services and \$15,000,000 is for unaccompanied alien children programs. An increasing share of refugee admissions are coming from Africa and Thailand and these refugees have far more costly medical needs than previous arrivals from Russia and Southeast Asian countries due in part to increased health screening tests and lab cultures, increased medical treatment for parasites, HIV, and multiple drug-resistant TB, and increased prostheses and rehabilitation for machete victims. These refugees also tend to stay on refugee cash assistance longer because they require more intensive services for reading and writing in their native language, English as a Second Language, and job placement. There also has been a much higher than anticipated increase in unaccompanied alien children entering the United States and being placed in the care of ORR. While the fiscal year 2005 appropriation assumed an increase of 20 percent in this program, the actual increases are close to 30 percent. These additional funds are needed to address these unanticipated situations.

The Committee is deeply concerned that accompanied children, even as young as nursing infants, who are apprehended by the Department of Homeland Security [DHS] are being separated from their parents and being placed in the unaccompanied alien children program while their parents are held in separate adult facilities. The Committee is pleased that ORR has taken the initiative to work with DHS to correct this problem and anticipates a prompt resolution.

The Committee is aware that at times ORR allows individual abused, abandoned, or neglected children in its custody to access State dependency proceedings for ultimate care and placement in State foster care or under legal guardianship. The Committee urges ORR to continue this practice in such cases as it is appropriate.

The Committee is pleased with the steps the ORR has taken to improve access to legal representation for children served through this program. ORR has participated in roundtables, and met with various groups to better understand the issue. They have also put together a comprehensive list of pro bono attorneys and guardians to ensure that the children's needs are being served and are currently working on a program that would ensure that resources are available to unaccompanied alien children. The Committee com-

mends ORR for their commitment to providing unaccompanied alien children in its care access to a comprehensive range of services, from legal representatives to access to necessary unique medical care.

The Committee directs that not later than 1 year after the date of enactment of this Act the Secretary of Health and Human Services shall submit a report on progress made by ORR to deinstitutionalize the care provided to unaccompanied children in its custody, including the utilization of community-based, child welfare centered services.

The Committee is pleased that the majority of the 15,000 Hmong refugees that were admitted will have arrived by the end of fiscal year 2005. The Committee was concerned that unlike prior groups of Hmong refugees, which were made up of military and political leaders with the means and education to succeed in America, these immigrants had spent their lives in a refugee camp. Few, if any, spoke English. Most are under 18 and have little schooling. Even with the greater level of education and skills possessed by prior refugees, statistics indicated that about 38 percent of current Hmong-Americans live in poverty.

Section 412(a)(7) of title IV of the Immigration and Nationality Act authorizes the use of funds appropriated under this account to be used to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of States and other grantees.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2005 .....	\$2,082,921,000
Budget estimate, 2006 .....	2,082,910,000
House allowance .....	2,082,910,000
Committee recommendation .....	2,082,910,000

The Committee recommends \$2,082,910,000 for fiscal year 2006 for the child care and development block grant. The comparable funding level for fiscal year 2005 is \$2,082,921,000 and the budget request includes \$2,082,910,000 for this program.

The child care and development block grant supports grants to States to provide low-income families with financial assistance for child care; for improving the quality and availability of child care; and for establishing or expanding child development programs. The funds are used to both expand the services provided to individuals who need child care in order to work, or attend job training or education, and to allow States to continue funding the activities previously provided under the consolidated programs.

The Committee recommendation continues specific earmarks in appropriations language, also included in the budget request, that provide targeted resources to specific policy priorities including \$19,120,000 for the purposes of supporting before and afterschool services, as well as resource and referral programs. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to continue to address the matters of before and afterschool care

and the establishment of resource and referral programs with the funds provided in this program.

The Committee recommendation includes an additional \$272,672,000 for child care quality activities, and sets aside \$100,000,000 specifically for an infant care quality initiative. These funds are recommended in addition to the 4 percent quality earmark established in the authorizing legislation. The Committee has provided these additional quality funds because of the considerable research that demonstrates the importance of serving children in high quality child care settings which include nurturing providers who are educated in child development and adequately compensated. While considerable progress has been made, the Committee believes States should continue to invest in education and training linked to compensation of the child care workforce in order to improve the overall quality of child care.

The Committee recommendation also provides \$10,000,000 for child care research, demonstration and evaluation activities.

The Committee recommendation for resource and referral activities also includes \$1,000,000 to continue support for the National Association of Child Care Resource and Referral Agencies' information service, Child Care Aware, and the national toll-free information hotline which links families to local child care services and programs.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2005 .....	\$1,700,000,000
Budget estimate, 2006 .....	1,700,000,000
House allowance .....	1,700,000,000
Committee recommendation .....	1,700,000,000

The Committee recommends \$1,700,000,000 for fiscal year 2006 for the social services block grant. The comparable funding level for fiscal year 2005 is \$1,700,000,000 and the budget request includes \$1,700,000,000 for this program. The Committee has included bill language that allows States to transfer up to 10 percent of their TANF allotment to the social services block grant.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2005 .....	\$9,007,770,000
Budget estimate, 2006 .....	8,386,293,000
House allowance .....	8,688,707,000
Committee recommendation .....	9,000,832,000

The Committee recommends \$9,000,832,000 for fiscal year 2006 for children and families services programs. The comparable funding level for fiscal year 2005 is \$9,007,770,000 and the budget request includes \$8,386,293,000 for this program. In addition, \$10,500,000 in transfers are available under section 241 of the Public Health Service Act.

This appropriation provides funding for programs for children, youth, and families, the developmentally disabled, and Native Americans, as well as Federal administrative costs.

*Head Start*

The Committee recommends \$6,874,314,000 for fiscal year 2006 for Head Start. The comparable funding level for fiscal year 2005



is \$6,843,114,000 and the budget request includes \$6,899,336,000 for this program. The Committee recommendation includes \$1,388,800,000 in advance funding that will become available on October 1, 2007. The Committee recommendation does not include the \$45,000,000 requested in the budget for a State pilot project that would allow States to directly administer the Head Start program.

Head Start provides comprehensive development services for low-income children and families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee is aware that studies on early childhood that provide clear evidence that the brain undergoes its most dramatic development during the first 3 years of life, when children acquire the ability to think, speak, learn, and reason. Disparities in children's cognitive and social abilities become evident well before they enter Head Start or pre-kindergarten programs at age 4. Early Head Start minimizes these disparities so that children are ready to enter school and learn. The National Evaluation of Early Head Start concluded that Early Head Start is making a positive difference in areas associated with children's success in school, family self-sufficiency, and parental support of child development. Currently only 3 percent of estimated eligible infants and toddlers are enrolled in Early Head Start. Over the past 5 years, the Committee has significantly increased funding for Early Head Start, to provide more low-income infants and toddlers with the positive experiences they need for later school and life successes. The Committee intends to continue this important investment.

The Committee understands the serious need for additional and expanded Head Start facilities among Native American populations and in rural areas. The Committee believes that the Department could help serve these needy communities by providing minor construction funding, as authorized, in remote Native American communities.

The Committee strongly supports the effort to strengthen the qualifications of Head Start teachers. While the Committee is pleased that the percentage of teachers with an associate, baccalaureate, or advanced degree in early childhood education, or a degree in a related field with experience in teaching preschool children has reached 65 percent, the Committee encourages Head Start to continue to work toward the goal of 100 percent. The Committee expects the Department to focus staff development efforts on increasing the educational level of Head Start teachers in order to meet this goal.

The Committee is aware that in May 2005, the Secretary made \$35,000,000 in additional fiscal year 2005 funds available to Migrant and Seasonal Head Start programs and that these funds, which will be awarded on competitive basis, will allow for at least 4,000 additional children to access Migrant and Seasonal Head Start. The Committee acknowledges that these expansion funds will increase access to this important program, however additional

funding may be necessary to adequately serve this population. The Committee requests that the Secretary submit a report on the Bureau's ongoing plans to ensure that Migrant and Seasonal Head Start programs are able to serve a larger percentage of the children eligible for services. The Committee continues to point to the 2001 study published by the U.S. Department of Health and Human Services which documented that only 19 percent of eligible children were able to access Migrant and Seasonal Head Start.

The Head Start Bureau shall continue to provide the Committee with the number and cost of buses purchased, by region with Head Start in the annual congressional budget justification.

The Committee is conscious of efforts currently being undertaken to improve pre-literacy skills in Head Start children and lauds the administration for its commitment to this effort. However, the Committee continues to caution against anything that would detract from the comprehensive nature of the program in delivering early childhood development and family services. While school readiness is front and center in the goals of Head Start, the elements necessary to achieve that readiness range from adequate nutrition and health screening, to social and emotional development and family building, as well as the cognitive growth of young children.

The Committee is aware that the Government Accountability Office came out on May 17 with the report, "Head Start: Further Development Could Allow Results of New Test to be Used for Decision Making," on the National Reporting System [NRS] test. The report stated that analysis was currently incomplete to support its use for the purposes of accountability and targeting training and technical assistance, that grantees have not yet shown that the NRS provides the scope and quality of assessment information needed for holding grantees accountable, and that language experts raised serious concerns about whether the Spanish version of the NRS adequately measures the skills of Spanish-speaking children and whether results from the English and Spanish. Therefore, the Committee directs the Secretary to submit a report to House and Senate Committees on Appropriations, not later than 90 days after enactment of this Act, addressing: (1) a detailed justification to Congress regarding the planned uses of the NRS results and data in terms of program evaluation, professional development, technical assistance, and other activities; (2) an itemization of the costs of development, implementation, and analysis of the NRS, detailing by name, amount, and description of activities each contract or grant to persons or entities involved in its design, development, implementation, or analysis; and (3) the recommendations made by the Technical Working Group established by the Secretary, including an explanation of how the Secretary has addressed or plans to address the Working Group's and the GAO's recommendations.

#### *Consolidated Runaway and Homeless Youth Program*

The Committee recommends \$88,724,000 for fiscal year 2006 for the consolidated runaway and homeless youth program. The comparable funding level for fiscal year 2005 is \$88,724,000 and the budget request includes \$88,728,000 for this program. This program was reauthorized under the Runaway, Homeless, and Miss-

ing Children Protection Act of 2003. In this reauthorization a statutory formula was established to distribute funds between the Basic Center Program and the Transitional Living Program.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. Basic centers and transitional living programs help address the needs of some of the estimated 500,000 to 1.5 million and homeless youth, many of whom are running away from unsafe or unhealthy living environments. These programs have been proven effective at supporting positive youth development, securing stable and safe living arrangements and providing the skills required to engage in positive relationships with caring adults and contribute to society.

The Committee also recognizes the need for and value of expanding transitional living opportunities for all homeless youth. Therefore, the Committee seeks to preserve the flexibility afforded in current law to respond to the needs of the young people who are most at-risk and in greatest need of transitional living opportunities in their communities by providing additional resources to the existing portfolio of consolidated Runaway and Homeless Youth Act programs.

It is the Committee's expectation that current and future TLP grantees will continue to provide transitional living opportunities and support to pregnant and parenting homeless youth, as is their current practice. To further ensure that pregnant and parenting homeless youth are able to access transitional living opportunities and support in their communities, the Committee encourages the Secretary, acting through the network of federally-funded runaway and homeless youth training and technical assistance providers, to offer guidance to grantees and others on the programmatic modifications required to address the unique needs of pregnant and parenting youth and on the various sources of funding available for residential services to this population.

#### *Maternity Group Homes*

The Committee recommendation does not include the \$10,000,000 requested in the budget for the maternity group homes program. Under this proposed program, the ACF would provide targeted funding for community-based, adult-supervised group homes for young mothers and their children. These homes would provide safe, stable, nurturing environments for mothers who cannot live safely with their own families and assist them in moving forward with their lives by providing support so they can finish school, acquire job skills, and learn to be good parents.

The Committee expects the Family and Youth Services Bureau to continue to provide the technical assistance needed to enable TLP grantees and their community partners to address the unique needs of young mothers and their children, as well as helping interested entities in identifying sources of funding currently available to provide residential services to this population.

#### *Runaway Youth Prevention Program*

The Committee recommends \$15,179,000 for fiscal year 2006 for the runaway youth prevention program. The comparable funding

level for fiscal year 2005 is \$15,178,000 and the budget request includes \$15,179,000 for this program. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for these youths, many of whom have been subjected to, or are at risk of being subjected to, sexual abuse. The goal of this program is to help young people leave the streets.

#### *Child Abuse Programs*

The Committee recommends \$101,779,000 for fiscal year 2006 for child abuse programs. The comparable funding level for fiscal year 2005 is \$101,778,000 and the budget request includes \$101,784,000 for this program. The recommendation includes \$27,280,000 for State grants, \$31,640,000 for discretionary activities, and \$42,859,000 for community based child abuse prevention.

These programs seek to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

#### *Abandoned Infants Assistance*

The Committee recommends \$11,955,000 for fiscal year 2006 for abandoned infants assistance. The comparable funding level for fiscal year 2005 is \$11,955,000 and the budget request includes \$11,955,000 for this program.

This program provides grants to public and private non-profit agencies, State and county child welfare agencies, universities, and community-based organizations to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children, especially those impacted by substance abuse and HIV and who are at-risk of being or are currently abandoned. By providing respite care for families and care givers and assisting abandoned infants and children to reside with their natural families or in foster care. The Committee recognizes that the rates of prenatal substance abuse and maternal HIV/AIDS have increased, that the related problem of infants abandoned or boarding in hospitals has grown, and that existing grantees have experienced a large increase in demand for services nationwide.

#### *Child Welfare Services*

The Committee recommends \$289,650,000 for fiscal year 2006 for child welfare services. The comparable funding level for fiscal year 2005 is \$289,650,000 and the budget request includes \$289,650,000 for this program.

This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home; and development of alternative placements like foster care or adoption if children cannot remain at home. These services are provided without regard to income.

*Child Welfare Training*

The Committee recommends \$7,409,000 for fiscal year 2006 for child welfare training. The comparable funding level for fiscal year 2005 is \$7,409,000 and the budget request includes \$7,409,000 for this program.

Under section 426, title IV–B of the Social Security Act, discretionary grants are awarded to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

Given research on failings in the Child and Family Services Reviews [CFSRs] and the States' continuing challenges in recruiting and retaining qualified child welfare personnel, particularly those who hold a degree in social work, the Committee encourages ACF to continue to provide grants to schools of social work and traineeships to social work students being trained in the specialty of child welfare. The Committee also encourages ACF to provide funding for research into how specially trained social work personnel affect outcomes for children and families.

*Adoption Opportunities*

The Committee recommends \$27,119,000 for fiscal year 2006 for adoption opportunities. The comparable funding level for fiscal year 2005 is \$27,116,000 and the budget request includes \$27,119,000 for this program.

This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs.

*Adoption Incentives*

The Committee recommends \$22,846,000 for fiscal year 2006 for adoption incentives. The comparable funding level for fiscal year 2005 is \$31,846,000 and the budget request includes \$31,846,000 for this program. Fewer resources were needed in fiscal year 2005 to make bonus payments to States for the full amount for which they were eligible under this program, so the reduction recommended by the Committee will not have any impact on this program, unused funds will supplement the fiscal year 2006 appropriation in order to maintain a robust incentives program.

The purpose of this program is to provide incentive funds to States to encourage an increase in the number of adoptions of children from the public foster care system. These funds are used to pay States bonuses for increasing their number of adoptions. The appropriation allows incentive payments to be made for adoptions completed prior to September 30, 2007.

*Adoption Awareness*

The Committee recommends \$12,802,000 for fiscal year 2006 for adoption awareness. The comparable funding level for fiscal year 2005 is \$12,802,000 and the budget request includes \$12,802,000 for this program.

This program was authorized in the Children's Health Act of 2000. The program consists of two activities: the Infant Adoption

Awareness Training Program and the Special Needs Awareness Campaign. The Infant Adoption Awareness Training Program provides grants to support adoption organizations in the training of designated health staff, in eligible health centers that provide health services to pregnant women, to inform them about adoption and make referrals on request on an equal basis with all other courses of action. Within the Committee recommendation, \$9,826,000 is available for this purpose.

The Special Needs Adoption Campaign supports grants to carry out a national campaign to inform the public about the adoption of children with special needs. The Committee recommendation includes \$2,976,000 to continue this important activity.

#### *Compassion Capital Fund*

The Committee recommends \$95,000,000 for fiscal year 2006 for the compassion capital fund. The comparable funding level for fiscal year 2005 is \$54,549,000 and the budget request includes \$100,000,000 for this program.

The Committee expects funds made available through this program to supplement and not supplant private resources and encourages the Secretary to require private resources to match grant funding provided to public/private partnerships.

Funds available will support grants to charitable organizations to emulate model social service programs and to encourage research on the best practices of social service organizations.

Of the funds provided, \$45,000,000 is for a new anti-gang initiative. Competitive grants will be awarded to community and faith-based organizations that will foster supportive relationships with youths ages 8–17 through targeted street outreach, direct youths to social services, and present alternatives to gang involvement. These grants will be especially helpful in urban areas such as Philadelphia that have experienced alarming increases in youth gang violence.

#### *Social Services Research*

The Committee recommends \$32,012,000 for fiscal year 2006 for the social services research. The comparable funding level for fiscal year 2005 is \$32,012,000 and the budget request includes \$6,000,000 for this program.

The Committee has funded \$6,000,000 of this program through transfers available under section 241 of the Public Health Service Act. These funds support cutting-edge research and evaluation projects in areas of critical national interest. Research includes determining services that are more cost-effective and alternative ways to increase the economic independence of American families.

The Committee notes ACF's efforts to assist States with meeting the extensive record-keeping, reporting and tracking requirements of the TANF program. Working through the State information technology consortium, ACF is providing States with the tools necessary to strengthen and improve the complex IT systems required to support TANF. Plans are now underway to pilot test a data exchange program that will offer States a faster, less expensive means of validating, accessing, modifying and recording TANF data elements. Similarly, on behalf of Child Support Enforcement, the

consortium is helping to expand data exchange capabilities between the courts and State child support enforcement agencies as well as increase collection efficiency in States and tribal organizations. Next steps include accessing existing databases used as primary sources for collection-related data of non-custodial parents, and enhancing data-matching capabilities to ensure the integrity of the information being collected. The Committee recommends that both collaborative efforts with the State information technology consortium be continued at their current levels.

#### *Abstinence Education*

The Committee recommends \$105,500,000 for fiscal year 2006 for community based abstinence education. The comparable funding level for fiscal year 2005 is \$103,698,000 and the budget request includes \$142,545,000 for this program. Within the Committee recommendation, \$101,000,000 is provided for community-based abstinence education, \$4,500,000 is provided through an evaluation set-aside, as requested by the administration. In addition, \$50,000,000 is available from pre-appropriated mandatory funds.

This program provides support for the development and implementation of abstinence education programs for adolescents, ages 12 through 18. These programs are unique in that their entire focus is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage.

Of the funds provided up to \$10,000,000 may be available for a national abstinence media campaign. The Committee understands that a portion of fiscal year 2005 funds will be used for evaluation purposes. The Committee intends that ACF use available funds to continue support for an independent group to conduct a thorough and rigorous evaluation of this campaign.

#### *Developmental Disabilities*

The Committee recommends \$171,561,000 for fiscal year 2006 for programs administered by the Administration on Developmental Disabilities. The comparable funding level for fiscal year 2005 is \$168,575,000 and the budget request includes \$168,561,000 for these programs. Within the funds provided, \$156,682,000 is for carrying out the Developmental Disability Act, and \$14,879,000 is for carrying out the Help America Vote Act of 2002.

The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities. The ADD also administers monies for election assistance for individuals with disabilities. This program is for individuals with any type of disability.

Of the funds provided, the Committee recommends \$72,496,000 for State councils. These councils assist each State in promoting the development of a comprehensive, statewide, consumer and family-centered system which provides a coordinated array of culturally-competent services, and other assistance for individuals with development disabilities. State councils undertake a range of

activities including demonstration of new approaches, program and policy analysis, interagency collaboration and coordination, outreach and training.

The Committee recommends \$39,109,000 for protection and advocacy grants. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

The Committee recommends \$14,879,000 for disabled voter services. Of these funds, \$10,000,000 is to promote disabled voter access, and the remaining \$4,879,000 is for disabled voters protection and advocacy systems. The election assistance for individuals with disabilities program was authorized in the Help America Vote Act of 2002. The program enables an applicant to establish, expand, and improve access to, and participation by, any individual with a disability in the election process.

The Committee recommends \$11,529,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities. The Committee recognizes the potential benefits that assistive technology can have for individuals with developmental disabilities. Of these funds, \$4,000,000 is available to expand activities of the Family Support Program. The Committee's placement of funds for family support within the Projects of National Significance account does not provide ACF with discretion on this definition of family support as defined in Title II of the Developmental Disability Act. The Committee makes a crucial distinction between support services designed for families of children with disabilities and support services designed for an individual with a disability. The Committee intends that these funds be used for the support and assistance of families of children with disabilities, in accordance with the statute.

The Committee recommends \$33,548,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs] which is a network of 61 centers that are interdisciplinary education, research and public service units of a university system or are public or non-profit entities associated with universities. UCEDDs conduct research, develop evidence based practices and teach thousands of parents, professionals, students and people with disabilities about critical disability areas such as early intervention, health care, community-based services, inclusive and meaningful education, transition from school to work, employment, housing, assistive technology, aging with a disability and transportation. The Centers serve as the major vehicle to translate disability related research into community practice and service systems and to train the next cohort of future professionals who will provide services and supports to an increasingly diverse population of people with disabilities.

The increase provided in the bill will allow funding for the three new Centers established in fiscal year 2005 to be increased to the



same grant award level as the existing 61 Centers, as well as to establish additional Center grants in the States that currently have unserved and underserved populations, and support additional training initiatives.

#### *Native American Programs*

The Committee recommends \$44,780,000 for fiscal year 2006 for Native American programs. The comparable funding level for fiscal year 2005 is \$44,786,000 and the budget request includes \$44,780,000 for this program.

The Administration for Native Americans [ANA] assists Indian tribes and Native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

#### *Community Services*

The Committee recommends \$708,895,000 for fiscal year 2006 for the community services programs. The comparable funding level for fiscal year 2005 is \$726,506,000 and the budget request includes \$24,699,000 for this program.

Within the funds provided, the Committee recommends \$636,793,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient.

The Committee rejects the administration's recommendation to eliminate the community services block grant funding. Although a restrictive Committee allocation prevented CSBG funding from being increased this year, the Committee continues to recognize the importance of CSBG and the Community Action Agencies it funds in helping meet the extraordinary challenges facing low-income communities.

The Nation's Community Action Agency network relies on CSBG funding to help initiate and administer programs designed to alleviate poverty. The universal characteristic of these CSBG-funded programs is that they provide people with the resources and the tools to become self-sufficient. The Committee understands that the Department of Health and Human Services, and its Office of Community Services in particular, could better use this network in developing future policy initiatives. The Committee notes that in a number of States, including Iowa and Pennsylvania, CAA-initiated family development and self-sufficiency programs are an integral component of welfare reform efforts. The administration is encouraged to look for further nationwide linkages between those individuals seeking to leave the welfare system and become self-sufficient and the many family development and self-sufficiency strategies operated by Community Action Agencies.

The Committee expects the Office of Community Services [OCS] to release funding to States in the most timely manner and also expects States to make funds available promptly. The Committee is aware that the Office of Community Services and some States

have been extraordinarily delinquent in providing funds to local eligible entities.

In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several other discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2006: community economic development, \$32,731,000; individual development accounts, \$24,699,000; rural community facilities, \$7,492,000; and community food and nutrition, \$7,180,000. The Committee did not provide funds for the national youth sports program.

The Committee continues to support strongly the Community Economic Development program because of the substantial record of achievement that Community Development Corporations have compiled in working in distressed urban and rural communities. The Committee, in particular, notes that Federal funds leverage substantial non-Federal resources in meeting the objectives of this program. Therefore, it is the Committee's intent that appropriated funds should be allocated to the maximum extent possible in the form of grants to qualified Community Development Corporations in order to maximize the leveraging power of the Federal investment and the number and amount of set-asides should be reduced to the most minimal levels. The Committee requests an operation plan for how OCS plans to use appropriated funds consistent with the Committee's expectations. This plan should include a detailed breakdown of planned expenditures for program support, technical assistance, contracts, and research and grants.

Community economic development grants are made to private, nonprofit community development corporations, which in turn provide technical and financial assistance to business and economic development projects that target job and business opportunities for low income citizens. The Committee has included bill language clarifying that Federal funds made available through this program may be used for financing for construction and rehabilitation and loans or investments in private business enterprises owned by Community Development Corporations.

Of the total provided, the Committee has included \$5,436,000 for the Job Opportunities for Low-Income Individuals [JOLI] program authorized under the Family Support Act to target community development activities to create jobs for people on public assistance. This demonstration program provides grants on a competitive basis to non-profit organizations to create new employment and business opportunities for TANF recipients and other low-income individuals. Funding also supports technical and financial assistance for private employers that will result in the creation of full-time permanent jobs for eligible individuals. The Committee recognizes that continued funding of this program would provide opportunities for more low-income individuals. The Committee expects that experienced community development corporations be given appropriate consideration for grants under this program.

Most of the drinking water and wastewater systems in the country that are not in compliance with Federal standards are in com-

munities of 3,000 or fewer. Rural Community Assistance Programs [RCAPs] use funds available from the Rural Community Facilities Program to assist a number of communities in gaining access to adequate community facilities, gaining financing for new or improved water and wastewater systems and in complying with Federal standards.

The Committee has included bill language allocating funding to the Office of Community Services for Rural Community Facilities Technical Assistance as authorized under section 680(3)(B) of the Community Services Block Grant Act. In providing this funding, the Committee expects that it be used solely for the purpose of improving water and wastewater facilities in poor, rural communities. The Committee intends that funds provided above the request shall be made available to the six regional RCAPs.

The Committee is concerned that many small and very small community water and wastewater treatment systems might be most vulnerable to terrorist attack, and yet least prepared to deal with the issue. The Committee urges OCS to continue to support RCAP Small Community Infrastructure Safety and Security Training and Technical Assistance project, which provides State, regional and national infrastructure safety and security training workshops and on-site technical assistance targeted to small and very small community water and wastewater treatment systems. The goal of the project is to improve the capacity of small systems to better prepare for emergencies, develop emergency preparedness training manuals for small water systems, identify appropriate technologies to secure such systems, and provide technical assistance to small communities struggling to deal with these issues.

#### *Domestic Violence Hotline*

The Committee recommends \$3,000,000 for fiscal year 2006 for the national domestic violence hotline. The comparable funding level for fiscal year 2005 is \$3,224,000 and the budget request includes \$3,000,000 for this program.

This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence.

#### *Battered Women's Shelters*

The Committee recommends \$125,991,000 for fiscal year 2006 for battered women's shelters program. The comparable funding level for fiscal year 2005 is \$125,630,000 and the budget request includes \$125,991,000 for this program.

This is a formula grant program to support community-based projects which operate shelters and provide related assistance for victims of domestic violence and their dependents. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

#### *Early Learning Opportunities Program*

The Committee does not include funds for fiscal year 2006 for the early learning opportunities program. The comparable funding level for fiscal year 2005 is \$35,712,000 and the budget request did not include funds for this program.

This program supports grants to local community councils comprised of representatives from agencies involved in early learning programs, parent organizations and key community leaders. Funds are used to increase the capacity of local organizations to facilitate development of cognitive skills, language comprehension and learning readiness; enhance childhood literacy; improve the quality of early learning programs through professional development and training; and remove barriers to early learning programs.

*Faith-Based Center*

The Committee recommends \$1,400,000 for fiscal year 2006 for the operation of the Department's Center for Faith-Based and Community Initiatives. The comparable funding level for fiscal year 2005 is \$1,375,000 and the budget request includes \$1,400,000 for this program.

*Mentoring Children of Prisoners*

The Committee recommends \$49,993,000 for fiscal year 2006 for mentoring children of prisoners. The comparable funding level for fiscal year 2005 is \$49,598,000 and the budget request includes \$49,993,000 for this program.

The mentoring children of prisoners program was authorized in 2001 under section 439 of the Social Security Act. The purpose of this program is to help children while their parents are imprisoned and includes activities that keep children connected to a parent in prison in order to increase the chances that the family will come together successfully when the parent is released. As a group, children of prisoners are less likely than their peers to succeed in school and more likely to become engaged in delinquent behavior.

*Independent Living Training Vouchers*

The Committee recommends \$46,623,000 for fiscal year 2006 for independent living training vouchers. The comparable funding level for fiscal year 2005 is \$46,623,000 and the budget request includes \$59,999,000 for this program.

These funds will support vouchers of up to \$5,000 for college tuition, or vocational training for individuals who age out of the foster care system so they can be better prepared to live independently and contribute productively to society. Studies have shown that 25,000 youth leave foster care each year at age 18 and just 50 percent will have graduated high school, 52 percent will be unemployed and 25 percent will be homeless for one or more nights.

*Program Administration*

The Committee recommends \$186,000,000 for fiscal year 2006 for program administration. The comparable funding level for fiscal year 2005 is \$185,210,000 and the budget request includes \$185,217,000 for this program.

The Committee continues its interest in the Department's Child and Family Services reviews. These reviews are an effective method for monitoring the progress States are making in assuring the safety, health, and permanency for children in child welfare and foster care as required in the Adoption and Safe Families Act. The Committee encourages the Department to make available sufficient

resources to ensure full implementation of the new collaborative monitoring system. The Committee directs ACF to continue to provide information on the progress of the reviews in the annual congressional justification.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2005 .....	\$403,586,000
Budget estimate, 2006 .....	410,000,000
House allowance .....	404,000,000
Committee recommendation .....	395,000,000

The Committee recommends \$395,000,000 for fiscal year 2006 for promoting safe and stable families. The comparable funding level for fiscal year 2005 is \$403,586,000 and the budget request includes \$410,000,000 for this program.

Funding available provides grants to States in support of: (1) family preservation services; (2) time-limited family reunification services; (3) community-based family support services; and (4) adoption promotion and support services. The Committee notes that most of the Federal funding related to child welfare is provided for the removal and placement of children outside of their own homes. Funds available through the Promoting Safe and Stable Families program are focused on supporting those activities that can prevent family crises from emerging which might require the temporary or permanent removal of a child from his or her own home.

The Promoting Safe and Stable Families program is comprised of \$305,000,000 in capped entitlement funds authorized by the Social Security Act and \$90,000,000 in discretionary appropriations.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 2005 .....	\$5,037,900,000
Budget estimate, 2006 .....	4,852,800,000
House allowance .....	4,852,800,000
Committee recommendation .....	4,852,800,000

The Committee recommends \$4,852,800,000 for fiscal year 2006 for payments to States for foster care and adoption assistance. The comparable funding level for fiscal year 2005 is \$5,037,900,000 and the budget request includes \$4,852,800,000 for this program. In addition, the Committee recommendation concurs with the administration's request of \$1,730,000 for an advance appropriation for the first quarter of fiscal year 2007.

The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs and the nonrecurring costs of adoption for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the

Foster Care Program, State administrative and training costs are reimbursed under this program.

The Independent Living Program provides services to foster children under 18 and foster youth ages 18–21 to help them make the transition to independent living by engaging in a variety of services including educational assistance, life skills training, health services and room and board. States are awarded grants from the annual appropriation proportionate to their share of the number of children in foster care, subject to a matching requirement.

ADMINISTRATION ON AGING

Appropriations, 2005 .....	\$1,393,342,000
Budget estimate, 2006 .....	1,369,028,000
House allowance .....	1,376,217,000
Committee recommendation .....	1,391,699,000

The Committee recommends an appropriation of \$1,391,699,000 for aging programs. This amount is \$1,643,000 below the comparable fiscal year 2005 level and \$22,671,000 above the administration request.

*Supportive Services and Senior Centers*

The Committee recommends an appropriation of \$354,136,000 for supportive services and senior centers, which is the same as the comparable fiscal year 2005 level and the administration request. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers, adult day care, and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals and those residing in rural areas. Under the basic law, States have the option to transfer up to 30 percent of funds appropriated between the senior centers program and the nutrition programs, which allows the State to determine where the resources are most needed.

*Preventive Health Services*

The Committee recommends \$21,616,000 for preventive health services, which is the same as the comparable fiscal year 2005 level and the administration request. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need. Preventive health services include nutritional counseling and education, exercise programs, health screening and assessments, and prevention of depression.

*Protection of Vulnerable Older Americans*

The Committee recommends \$20,360,000 for grants to States for protection of vulnerable older Americans. This is \$1,072,000 above the comparable fiscal year 2005 level and \$1,000,000 above the administration request. Within the Committee recommendation, \$15,162,000 is for the ombudsman services program and \$5,198,000 is for the prevention of elder abuse program. Both programs pro-

vide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

*National Family Caregiver Support Program*

The Committee recommends \$160,744,000 for the national family caregiver support program, which is \$5,000,000 above the comparable fiscal year 2005 level and the administration request. Funds appropriated for this activity established a multifaceted support system in each State for family caregivers. All States are expected to implement the following five components into their program: individualized referral information services; assistance to caregivers in locating services from a variety of private and voluntary agencies; caregiver counseling, training and peer support; respite care provided in the home, an adult day care center or other residential setting located in an assisted living facility; and limited supplemental services that fill remaining service gaps.

*Native American Caregiver Support Program*

The Committee recommendation includes \$6,304,000 to carry out the Native American Caregiver Support Program, which is the same as the comparable fiscal year 2005 level and the administration request. The program will assist tribes in providing multifaceted systems of support services for family caregivers and for grandparents or older individuals who are relative caregivers.

*Congregate and Home-delivered Nutrition Services*

For congregate nutrition services, the Committee recommends an appropriation of \$387,274,000, which is the same as the comparable fiscal year 2005 level and the administration request. For home-delivered meals, the Committee recommends \$182,827,000, which is the same as the comparable fiscal year 2005 level and \$1,000 above the administration request. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 40 percent of funds between these programs.

*Nutrition Services Incentives Program*

The Committee recommendation includes \$148,596,000 for the nutrition services incentives program [NSIP], the same as the comparable fiscal year 2005 funding level and the administration request. This program augments funding for congregate and home-delivered meals provided to older adults. Funds provided under this program are dedicated exclusively to the provision of meals. NSIP rewards effective performance by States and Tribal organizations in the efficient delivery of nutritious meals to older individuals through the use of cash or commodities.

*Aging Grants to Indian Tribes and Native Hawaiian Organizations*

The Committee recommends \$26,398,000 for grants to Native Americans, which is the same as the comparable fiscal year 2005 funding level and the administration request. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of supportive services and assure that nutrition services and information and assistance are available.

The Committee recognizes that this program is the primary vehicle for providing nutrition and other supportive services to Indian, Alaska Native, and Native Hawaiian elders. The Committee urges the Administration on Aging to devote its attention toward this purpose.

*Training, Research, and Discretionary Projects*

The Committee recommends \$40,513,000 for training, research, and discretionary projects, which is \$2,773,000 below the comparable fiscal year 2005 level and \$16,670,000 above the administration request. These funds support activities designed to 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 to serve older individuals, and provide technical assistance to agencies that administer the Older Americans Act. Given the enormous demands on Alzheimer's family caregivers, the Committee has included \$1,000,000 to support an Alzheimer's family contact center for round-the-clock help to Alzheimer's families in crisis.

The Committee continues to support funding at no less than last year's level for national programs scheduled to be refunded in fiscal year 2006 that address a variety of issues, including elder abuse, Native American issues, and legal services.

The Committee encourages the Administration on Aging to facilitate the expansion of demonstration projects gauging the efficiency of nurse-managed Geriatric Wellness Centers.

The Committee expects the Administration on Aging to continue to fund the national program of statewide senior legal services hotlines (also called legal helplines) at their current levels and ideally to provide an increase in the number of States served by these legal hotlines.

The Committee is aware of innovative program models aimed at mobilizing older Americans, particularly the 77 million baby boomers, to serve their communities. The Committee encourages the agency to develop partnerships with organizations that enable older Americans to help meet critical social needs effectively.

*Aging Network Support Activities*

The Committee recommends \$13,266,000 for aging network support activities, the same as the comparable amount for fiscal year 2005 and the administration request. The Committee recommendation includes funding at the administration request level for the Eldercare Locator and for the Pension Information and Counseling Program.



The Eldercare Locator, a toll-free, nationwide directory assistance service for older Americans and their caregivers, is operated by the National Association of Area Agencies on Aging. Since 1991, the service has linked more than 700,000 callers to an extensive network of resources for aging Americans and their caregivers.

Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and how to pursue claims when pension problems arise. The information dissemination and outreach activities of the pension counseling projects have served over 25,000 people and has helped obtain more than \$50,000,000 in retirement benefits for older individuals.

The Committee has provided funding at the administration request level for the National Long Term Care Ombudsman Resource Center, the National Center on Elder Abuse and the Health Care Anti-Fraud, Waste and Abuse Program.

#### *Alzheimer's Disease Demonstration Grants to States*

As a result of the aging of the baby boom generation, the number of individuals affected by Alzheimer's disease will double in the next 20 years. The Committee recommends a funding level of \$11,786,000 for Alzheimer's disease demonstration grants to States. This is the same as the comparable fiscal year 2005 funding level and the administration request.

Currently, an estimated 70 percent of individuals with Alzheimer's disease live at home, where families provide the preponderance of care. For these families, caregiving comes at enormous physical, emotional, and financial sacrifice. The Alzheimer's disease demonstration grant program currently provides matching grants to 38 States to stimulate and better coordinate services for families coping with Alzheimer's. With a relatively small amount of Federal support to provide the stimulus, States have found innovative ways to adapt existing health, long-term care, and community services to reach previously underserved populations, particularly minorities and those living in rural communities.

#### *White House Conference on Aging*

The Committee recommendation does not include funding for the White House Conference on Aging. This conference will be held in December 2005 and is required by the Older Americans Act Amendments of 2000. White House Conferences on Aging are decennial events held to develop recommendations for the President and Congress on issues, policy, and research in the field of aging.

#### *Program Administration*

The Committee recommends \$17,879,000 for program administration, which is \$422,000 below the comparable fiscal year 2005 funding level and the same as the administration request. These funds support salaries and related expenses for program management and oversight activities.

## OFFICE OF THE SECRETARY

## GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2005 .....	\$369,931,000
Budget estimate, 2006 .....	359,176,000
House allowance .....	344,546,000
Committee recommendation .....	359,465,000

The Committee recommends \$359,465,000 for general departmental management [GDM]. This amount is \$10,466,000 below the comparable level for fiscal year 2005 and \$289,000 above the administration request. The Committee recommendation includes the transfer of \$5,851,000 from Medicare trust funds, which is the same as the administration request. In addition, for policy evaluation activities the Committee recommends \$39,552,000 in transfers available under section 241 of the Public Health Service Act.

The Committee directs that specific information requests from the chairman and ranking member of the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies, on scientific research or any other matter, shall be transmitted to the Committee on Appropriations in a prompt professional manner and within the time frame specified in the request. The Committee further directs that scientific information requested by the Committees on Appropriations and prepared by Government researchers and scientists be transmitted to the Committee on Appropriations, uncensored and without delay.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health and Science, 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.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

The Committee recommendation includes \$3,000,000 for the Citizens' Health Care Working Group which was authorized by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. These funds are available for all activities of the Working Group, including preparation and distribution of reports.

*Advance Directives.*—The Committee believes that through the execution of advance directives, including living wills and durable powers of attorney for health care according to the laws of the State in which they reside, individuals can better protect their right to express their wishes about end-of-life care and have those wishes respected. The Committee directs the Secretary to conduct a study to determine the best way to promote the use of advance directives among competent adults as a means of specifying their wishes about end of life care, and provide recommendations to Con-

gress on changes to Federal law needed to ensure appropriate use of advance directives. As part of that study, the Department shall consider that decisions relating to advance directives are often made without adequate information about what it is like to live with a significant disability. The Committee intends that the study directly involve persons with disabilities, family members, disability experts and organizations in assessing this reality and identifying what information and support is necessary. This study should also review options related to those individuals whose significant cognitive disabilities limit or prohibit them from making decisions about directing their care and treatment.

*Childhood Drinking.*—In April 2004 the Secretary created, at the request of Congress, an Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD], chaired by the Administrator of SAMHSA. Since then the ICCPUD has developed a draft plan for combating underage drinking which contained a complete listing of Federal programs related to underage drinking prevention. However, the Committee is concerned that the ICCPUD has not made more progress; it has not produced meaningful coordination among Federal agencies, identified effective and underperforming programs, or created a plan for improving Federal data collection. In addition, the ICCPUD has not identified the resources currently available for programs targeting underage drinking or made recommendations on the allocation of additional resources. Finally, the interim plan lacks measurable goals or benchmarks which would serve to monitor the progress and accountability of the ICCPUD's efforts. The Committee looks forward to the ICCPUD's final plan to be issued later this year and hopes that it will address these issues.

*Chiropractic Care.*—The Committee notes that chiropractic health care services are now available to beneficiaries within the Department of Veterans' Affairs health care system, the Department of Defense health care program for active duty military personnel and, through a demonstration, within the Medicare health program. Despite this broad integration of chiropractic care into the mainstream of Federal and private sector health care systems, the Committee notes that there are not Doctors of Chiropractic Medicine commissioned to serve within the U.S. Public Service Commissioned Corps. The Committee notes that authority for the Surgeon General to appoint such commissioned officers exists under current law, but that none have been appointed. The Committee encourages the Surgeon General to begin to develop a plan to commission Doctors of Chiropractic into the U.S. Public Health Service Commissioned Corps and directs the Surgeon General to update the Committee on its progress within 6 months after enactment of this Act.

*Chronic Fatigue.*—The Committee is pleased that the Department's Chronic Fatigue Syndrome Advisory Committee [CFSAC] has been meeting quarterly. This advisory committee serves an important role in setting priorities for Federal research and education programs related to chronic fatigue syndrome [CFS] and in keeping the Department abreast of the needs of persons with CFS. The Committee awaits the Secretary's written response to the CFSAC's recommendations dated August 23, 2004.

*Health Disparities.*—The Committee is committed to ensuring the overall improved health of the American people, and strongly urges the Secretary to intensify efforts to implement recommendations developed by the Institute of Medicine's Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care study. The recommendations offer significant guidelines and opportunities for eliminating health disparities and improving health across all populations. The Committee expects the Secretary to report on the progress of this action during next year's appropriations hearings.

*Hepatitis C–HIV Co-infection.*—The Committee is concerned with the growing co-infection of individuals with both HIV and hepatitis C and notes that the largest single cause of death of individuals with HIV infection is now liver disease. The Committee is pleased that, in response to this high co-infection rate, approximately 20 of the State AIDS Drug Assistance Programs [ADAP] have now included Hepatitis C pharmaceuticals on their formularies. The Committee notes that the Ryan White Care Act requires the Secretary to issue guidelines regarding appropriate treatments under the program and requests that the Secretary review and re-issue these treatment guidelines to address the treatment issues and formulary requirements associated with the significant co-infection rate of HIV and hepatitis C.

*HIV1–2 Rapid Testing.*—The Committee is aware that wide-scale deployment of new oral fluid testing for AIDS is a significant step towards helping citizens, throughout the United States and around the world, to know their HIV status. The Committee urges the Secretary to significantly increase the use of bulk purchasing and wide-scale deployment of FDA-approved oral fluid HIV1–2 rapid tests for domestic and international programs.

*Parental Website.*—It has come to the Committee's attention that an independent study reviewed 4parents.gov, the Department's website created to help parents counsel their teenagers about risky health behaviors. While noting positive aspects about the website, the study found numerous examples of inaccurate information. The Committee is aware that this web site was designed by outside contractors, not by the Department's public health experts. The Committee directs the Department to review the findings of the study, undertake a review of the website by Departmental public health and scientific experts, and make any necessary changes to conform with scientific evidence. The Committee also directs the Department to include scientifically accurate information about underage drinking and tobacco use.

*Sleep Disorders.*—At the National Institutes of Health's Frontiers of Knowledge in Sleep and Sleep Disorders conference in March of 2004, the U.S. Surgeon General reported on the profound impact that chronic sleep loss and untreated sleep disorders have on Americans of all ages and that the public health model is well suited to translate these essential health messages to society. The Committee urges the Surgeon General to consider development of a Surgeon General's Report on Sleep and Sleep Disorders.

#### *Adolescent Family Life*

The Committee has provided \$30,742,000 for the Adolescent Family Life Program [AFL], which is the same as the administra-

tion request. This is \$158,000 below the comparable fiscal year 2005 level.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

#### *Minority Health*

The Committee recommends \$50,980,000 for the Office of Minority Health, which is \$462,000 above the comparable level for fiscal year 2005 and \$3,744,000 above the administration request.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee expects OMH and the National Center for Minority Health and Health Disparities at the National Institutes of Health to play a joint role in coordinating and monitoring the implementation of the Department's elimination of health disparities initiatives and strategic plans. The Committee expects the Secretary to report on the progress and implementation of the strategic plans during next year's appropriations hearings, and to include a progress update in the Department's Budget Justification.

#### *Office on Women's Health*

The Committee recommends \$28,715,000 for the Office on Women's Health. This is \$103,000 below the comparable level for fiscal year 2005 and the same as the administration request.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

*Bodywise.*—The Committee is impressed with the efforts of the OWH to address the growing problem of negative body image and eating disorders through the Bodywise Project. This has been a widely successful project and the Committee urges the Secretary to continue this educational initiative and broaden the efforts by collaborating with the Department of Education to disperse the educational materials resulting from Bodywise and expand the educational project to target all levels of education from elementary to high school.

*Lupus.*—The Committee understands that Lupus is a serious, complex, debilitating chronic autoimmune disease that can cause

inflammation and tissue damage to virtually any organ system in the body and impacts an estimated 1.5 and 2 million individuals. The Committee is aware that public and professional recognition and understanding of lupus is extremely low, contributing to misdiagnoses or late diagnoses that can result in disability or death. The Committee strongly urges OWH to develop and implement a sustained lupus awareness and education campaign aimed at reaching health care professionals and the general public, with an emphasis on reaching women at greatest risk for developing Lupus.

*Offices of Women's Health.*—The Committee has great interest in women's health and wants to encourage further health research, education, and services for women. The Committee also recognizes that the Offices of Women's Health within the Department, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Agency for Healthcare Research and Quality provide critical services in support of these needs. The Committee strongly encourages the Secretary to see that these offices continue to receive sufficient funding to assure their ability to continue to meet their missions.

#### *Afghanistan*

The Committee recommendation includes \$5,952,000 for the Secretary's Afghanistan health initiative. This amount is the same as the comparable fiscal year 2005 funding level and the administration request. Funds will be used in partnership with the Department of Defense for medical training activities at the Rabia Balkhi Women's Hospital in Kabul, and for support of maternal and child health throughout Afghanistan.

#### *Embryo Adoption*

The Committee continues to believe that increasing public awareness of embryo donation and adoption remains an important goal. The Committee has provided \$2,000,000 for the Department's embryo adoption awareness campaign, which is \$1,008,000 more than the comparable fiscal year 2005 funding level and the administration request.

#### *HIV/AIDS in Minority Communities*

To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee recommends \$52,415,000. This amount is the same as the comparable fiscal year 2005 level and the administration request. These funds are available to key operating divisions of the Department with capability and expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

#### *Information Technology Security and Innovation Fund*

The Committee recommendation does not include funding for the Information Technology Security and Innovation Fund, which is \$14,695,000 below the comparable fiscal year 2005 level and \$14,630,000 below the administration request. This activity funds

investments such as information technology services, security and infrastructure that enable common administrative systems throughout the Department.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2005 .....	\$57,536,000
Budget estimate, 2006 .....	80,000,000
House allowance .....	60,000,000
Committee recommendation .....	75,000,000

The Committee provides \$75,000,000 for the Office of Medicare Hearings and Appeals, which is \$17,464,000 above the comparable fiscal year 2005 level and \$5,000,000 below the administration request.

The Office of Medicare Hearings and Appeals is responsible for hearing Medicare appeals at the administrative law judge level, which is the third level of Medicare claims appeals. Since fiscal year 1995 these appeals have been processed by the Social Security Administration under an interagency agreement with the Centers for Medicare and Medicaid Services. This function was transferred to the Office of the Secretary by the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2005 .....	\$24,011,000
Budget estimate, 2006 .....	77,750,000
House allowance .....	75,000,000
Committee recommendation .....	45,150,000

The Committee provides \$45,150,000 to the Office of the National Coordinator for Health Information Technology [ONCHIT]. This amount is \$21,139,000 above the comparable fiscal year 2005 level and \$32,600,000 below the administration request. The Committee recommendation includes \$12,350,000 in transfers available under section 241 of the Public Health Service Act. In addition, the Committee has provided \$50,000,000 for health information technology to the Agency for Healthcare Research and Quality.

The Office of The National Coordinator for Health Information Technology is responsible for promoting the use of electronic health records in clinical practice, coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

The Committee urges the Coordinator for the ONCHIT to conduct outreach activities to all public and private sector organizations which have demonstrated capabilities in health information technology. The Committee is particularly interested in disease management technology as it relates to saving health care dollars, and improving care for chronically ill individuals and the workforce.

*Interoperability.*—The Committee commends the efforts by the Secretary to increase interoperability within healthcare. Through the Consolidated Health Informatics [CHI] Project, 24 electronic standards have been identified to allow sharing of clinical information. The Committee urges the Secretary to implement procedures

to enable the Department to accept the optional submission of data derived from health care reporting requirements for the purposes of quality, surveillance, epidemiology, adverse event reporting, or research using the electronic standards identified under the CHI project.

#### OFFICE OF INSPECTOR GENERAL

Appropriations, 2005 .....	\$39,930,000
Budget estimate, 2006 .....	39,813,000
House allowance .....	39,813,000
Committee recommendation .....	39,813,000

The Committee recommends an appropriation of \$39,813,000 for the Office of Inspector General, which is the same as the administration request. The fiscal year 2005 comparable level was \$39,930,000. In addition to discretionary funds, the Health Insurance Portability and Accountability Act of 1996 provides \$160,000,000 in mandatory funds for the Office of Inspector General in fiscal year 2006; the total funds provided to the Office by this bill and the authorizing bill would be \$199,813,000 in fiscal year 2006.

The Office of Inspector General conducts audits, investigations, inspections, and evaluations of the operating divisions within the Department of Health and Human Services. The OIG functions with the goal of reducing the incidence of waste, abuse, and fraud. It also pursues examples of mismanagement toward the goal of promoting economy and efficiency throughout the Department.

#### OFFICE FOR CIVIL RIGHTS

Appropriations, 2005 .....	\$35,013,000
Budget estimate, 2006 .....	34,996,000
House allowance .....	34,996,000
Committee recommendation .....	34,996,000

The Committee recommends \$34,996,000 for the Office for Civil Rights [OCR]. This is the same as the administration request. The comparable fiscal year 2005 level was \$35,013,000. The recommendation includes the transfer of \$3,314,000 from the Medicare trust funds.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

#### RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2005 .....	\$330,636,000
Budget estimate, 2006 .....	328,552,000
House allowance .....	328,552,000
Committee recommendation .....	328,552,000

The Committee provides an estimated \$328,552,000 for retirement pay and medical benefits for commissioned officers of the U.S.



Public Health Service, the same as the administration request. The comparable level for fiscal year 2005 was \$330,636,000.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

#### PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2005 .....	\$2,407,415,000
Budget estimate, 2006 .....	2,427,833,000
House allowance .....	183,589,000
Committee recommendation .....	183,589,000

The Committee provides \$183,589,000 to the Public Health and Social Services Emergency Fund. This is \$2,223,826,000 below the comparable fiscal year 2005 level and \$2,244,244,000 below the administration request. The Committee's recommendation for fiscal year 2006 includes \$63,589,000 for bioterrorism preparedness within the Office of the Secretary and \$120,000,000 for pandemic flu activities.

The Committee has provided funding for bioterrorism preparedness directly to other agencies within the Department instead of to this account as it has done in the past. When these funding levels are included, the Committee has provided a total of \$2,357,581,000 for bioterrorism preparedness, which is \$49,834,000 less than the comparable fiscal year 2005 level and \$70,252,000 less than the administration request.

The Committee is aware that a recent study projected that over half a million Americans could die and over 2.3 million could be hospitalized if a moderately severe strain of a pandemic flu virus hits the United States. Given the potential for such a scenario, the Committee urges the Department to finalize its August 2004 draft Pandemic Influenza Preparedness and Response Plan and make it publicly available. In addition, the Committee urges the Department to examine the study's key recommendations, including those relating to stockpiling medical supplies, and developing emergency communications plans; stockpiling additional antivirals and developing surge capacity plans for hospitals and health care providers; and increasing vaccine production and the development of new technologies for vaccines.

#### GENERAL PROVISIONS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Committee recommendation continues a provision placing a \$50,000 ceiling on official representation expenses (sec. 201).

The Committee recommendation continues a provision which limits the assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation continues a provision limiting the use of grant funds to pay individuals no more than an annual rate of Executive Level I (sec. 204).

The Committee recommendation continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees on the proposed use of funds (sec. 205).

The Committee recommendation includes language authorizing the transfer of up to 2.5 percent of Public Health Service funds for evaluation activities (sec. 206).

The Committee modifies a provision restricting transfers of appropriated funds and requires a 15 day notification to both the House and Senate Appropriations Committees (sec. 207).

The Committee recommendation continues a provision permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers by the Director of NIH and the Director of the Office of AIDS Research at NIH (sec. 208).

The Committee recommendation retains language which requires that the use of AIDS research funds be determined jointly by the Director of the National Institutes of Health 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 Institutes and Centers consistent with the AIDS research plan (sec. 209).

The Committee recommendation continues a provision regarding requirements for family planning applicants (sec. 210).

The Committee recommendation retains language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity (sec. 211).

The Committee recommendation retains language which States that no provider services under Title X of the PHS Act may be exempt from State laws regarding child abuse (sec. 212).

The Committee recommendation retains language which prohibits the Secretary from withholding substance abuse treatment funds (sec. 213).

The Committee recommendation continues a provision which facilitates the expenditure of funds for international AIDS activities (sec. 214).

The Committee recommendation includes a provision allowing the Division of Federal Occupational Health to use personal services contracting to employ professional, administrative, and occupational health professionals (sec. 215).

The Committee recommendation retains a provision authorizing the Director of the National Institutes of Health to enter into certain transactions to carry out research in support of the NIH Roadmap Initiative of the Director (sec. 216).

The Committee includes a provision that permits the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry to transfer funds that are available for Individual Learning Accounts to "Disease Control, Research, and Training" (sec. 217).

The Committee recommendation includes bill language allowing use of funds to continue operating the Council on Graduate Medical Education (sec. 218).

The Committee recommendation includes a general provision, which rescinds \$10,000,000 in unobligated balances from amounts appropriated in Public Law 108-11 under the heading "Public

Health and Social Services Emergency Fund”, the smallpox compensation program (sec. 219).

The Committee recommendation rescinds \$15,912,000 of unobligated balances in the Health Professions Student Loan Program (sec. 220).

The Committee recommendation extends availability of funds for the State Pharmaceutical Assistance Programs (sec. 221).

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2005 .....	\$14,843,974,000
Budget estimate, 2006 .....	16,431,473,000
House allowance .....	14,728,735,000
Committee recommendation .....	14,525,135,000

The Committee recommends an appropriation of \$14,525,135,000 for education for the disadvantaged. The comparable funding level for fiscal year 2005 is \$14,843,974,000 and the budget request includes \$16,431,473,000 for this account.

The programs in the education for the disadvantaged account help ensure that poor and low-achieving children are not left behind in the Nation’s effort to raise the academic performance of all children and youth. That goal is more pressing than ever since the passage of the No Child Left Behind Act, which incorporates numerous accountability measures into Title I programs, especially part A grants to local educational agencies—the largest Federal elementary and secondary education program.

In particular, the law strengthens Title I accountability by requiring States to implement statewide accountability systems covering all public schools and students. These systems must be based on challenging State standards in reading and mathematics, annual statewide progress objectives ensuring that all groups of students reach proficiency in reading and math by the end of the 2013–2014 school year, and annual testing for all students in grades 3–8. State progress objectives and assessment results must be broken out by poverty, race and ethnicity, disability, and limited English proficiency. States, school districts, and schools must report annually on their progress toward statewide proficiency goals. Districts and schools that fail to make adequate yearly progress [AYP] toward these goals will, over time, be subject to increasingly rigorous improvement, corrective action, and restructuring measures aimed at getting them back on course to meet State standards. Students attending schools that fail to meet annual State AYP objectives for 2 consecutive years will be permitted to transfer to a better public school or, if the school continues to fail to meet AYP for 3 years or more, to use Title I funds to obtain educational services from a public- or private-sector provider selected by their parents.

Funds appropriated in this account primarily support activities in the 2006–2007 school year.

*Grants to Local Educational Agencies*

Title I Grants to Local Educational Agencies [LEAs] provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise

the achievement of eligible students or, in the case of schoolwide programs, help all students in high-poverty schools to meet challenging State academic standards. The program serves more than 15 million students in nearly all school districts and more than half of all public schools—including two-thirds of the Nation's elementary schools.

Title I schools help students reach challenging State standards through one of two models: "targeted assistance" that supplements the regular education program of individual children deemed most in need of special assistance, or a "schoolwide" approach that allows schools to use Title I funds—in combination with other Federal, State, and local funds—to improve the overall instructional program for all children in a school.

Starting with the fiscal year 2004 appropriation, States are required to reserve 4 percent of their allocation under this program for school improvement activities, unless such action would require a State to reduce the grant award of a local educational agency to an amount below the preceding year. At the funding level recommended by the Committee for fiscal year 2006, this set-aside could generate up to \$504,000,000 for this purpose. States must distribute 95 percent of these reserved funds to local educational agencies for schools identified for improvement, corrective action, or restructuring. The Committee is concerned about the effect of the authorizing language, which in some States is requiring high-poverty districts to receive much less funding than they would otherwise receive, in order for States to "hold harmless" other districts and redistribute the required amount of school improvement funds. As a result, districts with the most eligible children in those States are not receiving the funds needed to serve their students adequately. In addition, some States are not able to set aside the full 4 percent, which means fewer resources to help struggling schools implement school improvement plans, support public school choice or offer supplemental education services.

More than any other Federal program, Title I grants to LEAs are critical to the success of the No Child Left Behind Act. The Committee recommends \$12,839,571,000 for this program. The comparable funding level for fiscal year 2005 is \$12,739,571,000 and the budget request includes \$13,342,309,000 for Title I grants to LEAs. The Committee recommendation proposes an increase of 46.5 percent over the amount provided prior to passage of the No Child Left Behind Act. These Federal resources represent the significant commitment this Committee has made to provide the resources necessary to help all children succeed in school.

The appropriation for Title I grants to LEAs primarily supports activities associated with the 2006–2007 academic year. Of the funds available for this program, up to \$3,472,000 shall be available on October 1, 2005, not less than \$5,452,798,000 will become available on July 1, 2006 and \$7,383,301,000 will become available on October 1, 2006. The funds that become available on July 1, 2006 and October 1, 2006 will remain available for obligation until September 30, 2007.

Title I grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant [EFIG].

For Title I basic grants, including up to \$3,472,000 transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of \$6,934,854,000. The comparable funding level for fiscal year 2005 and the budget request are both \$6,934,854,000 for the basic grants funding stream. Basic grants are awarded to school districts with at least 10 poor children who make up more than 2 percent of enrollment.

For concentration grants, the Committee recommends an appropriation of \$1,365,031,000. The comparable funding level for fiscal year 2005 and the budget request are both \$1,365,031,000. Funds under this program are distributed according to the basic grants formula, except that they go only to LEAs where the number of poor children exceeds 6,500 or 15 percent of the total school-aged population.

Last year, Congress provided all of the additional funding for Title I grants to LEAs above the fiscal year 2004 level through the EFIG and targeted formulas. The Committee recommends allocating all of the increase proposed this year in a similar manner. The Committee notes that analysis conducted by the Congressional Research Service has demonstrated that these formulas deliver a larger share of Title I funds to high-poverty school districts than any other Title I formula. In addition, the EFIG formula uses State-level “equity” and “effort” factors to make allocations to States that are intended to encourage States to spend more on education and to improve the equity of State funding systems. Once State allocations are determined, suballocations to the LEA level are based on a modified version of the targeted grants formula, described below.

The targeted grants formula weights child counts to make higher payments to school districts with high numbers or percentages of poor students. For these grants, the Committee recommends an appropriation of \$2,269,843,000. The comparable funding level for fiscal year 2005 is \$2,219,843,000 and the budget request includes \$2,822,581,000 for this funding stream.

The Committee recommends an appropriation of \$2,269,843,000 for education finance incentive grants. The comparable funding level for fiscal year 2005 and the budget request both are \$2,219,843,000 for the EFIG funding stream.

#### *William F. Goodling Even Start Family Literacy Program*

The Committee does not recommend additional funds for the Even Start program. The comparable funding level for fiscal year 2005 is \$225,095,000 and the budget request does not include any funds for this program.

The Even Start program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education and Family Literacy Act. Programs combine early childhood education, adult literacy, and parenting education. Funding is provided to States based on their relative share of Title I, Part A funds and States use these resources to make competitive subgrants to partnerships comprised of local educational agencies and other organizations serving families in high-poverty areas.

*Reading First State Grants*

The Committee recommends \$1,041,600,000 for the Reading First State Grants program, the same amount as the comparable funding level for fiscal year 2005 and the budget request.

Reading First is a comprehensive effort to provide States and LEAs with funds to implement comprehensive reading instruction for children in grades K–3. The purpose of the program is to help ensure that every child can read by the end of third grade. LEAs and schools that receive funds under this program should use the money to provide professional development in reading instruction for teachers and administrators, adopt and use reading diagnostics for students in grades K–3 to determine where they need help, implement reading curricula that are based on scientific research, and provide reading interventions for children who are not reading at grade level.

The Committee intends for funds available under the Reading First program to encourage and support the use of reading programs with the strongest possible scientific evidence of effectiveness. The Committee urges the Department to provide clear guidance to its technical assistance centers and the States to: fully consider scientific evidence of effectiveness in rating programs for use under Reading First; contemplate expanded lists of allowable programs that include innovative programs with scientific evidence of effectiveness; when awarding new grants, consider giving preference to those schools that select programs with strong, scientific evidence of effectiveness; emphasize that the Department has not established a predetermined approved list of reading materials; and allow comprehensive reading programs that have scientific evidence of effectiveness to be implemented in full, as they have been researched, without modification to conform to other models of instruction. The Committee also is concerned that certain practices under the Reading First program may unduly interfere with local control of curriculum. The Committee notes that Reading First materials decisions are to be made at the school level, subject to the approval of the State.

*Early Reading First*

The Committee recommends \$104,160,000 for the Early Reading First program, the same amount as the comparable funding level for fiscal year 2005 and the budget request.

Early Reading First complements Reading First State Grants by providing competitive grants to school districts and nonprofit groups to support activities in existing preschool programs that are designed to enhance the verbal skills, phonological awareness, letter knowledge, pre-reading skills, and early language development of children ages 3 through 5. Funds are targeted to communities with high numbers of low-income families.

*Striving Readers*

The Committee recommends \$35,000,000 for the Striving Readers initiative. The comparable fiscal year 2005 funding level is \$24,800,000 and the budget request includes \$200,000,000 for the Striving Readers program. This program supports grants to develop, implement, and evaluate reading interventions for middle- or

high-school students reading significantly below grade level. Under this program, awards will be made to local educational agencies eligible to receive funds under Part A of Title I with one or more high schools or middle schools serving a significant number of students reading below grade level. Awards also may be made to partnerships including institutions of higher education and eligible non-profit or for-profit organizations. The Committee intends that funds provided in this bill be utilized in accordance with the priorities established in the statement of the managers accompanying the fiscal year 2005 appropriations Act that relate to a rigorous evaluation requirement and parity in funding for middle schools and high schools.

#### *Improving Literacy Through School Libraries*

The Committee recommends \$19,683,000 for the Improving Literacy Through School Libraries program, the same amount as the comparable funding level for fiscal year 2005 and the budget request.

This program provides funds for urgently needed, up-to-date school library books and training for school library media specialists in order to support the scientifically based reading programs authorized by the Reading First initiative. LEAs with a child-poverty rate of at least 20 percent are eligible for the competitive awards. Funds may be used to acquire school library media resources, including books and advanced technology; facilitate resource-sharing networks among schools and school libraries; provide professional development for school library media specialists; and provide students with access to school libraries during non-school hours.

The Committee is concerned that funds provided under this program are not reaching those schools that are most in need of financial assistance for updating their school libraries, either because they are not applying for funds or are unsuccessful in writing their grant applications. The Committee encourages the Department to work with the Institute of Museum and Library Services and other relevant organizations to improve awareness, among the most needy schools, of the availability of this financial assistance, and to help them increase their success rates in competing for available funds. The Committee requests that the Department explain in its fiscal year 2007 congressional budget justification the actions it has taken or will take to address this issue with respect to the 2006 and future grant competitions.

#### *High School Intervention*

The Committee recommendation does not include any funding for the new High School Intervention initiative. The budget proposed \$1,240,000,000 for this new initiative. Funds would have been used to develop, implement and evaluate interventions that increase the achievement of all high school students, particularly those at risk of failing to meet challenging State academic content standards; eliminate achievement gaps between student from different socio-economic backgrounds; and help all students graduate with the education, skills, and knowledge to succeed in postsecondary education and a high-technology economy. The proposed initiative



would have provided funds to States based on a formula and SEAs would then make competitive grants to LEAs using 95 percent of appropriated funds.

The budget request proposes bill language that would authorize this new high school initiative and require each State to participate in 12th grade State National Assessment of Educational Progress reading and math assessments. The Committee bill does not include the requested language.

The Committee is supportive of the administration's goal of preparing all students for postsecondary education and the high-technology economy. However, the Committee notes that this initiative has not been acted on by the appropriate authorizing committees of Congress and would have been funded by the elimination of GEAR-UP, certain TRIO activities and the Perkins Vocational and Technical Education program, each of which have been restored to their fiscal year 2005 funding levels.

#### *Migrant Education Program*

The Committee recommends \$390,428,000 for the Migrant Education program, the same amount as the comparable fiscal year 2005 funding level and the budget request.

The Title I Migrant Education program authorizes grants to State educational agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on each State's average per-pupil expenditure for education and actual counts of migratory children ages 3 through 21 residing within the States in the previous year. Only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identifying and improving services to the migrant student population.

#### *Neglected and Delinquent*

The Committee recommends \$51,000,000 for the Title I neglected and delinquent program. The comparable funding level for fiscal year 2005 and the budget request both are \$49,600,000 for the neglected and delinquent program.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside at least 15 percent, but not more than 30 percent, of their neglected and delinquent funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful re-entry of youth offenders, who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. Re-entry activities may include strategies designed to expose the youth

to, and prepare the youth for, postsecondary education, or vocational and technical training programs.

Under the No Child Left Behind Act, the Congress provided the Secretary with the authority to reserve up to 2.5 percent of the appropriation for national activities. The Committee continues to urge the Secretary to fully utilize this authority to support capacity building in and dissemination of best practices to State agency programs and to develop a uniform model for evaluating State performance under this program.

#### *Evaluation*

The Committee recommends \$9,424,000 for evaluation of Title I programs, the same amount as the comparable funding level for fiscal year 2005 and the budget request.

Evaluation funds are used to support large-scale national surveys that examine how the Title I programs are contributing to student academic achievement. Funds also are used to evaluate State assessment and accountability systems and analyze the effectiveness of educational programs supported with Title I funds.

#### *Comprehensive School Reform Demonstration*

The Committee does not recommend additional funds for the comprehensive school reform demonstration program. The comparable funding level for fiscal year 2005 is \$205,344,000 and the budget request did not include any funds for the comprehensive school reform program.

This program provided schools with funding to develop or adopt, and implement, comprehensive school reforms that will enable children in participating schools to meet State standards. The Department allocated funds to States based on their relative shares of the previous year's Title I basic grants funds.

#### *High School Equivalency Program*

The Committee recommends \$18,737,000 for the high school equivalency program [HEP], the same amount as the comparable funding level for fiscal year 2005 and the budget request.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a postsecondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. At the funding level recommended by the Committee, HEP will serve roughly 7,000 migrants.

#### *College Assistance Migrant Program*

For the College Assistance Migrant Program [CAMP], the Committee recommends \$15,532,000, the same amount as the comparable funding level for fiscal year 2005 and the budget request.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to

10 percent of their grants for follow-up services after students have completed their first year of college, including assistance in obtaining student financial aid.

The Committee encourages the Department to consider efficient and effective means for collecting performance outcome data related to postsecondary persistence and completion rates of CAMP program participants beyond those measures currently employed. The Committee notes that the follow-up services set aside may be used to monitor and report on the progress of students participating in projects during such students' subsequent years in college.

#### IMPACT AID

Appropriations, 2005 .....	\$1,243,862,000
Budget estimate, 2006 .....	1,240,862,000
House allowance .....	1,240,862,000
Committee recommendation .....	1,240,862,000

The Committee recommends an appropriation of \$1,240,862,000 for impact aid for the Department of Education. The comparable funding level for fiscal year 2005 is \$1,243,862,000 and the budget request proposes \$1,240,862,000 for this purpose.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education.

The Committee bill includes language that provides for continued eligibility for students affected by the deployment or death of their military parent, as long as these children still attend the same school district. This language was included in the budget request and last year's appropriation bill.

*Basic Support Payments.*—The Committee recommends \$1,102,896,000 for basic support payments. The comparable funding level for fiscal year 2005 and the budget request both are \$1,075,018,000. 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 heavily impacted school districts and providing any remaining funds for regular Basic Support Payments.

*Payments for Children with Disabilities.*—The Committee bill includes \$49,966,000 for this purpose, the same amount as the comparable funding level for fiscal year 2005 and the budget request. Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act.

*Facilities Maintenance.*—The Committee recommends \$5,000,000 for facilities maintenance. The comparable funding level for fiscal year 2005 and the budget request both are \$7,838,000 for this pur-

pose. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department of Education and used by local educational agencies to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

*Construction.*—The Committee recommends \$18,000,000 for this program. The comparable fiscal year 2005 funding level is \$48,544,000 and the budget request includes \$45,544,000 for this purpose. Formula and competitive grants are awarded to eligible LEAs for emergency repairs and modernization of school facilities. Funds appropriated for the construction activity are available for obligation for a period of 2 years.

While the Committee recommendation is less than last year, formula and competitive grant funds will still be made available under this appropriation for those districts in need of and eligible for additional financial assistance to improve their school facilities. In addition, funds are still remaining from the fiscal year 2005 appropriation for competitive grants under this program.

*Payments for Federal Property.*—The Committee recommends \$65,000,000 for this activity. The comparable funding level for fiscal year 2005 and the budget request both are \$62,496,000 for this program. These payments compensate local educational agencies in part for revenue lost due to the removal of Federal property from local tax rolls. Payments are made to LEAs that have a loss of tax base of at least 10 percent of assessed value due to the acquisition since 1938 of real property by the U.S. Government.

#### SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2005 .....	\$5,619,657,000
Budget estimate, 2006 .....	5,332,219,000
House allowance .....	5,393,765,000
Committee recommendation .....	5,457,953,000

The Committee recommends an appropriation of \$5,457,953,000 for school improvement programs. The comparable funding level in fiscal year 2005 for this account is \$5,619,657,000 and the budget request includes \$5,332,219,000.

#### *State Grants for Improving Teacher Quality*

The No Child Left Behind Act requires States to ensure that all teachers teaching in core academic subjects are “highly qualified” by the end of the 2005–2006 school year. The Committee recommends \$2,916,605,000 for State grants for improving teacher quality, the same as both the comparable funding level for fiscal year 2005 and the budget request.

The appropriation for this program primarily supports activities associated with the 2006–2007 academic year. Of the funds provided, \$1,481,605,000 will become available on July 1, 2006 and \$1,435,000,000 will become available on October 1, 2006. These funds will remain available for obligation until September 30, 2007.

Under the Committee recommendation, funding for programs that specifically support high-quality professional development for teachers and school leadership will have increased by 40 percent since passage of the No Child Left Behind Act. The Committee recommendation for fiscal year 2006 includes nearly \$3,600,000,000

for such activities in recognition of the critical role that these individuals occupy in educating the Nation's children and the significant academic benefit that students may derive from the presence of a highly qualified teacher in their classroom. In addition, State and local educational agencies have considerable flexibility to use funds from their Title I grants to LEAs allocations, as well as other State grant program dollars in support of high-quality professional development opportunities.

States and LEAs may use the 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, and implementing teacher mentoring systems, teacher testing, merit pay, and merit-based performance systems.

These funds may also be used by districts to hire teachers to reduce class sizes. The Committee recognizes that smaller classes, particularly in the early grades, can have a positive impact on students by improving classroom discipline, providing students with more individualized attention, and allowing parents and teachers to work more closely together. Funds within the teacher quality State grants program may be used to continue this commitment to our Nation's students, parents, and teachers, without taking away from other efforts to invest in professional development.

#### *Early Childhood Educator Professional Development*

The Committee recommends \$14,696,000 to support professional development activities for early childhood educators and caregivers in high-poverty communities. The comparable funding level for fiscal year 2005 and the budget request are both \$14,696,000 for this program. From this appropriation, the Secretary makes competitive grants to partnerships of early childhood and family literacy caregivers and educators in order to provide high quality, sustained and intensive professional development for early childhood educators to help them provide developmentally appropriate school-readiness services for preschool-age children.

#### *Mathematics and Science Partnerships*

The Committee recommends \$178,560,000 for the mathematics and science partnerships program. The comparable funding level for fiscal year 2005 is \$178,560,000 and the budget request includes \$269,000,000 for this purpose. These funds will be used to improve the performance of students in the areas of math and science by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians, and engineers to increase the teachers' subject-matter knowledge and improve their teaching skills. When the appropriation for this program is \$100,000,000 or greater, the Secretary is authorized to award grants to States by a formula which includes consideration of the number of children aged 5 to 17 below the poverty line. States then are required to make grants competitively to eligible partnerships to enable the entities to pay the Federal share of the costs of developing or redesigning more rigorous mathematics and

science curricula that are aligned with State and local standards; creating opportunities for enhanced professional development that improves the subject-matter knowledge of math and science teachers; recruiting math and science majors; and improving and expanding training of math and science teachers, including the effective integration of technology into curricula and instruction.

The budget request includes legislative language that would allow the Secretary to use \$120,000,000 in appropriated funds to make competitive awards to projects designed to improve the mathematics learning of secondary students. The Committee has not provided this requested authority.

#### *Innovative Education Program Strategies State Grants*

The Committee recommends \$100,000,000 for innovative education program strategies State grants. The comparable funding level for fiscal year 2005 is \$198,400,000 and the budget request is \$100,000,000 for this purpose.

The innovative education program is a flexible source of Federal funds that provides support to States and LEAs for developing education reform initiatives that will improve the performance of students, schools, and teachers.

#### *Educational Technology State Grants*

The Committee recommends \$425,000,000 for educational technology State grants. The comparable funding level for fiscal year 2005 is \$496,000,000 and the budget request did not include any funds for this program.

The educational technology State grants program supports efforts to integrate technology into curricula to improve student learning. Funds flow by formula to States and may be used for the purchase of hardware and software, teacher training on integrating technology into the curriculum, and efforts to use technology to improve communication with parents, among other related purposes. An LEA must use at least 25 percent of its formula allocation for professional development in the integration of technology into the curricula unless it can demonstrate that it already provides such high-quality professional development.

#### *Supplemental Education Grants*

The Committee recommendation includes \$18,183,000 for the supplemental education grants program, the same as both the comparable funding level for fiscal year 2005 and the budget request. This grant program was authorized by the Compact of Free Association Amendments Act of 2003. The Act discontinued the eligibility of Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM] for funding available from Adult, Dislocated Worker and Youth Workforce Investment Act programs, Head Start, Title I Grants to LEAs, Adult and Vocational Education State Grants, Federal Work-Study and Federal Supplemental Educational Opportunities Grants. In place of funding from these sources, the Act provided a separate supplemental education grant program that provides these entities with a more flexible source of funds that can be tailored to local needs. These funds will be transferred from the Department of Education to the Secretary

of Interior for grants to these entities. The Committee bill includes language that allows up to 5 percent to be used by the FSM and RMI to purchase oversight and technical assistance, which may include reimbursement of the Departments of Labor, Health and Human Services and Education for such services. Of the funds appropriated, \$12,132,000 is for the Federated States of Micronesia and \$6,051,000 is for the Republic of the Marshall Islands.

#### *21st Century Community Learning Centers*

The Committee recommends an appropriation of \$991,077,000 for the 21st Century Community Learning Centers program, the same as both the comparable level for fiscal year 2005 and the budget request.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to local educational agencies, 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 learning 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 on students who attend schools that are eligible to operate a schoolwide program under Title I of the Elementary and Secondary Education Act or serve high percentages of students from low-income families.

#### *State Assessments and Enhanced Assessment Instruments*

The Committee recommends \$411,680,000 for State assessments, the same as both the comparable funding level for fiscal year 2005 and the budget request.

A key accountability measure in the No Child Left Behind Act requires annual State assessments in reading and mathematics for all students in grades 3–8 beginning in the 2005–2006 school year. The new assessments will be used to determine whether States, LEAs, and schools are making adequate yearly progress toward the goal of helping all students attain proficiency within 12 years of the 2001–2002 school year.

This program has two components. The first provides formula grants to States to pay the cost of developing standards and assessments required by the new law. The statute includes funding “trigger amounts” for fiscal years 2002–2007; States may defer the new assessments for each year the appropriation falls below the trigger level. The trigger for fiscal year 2006 is \$400,000,000. The Committee recommendation includes \$400,000,000 for this purpose.

Under the second component of State assessments—Grants for Enhanced Assessment Instruments—appropriations in excess of the trigger level are used for a competitive grant program designed to support efforts by States to improve the quality and fairness of their assessment systems. The Committee recommendation for the second component is \$11,680,000, the same as both the comparable funding level for fiscal year 2005 and the budget request.

The Committee continues to be concerned that many schools are unable to properly assess the performance of students with disabilities and students with limited English proficiency. Therefore, the

Committee urges the Department to place a high priority on grant applications that aim to improve the quality of State assessments for these two groups of students and to ensure the most accurate means of measuring their performance on these assessments.

#### *High School Assessments*

The Committee recommendation does not include funds for the proposed High School Assessments program. The budget request includes \$250,000,000 for this new activity. This proposed program was designed to complement the administration's High School Reform initiative. Funds requested under this program would be used to provide grants to States to pay for the reading and math assessments that would be required in two additional grades during high school by school year 2009–2010. The budget request includes legislative language which would authorize this program. As noted earlier, the High School Reform proposal has not been considered by the appropriate authorizing committees of Congress, so the Committee has not included the legislative language or provided the requested funds.

#### *Javits Gifted and Talented Education*

The Committee recommends \$11,022,000 for the Javits Gifted and Talented Students Education Program, the same as the comparable fiscal year 2005 funding level. The President's budget proposes to eliminate funding for this program. Funds are used for awards to State and local education agencies, institutions of higher education, and other public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students.

#### *Foreign Language Assistance*

The Committee recommends \$25,000,000 for the Foreign Language Assistance program. The comparable funding level for fiscal year 2005 is \$17,856,000 and the budget request proposes eliminating funds for foreign language assistance activities.

The Committee recommendation provides funds above what is needed for continuation costs for current activities. These additional funds shall be used for a new grant competition to school districts with poverty rates of 15 percent or more, to help the highest-need elementary schools within such districts establish foreign language instruction programs.

Funds from this program support competitive grants to increase the quality and quantity of foreign language instruction. At least 75 percent of the appropriation must be used to expand foreign language education in the elementary grades. The Committee has included bill language that prohibits Foreign Language Assistance program funds from being used for the Foreign Language Incentive program.

The Committee is concerned that this program, which is the only Federal program designed to help schools meet the need for foreign language instruction, is unavailable to the poorest schools because grant recipients must provide a 50 percent match from non-Federal sources. The Committee, therefore, strongly urges the Secretary to



use her ability to waive the matching requirement for qualifying schools and to increase awareness of this accommodation among the affected school population. The Committee also believes that the sustainability preference established in the authorizing legislation should not prohibit the highest-need applicants from receiving one or more grants under this program or from being eligible to have the matching requirement waived during their initial or subsequent grants.

*Education for Homeless Children and Youth*

For carrying out education activities authorized by Title VII, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends \$62,496,000. The comparable fiscal year 2005 funding level and the budget request both are \$62,496,000.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in Title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youths Program, State educational agencies [SEAs] must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth. States must review and undertake steps to revise any laws, regulations, practices, or policies that may act as barriers to the enrollment, attendance, or success in school of homeless children and youth.

*Training and Advisory Services*

For training and advisory services authorized by Title IV of the Civil Rights Act, the Committee recommends \$7,185,000. The comparable fiscal year 2005 funding level and the budget request both are \$7,185,000 for these services.

The funds provided will support awards to operate the 10 regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

*Education for Native Hawaiians*

For programs for the education of Native Hawaiians, the Committee recommends \$34,500,000. The comparable fiscal year 2005 funding level is \$34,224,000 and the budget request is \$32,624,000 for these programs.

The Committee bill includes language allowing \$1,250,000 of the funds recommended to be used for construction and renovation of Native Hawaiian educational facilities.

*Education for Native Hawaiians.*—The Committee recognizes the Department's continuing support in working with the Native Hawaiian Education Council as a vehicle for assessing, evaluating, and coordinating all education programs for Native Hawaiians. The Committee urges the Secretary to work with the Executive Director

of the Council to ensure adequate funds are set aside to perform the tasks assigned to the Council in title VII of the No Child Left Behind Act. In addition, the Committee requests that the Department provide the Council with the grantee reports on a timely basis to allow the Council to fully undertake the assessment, evaluation and issuance of recommendations, as required by law.

*Native Hawaiian Law Center of Excellence.*—The Committee commends the Department's support in establishing a Center of Excellence in Native Hawaiian Law at the University of Hawaii. This Center will provide a forum for the examination and preservation of law with respect to the Native Hawaiian culture and spirit. The Committee bill includes language stipulating that \$1,250,000 shall be used for a grant to the Center of Excellence at the University of Hawaii School of Law.

#### *Alaska Native Educational Equity*

The Committee recommends \$34,500,000 for the Alaska Native educational equity assistance program. The comparable fiscal year 2005 funding level is \$34,224,000 and the budget request includes \$31,224,000 for this purpose.

These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives. The Committee bill includes language which allows funding provided by this program to be used for construction. The Committee expects the Department to use some of these funds to address the construction needs of rural schools.

#### *Rural Education*

The Committee recommends \$170,624,000 for rural education programs, the same as both the comparable fiscal year 2005 funding level and the budget request.

The Committee strongly supports the continued use of Federal funding specifically for rural education. Rural schools face difficult challenges in meeting the mandates in the No Child Left Behind Act, particularly in the areas of attracting highly qualified teachers and adapting to new assessment requirements and reporting expectations. The rural education programs are intended to help level the playing field for small and high-poverty rural school systems that typically receive less Federal formula funding than their urban and suburban counterparts, and are frequently unable to compete for competitive grants. In addition to providing more total funding for such districts, the program also allows these districts to combine funds from four categorical programs and use the money to address their highest priorities, such as recruiting teachers, purchasing technology, or upgrading curricula.

The Committee expects that rural education funding will be equally divided between the Small, Rural Schools Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income Schools Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

*Comprehensive Centers*

The Committee recommends \$56,825,000 for the comprehensive centers program, the same as both the comparable fiscal year 2005 funding level and the budget request.

These funds will provide continued support to 10–20 comprehensive centers expected to be established before September 2005. At least one center will operate in each of the 10 regions of the United States. The centers, which would be operated by research organizations, agencies, institutions of higher education or partnerships thereof, would provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. Grantees will develop 5-year plans for undertaking authorized activities that address the needs of States in a region and develop an advisory board to advise the center on allocation of resources, maintaining a high standard of quality in services delivery and ensuring that activities promote progress toward improving student achievement. The National Center for Education Evaluation and Regional Assistance will provide for ongoing independent evaluation of each center to assess whether each is meeting its objectives.

INDIAN EDUCATION

Appropriations, 2005 .....	\$119,889,000
Budget estimate, 2006 .....	119,889,000
House allowance .....	119,889,000
Committee recommendation .....	119,889,000

The Committee recommends \$119,889,000 for Indian Education programs. The comparable fiscal year 2005 funding level and the budget request both are \$119,889,000 for such activities.

*Grants to Local Education Agencies*

For grants to local education agencies, the Committee recommends \$96,294,000. The comparable fiscal year 2005 funding level is \$95,165,000 and the budget request includes \$96,294,000 for authorized activities.

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 local educational agencies, schools supported and operated by the Bureau of Indian Affairs, and in some cases directly to Indian Tribes.

*Special Programs for Indian Children*

The Committee recommends \$19,595,000 for special programs for Indian children, the same as the comparable fiscal year 2005 funding level and the budget request.

Funds are used for demonstration grants to improve Indian student achievement through early childhood education and college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

*National Activities*

The Committee recommends \$4,000,000 for national activities. The comparable fiscal year 2005 amount is \$5,129,000 and the budget request is \$4,000,000 for authorized activities. Funds will be used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

Appropriations, 2005 .....	\$1,092,642,000
Budget estimate, 2006 .....	1,307,871,000
House allowance .....	708,522,000
Committee recommendation .....	1,057,385,000

The Committee recommends an appropriation of \$1,057,385,000 for programs within the innovation and improvement account. The comparable fiscal year 2005 funding level for these programs is \$1,092,642,000 and the budget request includes \$1,307,871,000 for this account.

*Troops-to-Teachers*

The Committee recommends an appropriation of \$14,793,000 for the Troops-to-Teachers program, the same as both the comparable funding level for fiscal year 2005 and the budget request.

This program supports the Defense Department’s Troops to Teachers program, which helps recruit and prepare retiring and former military personnel to become highly qualified teachers serving in high-poverty school districts. The Secretary of Education transfers program funds to the Department of Defense for the Defense Activity for Non-Traditional Education Support to provide assistance, including stipends of up to \$5,000 and bonuses of up to \$10,000, to eligible members of the Armed Forces so that they can obtain teacher certification or licensing. In addition, the program helps these individuals find employment in a school.

The Committee notes that the GAO and Department are required to report to Congress on the effectiveness of this program in placing highly-qualified teachers in high-need districts. The Committee looks forward to receiving a copy of the report and urges the Department to utilize the findings in implementing this program.

*Transition to Teaching*

The Committee recommends \$44,933,000 for the transition to teaching program, the same as both the comparable fiscal year 2005 funding level and the budget request.

This program provides grants to help support efforts to recruit, train, and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom. In particular, this program is intended to attract mid-career professionals and recent college graduates. Program participants are placed in high-need schools in high-need LEAs.

The Committee encourages the Department to continue to work with grantees to ensure that appropriated funds are used effectively to recruit highly qualified teachers to and retain them in em-

ployment in high need schools. The Committee looks forward to receiving more performance outcome information regarding this program, and, in particular, the results of the ongoing evaluation of grantee progress toward their goals and objectives.

#### *National Writing Project*

The Committee recommends \$23,000,000 for the National Writing Project. The comparable funding level for fiscal year 2005 is \$20,336,000 and the budget request proposes to eliminate Federal funding for this program.

These funds are awarded to the National Writing Project, a non-profit organization that supports and promotes K-16 teacher training programs in the effective teaching of writing. From the funds provided by the fiscal year 2006 appropriation, the Committee intends that \$500,000 shall be used to continue support for the pilot program on the integration of technology training in the NWP program.

#### *Teaching of Traditional American History*

The Committee recommends \$121,000,000 for the teaching of traditional American history program. The comparable fiscal year 2005 funding level is \$119,040,000 and the budget request is \$119,040,000 for this activity. This program supports competitive grants to LEAs, and funds may be used only to undertake activities that are related to American history, and cannot be used for social studies coursework. Grant awards are designed to augment the quality of American history instruction and to provide professional development activities and teacher education in the area of American history. The Committee directs the Department to continue its current policy of awarding 3-year grants.

The budget request includes bill language that would allow the Department to reserve up to 3 percent of funds appropriated for this program for national activities. The Committee bill includes the requested language. The Committee requests that the Department prepare and submit an operating plan to the House and Senate Committees on Appropriations, within 30 days of enactment of this Act, on how these reserved funds will be used to support the intent of this program.

#### *School Leadership*

The Committee recommends \$15,000,000 for the school leadership program. The comparable fiscal year 2005 funding level is \$14,880,000 and the budget request proposes to eliminate funding for this program. This program provides competitive grants to assist high-need LEAs to recruit and train principals and assistant principals through activities such as professional development and training programs. The Committee continues to recognize the critical role that principals and assistant principals play in creating an environment that fosters effective teaching and high academic achievement for students.

#### *Advanced Credentialing*

The Committee recommends \$10,000,000 for the advanced credentialing program. The comparable fiscal year 2005 funding

level is \$16,864,000 and the budget request includes \$8,000,000 for one component of the authorized program.

The Committee recommendation includes \$10,000,000 for the National Board for Professional Teaching Standards [NBPTS]. The comparable fiscal year 2005 funding level is \$9,920,000 and the budget request proposes to eliminate funding for the National Board. Funds available assist the Board's work in providing financial support to States for teachers applying for certification, increasing the number of minority teachers seeking certification and developing outreach programs about the advanced certification program. The fiscal year 2006 appropriation will support continuation of an award to the National Board for Professional Teaching Standards.

The Committee continues its strong support of the National Board for Professional Teaching Standards, based on the significant body of rigorous research that has demonstrated the benefits to students from being taught by a Board-certified educator. The Committee notes that the National Board has developed standards that describe the knowledge and skills characterizing effective teaching in 24 different areas, including school counseling. The accomplished educators who achieve certification in these standards do so by demonstrating their understanding through actual teaching, as well as through a written exam and teaching portfolio. The Committee believes that these activities are consistent with the mission of the National Board, which is to advance the quality of teaching and learning in the United States.

#### *Charter Schools Grants*

The Committee recommends \$216,952,000 for the support of charter schools. The comparable fiscal year 2005 funding level is \$216,952,000 and the budget request is \$218,702,000 for this program.

This program supports the planning, development, and initial implementation of charter schools, which are public schools that receive exemption from many statutory and regulatory requirements in exchange for promising to meet agreed-upon accountability measures. State educational agencies that have the authority under State law to approve charter schools are eligible to compete for grants. If an eligible SEA does not participate, charter schools from the State may apply directly to the Secretary. The authorizing statute requires that amounts appropriated in excess of \$200,000,000 and less than \$300,000,000 be used for 5-year competitive grants to States that operate per-pupil facilities aid programs for charter schools. Federal funds are used to match State funded programs in order to provide charter schools with additional resources for charter school facilities financing. At the Committee recommendation, almost \$17,000,000 will be available to continue support for per-pupil facilities aid grants.

The Committee notes that the Department plans to use \$8,000,000 in appropriated funds for national activities, which may include support for a rigorous evaluation of charter schools and the expansion of State capacity to administer their charter schools. The Committee encourages the Department to support such efforts and

requests that additional information on these activities be included in the fiscal year 2007 congressional budget justification.

#### *Credit Enhancement for Charter School Facilities*

The Committee does not recommend additional for this program. The comparable funding level for fiscal year 2005 and the budget request both are \$36,981,000 for this purpose. The Committee notes that the authorization for this program expired in fiscal year 2005, and due to limited resources, does not fund this unauthorized activity. The budget request includes bill language that would continue to authorize this activity in fiscal year 2006.

This program provides assistance to help charter schools meet their facility needs. Funds are provided on a competitive basis to public and non-profit entities, to leverage non-Federal funds that help charter schools obtain school facilities through purchase, lease, renovation and construction.

#### *Voluntary Public School Choice*

The Committee recommends \$26,543,000 for the voluntary public school choice program, the same as both the comparable funding level for fiscal year 2005 and the budget request.

This program supports efforts by States and school districts to establish or expand State- or district-wide public school choice programs, especially for parents whose children attend low-performing public schools.

#### *Magnet Schools Assistance*

The Committee recommends \$107,771,000 for the magnet schools assistance program, the same as both the comparable fiscal year 2005 funding level and the budget request.

This program supports grants to local educational agencies 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, teacher salaries, purchase of computers, and other educational materials and equipment.

#### *Choice Incentive Fund*

The Committee does not recommend any funding for this proposed program, which is not specifically authorized. The budget request includes \$50,000,000 for this purpose. Through this proposed program, funds would be used to award competitive grants to establish or expand public or private school choice opportunities.

#### *Fund for the Improvement of Education*

The Committee recommends an appropriation of \$417,924,000 for the Fund for the Improvement of Education [FIE]. The comparable funding level for fiscal year 2005 is \$414,078,000 and the budget request includes \$106,296,000 for comparable activities.

The Committee recommendation includes \$700,000 for the National Institute of Building Sciences to continue operation of the National Clearinghouse for Educational Facilities, the Nation's sole

source for comprehensive information about school planning, design, financing, construction and maintenance. The Committee recommends an additional \$300,000 for this purpose within Safe and Drug-Free Schools and Communities National Programs to address issues related to school safety and healthy school buildings.

The Committee recommends \$25,296,000 to award a contract to Reading Is Fundamental, Inc. [RIF] to provide reading-motivation activities. The comparable funding level for fiscal year 2005 and the budget request both are \$25,296,000 for this purpose. RIF, a private nonprofit organization, helps prepare young children and motivate older children to read, through activities including the distribution of books. Federal funds provide up to 75 percent of the costs of books, except for migrant and seasonal farmworker programs which may receive up to 100 percent of the costs of books.

The administration proposes \$40,000,000 for a new adjunct teacher corps initiative. Through this new categorical grant program, the Department of Education would make competitive grants to partnerships of school districts and public and private institutions to create opportunities for professionals to teach secondary-school courses in the core academic subjects, particularly math and science. Due to budget constraints, the Committee recommendation does not include funds for this purpose.

The Committee recommendation does not include any funds for State scholars capacity building. The comparable funding level for fiscal year 2005 is \$2,500,000 and the budget request includes \$12,000,000 for this program. This program supports State-level business and education partnerships that encourage high school students to complete a rigorous curriculum in core academic subjects.

The administration recommended eliminating funding for activities listed below.

The Committee recommends \$21,000,000 for the Star Schools program. The comparable funding level for fiscal year 2005 is \$20,832,000. The Star Schools program is designed to improve instruction in math, science, foreign languages, and other areas such as vocational education, to underserved populations by means of telecommunications technologies.

The Committee recommends \$11,000,000 for the Ready to Teach program. The comparable funding level for fiscal year 2005 is \$14,291,000. Ready to Teach is the successor to the Public Broadcasting Service's Mathline program, which was one of the first to provide online professional development and continuing education for teachers. Ready to Teach was reauthorized by the No Child Left Behind Act of 2001 and continues to evolve to enhance teacher quality and meet the goals of that Act. Ready to Teach encompasses funding for PBS TeacherLine and one or more nonprofit entities, for the purpose of continuing to develop telecommunications-based programs to improve teacher quality in core areas. It also includes digital educational programming grants, which encourages community partnerships among local public television stations, State and local educational agencies, and other institutions to develop and distribute digital instructional content based on State and local standards.



The Committee recommendation includes \$10,000,000 for the Education through Cultural and Historical Organizations [ECHO] Act of 2001, as authorized by the No Child Left Behind Act. The comparable funding level for fiscal year 2005 is \$8,631,000 and the budget request did not include any funds for this purpose. Programs authorized under ECHO provide a broad range of educational, cultural, and job training opportunities for students from communities across the Nation, including Alaska, Hawaii and Massachusetts. Funds also are available to support a range of services to the Mississippi Band of Choctaw Indians.

The Committee has included \$35,700,000 for arts in education. The comparable funding level for fiscal year 2005 is \$35,633,000. Within the total, \$6,369,000 is for the John F. Kennedy Center for the Performing Arts; \$7,440,000 is for VSA arts; \$13,455,000 is for the competitive art education model grant program for the development of model projects that effectively strengthen and integrate arts and cultural partnerships into the core curriculum; \$7,936,000 is for grants for professional development for music, dance, drama, and visual arts educators to be administered by the U.S. Department of Education; \$500,000 is to continue the evaluation and national dissemination of information regarding model programs and professional development projects funded through the Arts in Education section, including dissemination promising practices from funded projects and technical assistance for self-evaluation.

The Committee recommends \$42,000,000 for Parental Information and Resource Centers, which provide training, information, and support to parents, State and local education agencies, and other organizations that carry out parent education and family involvement programs. The comparable funding level for fiscal year 2005 is \$41,886,000. The Committee notes that research overwhelmingly demonstrates that parent involvement in children's learning is positively related to student achievement.

The Committee also notes that the No Child Left Behind Act requires grantees to use at least 30 percent of their awards to establish, expand, or operate Parents as Teachers, Home Instruction Program for Preschool Youngsters, or other early childhood parent education programs.

The Committee recommends \$5,000,000 to continue support for the Mental Health Integration in School program. The comparable funding level for fiscal year 2005 is \$4,960,000. This program supports grants to or contracts with State educational agencies, local educational agencies or Indian tribes to increase student access to mental health care by linking schools with their local mental health systems. The Committee expects this program to continue to be carried out by the Office of Safe and Drug-Free Schools.

The Committee includes \$3,000,000 for the women's educational equity program. The comparable funding level for fiscal year 2005 is \$2,956,000. This program supports projects that assist in the local implementation of gender equity policies and practices.

The Committee recommendation includes \$1,500,000 for activities authorized by the Excellence in Economics Education Act. The comparable fiscal year 2005 funding is \$1,488,000. These funds will support a grant to a non profit educational organization to promote

economic and financial literacy among kindergarten through 12th grade students.

The Committee is pleased that, according to a nationwide survey of more than 4,000 high school seniors conducted by the Jump\$tart Coalition, the level of financial literacy among 12th grade students has increased. However, with an average score of just 52.3 percent on the national exam, there is still much room for improvement. The Committee urges the Department to continue funding programs that improve the money management skills of young people through the inclusion of financial literacy materials, standards and assessments in high school math, economics and business courses.

The Committee recommendation includes \$10,000,000 to carry out the American History and Civics Education Act of 2004. From the amount available, \$5,000,000 shall be used to establish Presidential Academies for Teaching of American History and Civics. These Presidential Academies will strengthen the knowledge and teaching capacity of K–12 teachers of American history and civics. The remaining \$5,000,000 will support the establishment of Congressional Academies for Students of American History and Civics. These Congressional Academies will help outstanding students of American history and civics develop a broader and deeper understanding of these subject matters.

The Committee expects funds to be awarded on a competitive basis to institutions of higher education, non-profit educational institutions, and consortia thereof, to establish and operate such Academies. The Committee further intends grant awards to last for a period of 2 years. The Committee urges the Secretary to give considerable weight to sustainability plans, which shall be required of applicants to show how they plan to sustain their project after their grant expires, when considering awards under this program.

The Committee recommendation also includes resources for the following activities: teacher quality initiatives; evaluation and data quality initiatives designed to improve the quality of data collected from, and evaluations conducted by, grantees under elementary and secondary education programs; Reach Out and Read; and peer review.

#### *Teacher Incentive Fund*

The Committee recommendation does not include any funds for this new program. The budget request includes \$500,000,000 for this new activity.

Under the budget request, \$450,000,000 would be available for formula grants to States for monetary awards to teachers who raise student achievement or reduce the achievement gap, and to “highly qualified” teachers who teach in high-need schools. Under the proposed program, States would be required to spend at least 25 percent of their funds for each of these two activities. The remaining \$50,000,000 proposed in the budget request would be available for competitive grants from the U.S. Department of Education to partnerships of State educational agencies, local educational agencies and non-profit organizations for the development and implementation of performance-based teacher compensation systems in States and school districts.

The budget request includes bill language that would authorize this new program. However, the Committee notes that this program was not specifically authorized under the No Child Left Behind Act, so it is not included in the Committee bill.

*Ready to Learn Television*

The Committee recommends an appropriation of \$25,000,000 for the Ready to Learn Television program. The comparable funding level for fiscal year 2005 and the budget request both are \$23,312,000 for this purpose.

Ready to Learn Television supports the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school. The program also supports the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming.

The original objective of RTL was to place educational programming within the reach of every American child, especially those in culturally disadvantaged households or communities.

The Committee commends the research collaboration of WGBH Between the Lions, Sesame Workshop, and the National Center for Rural Early Childhood Education regarding Ready to Learn television shows and outreach programming. This new research for the first time shows the unique learning that occurs in rural areas and how they can be best addressed with technologically accessible enhancing programming coupled with regular public broadcasting of a variety of RTL television shows.

The Committee notes that awards have yet to be made with fiscal year 2005 funds available for this program. The Committee understands that the competition placed a priority on reading programming, but does not intend to restrict program content to that subject only. The Committee appreciates the Department's commitment to creating high-quality learning environments for children through this program and intends that funds provided in last year's bill and this Act will support the Department's broad view of the educational value of this program. While successful reading is clearly an important foundation that will allow children to achieve at grade level in future years, it is not the only factor that will help them reach that goal.

The Committee appreciates and continues to support the community outreach efforts that support programming developed and delivered through the Ready to Learn partnership during prior funding cycles. While not all of the local outreach activities achieved their goal of adequately supporting Ready to Learn programming, many leveraged significant local resources, fostered broad community collaboration with a small amount of Federal funding, and led to more frequent and longer periods of reading and other learning activities by those adults who attended local training workshops. The Committee notes that this small investment in local community outreach greatly extended the scope and educational value of this program, not only through the services offered to parents but also because of the incentive that it created for local stations to air Ready to Learn programming. The Committee believes this frame-

work should continue to be supported and strongly urges the Department to utilize funds appropriated in fiscal year 2005 and continued in fiscal year 2006 for this purpose.

#### *Dropout Prevention*

The Committee does not recommend additional funds for the dropout prevention program. The comparable funding level for fiscal year 2005 is \$4,930,000 and the budget request did not include any funding for the dropout prevention program. These funds are used to help schools implement effective school dropout prevention and re-entry programs.

In addition, the Committee notes that in fiscal year 2005, States reserved more than \$105,000,000 from their Title I, Part A allocations to operate State-administered projects in LEAs with the highest dropout rates and in areas serving a large number of children in local correctional facilities, as is required by law.

#### *Close Up Fellowships*

The Committee recommendation includes \$1,469,000 for Close Up Fellowships. The comparable funding level for fiscal year 2005 is \$1,469,000 and the budget request did not include any funds for this purpose. The Close Up Fellowships, formerly called Ellender Fellowships, which is administered by the Close Up Foundation of Washington, DC, provides fellowships to students from low-income families and their teachers to enable them to spend 1 week in Washington attending seminars and meeting with representatives of the three branches of the Federal Government.

The Committee notes that the Close Up Foundation, in collaboration with the Secretary of Education, is required to develop and implement procedures for measuring the efficacy of the Foundation's authorized programs, including the extent to which the programs are providing young people with an increased understanding of the Federal Government; heightening a sense of civic responsibility among young people; and enhancing the skills of educators in teaching young people about civic responsibility, the Federal Government, and attaining citizenship competencies. The Committee requests a more complete discussion of the actions taken to meet this statutory requirement, as well as program performance information, in the fiscal year 2007 Congressional Budget Justification.

#### *Advanced Placement Program*

The Committee recommends \$33,000,000 for Advanced Placement. The comparable funding level for fiscal year 2005 is \$29,760,000 and the budget request includes \$51,500,000 for the Advanced Placement program.

The first priority of the program is to subsidize test fees for low-income students who are enrolled in an Advanced Placement class and plan to take an Advanced Placement test. The balance of the funds are allocated for Advanced Placement Incentive Program grants, which are used to expand access for low-income individuals to Advanced Placement programs. Eligible activities include teacher training and participation in online Advanced Placement courses, among other related purposes.

## SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2005 .....	\$833,987,000
Budget estimate, 2006 .....	396,767,000
House allowance .....	763,870,000
Committee recommendation .....	697,300,000

*Safe and Drug-Free Schools and Communities*

The Committee recommends a total of \$697,300,000 for activities to promote Safe Schools and Citizenship Education. The comparable fiscal year 2005 funding level is \$833,987,000 and the budget request includes \$396,767,000 for these activities.

*State Grant Program.*—The Committee recommends \$300,000,000 for the safe and drug-free schools and communities State grant program. The comparable fiscal year 2005 funding level is \$437,381,000 and the budget request did not include any funds for this purpose. The State grant program is the backbone of youth drug prevention efforts in the United States. This formula-based State grant program provides resources to Governors, State educational agencies and local educational agencies for developing and implementing activities that help create and maintain safe and drug-free learning environments in and around schools.

*National Programs.*—The Committee has included \$150,000,000 for the national programs portion of the safe and drug-free schools and communities program. The comparable funding level for fiscal year 2005 is \$152,537,000 and the budget request includes \$267,967,000 for these programs. The Committee does not recommend additional funding for Project SERV (School Emergency Response to Violence), which provides education-related services to LEAs in which the learning environment has been disrupted due to a violent or traumatic crisis. The budget request includes \$5,000,000 for Project SERV. However, the Committee notes that the Department currently has roughly \$8,000,000 available for this purpose. These funds are available until expended. The Committee will monitor the availability of funding and consider action in subsequent appropriations bills.

The Committee continues to be concerned about the increasing problem of alcohol and drug abuse on college campuses. The Committee has included bill language requiring the Department to spend \$850,000 on a program under the guidelines in section 120(f) of Public Law 105–244. This program identifies and provides models of alcohol and drug abuse prevention and education programs in higher education. The Committee includes these funds within the requested \$10,000,000 for post-secondary alcohol prevention efforts proposed in the budget request.

The Committee expects that the Department will provide \$300,000 for the continued operation of the National Clearinghouse for Educational Facilities. These funds will be used to address issues related to school safety and healthy school buildings. The Committee has included additional funds for the Clearinghouse through the Fund for the Improvement of Education.

The Committee recommendation does not include \$87,500,000 as requested by the Department for a new grant program for local educational agencies. This program was proposed to replace the State grant program, a proposal rejected by the Committee.

The Committee recommendation includes \$30,000,000 to continue the school safety initiative. The budget request includes \$30,000,000 to support grants and technical assistance to elementary and secondary schools for responding to emergency response challenges identified in the Department of Homeland Security's Critical Infrastructure plan. The Committee notes that not all districts in need of planning funds previously provided have received them, so the Department is encouraged to consider running an additional planning grant competition to ensure that the most at-risk districts receive planning grants before moving to this next phase. The Committee expects to receive a letter report on the plan for fiscal year 2006 funds, prior to the announcement of the next grant competition under this program.

The Committee recommendation includes \$7,492,000 for school-based drug testing programs for students. The comparable fiscal year 2005 funding level is \$9,920,000 and the budget request includes \$25,000,000. The Committee expects that this funding will be used to continue and evaluate current drug testing grants.

The Committee recommendation also includes \$9,372,000 to continue data management improvement grants and related technical assistance; \$82,336,000 for safe schools healthy students; \$2,000,000 for the required impact evaluation; \$2,000,000 for information and materials; \$2,000,000 for data collection and analysis; \$1,500,000 for other joint project with Federal agencies; and \$3,000,000 for other program improvement activities.

Research studies have found that mental health greatly affects academic achievement and educational outcomes. The Committee recognizes the negative impact that depression, anxiety, substance abuse, and other mental disorders can have on a youth's academic performance and urges the Office of Safe and Drug Free Schools to join the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control, and other Federal agency efforts to take concrete steps to improve the mental health of America's youth through the early identification of mental health problems, including the use of voluntary, evidence-based mental health screening of adolescents. The Committee urges the Department to continue to promote school-wide mental health strategies, provide training to school personnel to recognize early warning signs of mental illness, and increase access to high-quality mental health services. In addition, the Department is encouraged to include an evaluation component to determine the most effective programs and practices for the early identification of youth mental illness.

#### *Alcohol Abuse Reduction*

The Committee recommends \$33,500,000 for grants to LEAs to develop and implement programs to reduce underage drinking in secondary schools. The comparable funding level for fiscal year 2005 is \$32,736,000 and the budget request did not include any funds for this purpose. The Committee directs the Department and the Substance Abuse and Mental Health Services Administration [SAMHSA] in the Department of Health and Human Services to work together on this effort.

*Mentoring*

The Committee recommends \$49,307,000 to support mentoring programs and activities for children who are at risk of failing academically, dropping out of school, getting involved in criminal or delinquent activities, or who lack strong positive role models. The comparable fiscal year 2005 funding level and the budget request both are \$49,307,000 for this purpose.

*Character Education*

The Committee recommends \$24,493,000 to provide support for the design and implementation of character education programs. The comparable funding level for fiscal year 2005 and the budget request both are \$24,493,000 for this purpose.

*Elementary and Secondary School Counseling*

The Committee recommends \$36,000,000 to establish or expand counseling programs in elementary schools. The comparable fiscal year 2005 funding level is \$34,720,000 and the President's budget proposes to eliminate funding for this program. As authorized by the No Child Left Behind Act, all amounts appropriated up to \$40,000,000 are used only for elementary school counseling programs.

*Carol M. White Physical Education for Progress Program*

The Committee recommends \$74,000,000 to help LEAs and community-based organizations initiate, expand and improve physical education programs for students in grades K–12, as authorized by Public Law 107–110. The comparable funding level for fiscal year 2005 is \$73,408,000 and the budget request includes \$55,000,000 for this program. Provision of this funding will help schools and communities nationwide improve their structured physical education programs for students and help children develop healthy lifestyles to combat the epidemic of obesity in the Nation. The Committee does not agree with the administration's proposal to phase-out and eventually eliminate funding for this program.

The Committee notes that in the past 15 years, obesity has increased by over 50 percent among adults and in the past 20 years, obesity has increased by 100 percent among children and adolescents. The National Institute of Child Health and Human Development [NICHD] Study of Early Child Care and Youth Development found that third grade children in the study received an average of 25 minutes per week in school of moderate to vigorous activity, while experts in the United States have recommended that young people should participate in physical activity of at least moderate intensity for 30 to 60 minutes each day. While not nationally represented, this information is consistent with the 2002 Youth Risk Behavior Surveillance System which found that only roughly one-half of all students report attending a physical education class one or more times a week. The Committee believes Federal funding is critical to the effort to reducing these trends and helping improve the health of the American public.

*Civic Education*

The Committee recommends \$30,000,000 for grants to improve the quality of civics and government education, to foster civic competence and responsibility, and to improve the quality of civic and economic education through exchange programs with emerging democracies. The comparable fiscal year 2005 funding level is \$29,405,000 and the budget request proposed to eliminate funding for this purpose.

Civic Education program funds support both the We the People programs and the Cooperative Education Exchange. The Committee recommends \$17,560,000 for the nonprofit Center for Civic Education to support the We the People programs. We the People has two primary components: the Citizen and the Constitution program, which provides teacher training, curriculum materials, and classroom instruction for upper elementary, middle, and high school students; and Project Citizen, a program for middle school students that focuses on the role of State and local governments in the American Federal system.

Within the amount for the We the People program, the Committee recommends the following: that \$3,087,000 be reserved to continue the comprehensive program to improve public knowledge, understanding, and support of American democratic institutions which is a cooperative project among the Center for Civic Education, the Center on Congress at Indiana University, and the Trust for Representative Democracy at the National Conference of State Legislatures; and that \$1,543,000 be used for continuation and expansion of the school violence prevention demonstration program including the Native American program.

The Committee recommends \$12,440,000 for the Cooperative Education Exchange program. Within this amount, the Committee has included \$4,665,000 for the Center for Civic Education and \$4,665,000 for the National Council on Economic Education. The remaining \$3,110,000 should be used for a competitive grant program for civics and government education, and for economic education.

## ENGLISH LANGUAGE ACQUISITION

Appropriations, 2005 .....	\$675,765,000
Budget estimate, 2006 .....	675,765,000
House allowance .....	675,765,000
Committee recommendation .....	675,765,000

The Committee recommends an appropriation of \$675,765,000 for English language acquisition. The comparable funding level for fiscal year 2005 and the budget request both are \$675,765,000 for authorized activities.

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 No Child Left Behind Act also requires that 6.5 percent of the appropriation, an amount equal to \$43,925,000 at the Committee recommendation funding level, be used to support national activities, which include professional development activi-



ties designed to increase the number of highly qualified teachers serving limited English proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs; and evaluation activities. The budget request includes language that would allow national activities funds to be available for 2 years. The Committee bill includes the requested language.

At the level of the Committee recommendation, the State grant portion of this account will increase by more than \$44,000,000, as funding for expiring projects under the prior law are redirected to the State grant program. These additional funds will help States improve the educational outcomes for limited English proficient students.

#### SPECIAL EDUCATION

Appropriations, 2005 .....	\$11,673,606,000
Budget estimate, 2006 .....	12,126,130,000
House allowance .....	11,813,783,000
Committee recommendation .....	11,774,107,000

The Committee recommends \$11,774,107,000 for special education programs authorized by the Individuals with Disabilities Education Act [IDEA]. The comparable fiscal year 2005 funding level is \$11,673,606,000 and the budget request includes \$12,126,130,000 for such programs.

#### *Office of Special Education and Rehabilitative Services [OSERS]*

*No Child Left Behind [NCLB].*—The Committee notes that the Department recently announced changes in NCLB policy regarding students with disabilities who have shown academic difficulties. The Department estimates that 2 percent of students with academic disabilities can make progress toward grade-level standards when they receive high-quality instruction and when their assessments are based on modified academic achievement standards assessments. The Committee is concerned that States do not yet have the tools and resources to appropriately implement the new policy in the 2005–2006 school year. To help States prepare for future implementation based on the promulgation of final regulations, the Committee strongly urges OSERS to provide support guidance to States, and LEAs, and parents that will define how students are identified for this category and ensure that eligible students have every possible opportunity for full and consistent participation in the general education curriculum and be on track to graduate with a regular diploma.

#### *Office of Special Education Programs [OSEP]*

*Specific Learning Disabilities [SLD].*—The Committee urges OSEP to ensure that the National Research Center on Learning Disabilities [NRCLD] continues to conduct and synthesize research on how to best implement and take to scale identification methods that rely on students' responses to scientific research-based instruction. OSEP, through the NRCLD, should assist States and LEAs in identifying the criteria for determining an SLD and ensuring the consistency and integrity of the classification system across the States, and provide guidance and technical assistance systems for

the improvement of SLD identification and eligibility. The NRCLD should disseminate to and assist both States and LEAs with replicable models that produce measurable positive improvements in student learning. The NRCLD should coordinate with the PTIs, the National Dissemination Center for Children with Disabilities and other national partners to disseminate information about accurate identification of SLDs to parents. The Committee encourages OSEP to coordinate efforts within the Department of Education, NIH, NSF and other Federal agencies working on related activities.

*No Child Left Behind [NCLB] and the Individuals with Disabilities Education Improvement Act of 2004.*—The Committee urges OSEP to educate parents of students with learning disabilities with the critical information they need to understand the impact of decisions made by the IEP team regarding assessments required by NCLB, school choice, supplemental education services, and other provisions of NCLB.

#### *Grants to States*

The Committee recommends \$10,689,746,000 for special education grants to States, as authorized under part B of the IDEA. The comparable fiscal year 2005 funding level is \$10,589,746,000 and the budget request includes \$11,097,746,000. 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 local educational agencies, but may reserve some for program monitoring, enforcement, technical assistance and other activities.

The appropriation for this program primarily supports activities associated with the 2006–2007 academic year. Of the funds available for this program, \$5,265,546,000 will become available on July 1, 2006 and \$5,424,200,000 will become available on October 1, 2006. These funds will remain available for obligation until September 30, 2007.

The reauthorization established a new activity under this program, which allows funds to be used by the Secretary for grants to and contracts with States that improve their capacity to collect data required under the Act. The reauthorization also established a separate program for IDEA studies and evaluations, which is now funded as a separate program under the Institute of Education Sciences. Studies and evaluations were funded previously under this program, in accordance with the former law.

The Committee's recommended funding level represents approximately 18 percent of the average per-pupil expenditure, an increase of 50 percent from the level in fiscal year 2000 when the Federal share of average per-pupil expenditure was 12 percent.

The budget request includes language capping the Department of Interior set-aside at the prior year level, adjusted by the increase in inflation. The Committee bill includes this language.

#### *Preschool Grants*

The Committee recommends \$384,597,000 for preschool grants. The comparable fiscal year 2005 funding level and the budget request both are \$384,597,000. The preschool grants program pro-

vides formula grants to States to make available special education and related services for children with disabilities aged 3 through 5. States are eligible for funds, which they in turn pass on to local educational agencies, if they serve all eligible children with disabilities aged 3 through 5 and have an approved application under the Individuals with Disabilities Education Act.

#### *Grants for Infants and Families*

The Committee recommends \$444,308,000 for grants for the infants and families program under part C of the IDEA. The comparable fiscal year 2005 funding level and the budget request both are \$440,808,000. This program provides formula grants to States, Outlying Areas and other entities to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages 2 and under, and their families.

The Individuals with Disabilities Education Improvement Act of 2004 created a new State Incentive Grant program, triggered when the appropriation for this program exceeds \$460,000,000. Under this new authority, 15 percent of the appropriation is reserved by the Secretary for grants to States that have chosen to extend Part C services to 3-year-old children through their enrollment in kindergarten or elementary school who otherwise would be eligible for services under the Preschool Grants program.

#### *State Personnel Development*

The Committee recommends \$50,653,000 for the State personnel development program. The comparable fiscal year 2005 funding level is \$50,653,000 and the budget request does not include any funds for this program. The program formerly was known as the State improvement grant program, until it was changed by the Individuals with Disabilities Education Improvement Act of 2004. Under the reauthorization, this program focuses on the professional development needs in States by requiring that 90 percent of funds be used for professional development activities. The program supports grants to State educational agencies to help them reform and improve their personnel preparation and professional development related to early intervention, educational and transition services that improve outcomes for students with disabilities.

Under this program, competitive grants are made when the appropriation is less than \$100,000,000, but are made by formula to States when the appropriation exceeds this amount and \$100,000,000 is remaining after covering continuation costs.

#### *Transition Initiative*

The Committee recommendation does not include any funds for this new program. The budget request includes \$5,000,000 for this new initiative. Funds would be used to help States improve high school graduation rates, transition activities, and post-school outcomes, establish better data collection systems, and analyze and use student information. Grants would be made to State educational agencies on a competitive basis.

The Committee notes that the budget request includes \$2,000,000 under the demonstration and training program in the

Rehabilitation Services and Disability Research account to support this initiative. Funds are available under that program for this initiative, but the Committee is unable to provide the additional special education funds requested for the new program given budgetary constraints.

#### *Technical Assistance and Dissemination*

The Committee recommends \$49,397,000 for technical assistance and dissemination. The comparable fiscal year 2005 funding level is \$52,396,000 and the budget request is \$49,397,000 for these activities. 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 IDEA.

#### *Personnel Preparation*

The Committee recommends \$90,626,000 for the personnel preparation program. The comparable fiscal year 2005 funding level and the budget request both are \$90,626,000 for this 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 Committee is particularly concerned about the shortage of qualified occupational therapists available to work in school systems, to assist children with disabilities, and with the shortage of leadership-level faculty to train such professionals. The Committee intends that funds be used to address these shortages.

#### *Parent Information Centers*

The Committee recommends \$25,964,000 for parent information centers. The comparable fiscal year 2005 funding level and the budget request both are \$25,964,000 for authorized activities. 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 \$38,816,000 for technology and media services. The comparable fiscal year 2005 funding level is \$38,816,000 and the budget request includes \$31,992,000 for such activities. This program makes competitive awards to support the development, demonstration, and use of technology, and educational media activities of value to children with disabilities.

The Committee recommendation includes \$12,000,000 for Recording for the Blind and Dyslexic, Inc. [RFB&D]. These funds support the continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and accelerated use of digital technology. The administration proposed eliminating support of RFB&D for these activities.

The Committee also recommends \$1,500,000 to continue support of the Reading Rockets program. Last year, this program received \$1,488,000. The administration proposed eliminating support for this program.

This activity is authorized by section 687(b)(2)(G) of the Individuals with Disabilities Education Act, as amended. The Committee recognizes the progress of the Reading Rockets program, which is developing a wide range of media resources to disseminate research conducted by the National Institutes of Health, as well as other research concerning effective teaching strategies, early diagnosis of, and intervention for, young children with reading disabilities. These resources include an extensive web site, videos, and programming for television and radio broadcast. The Committee includes funding for the continued development and distribution of media resources to reach the parents and teachers of children with reading disabilities.

The Committee notes that, within the budget request, funds are available to provide better access to educational media and materials for individuals with disabilities, including activities related to the National Instructional Materials Accessibility Standard. The Committee supports these efforts, and encourages the Department to provide sufficient funds to fulfill the requirements related to this standard established by the Individuals with Disabilities Education Improvement Act of 2004.

#### REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2005 .....	\$3,074,574,000
Budget estimate, 2006 .....	3,059,298,000
House allowance .....	3,128,638,000
Committee recommendation .....	3,133,638,000

The Committee recommends \$3,133,638,000 for rehabilitation services and disability research. The comparable fiscal year 2005 funding level is \$3,074,574,000 and the budget request includes \$3,059,298,000 for programs in this account.

The authorizing statute for programs funded in this account, except for those authorized under the Assistive Technology Act, expired September 30, 2004. The program descriptions provided below assume the continuation of current law.

The Committee recognizes the importance, efficiency, and return on the taxpayer dollar of community rehabilitation programs and other nonprofit organizations in providing support for people with disabilities. The Committee urges the Rehabilitation Services Administration to support the utilization of community rehabilitation programs to the maximum extent possible in the delivery of employment and other support services to people with disabilities.

#### *Vocational Rehabilitation State Grants*

The Committee provides \$2,720,192,000 for vocational rehabilitation grants to States. The Committee recommendation provides the full amount authorized by the Rehabilitation Act of 1973. The comparable funding level for fiscal year 2005 is \$2,635,845,000.

Basic State grant funds assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. Authorizing legis-

lation requires States to give priority to persons with the most significant disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income. States must provide a 21.3 percent match of Federal funds, except the State's share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

The Rehabilitation Act requires that no less than 1 percent and not more than 1.5 percent of the appropriation in fiscal year 2006 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

#### *Client Assistance*

The Committee recommends \$11,901,000 for the client assistance program. The comparable fiscal year 2005 funding level and the budget request both are \$11,901,000 for authorized activities.

The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding the benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except that increases in minimum grants are guaranteed to each of the 50 States, the District of Columbia, and Puerto Rico, and guaranteed to each of the outlying areas, by a percentage not to exceed the percentage increase in the appropriation. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

#### *Training*

The Committee recommends \$38,826,000 for training rehabilitation personnel. The comparable fiscal year 2005 funding level and the budget request both are \$38,826,000 for training activities.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental and innovative, and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

#### *Demonstration and Training Programs*

The Committee bill includes \$6,577,000 for demonstration and training programs for persons with disabilities. The comparable fiscal year 2005 funding level is \$25,607,000 and the budget request includes \$6,577,000 for authorized activities. This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes.

Demonstration programs support projects for individuals with a wide array of disabilities.

The Committee is pleased with the partnership between RSA and the American Academy of Orthotists and Prosthetists to support and improve the quality of applied orthotic and prosthetic research and help meet the increasing demand for provider services. The Committee has provided sufficient funds to support this partnership at its current level. Funds are to be used to further develop the orthotic and prosthetic awareness campaign, which includes an educational outreach initiative designed to recruit and retain professionals. Funds also will continue to support a series of consensus conferences and the dissemination of best practices to the field.

#### *Migrant and Seasonal Farmworkers*

The Committee recommends \$2,302,000 for migrant and seasonal farmworkers, the same amount as the comparable fiscal year 2005 funding level. The Department proposes eliminating separate funding for this program.

This program provides grants limited to 90 percent of the costs of the projects providing comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

#### *Recreational Programs*

The Committee provides \$2,543,000 for recreational programs, the same amount as the comparable fiscal year 2005 funding level. The budget request does not include funding for this program.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment, mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

#### *Protection and Advocacy of Individual Rights*

The Committee recommends \$16,656,000 for protection and advocacy of individual rights. The comparable fiscal year 2005 funding level and the budget request both are \$16,656,000.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are not eligible for protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

#### *Projects with Industry*

The Committee recommends \$19,735,000 for projects with industry. The comparable fiscal year 2005 funding level is \$21,625,000.

and the administration proposes eliminating separate funding for this program.

The projects with industry [PWI] program promotes greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program supports grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

#### *Supported Employment State Grants*

The Committee's bill includes \$30,000,000 for the supported employment State grant program. The comparable fiscal year 2005 funding level is \$37,379,000 and the administration proposes eliminating separate funding for this program.

This program assists the most severely disabled individuals by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are augmented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population.

#### *Independent Living State Grants*

The Committee recommends \$22,816,000 for independent living State grants. The comparable funding level for fiscal year 2005 and the budget request both are \$22,816,000 for authorized activities.

The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

#### *Independent Living Centers*

The Committee recommends \$75,392,000 for independent living centers. The comparable fiscal year 2005 funding level and the budget request both are \$75,392,000 for the centers.

These funds support consumer-controlled, cross-disability, non-residential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

#### *Independent Living Services for Older Blind Individuals*

The Committee provides \$33,227,000 for independent living services to older blind individuals. The comparable fiscal year 2005 funding level and the budget request both are \$33,227,000 for these activities. Through this program, assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently and avoid societal costs associated with dependent care. Services may include the provision of eyeglasses and other visual aids, mobility training, braille instruction and other communication services, community integration, and information and referral. These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care. The services most commonly provided by this program are daily living skills training, counseling, the provision of



low-vision devices community integration, information and referral, communication devices, and low-vision screening.

The Committee notes that there are 5 million Americans in this country age 55 and older who are experiencing vision loss and that the number of Americans in this category is expected to double in the next 30 years. The Committee recognizes the very important and cost-effective work carried out through this program. By allowing older individuals to remain in their homes and communities, substantial savings are achieved.

#### *Program Improvement Activities*

The Committee recommends \$843,000 for program improvement activities. The comparable fiscal year 2005 funding level and the budget request both are \$843,000 for authorized activities. In fiscal year 2006, funds for these activities will continue to support technical assistance efforts to improve the efficiency and effectiveness of the vocational rehabilitation program and improve accountability efforts. The funds provided are sufficient to support technical assistance and other ongoing program improvement activities, such as improved program performance measurement.

#### *Evaluation*

The Committee recommends \$1,488,000 for evaluation activities. The comparable fiscal year 2005 funding level and the budget request both are \$1,488,000 for such activities.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Committee recommendation continues to support a new multi-year study of the State Vocational Rehabilitation Services program. The Department awards competitive contracts for studies to be conducted by persons not directly involved with the administration of Rehabilitation Act programs.

#### *Helen Keller National Center*

The Committee recommends \$8,597,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The comparable fiscal year 2005 funding level is \$10,581,000 and the budget request includes \$8,597,000 for this purpose. The difference between fiscal year 2005 funding and the Committee recommendation relates to earmarked funds provided in the Consolidated Appropriations Act, 2005. These funds are still available for expenditure and it is estimated it could take another 2 years before they are exhausted.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies. At the recommended level, the center would serve more than 110 persons with deaf-blindness at its headquarters facility and provide field services to approximately 2,500 individuals and families and approximately 1,100 organizations.

*National Institute on Disability and Rehabilitation Research*

The Committee recommends \$107,783,000 for the National Institute on Disability and Rehabilitation Research [NIDRR]. The comparable fiscal year 2005 funding level and the budget request both are \$107,783,000 for authorized activities.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

The Committee recommendation includes \$11,863,000, as proposed in the budget request, for NIDRR's spinal cord injury model systems projects. The Committee intends that these funds should be used to support investments that would facilitate multi-center research and encourages NIDRR to continue its collaboration with other Federal agencies in order to leverage Federal investments in this area.

*Assistive Technology*

The Committee recommends \$34,760,000 for assistive technology. The comparable fiscal year 2005 funding level is \$29,760,000. The budget request includes \$15,000,000 solely for the alternative financing program.

The Assistive Technology program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. The program support various activities that help States to develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. Under the recent reauthorization, the administration of this program was moved to the Rehabilitation Services Administration from the National Institute on Disability and Rehabilitation Research. The reauthorization also requires that an annual report be submitted to Congress by December 31 of each year.

The Committee recommendation includes \$25,300,000 for State grant activities authorized under section 4, \$4,500,000 for protection and advocacy systems authorized by section 5, and \$1,200,000 for technical assistance activities authorized under section 6.

The Committee recommendation also includes \$3,760,000 for the alternative financing program. The Committee recommendation includes bill language requested by the administration designed to encourage States to support alternative financing programs. These changes allow States to receive less than \$500,000 for an award, require a match of 25 percent and enable States to receive more than one grant. The Committee urges the Department to ensure that grantees design and operate their programs in a consumer-directed fashion. The Committee also urges the Department to utilize

these funds to expand the number of States operating alternative financing programs.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2005 .....	\$16,864,000
Budget estimate, 2006 .....	16,864,000
House allowance .....	17,000,000
Committee recommendation .....	18,500,000

The Committee recommends \$18,500,000 for the American Printing House for the Blind [APH]. The comparable fiscal year 2005 funding level is \$16,864,000 and the budget request includes \$16,864,000 for this purpose.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides almost 60 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, and recorded form and microcomputer 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.

In addition to its ongoing activities, the Individuals with Disabilities Education Improvement Act assigned to the American Printing House for the Blind the responsibility of establishing and maintaining a National Instructional Materials Access Center. The Center will serve as a national clearinghouse, maintaining a repository of textbook files provided in the National Instructional Materials Accessibility Standard format by textbook publishers. The Center will manage the transfer of these files to State Education Agencies for production in media that are readily accessible to the blind, visually impaired, and print disabled. The Committee supports this effort, and encourages the Department to provide sufficient funds to fulfill the requirements of the law.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2005 .....	\$55,344,000
Budget estimate, 2006 .....	54,472,000
House allowance .....	56,137,000
Committee recommendation .....	57,279,000

The Committee recommends \$57,279,000 for the National Technical Institute for the Deaf [NTID]. The comparable fiscal year 2005 funding level is \$55,344,000 and the budget request includes \$54,472,000 for this purpose.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for 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. Within the amount provided,

\$800,000 is for construction. At the discretion of the Institute, funds may be used for the Endowment Grant program.

#### GALLAUDET UNIVERSITY

Appropriations, 2005 .....	\$104,557,000
Budget estimate, 2006 .....	104,557,000
House allowance .....	107,657,000
Committee recommendation .....	108,500,000

The Committee recommends \$108,500,000 for Gallaudet University. The comparable fiscal year 2005 funding level and the budget request both are \$104,557,000 for the university.

Gallaudet University is a private, nonprofit 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-impaired and who are deaf. The University conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation includes funding to enable Gallaudet University to continue to offer competitive pay increases for faculty and staff, support investments in information technology and address other cost increases and program improvements. Funds also are available, at the discretion of the University, for the Endowment Grant program.

#### VOCATIONAL AND ADULT EDUCATION

Appropriations, 2005 .....	\$2,037,733,000
Budget estimate, 2006 .....	215,734,000
House allowance .....	1,991,782,000
Committee recommendation .....	1,923,766,000

The Committee recommendation includes a total of \$1,923,766,000 for vocational and adult education, consisting of \$1,309,400,000 for vocational education, \$585,406,000 for adult education and \$28,960,000 for other activities. The comparable funding level in fiscal year 2005 is \$2,037,733,000 and the budget request includes \$215,734,000 for this account.

The authorizing statute for vocational and adult education programs and the State grants for incarcerated youth offenders program funded in this account expired September 30, 2004. Descriptions for these programs provided below assume the continuation of current law.

#### VOCATIONAL EDUCATION

The Committee recommends \$1,309,400,000 for vocational education. The comparable fiscal year 2005 funding level is \$1,326,107,000 and the budget request does not include any funds for these activities. The administration proposed to redirect the funds currently allocated for vocational education to a new High

School initiative. The Committee notes that this initiative has not been acted on by the appropriate authorizing committees of Congress.

*Basic Grants.*—The Committee recommends \$1,194,331,000 for basic grants, the same amount as the comparable fiscal year 2005 funding level. The budget request does not include any funds for this purpose. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

Of the funds available for this program, \$403,331,000 will become available on July 1, 2006 and \$791,000,000 will become available on October 1, 2006. These funds will remain available for obligation until September 30, 2007.

*Tech-Prep Education.*—The Committee recommends \$105,812,000 for tech-prep programs. The comparable fiscal year 2005 funding level is \$105,812,000 and the budget request proposes to eliminate funding for this program. This program is designed to link academic and vocational learning and to provide a structured link between secondary schools and postsecondary education institutions. Funds are distributed to the States through the same formula as the basic State grant program. States then make planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model 4-year programs that begin in high school and provide students with the mathematical, science, communication, and technological skills needed to earn a 2-year associate degree or 2-year certificate in a given occupational field.

*National Programs, Research.*—The Committee recommends \$9,257,000 for national research programs and other national activities. The comparable fiscal year 2005 funding level is \$11,757,000 and the budget request proposes to eliminate separate funding for this program. The Committee recommendation maintains the current spending on national programs because \$2,500,000 has been utilized under this appropriation for the State Scholars program. Funding for State Scholars was requested under the Fund for the Improvement of Education.

Funds provided under this program support research, development, dissemination, evaluation and assessment designed to improve the quality and effectiveness of vocational and technical education. Funds have been provided to the National Research Center for Career and Technical Education and the National Dissemination Center for Career and Technical Education to conduct research

and provide technical assistance to vocational educators. The results of the applied research done by these Centers inform technical assistance to reform and improve vocational education instruction in schools and colleges. Resources made available through this program also are used to support a variety of activities to identify and promote effective research-based programs and practice in vocational education.

*Tech-Prep Education Demonstration Program.*—The Committee recommendation does not include additional funding for this program. The comparable fiscal year 2005 funding level is \$4,900,000 and the budget request proposes to eliminate funding for this program. Under this demonstration authority, the Secretary has awarded grants competitively to consortia that involve a business as a member, locate a secondary school on the site of a community college, and seek voluntary participation of secondary school students enrolled such a high school. The purpose of the demonstration program is to support development of the “middle college” model of high school, which promotes higher student achievement and postsecondary enrollment. Funds have been used for curriculum, professional development, equipment, and other start-up and operational costs.

The Committee notes that evaluations for the first round of funded grantees will be available this year. The Committee urges the Department to identify effective programs from these projects that have positive findings, based on rigorous evaluations, and disseminate them to States, so they can further benefit from the investment made in this program.

*Occupational and Employment Information Program.*—The Committee does not recommend additional funds for activities authorized by section 118 of the Carl Perkins Act. The comparable fiscal year 2005 funding level is \$9,307,000, and the budget request proposes to eliminate this program. The Act requires that at least 85 percent of the amount appropriated be provided directly to State entities to develop and deliver occupational and career information to students, job seekers, employers, education, employment and training programs.

#### ADULT EDUCATION

The Committee recommends \$585,406,000 for adult education, the same amount as the comparable fiscal year 2005 funding level. The budget request includes \$215,734,000 for this purpose.

*Adult Education State Programs.*—For adult education State programs, the Committee recommends \$569,672,000, the same amount as the comparable fiscal year 2005 funding level. The budget request includes \$200,000,000 for authorized activities. These funds are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

The Committee recommendation continues the English literacy and civics education State grants set aside within the Adult Education State grant appropriation. Within the total, \$68,582,000 is available to help States or localities affected significantly by immi-

gration and large limited-English populations to implement programs that help immigrants acquire English literacy skills, gain knowledge about the rights and responsibilities of citizenship and develop skills that will enable them to navigate key institutions of American life.

The Committee is pleased with the progress States are making in reporting on and improving performance outcomes generated by this program and urges the Department to continue to work with States to assist them in these efforts. The Committee recognizes the diverse population eligible for services under this program, ranging from adults striving to complete their secondary education to workers requiring better English skills to benefit from employer-provided job training and to grandparents desiring the skills necessary to help grandchildren to learn to read. The Committee also notes that while some participants cite employment as their reason for enrolling in an adult education program, many program participants do not establish this as a goal. Furthermore, even if employment is a goal, increased earnings might not be associated with the career goals of the more than one-third of adult education participants currently employed. Therefore, the Committee has recommended level funding for this program, and urges the Department to consider these facts when assessing program performance under the Adult Education program and the appropriateness of including this education program under the Administration's initiative to identify common measures for job training and employment programs.

*National Activities.*—The Committee recommends \$9,096,000 for national leadership activities. The comparable funding level for fiscal year 2005 and the budget request both are \$9,096,000 for this purpose. Under this program, the Department supports applied research, development, dissemination, evaluation and program improvement activities to assist States in their efforts to improve the quality of adult education programs.

*National Institute for Literacy.*—The Committee recommends \$6,638,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act. The comparable fiscal year 2005 funding level and the budget request both are \$6,638,000 for this purpose. The Institute provides leadership and coordination for national literacy efforts by conducting research and demonstrations on literacy, establishing and maintaining a national center for adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

#### *Smaller Learning Communities*

The Committee does not recommend additional funds for this program. The comparable fiscal year 2005 funding level is \$94,476,000 and the budget request does not include any funds for this purpose. This program has supported competitive grants to local educational agencies to enable them to create smaller learning communities in large schools. Funds have been used to study, research, develop and implement strategies for creating smaller learning communities, as well as professional development for staff. Two types of grants were made under this program: 1-year plan-

ning grants, which help LEAs plan smaller learning communities and 3-year implementation grants, which help create or expand such learning environments.

The Committee notes that the fiscal year 2004 and 2005 appropriations are still available for obligation and the Department lapsed more than \$26,000,000 from the fiscal year 2003 appropriation because of a lack of fundable applications.

#### *Community Technology Centers*

The Committee recommends \$4,960,000 for community technology centers, the same amount as the comparable funding level for fiscal year 2005. The budget request proposes to eliminate funding for this program. Community technology centers provide disadvantaged residents of economically distressed urban and rural communities with access to information technology and related training. They can provide, among other things, preschool and after-school programs, adult education and literacy, and workforce development and training.

#### *State Grants for Incarcerated Youth Offenders*

The Committee has included \$24,000,000 for education and training for incarcerated youth offenders. The comparable funding level for fiscal year 2005 is \$21,824,000. The Administration proposes to eliminate funding for these activities. This program provides grants to State correctional education agencies to assist and encourage incarcerated youth to acquire functional literacy, life and job skills, through the pursuit of a postsecondary education certificate or an associate of arts or bachelor's degree. Grants also assist correction agencies in providing employment counseling and other related services that start during incarceration and continue through prerelease and while on parole. Under current law, each student is eligible for a grant of not more than \$1,500 annually for tuition, books, and essential materials, and not more than \$300 annually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

The Committee expects the Department to administer this program through the Office of Correctional Education within the Office of Vocational and Adult Education. The Committee notes that this would be consistent with the Department's recent reorganization, which designated the Under Secretary with the authority to coordinate the efforts of postsecondary programs and initiatives.

#### *Literacy Programs for Prisoners*

The Committee recommendation does not include funds for this program. The comparable funding level for fiscal year 2005 is \$4,960,000 and the budget request does not include any funds for this purpose. Under this program, grants have been made to State and local correctional education agencies and correctional education agencies to establish and operate programs that develop and im-



prove the life skills of prisoners so they may more effectively reintegrate into society.

#### STUDENT FINANCIAL ASSISTANCE

Appropriations, 2005 .....	\$14,265,749,000
Budget estimate, 2006 .....	15,050,977,000
House allowance .....	15,283,752,000
Committee recommendation .....	15,103,795,000

The Committee recommends an appropriation of \$15,103,795,000 for student financial assistance. The comparable fiscal year 2005 funding level is \$14,265,749,000 and the budget request includes \$15,050,977,000 for this purpose.

Programs in this account are authorized through September 30, 2005. Program authorities and descriptions assume the continuation of current law.

#### *Federal Pell Grant Program*

For Pell grant awards in the 2006–2007 academic year, the Committee recommends \$13,177,000,000 to maintain the record maximum Pell Grant award level of \$4,050. The Committee is very supportive of the President’s proposal to increase the Pell Grant maximum award using mandatory funds. This proposal would have guaranteed \$100 increases in the Pell Grant maximum award for each of the next 5 years. Unfortunately, the Budget Resolution rejected this proposal and proposed that an increase in the maximum award should compete against funding for other student aid programs, vocational and technical education and other activities funded in this bill. The Committee encourages the Administration to make this worthwhile proposal again next year and take necessary action to ensure its adoption.

Pell grants provide need-based financial assistance that helps low- and middle-income undergraduate students and their families defray a portion of the costs of postsecondary education and vocational training. Awards are determined according to a statutory need analysis formula that takes into account a student’s family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions. Pell grants are considered the foundation of Federal postsecondary student aid.

The Committee has deferred action on the proposed enhanced Pell grants for State scholars program. This program is not currently authorized. The budget request includes \$33,000,000 to provide additional Pell grant support to students completing specific challenging coursework while in secondary school.

The Committee bill also includes language in section 305 of the general provisions to pay off the estimated \$4,300,000,000 accumulated shortfall in the Pell Grant program. The administration provided mandatory funds within its budget request for this purpose. These funds are provided pursuant to section 303 of the Concurrent Resolution on the Budget for fiscal year 2006 (H. Con. Res. 95, House Report 109–62) and are not reflected in the totals for this program or account.

*Federal Supplemental Educational Opportunity Grants*

The Committee recommends \$804,763,000 for Federal supplemental educational opportunity grants [SEOG]. The comparable fiscal year 2005 funding level and the budget request both are \$778,720,000 for this purpose. This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent towards SEOG awards, which are subject to a maximum grant level of \$4,000. School financial aid officers have flexibility to determine student awards, though they must give priority to Pell grant recipients.

*Federal Work-Study Programs*

The Committee bill provides \$990,257,000 for the Federal work-study program, the same amount as both the comparable fiscal year 2005 funding level and the budget request.

This program provides grants to more than 3,300 institutions to help an estimated 800,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings. Institutions also must use at least 7 percent of their grants for community-service jobs.

The Committee strongly supports continued funding for the work colleges program authorized in section 448 of the Higher Education Act of 1965. These funds help support comprehensive work-service learning programs at seven work colleges, and cooperative efforts among the work colleges to expose other institutions of higher education to the work college concept. Of the amount recommended by the Committee, \$6,000,000 is available for this program.

*Federal Perkins Loans*

The Committee bill does not include additional funds for Federal Perkins loans capital contributions. The comparable fiscal year 2005 funding level did not include such funds and the budget request does not provide any funds for this purpose.

The Federal Perkins loan program supports student loan revolving funds built up with capital contributions to nearly 1,900 participating institutions. Institutions use these revolving funds, which also include Federal capital contributions [FCC], institutional contributions equal to one-third of the FCC, and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education.

The Committee recommends \$66,132,000 for loan cancellations, the same amount as the comparable funding level for fiscal year 2005. The budget request did not include any funds for this purpose. These funds reimburse institutional revolving funds on behalf of borrowers whose loans are cancelled in exchange for statutorily specified types of public or military service, such as teaching in a qualified low-income school, working in a Head Start Program, serving in the Peace Corps or VISTA, or nurses and medical technicians providing health care services.

The Committee recommendation will maintain a robust loan program that will support more than \$1,100,000,000 in loans to more than 550,000 individuals.

*Presidential Math and Science Scholars*

The Committee recommendation does not include funds for this new program. The budget request includes \$50,000,000 for this purpose, based on proposed legislation.

This proposed program would support a public-private partnership designed to provide grant aid to low-income math and science students. Grants of up to \$5,000 for each eligible student would be available through this proposed partnership.

*Leveraging Educational Assistance Partnership Program*

For the leveraging educational assistance partnership [LEAP] program, the Committee recommends \$65,643,000, the same amount as the comparable funding level for fiscal year 2005. The budget proposes to eliminate funding for this program.

The leveraging educational assistance partnership program provides a Federal match to States as an incentive for providing need-based grant and work-study assistance to eligible postsecondary students. When the appropriation exceeds \$30,000,000, amounts above this threshold must be matched by States on a 2:1 basis. Federally supported grants and job earnings are limited to \$5,000 per award year for full-time students.

STUDENT AID ADMINISTRATION

Appropriations, 2005 .....	\$119,084,000
Budget estimate, 2006 .....	939,285,000
House allowance .....	124,084,000
Committee recommendation .....	120,000,000

The Committee recommends \$120,000,000 in discretionary resources for the Student Aid Administration account. The comparable fiscal year 2005 discretionary funding level is \$119,084,000 and the budget request includes \$939,285,000 in such funding. However, the budget request assumes enactment of a proposal to rescind mandatory budget authority available in Section 458 of the Higher Education Act and to provide these funds through discretionary appropriations. The Committee does not agree with the administration's legislative proposal to fund this new account solely through annual appropriations.

Funds appropriated for the Student Aid Administration account, in addition to mandatory funding available through Section 458 of the Higher Education Act, will support the Department's student aid management expenses. The Office of Federal Student Aid and Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs.

LOANS FOR SHORT-TERM TRAINING

Appropriations, 2005 .....	
Budget estimate, 2006 .....	\$11,000,000
House allowance .....	
Committee recommendation .....	

The Committee defers action on this program, which is to be established by proposed legislation. The budget request includes \$11,000,000 for this new activity. Under this proposed program, dislocated workers, the unemployed, transitioning and older work-

ers, and students would be eligible to borrow funds to engage in training needed to acquire new or upgraded skills through short-term training programs. Such training programs must lead to an industry credential, certificate, or employer-endorsed technical or occupational skill.

#### HIGHER EDUCATION

Appropriations, 2005 .....	\$2,116,698,000
Budget estimate, 2006 .....	1,202,315,000
House allowance .....	1,936,936,000
Committee recommendation .....	2,104,508,000

The Committee recommends an appropriation of \$2,104,508,000 for higher education programs. The comparable fiscal year 2005 funding level is \$2,116,698,000 and the budget request includes \$1,202,315,000 for such activities.

Except for the activities authorized by the Mutual Educational and Cultural Exchange Act of 1961, programs in this account are authorized through September 30, 2005. Program authorities and descriptions assume the continuation of current law.

#### *Aid for Institutional Development*

The Committee recommends \$510,923,000 for aid for institutional development authorized by titles III and V of the Higher Education Act. The comparable funding level for fiscal year 2005 is \$507,764,000 and the budget request includes \$505,519,000 for authorized activities.

*Strengthening Institutions.*—The Committee bill includes \$80,338,000 for the part A strengthening institutions program. The comparable fiscal year 2005 funding level and the budget request both are \$80,338,000 for this activity. The part A program supports competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use part A funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services. Institutions awarded funding under this program are not eligible to receive grants under other sections of part A or part B.

*Hispanic-Serving Institutions [HSI].*—The Committee recommends \$95,873,000 for institutions at which Hispanic students make up at least 25 percent of enrollment. The comparable fiscal year 2005 funding level is \$95,106,000 and the budget request includes \$95,873,000 for these institutions. Institutions applying for title V funds must meet the regular part A requirements and show that at least one-half of their Hispanic students are low-income college students. 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. Title V recipients are not eligible for other awards provided under title III, parts A and B.

*Strengthening Historically Black Colleges and Universities.*—The Committee recommends \$240,500,000 for part B grants. The comparable fiscal year 2005 funding level is \$238,576,000 and the

budget request includes \$240,500,000 for authorized activities. The part B strengthening historically black colleges and universities [HBCU] 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. The minimum allotment is \$500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

*Strengthening Historically Black Graduate Institutions.*—The Committee recommends \$58,500,000 for the part B, section 326 program. The comparable fiscal year 2005 funding level is \$58,032,000 and the budget request includes \$58,500,000 for such activities. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGIs]. The Higher Education Amendments of 1998 increased the number of recipients to 18 named institutions, but reserved the first \$26,600,000 appropriated each year to the 16 institutions included in the previous authorization. Grants may be used for any part B purpose and to establish an endowment.

*Strengthening Alaska Native and Native Hawaiian-Serving Institutions.*—The Committee recommends \$11,904,000 for this program, the same amount as last year. The budget request includes \$6,500,000 for authorized activities. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students. Funds may be used to plan, develop, and implement activities that encourage: faculty and curriculum development; better fund and administrative management; renovation and improvement of educational facilities; student services; and the purchase of library and other educational materials. As initial funding cycles expire, the Committee encourages the Department to use simplified application forms to permit participating institutions to obtain continuation funding for successful programs funded under this program.

*Strengthening Tribally Controlled Colleges and Universities.*—The Committee recommends \$23,808,000 for strengthening tribal colleges and universities [TCUs]. The comparable funding level for fiscal year 2005 and the budget request both are \$23,808,000 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.

#### *International Education and Foreign Language Studies*

The bill includes a total of \$106,819,000 for international education and foreign language programs. The comparable fiscal year 2005 funding level is \$106,818,000 and the budget request includes \$106,819,000 for such activities.

The Committee bill includes language allowing funds to be used to support visits and study in foreign countries by individuals who plan to utilize their language skills in world areas vital to the United States national security in the fields of government, international development and the professions. Bill language also allows up to 1 percent of the funds provided to be used for program eval-

uation, national outreach and information dissemination activities. This language is continued from last year's bill.

*Domestic Programs.*—The Committee recommends \$92,466,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA. The comparable fiscal year 2005 funding level is \$92,465,000 and the budget request includes \$92,466,000 for authorized activities. Domestic programs include national resource centers, undergraduate international studies and foreign language programs, international research and studies projects, international business education projects and centers, American overseas research centers, language resource centers, foreign language and area studies fellowships, and technological innovation and cooperation for foreign information access.

*Overseas Programs.*—The bill includes \$12,737,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The comparable fiscal year 2005 funding level and the budget request both are \$12,737,000 for these programs. Under these overseas programs, grants are provided for group and faculty research projects abroad, doctoral dissertation research abroad, and special bilateral projects. Unlike other programs authorized by the Fulbright-Hays Act and administered by the Department of State, these Department of Education programs focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

*Institute for International Public Policy.*—The Committee bill recommends \$1,616,000 for the Institute for International Public Policy. The comparable funding level for fiscal year 2005 and the budget request both are \$1,616,000 for authorized activities. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 50 percent is required.

*Fund for the Improvement of Postsecondary Education*

The Committee recommends \$162,211,000 for the Fund for the Improvement of Postsecondary Education [FIPSE]. The comparable fiscal year 2005 funding level is \$162,108,000 and the budget request includes \$22,211,000 for this purpose. FIPSE stimulates improvements in education beyond high school by supporting exemplary, locally developed projects that have potential for addressing problems and recommending improvements in postsecondary education. The Fund is administered by the Department with advice from an independent board and provides small, competitive grants and contracts to a variety of postsecondary institutions and agencies, including 2- and 4-year colleges and universities, State education agencies, community-based organizations, and other nonprofit institutions and organizations concerned with education beyond high school.

The Committee recommendation includes \$17,423,000, the full amount requested for the comprehensive program, as well as funds for international consortia programs.

*Minority Science and Engineering Improvement*

The Committee recommends \$8,818,000 for the Minority Science and Engineering Improvement program [MSEIP]. The comparable fiscal year 2005 funding level and the budget request both are \$8,818,000 for this 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.

*Interest Subsidy Grants*

The Committee does not recommend additional funds for interest subsidy grants. The comparable fiscal year 2005 funding level is \$1,488,000 and the budget request does not include funds for these grants. Unobligated balances from prior year appropriations are available to meet the Federal commitment to pay interest subsidies on 13 loans made in past years for constructing, renovating, and equipping postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973 but subsidy payments on existing loans are expected to continue until the year 2013.

*Tribally Controlled Postsecondary Vocational Institutions*

The Committee recommends \$7,440,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. The comparable fiscal year 2005 funding level and the budget request both are \$7,440,000 for this purpose. This program provides grants for the operation and improvement of two tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students: United Tribes Technical College in Bismarck, North Dakota, and Crownpoint Institute of Technology in Crownpoint, New Mexico.

The Committee bill includes language carried over from last year's bill that allows grantees to charge the regular indirect cost rate to their grants.

*Federal TRIO Programs*

The Committee recommends \$836,543,000 for Federal TRIO Programs. The comparable fiscal year 2005 funding level is \$836,543,000 and the budget request includes \$369,390,000 for authorized activities. The budget request redirects the savings from the reduction proposed for TRIO programs to provide support for a proposed High School initiative.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; Student Support Services provides remedial instruction, counseling, summer programs and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding op-

portunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers 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 supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

*Gaining Early Awareness and Readiness for Undergraduate Programs [GEARUP]*

The Committee recommends \$306,488,000 for GEARUP. The comparable fiscal year 2005 funding level is \$306,488,000 and the budget request does not include any funds for this purpose. The budget proposes to redirect these funds to provide support for a proposed High School initiative.

Under this program funds are used by States and partnerships of colleges, middle and high schools, and community organizations to assist middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

*Byrd Honors Scholarships*

The Committee recommends \$41,000,000 for the Byrd honors scholarship program. The comparable fiscal year 2005 funding level is \$40,672,000 and the budget request does not include any funds for this program.

The Byrd honors scholarship program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents. The funds provided will support a new cohort of first-year students in 2006, and continue support for the 2003, 2004, and 2005 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of \$1,500 to 27,333 students.

*Javits Fellowships*

The Committee recommends \$9,797,000 for the Javits Fellowships program. The comparable fiscal year 2005 funding level and the budget request both are \$9,797,000 for this program.

The Javits Fellowships program provides fellowships of up to 4 years to students of superior ability who are pursuing doctoral degrees in the arts, humanities, and social sciences at any institution of their choice. Each fellowship consists of a student stipend to cover living costs, and an institutional payment to cover each fellow's tuition and other expenses. Funds provided in the fiscal year 2006 appropriation support fellowships for the 2007–2008 academic year.



*Graduate Assistance in Areas of National Need [GAANN]*

The Committee recommends \$30,371,000 for graduate assistance in areas of national need. The comparable fiscal year 2005 funding level and the budget request both are \$30,371,000 for GAANN. This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. In fiscal year 2004, the Secretary designated the following areas of national need: biology, chemistry, computer and information sciences, engineering, geological and related sciences, mathematics and physics. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

*Teacher Quality Enhancement Grants*

The Committee recommends \$58,000,000 for the teacher quality enhancement grants program. The comparable fiscal year 2005 funding level is \$68,337,000 and the budget request proposes to eliminate funding for this program.

The program was established to support initiatives that best meet specific teacher preparation and recruitment needs. Further, the Act provides and designates funding for the program in three focus areas: 45 percent of resources support a State grant program, 45 percent of funds are used for a partnership program, and 10 percent are designated for a recruitment grant program.

The Committee bill includes language that would allow the Department to fund awards under the three program areas at the discretion of the Department, instead of as mandated by the Higher Education Act. The Committee continues this language from last year's bill in order to prevent funds available under this program from going unused.

Under the State grant program, funds may be used for a variety of State-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

Teacher training partnership grants, which are awarded to local partnerships comprised of at least one school of arts and science, one school or program of education, a local education agency, and a K-12 school, may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum. Partnerships may work with other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level.

The recruitment grant program supports efforts to reduce shortages of qualified teachers in high-need school districts as well as provide assistance for high-quality teacher preparation and induction programs to meet the specific educational needs of the local area.

*Child Care Access Means Parents in Schools*

The Committee recommends an appropriation of \$15,970,000 for the Child Care Access Means Parents in School [CCAMPIS] program. The comparable fiscal year 2005 funding level and the budget request both are \$15,970,000 for this program. CCAMPIS was established in the Higher Education Amendments of 1998 to support the efforts of a growing number of non-traditional students who are struggling to complete their college degrees at the same time that they take care of their children. Discretionary grants of up to 4 years are made to institutions of higher education to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

*Community College Access*

The Committee recommendation does not include any resources for this proposed program. The budget request includes \$125,000,000 for this purpose.

Under this proposed program, funds would support competitive awards that serve as an incentive for States and partnerships to increase access, particularly for low-income and minority students, to a college education. Two main activities would be supported under this proposed program, community college access grants and state consortia initiatives. Community college access grants would create incentives for community colleges to create dual enrollment programs. Grants under the state consortia initiative would provide incentives to States to establish credit transfer programs across State lines.

*Demonstration Projects to Ensure Quality Higher Education for Students With Disabilities*

The Committee recommends \$6,944,000 for this program, the same amount as the comparable fiscal year 2005 funding level. The budget proposes no funding for this program. This program's purpose is to ensure that students with disabilities receive a high-quality postsecondary education. Grants are made to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education.

The Committee recognizes that the Department has made limited efforts to work with grantees to collect the type of outcome data that would demonstrate the value of this program. The Committee is aware of the significant progress that grantees have made in developing standards for information dissemination, faculty and staff awareness, policies and procedures, and program administration and evaluation that institutions of higher education can adopt to more effectively support students with disabilities. The Committee urges the Department to utilize resources available under the GPRA/data collection program to support a rigorous evaluation of outcomes achieved by grantees funded under this program and to identify the impact that these funds are having on improving opportunities for students with disabilities at institutions of higher education throughout the United States.

*Underground Railroad Program*

The Committee recommendation includes \$2,204,000 for the Underground Railroad program, the same amount as the comparable fiscal year 2005 funding level. The budget request does not include any funds for this activity. The program was authorized by the Higher Education Amendments of 1998 and was funded for the first time in fiscal year 1999. Grants are provided to research, display, interpret, and collect artifacts relating to the history of the underground railroad. Educational organizations receiving funds must demonstrate substantial private support through a public-private partnership, create an endowment fund that provides for ongoing operation of the facility, and establish a network of satellite centers throughout the United States to share information and teach people about the significance of the Underground Railroad in American history.

*GPRA/Higher Education Act Program Evaluation*

The Committee recommends \$980,000 for data collection associated with the Government Performance and Results Act data collection and to evaluate programs authorized by the Higher Education Act. The comparable fiscal year 2005 funding level and the budget request both are \$980,000 for these activities. These funds are used to comply with the Government Performance and Results Act, which requires the collection of data and evaluation of Higher Education programs and the performance of recipients of Higher Education funds.

*B.J. Stupak Olympic Scholarships*

The Committee recommendation does not include funding for this program. The comparable fiscal year 2005 funding level is \$980,000 and the budget request did not include funds for this activity. Funds appropriated in fiscal year 2005 will be used to provide financial assistance to athletes who are training at the United States Olympic Education Center or one of the United States Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education. Unlike most other Federal student aid programs, scholarships are provided without consideration of expected family contributions.

*Thurgood Marshall Legal Educational Opportunity Program*

The Committee recommendation does not include any funds for the Thurgood Marshall Legal Educational Opportunity Program. The comparable funding level for fiscal year 2005 is \$2,976,000 and the budget request does not include any funds for this purpose.

Under this program, funds help low-income, minority or disadvantaged college students with the information, preparation and financial assistance to enter and complete law school study. The Higher Education Act stipulates that the Secretary make an award to or contract with the Council on Legal Education Opportunity to carry out authorized activities.

## HOWARD UNIVERSITY

Appropriations, 2005 .....	\$238,790,000
Budget estimate, 2006 .....	238,789,000
House allowance .....	240,790,000
Committee recommendation .....	238,789,000

The Committee recommends an appropriation of \$238,789,000 for Howard University. The comparable fiscal year 2005 funding level is \$238,790,000 and the budget request includes \$238,789,000 for this purpose. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support more than 50 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee recommends, within the funds provided, not less than \$3,600,000 shall be for the endowment program.

*Howard University Hospital.*—Within the funds provided, the Committee recommends \$29,759,000 for the Howard University Hospital. The comparable fiscal year 2005 funding level and the budget request both are \$29,759,000 for this purpose. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

## COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 2005 .....	\$573,000
Budget estimate, 2006 .....	573,000
House allowance .....	573,000
Committee recommendation .....	573,000

*Federal Administration.*—The Committee bill includes \$573,000 for Federal administration of the CHAFL program. The comparable fiscal year 2005 funding level and the budget request both are \$573,000 for such expenses.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2006. These expenses include salaries and benefits, travel, printing, contracts (including contracted loan servicing activities), and other expenses directly related to the administration of the CHAFL Program.

## HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

Appropriations, 2005 .....	\$210,000
Budget estimate, 2006 .....	210,000
House allowance .....	210,000
Committee recommendation .....	210,000

*Federal Administration.*—The Committee recommends \$210,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program. The comparable

fiscal year 2005 funding level and the budget request both are \$210,000 for this activity.

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.

INSTITUTE OF EDUCATION SCIENCE

Appropriations, 2005 .....	\$523,234,000
Budget estimate, 2006 .....	479,064,000
House allowance .....	522,696,000
Committee recommendation .....	522,695,000

The bill includes \$522,695,000 for the Institute of Education Sciences. The comparable fiscal year 2005 funding level is \$523,234,000 and the budget request includes \$479,064,000 for comparable activities. This account supports education research, data collection and analysis activities, and the assessment of student progress.

*Research, Development and Dissemination*

The Committee recommends \$164,194,000 for education research, development and national dissemination activities. The comparable fiscal year 2005 amount and the budget request both are \$164,194,000 for these activities. Funds are available for obligation for 2 fiscal years. These funds support research, development, and dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee strongly supports the premise that developing, identifying and implementing scientifically based research is critical to the success of the No Child Left Behind Act [NCLB] and to the increased effectiveness generally of education programs and interventions. The Committee recognizes the current scarcity of educational interventions that have been proven effective in research that meets the rigorous standards set out in the NCLB. In particular, the Committee believes that a greater focus must be placed on the use of randomized controlled trials, longitudinal studies, and other research that meets the standards set by the National Research Council. The Committee commends the Department for its efforts in this area.

The Committee strongly supports the Department's efforts to carry out authorized evaluations of Federal education programs using rigorous methodologies, particularly random assignment, that are capable of producing scientifically valid knowledge regarding which program activities are effective. To ensure that such evaluations have sufficient participation required to make them scientifically valid, the Committee urges the Department, wherever feasible and not specifically prohibited by the authorizing legislation, to take appropriate action to secure grantee involvement, which may include requests to be randomly assigned to intervention and control groups. The Committee notes that the National Board for Education Sciences recently recommended such a policy.

The Committee recognizes the critical role that IES plays in achieving the important goals set by the No Child Left Behind Act and encourages IES to continue its progress in translating scientifically based research findings into classroom practice. The Committee would like to see increased support for programs that bring advances in cognitive, developmental, educational and neuroscience research into the classroom by informing curriculum development in schools and in graduate schools of education. Research that focuses on the key processes of attention, memory, reasoning, and cognitive styles are essential for learning and are likely to produce substantial gains in academic achievement.

#### *Statistics*

The Committee recommends \$90,931,000 for data-gathering and statistical-analysis activities of the National Center for Education Statistics [NCES]. The comparable fiscal year 2005 funding level and the budget request both are \$90,931,000 for this purpose.

The NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. The NCES also provides technical assistance to State and local education agencies and postsecondary institutions.

#### *Regional Educational Laboratories*

The Committee recommends \$66,131,000 to continue support for the regional educational laboratories. The comparable fiscal year 2005 funding level is \$66,132,000 and the budget request proposes to eliminate funding for this purpose. Program funds support a network of 10 laboratories that are responsible for promoting the use of broad-based systemic strategies to improve student achievement.

Fiscal year 2006 funding will support a new competition under this program. The Committee believes it is important that the research, development, dissemination, and technical assistance activities carried out by the regional educational laboratories be consistent with the standards for scientifically based research prescribed in the Education Sciences Reform Act of 2002. The Committee therefore urges IES to ensure, through its competitive selection and evaluation of the laboratories and system of peer review of laboratory activities, that the laboratories adhere to these rigorous research standards. The Committee believes that the laboratories have an important role to play in helping parents, States and school districts improve student achievement as called for in No Child Left Behind.

#### *Research and Innovation in Special Education*

The Committee recommends \$72,566,000 for research and innovation in special education. The comparable funding level for fiscal year 2005 is \$83,104,000 and the budget request includes \$72,566,000 for this purpose. The reauthorization of the Individuals with Disabilities Education Act created a new National Center for Special Education Research. This new center will address gaps in scientific knowledge in order to improve special education and

early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the center will be available for obligation for 2 fiscal years.

Similarly, the Committee recognizes the new role IES will play in special education research with the enactment and implementation of the Individuals with Disabilities Education Improvement Act of 2004. The Committee encourages IES to investigate alternative assessment models for determining learning disabilities for the purposes of special education placement in the absence of the discrepancy criterion requirement and the effectiveness of behavioral interventions and early intervening services. The Committee encourages IES to commit funding for research focusing on pupil services and related services providers.

#### *Special Education Studies and Evaluations*

The Committee recommends \$10,000,000 for special education studies and evaluations. Funding for this activity was made available previously as a set-aside from the Special Education State Grants program until this new authority was created by the Individuals with Disabilities Education Improvement Act of 2004. The budget request includes \$10,000,000 for this purpose.

This program will support competitive grants, contracts and cooperative agreements to assess the implementation of the Individuals with Disabilities Education Act. Funds also will be used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

The Committee is concerned that school districts across the country are inadequately prepared to provide appropriate educational services to students with intellectual disabilities (mental retardation and related disabilities). This lack of preparedness is particularly acute as it relates to the universal design of standards, curriculum, instructional strategies and materials, and assessments. This too often results in a lack of access to the general education curriculum and families and teachers developing curricula, instructional materials and assessments on an ad hoc basis. The Committee urges the Department to prepare a comprehensive plan to address this matter that would be sufficiently detailed to serve as an outline for proposals for K–12 projects to meet the needs of intellectual disabilities. Consideration should be given to research, model demonstration, technical assistance and dissemination, technology innovations, personnel preparation and other means to develop and apply universally designed standards, curriculum instructional strategies and materials, and assessments. The plan also shall include proposed funding levels and timelines for implementing the various research, development and dissemination activities and other components of the plan. The Department is urged to consult with experts in the field, including the several national organizations representing the interests of children with intellectual disabilities in the development of this plan. Finally, the Committee requests the Department to submit a report to the House and Senate Committees on Appropriations not later than April 15, 2006 on this issue.

*Statewide Data Systems*

The Committee recommendation includes \$24,800,000 for Statewide Data Systems. The comparable funding level for fiscal year 2005 and the budget request both are \$24,800,000.

Under this program, the Department awards grants competitively to State Educational Agencies to enable such agencies to design, develop, and implement statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual student data. Funds are available for obligation for 2 fiscal years. The Committee believes these funds are necessary to help States measure individual student performance, particularly as it relates to adequate yearly progress goals, more efficiently and accurately. The Committee urges the Department to continue to support those States that currently have the most limited ability to collect, analyze and report student achievement data when considering applications for funds available through this program.

*Assessment*

The Committee recommends \$94,073,000 for assessment. The comparable fiscal year 2005 funding level is \$94,073,000 and the budget request includes \$116,573,000 for authorized activities.

These funds provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure the educational achievement of American students. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. Beginning in 2002, the Department began paying for State participation in biennial reading and mathematics assessments in grades 4 and 8.

The budget request includes an increase of \$22,500,000 to expand the State NAEP to reading and mathematics in the 12th grade. The Committee recommendation does not include these funds.

Within the funds appropriated, the Committee recommends \$5,088,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP. The comparable fiscal year 2005 amount and the budget request both are \$5,088,000 for NAGB.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2005 .....	\$419,280,000
Budget estimate, 2006 .....	418,992,000
House allowance .....	410,612,000
Committee recommendation .....	418,992,000

The Committee recommends \$418,992,000, for program administration. The comparable fiscal year 2005 funding level is \$419,280,000 and the budget request includes \$418,992,000 for this purpose.

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 approximately 180 Federal education pro-



grams. Support for program evaluation and studies and advisory councils is also provided under this activity.

The Committee is concerned that the Department, in implementing Reading First and other programs authorized by the No Child Left Behind Act which are required to implement activities that are backed by scientifically based research, may not be effectively helping States and local educational agencies implement programs shown to work in randomized controlled trials and other rigorous studies. The Committee therefore requests the Secretary to submit a report to the Committee, within 90 days of the enactment of this Act, on the actions that program offices have taken or will take in the selection, oversight, and evaluation of grantees, to ensure that grantees effectively implement such research-based programs, including close replication of the specific elements of these programs.

The Committee understands that the Department is taking steps to implement the proposed reorganization of the regional office structure within the Rehabilitation Services Administration [RSA] that was described in the fiscal year 2006 congressional budget justification. The Committee is concerned about the impact that this proposal will have on regional office staff, as well as the ability of the Department to effectively administer RSA programs. The Committee understands that the Department believes that its proposed reorganization will result in more consistent, timely and higher quality policy guidance, technical assistance and program monitoring. The Committee believes these are worthy goals, given the millions of individuals served through RSA programs. Therefore, the Committee requests a report that describes the steps taken to reach out to stakeholder groups on this issue; a detailed plan for ensuring that policy guidance, technical assistance and program monitoring will be of higher quality and more timely than that currently available; and the specific performance goals under the proposed reorganization for frequency of monitoring visits, and timeliness and relevancy of technical assistance, compared to the actual performance under the current administrative structure. The Committee expects to receive this report not later than 60 days after enactment of this Act, but urges the Department to make it available as soon as possible.

#### OFFICE FOR CIVIL RIGHTS

Appropriations, 2005 .....	\$89,375,000
Budget estimate, 2006 .....	91,526,000
House allowance .....	91,526,000
Committee recommendation .....	91,526,000

The Committee bill includes \$91,526,000 for the Office for Civil Rights [OCR]. The comparable fiscal year 2005 amount was \$89,375,000 and the budget request is \$91,526,000 for this purpose.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions funded by the Department of Education. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of

Federal education funds, and provides technical assistance to recipients of funds to help them meet civil rights requirements.

The Committee understands that Title IX of the Education Amendments of 1972 and their implementing regulations, which prohibit discrimination on the basis of sex in federally funded education programs or activities, have been instrumental in providing unprecedented opportunities for women in the Nation's classrooms and athletic programs. While much progress has been made, the Committee continues to recognize that more needs to be done to ensure equal access for women. The Committee believes that the intent of the Department's clarification is to provide institutions with additional guidance on compliance with the third part of the three-part test, as stated in the Department's March 17, 2005 Dear Colleague. The Committee acknowledges this effort, but is concerned that confusion has been created with regard to the use of interest surveys to demonstrate compliance. The Committee believes survey results are not sufficient to demonstrate compliance if other evidence exists, such as requests for athletic teams, that contradicts the conclusions drawn from the survey. The Committee urges the Department to clarify that a presumption of compliance is not achieved by a survey if evidence to the contrary exists, whether that knowledge is known or it is reasonable to expect an institution to have known. Further, the Committee urges that the Department clarify that institutions must show that they have made reasonable, good faith efforts to explore such evidence if they choose to use part three of the three-part test to comply with Title IX. The Committee also encourages the Department to provide additional technical assistance to institutions on the appropriate use of interest surveys to comply with Title IX.

The Committee requests that the Department prepare a report, based on random compliance reviews of institutions utilizing interest surveys, to determine what actions, if any, they take to gather and consider other sources of information for assessing student interest used in demonstrating compliance with part three of the Title IX test. The report should include what other information was considered in assessing student interest, if any, and the decisions made about athletic opportunities at these institutions. The Committee requests to receive this report no later than March 17, 2006.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2005 .....	\$47,327,000
Budget estimate, 2006 .....	49,408,000
House allowance .....	49,000,000
Committee recommendation .....	49,408,000

The Committee recommends \$49,408,000 for the Office of the Inspector General. The comparable fiscal year 2005 amount is \$47,327,000 and the budget request includes \$49,408,000 for authorized activities.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds, and conducts audits to determine compliance with laws and regula-

tions, efficiency of operations, and effectiveness in achieving program goals.

#### GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the student's home (sec. 302).

The Committee bill contains language which has been included in the bill since 1980, prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools (sec. 303).

The Committee bill includes a provision giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations (sec. 304).

The Committee bill includes a new provision, pursuant to section 303 of the Congressional Budget Resolution, to eliminate the accumulated shortfall in the Pell Grant program (sec. 305).

The Committee bill includes a new provision which expands the programs authorized under subpart 12 of part D of title V of the Elementary and Secondary Education Act of 1965 (sec. 306).

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Appropriations, 2005 .....	\$4,669,000
Budget estimate, 2006 .....	4,669,000
House allowance .....	4,669,000
Committee recommendation .....	4,669,000

The Committee recommends \$4,669,000 for fiscal year 2006 for Committee for Purchase from People Who Are Blind or Severely Disabled. The comparable funding level for fiscal year 2005 is \$4,669,000 and the budget request includes \$4,669,000 for this program.

The Committee for Purchase From People Who Are Blind or Severely Disabled was established by the Javits, Wagner-O'Day Act of 1938 as amended. Its primary objective is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

Appropriations, 2005 .....	\$927,006,000
Budget estimate, 2006 .....	921,049,000
House allocation .....	909,049,000
Committee recommendation .....	935,205,000

The Committee recommends \$935,205,000 for the Corporation for National and Community Service, an increase of \$8,199,000 over the fiscal year 2005 enacted level and \$14,156,000 above the budget request.

The Committee requests that the Corporation include information in the fiscal year 2007 budget justification on the economic impact of its programs.

The Corporation for National and Community Service, a Corporation owned by the Federal Government, was established by the National and Community Service Trust Act of 1993 (Public Law 103-82) to enhance opportunities for national and community service and provide national service education awards. The Corporation makes grants to States, institutions of higher education, public and private nonprofit organizations, and others to create service opportunities for students, out-of-school youth, and adults.

DOMESTIC VOLUNTEER SERVICE PROGRAMS

The Committee recommends \$316,212,000 for fiscal year 2006 for the domestic volunteer service programs of the Corporation for National and Community Service. The comparable funding level for fiscal year 2005 is \$353,745,000 and the budget request includes \$359,962,000 for these programs. Programs authorized under the

Domestic Volunteer Service Act include: the Volunteers in Service to America Program [VISTA]; the Foster Grandparent Program; the Senior Companion Program; and the Retired and Senior Volunteer Program.

#### *VISTA*

The Committee recommends \$96,428,000 for fiscal year 2006 for the Volunteers in Service to America [VISTA] Program. The comparable funding level for fiscal year 2005 is \$94,240,000 and the budget request includes \$96,428,000 for this program.

VISTA, created in 1964 under the Economic Opportunity Act, provides capacity building for small community-based organizations. VISTA volunteers raise resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

The Committee is pleased by reports that the Corporation is moving toward integrating grant writing and issue specific presentations into the training sessions currently given to all new VISTA members. The Committee feels that more substantive training is needed to enhance the effectiveness of VISTA members in their placements. As part of their capacity-building mission, VISTA members are increasingly called upon to write grant applications and to raise funds as a way of making their service projects self-sufficient, requiring knowledge of grant writing that cannot be gained in the local organization, as well as training in the general field in which they are slated to serve. The Committee looks forward to a report in the fiscal year 2007 budget justification on the percentage of training funds and percentage of training time spent on each of the following categories: organizational training, grant writing and fundraising training, and issue specific training (i.e. early childhood education, environment, disaster assistance, etc).

#### *Special Volunteer Programs*

The Committee has included no funding for the Special Volunteer programs. The comparable funding level for fiscal year 2005 was \$4,960,000. The budget requested \$4,000,000 for an expansion of Teach For America under the Special Volunteer Programs. Teach for America has been a long-standing grantee under the Americorps State and National Program. Therefore, the Committee has recommended that funds for this expansion be allocated within the appropriation for the National and Community Service Act programs.

The Special Volunteer Program is authorized under Part C of Title I of the Domestic Volunteer Service Act of 1973, which provides grants to volunteer organizations to encourage and enable persons from all age groups to perform volunteer service in agencies, institutions, and situations of need.

#### *National Senior Volunteer Corps*

The Committee recommends \$219,784,000 for fiscal year 2006 for the National Senior Volunteer Corps programs. The comparable funding level for fiscal year 2005 is \$215,857,000 and the budget request includes \$219,784,000 for these programs. The Committee

recognizes the valuable contributions of seniors participating in the Foster Grandparent [FGP], Retired and Senior Volunteer Program [RSVP], and Senior Companion Programs [SCP]. In accordance with the Domestic Volunteer Service Act [DVSA], the Committee intends that at least one-third of each program's increase over the fiscal year 2005 level shall be used to fund Programs of National Significance [PNS] expansion grants to allow existing FGP, RSVP, and SCP programs to expand the number of volunteers serving in areas of critical need as identified by Congress in the DVSA. All remaining funds shall be used to fund an administrative cost increase for each existing program nationwide. The amount to be allocated to individual grantees shall be calculated based on a percentage of the entire Federal grant award in fiscal year 2005, including the amount specified for payment of non-taxable stipends. The Committee directs that the Corporation shall comply with the directive that use of PNS funding increases in the FGP, RSVP, SCP, and VISTA shall not be restricted to any particular activity. The Committee further directs that the Corporation shall not stipulate a minimum or maximum for PNS grant augmentation.

In addition, the maximum dollars CNCS may use in fiscal year 2006 for Communications and Training, Technical Assistance, and Recruitment and Retention activities shall not exceed the amount enacted for these two activities in fiscal year 2005. Funds appropriated for fiscal year 2006 may not be used to implement or support service collaboration agreements or any other changes in the administration and/or governance of national service programs prior to passage of a bill by the authorizing committee of jurisdiction specifying such changes. In addition, none of these increases may be used to fund demonstration activities.

#### *Foster Grandparent Program*

The Committee recommends \$112,058,000 for fiscal year 2006 for the Foster Grandparent Program. The comparable funding level for fiscal year 2005 is \$111,424,000 and the budget request includes \$112,058,000 for this program.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program not only involves seniors in their communities, but it also provides a host of services to children.

#### *Senior Companion Program*

The Committee recommends \$47,438,000 for fiscal year 2006 for the Senior Companion Program. The comparable funding level for fiscal year 2005 is \$45,905,000 and the budget request includes \$47,438,000 for this program.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

*Retired and Senior Volunteer Program*

The Committee recommends \$60,288,000 for fiscal year 2006 for the Retired and Senior Volunteer Program. The comparable funding level for fiscal year 2005 is \$58,528,000 and the budget request includes \$60,288,000 for this program. This program involves persons age 55 and over in volunteer opportunities in their communities such as tutoring youth, responding to natural disasters, teaching parenting skills to teen parents, and mentoring troubled youth.

*Program Administration*

The Committee included funds for the administration of the DVSA program administration in the NCSA Salaries and Expenses account. The Committee believes that the integration of these accounts will streamline the management of the Corporation and increase efficiency and accountability across the agency. The comparable funding level for fiscal year 2005 is \$38,688,000 and the budget request includes \$39,750,000 for program administration.

## NATIONAL AND COMMUNITY SERVICE PROGRAMS

The Committee recommends \$546,243,000 for the programs authorized under the National Community Service Act of 1990, an increase of \$4,726,000 over the fiscal year 2005 enacted level and \$18,156,000 above the budget request.

The National and Community Service Programs of the Corporation for National and Community Service include: the AmeriCorps program (including AmeriCorps State and National and the National Civilian Community Corps); Learn and Serve America, Innovation, Demonstration, Assistance and Evaluation activities; State Commission Administration grants; and the National Service Trust.

The Committee recommendation includes: \$546,243,000 for the Corporation's programs operating expenses. This appropriation provides \$280,000,000 for AmeriCorps State and National operating grants (including \$12,642,000 for State administrative expenses); \$149,000,000 for the National Service Trust; \$15,945,000 for subtitle H fund activities; \$27,000,000 for AmeriCorps NCCC; \$42,656,000 for Learn and Serve; \$4,000,000 for audits and evaluations; \$10,000,000 for the Points of Light Foundation; \$5,000,000 for America's Promise.

*AmeriCorps Grants Program (not including NCCC)*

Within the amount provided for AmeriCorps grants, the Committee is providing \$55,000,000 for national direct grantees.

The Committee requests that the Corporation continue providing monthly reports to the Committee on Appropriations and the Corporation's Inspector General on the actual and projected year-end level of AmeriCorps membership enrollment, usage, and earnings, and the financial status of the Trust fund (revenue, expenses, outstanding liabilities, reserve, etc.).

To keep the Committee better informed of the recipients receiving AmeriCorps funding, the Committee directs the Corporation to publish in its fiscal year 2007 budget justifications a list of recipi-

ents that have received more than \$500,000 from the Corporation, delineated by program, and the amount and source of both other Federal and non-Federal funds that were received by each recipient.

*Innovation, Assistance and Other Activities*

Within the amount recommended for innovation, demonstration, and assistance activities, the Committee recommends \$1,300,000 for next generation grants; \$500,000 for Martin Luther King Jr. Day grants; \$725,000 for Service Learning Clearinghouse and Exchange; \$2,250,000 for training and technical assistance; \$4,338,000 for disability programs; \$400,000 for Presidential Freedom Scholarships; \$125,000 for Faith-Based and Community Initiatives; \$52,000 for the Presidential Council on Service; \$250,000 for Presidential Volunteer Service Award; \$5,000 for the National Volunteer Hotline; \$4,000,000 for Teach for America; and \$2,000,000 for Communities in Schools, Inc. The Committee is not allocating any money for the challenge grant programs in fiscal year 2006, in accordance with the budget request and House allocation.

*AmeriCorps National Civilian Community Corps*

Within the amount provided, \$1,500,000 is to conduct an evaluation of current NCCC site placement and expansion of new sites in the Southern and Midwestern United States, in accordance with the report issued on March 1, 2005.

SALARIES AND EXPENSES

The Committee recommends an appropriation of \$66,750,000 for the Corporation's salaries and expenses. This amount is equal to the budget request and \$2,270,000 above the fiscal year 2005 enacted level. This includes \$39,750,000 for administration of the DVSA programs. The Committee reiterates the directive under the program account that the Corporation must fund all staffing needs from the salaries and expenses account.

The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, advisory and assistance services, communications and utilities expenses, supplies, equipment, and other operating expenses necessary for management of the Corporation's activities under the National and Community Service Act of 1990 and the Domestic Volunteer Service Act of 1973.

The Committee is disappointed in the quality of assistance provided by the Corporation during the reorganization of the Corporation's appropriation. Periodically, the Committee requires technical assistance from officers of the Corporation. The Committee expects that such assistance will be provided without prejudice in a straightforward and timely manner.

The Committee is aware that local administrative support offices are critical to the success of programs such as the National Senior Volunteer Corps, especially in areas that are difficult to reach such as rural areas and islands like Hawaii. Mainland United States is over 1,500 miles from the State of Hawaii and the Committee is concerned that program support would suffer from locating that support across this distance. The Committee urges the Department



to continue funding existing full-time, local administrative CNCS offices.

OFFICE OF INSPECTOR GENERAL

The Committee recommends an appropriation of \$6,000,000 for the Office of Inspector General [OIG]. This amount is equal to the budget request and \$48,000 above the fiscal year 2005 enacted level.

The Committee directs the OIG to continue reviewing the Corporation’s management of the National Service Trust fund. The Committee directs the OIG to review the monthly Trust reports and to notify the Committees on Appropriations on the accuracy of the reports.

The goals of the Office of Inspector General are to increase organizational efficiency and effectiveness and to prevent fraud, waste, and abuse. The Office of Inspector General within the Corporation for National and Community Service was transferred to the Corporation from the former ACTION agency when ACTION was abolished and merged into the Corporation in April 1994.

ADMINISTRATIVE PROVISIONS

The Committee has included four administrative provisions carried in prior year appropriations acts as follows: language regarding: qualified student loans eligible for education awards; the availability of funds for the placement of volunteers with disabilities; the Inspector General to levy sanctions in accordance with standard Inspector General audit resolutions procedures; and language regarding the Corporation to make significant changes to program requirements or policy through public rulemaking and public notice and grant selection process.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2006 .....	\$400,000,000
Appropriations, 2007 .....	400,000,000
Budget estimate, 2008 .....	.....
House allowance .....	400,000,000
Committee recommendation .....	400,000,000

The Committee recommends \$400,000,000 be made available for the Corporation for Public Broadcasting [CPB], an advance appropriation for fiscal year 2008. The comparable funding level provided last year was \$400,000,000 for fiscal year 2007. The budget request does not include advance funds for this program.

In addition, the Committee recommends \$35,000,000 be made available in fiscal year 2006 for the conversion to digital broadcasting. The comparable funding level for fiscal year 2005 was \$39,387,000. The budget request included no funding for this purpose. The House included authority to permit CPB to spend up to \$30,000,000 in previously appropriated fiscal year 2006 funds for digital conversion activities.

In addition, the Committee recommends \$40,000,000 be made available in fiscal year 2006 for the replacement project of the interconnection system. In fiscal year 2005, \$39,680,000 was appropriated for this purpose. The House included authority to permit

CPB to spend up to \$52,000,000 in previously appropriated fiscal year 2006 funds for the Satellite Interconnection system.

The current interconnection system is entirely satellite based. This satellite is currently nearing the end of its useful life, and while satellite technology is currently the most cost-effective method for distribution in a point-to-multipoint system, terrestrial technology is far more economical when data is distributed between single points. The Next Generation Interconnection System will utilize a combination of satellite and terrestrial technologies for a more flexible system. In addition, a portion of the provided funds will be used to upgrade existing ground station and transmit/receive equipment to be compatible with the new system.

The Committee recognizes the importance of the partnership CPB has with the National Minority Public Broadcasting Consortium, which helps develop, acquire, and distribute public television programming to serve the needs of African American, Asian American, Latino, Native American, Pacific Islander, and many other viewers. As many communities in the Nation welcome increased numbers of citizens of diverse ethnic backgrounds, the local public television stations should strive to meet these viewers' needs. With an increased focus on programming to meet local community needs, the Committee encourages CPB to continue to support and expand this critical partnership.

The Committee is aware that public radio stations are taking advantage of experimental authority to develop their digital operations including multicasting. We encourage the Corporation to work with the Federal Communications Commission to enable public radio and television stations to utilize the full range of digital broadcasting technology as soon as possible, including the use of multicasting for public radio stations.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 2005 .....	\$44,439,000
Budget estimate, 2006 .....	42,331,000
House allowance .....	42,331,000
Committee recommendation .....	43,439,000

The Committee recommends \$43,439,000 for fiscal year 2006 for the Federal Mediation and Conciliation Service [FMCS]. The comparable funding level for fiscal year 2005 is \$44,439,000 and the budget request includes \$42,331,000 for this program.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

The Committee continues to support the FMCS program to prevent youth violence and is especially pleased with the initiative to train educators in conflict resolution. The Committee commends FMCS for their innovative look at youth violence conflict resolution and their development of a CD-ROM that will address this issue among preschool and elementary age children.

## FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 2005 .....	\$7,809,000
Budget estimate, 2006 .....	7,809,000
House allowance .....	7,809,000
Committee recommendation .....	7,809,000

The Committee recommends \$7,809,000 for fiscal year 2006 for the Federal Mine Safety and Health Review Commission. The comparable funding level for fiscal year 2005 is \$7,809,000 and the budget request includes \$7,809,000 for this program.

The Federal Mine Safety and Health Review Commission provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. The five-member Commission provides review of the Commission's administrative law judge decisions.

## INSTITUTE OF MUSEUM AND LIBRARY SERVICES

Appropriations, 2005 .....	\$280,564,000
Budget estimate, 2006 .....	262,240,000
House allowance .....	249,640,000
Committee recommendation .....	290,129,000

The Committee recommends \$290,129,000 for fiscal year 2006 for the Institute of Museum and Library Services. The comparable funding level for fiscal year 2005 is \$280,564,000 and the budget request includes 262,240,000 for this program.

*Office of Museum Services Operations Grants*

The Committee recommends \$17,500,000 for operations grants. These funds support grants to museums for building increased public access, expanding educational services, reaching families and children, and using technology more effectively in support of these goals. In addition, non-competitive grants are awarded for technical assistance in four types of assessments: Institutional, Collections Management, Public Dimension, and Governance. In addition to the total recommended, \$992,000 has been provided for the 21st Century Museum Professionals program, \$446,000 for museum assessment, \$850,000 for Native American Museum service grants, and \$850,000 for Museum Grants for African American History and Culture.

*Museum Conservation Programs*

The Committee recommends \$3,615,000 for Conservation programs. These funds support grants to allow museums to survey collections, perform training, research, treatment, and environmental improvements. In addition, grantees may receive additional funds to develop an education component that relates to their conservation project. In addition, non-competitive grants are awarded for technical assistance in conservation efforts.

*Museum National Leadership Projects*

The Committee recommends \$29,000,000 for National Leadership projects. The National Leadership Grants encourage innovation in meeting community needs, widespread and creative use of new

technologies, greater public access to museum collections, and an extended impact of Federal dollars through collaborative projects.

*Office of Library Services State Grants*

The Committee recommends \$165,000,000 for State grants. Funds are provided to States by formula to carry out 5-year State plans. These plans must set goals and priorities for the State consistent with the purpose of the Act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. In addition to the total recommended, \$3,675,000 has been provided for library services to Native Americans and Native Hawaiians. The Committee is aware that many traditional healers are aging and the world may soon lose the knowledge that they possess. For that reason, the Committee encourages IMLS to work for the preservation and documentation of Native Hawaiian traditional cultural healing practices. It is essential that these practices be documented in creative media formats due to the variety and complexity of the practices and the healers.

*Library National Leadership Projects*

The Committee recommends \$33,284,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide. In addition to the total recommended, \$23,000,000 has been provided for the 21st Century Librarian Initiative.

*Museum and Library Services Administration*

The Committee recommends \$11,917,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

MEDICARE PAYMENT ADVISORY COMMISSION

Appropriations, 2005 .....	\$9,899,000
Budget estimate, 2006 .....	10,168,000
House allowance .....	10,168,000
Committee recommendation .....	10,168,000

The Committee recommends \$10,168,000 for fiscal year 2006 for the Medicare Payment Advisory Commission. The comparable funding level for fiscal year 2005 is \$9,899,000 and the budget request includes \$10,168,000 for this program.

The Medicare Payment Advisory Commission [MedPAC] was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105-33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

Appropriations, 2005 .....	\$993,000
Budget estimate, 2006 .....	993,000
House allowance .....	993,000
Committee recommendation .....	993,000

The Committee recommends \$993,000 for fiscal year 2006 for the National Commission on Libraries and Information Science. The comparable funding level for fiscal year 2005 is \$993,000 and the budget request includes \$993,000 for this program.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in library and information sciences.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 2005 .....	\$3,344,000
Budget estimate, 2006 .....	2,800,000
House allowance .....	2,800,000
Committee recommendation .....	3,344,000

The Committee recommends \$3,344,000 for fiscal year 2006 for the National Council on Disability. The comparable funding level for fiscal year 2005 is \$3,344,000 and the budget request includes \$2,800,000 for this program.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research, on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 2005 .....	\$249,860,000
Budget estimate, 2006 .....	252,268,000
House allowance .....	252,268,000
Committee recommendation .....	252,268,000

The Committee recommends \$252,268,000 for fiscal year 2006 for the National Labor Relations Board [NLRB]. The comparable funding level for fiscal year 2005 is \$249,860,000 and the budget request includes \$252,268,000 for this program.

The Committee continues to be concerned that the NLRB’s plan to restructure its regional offices will slow the decision making process in some regions and hurt workers access to a fair and timely hearing. The Committee reiterates its opposition to the elimination of Region 30 and the subsequent downgrading of the Region 30 Office to sub-regional status. Downgrading this office will force interested parties to travel long distances while increasing the backlog of cases in Region 18.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

The Committee is aware that the mission of the NLRB is to carry out the statutory responsibilities of the National Labor Relations Act as efficiently as possible and in a manner that gives full effect to the rights afforded to employees, unions, and employers under the Act. The Committee strongly supports this mission and understands that the caseload fluctuates based on economic conditions and changes in labor regulations. The Committee continues to be disappointed that the Administration has repeatedly underestimated the funding necessary to process the increase in case intakes, but stands firm in its commitment to ensure that all cases are heard and given due process.

NATIONAL MEDIATION BOARD

Appropriations, 2005 .....	\$11,628,000
Budget estimate, 2006 .....	11,628,000
House allowance .....	11,628,000
Committee recommendation .....	11,628,000

The Committee recommends \$11,628,000 for fiscal year 2006 for the National Mediation Board. The comparable funding level for fiscal year 2005 is \$11,628,000 and the budget request includes \$11,628,000 for this program.

The National Mediation Board protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The Board mediates collective bargaining disputes, determines the choice of employee bargaining representatives through elections, and administers arbitration of employee grievances.

The Committee notes that the National Mediation Board has yet to issue a final rule regarding certain administrative changes to case management. The Committee has made repeated statements that the institution of a fee, such as the one outlined in the initial proposed rule, would require statutory authorization that the Board currently lacks. The fiscal year 2006 President’s Budget included no request to change the authorization of the Board to include the collection of any fees. Therefore, the Committee concludes that the Board has abandoned the effort to institute new fees in the coming year and expects that any final rule the Board may publish will omit the fee proposal.

## OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 2005 .....	\$10,510,000
Budget estimate, 2006 .....	10,510,000
House allowance .....	10,510,000
Committee recommendation .....	10,510,000

The Committee recommends \$10,510,000 for fiscal year 2006 for the Occupational Safety and Health Review Commission. The comparable funding level for fiscal year 2005 is \$10,510,000 and the budget request includes \$10,510,000 for this program.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration [OSHA] and employers charged with violations of health and safety standards enforced by OSHA.

## RAILROAD RETIREMENT BOARD

## DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2005 .....	\$99,200,000
Budget estimate, 2006 .....	97,000,000
House allowance .....	97,000,000
Committee recommendation .....	97,000,000

The Committee recommends \$97,000,000 for fiscal year 2006 for the Dual Benefits Payments Account, of these funds \$7,000,000 is from income taxes on vested dual benefits. The comparable funding level for fiscal year 2005 is \$99,200,000 and the budget request includes \$97,000,000 for this program.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account, established for the payment of dual benefits, is funded by general fund appropriations and income tax receipts of vested dual benefits.

## FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 2005 .....	\$150,000
Budget estimate, 2006 .....	150,000
House allowance .....	150,000
Committee recommendation .....	150,000

The Committee recommends \$150,000 for fiscal year 2006 for interest earned on unnegotiated checks. The comparable funding level for fiscal year 2005 is \$150,000 and the budget request includes \$150,000 for this program.

## LIMITATION ON ADMINISTRATION

Appropriations, 2005 .....	\$102,543,000
Budget estimate, 2006 .....	102,543,000
House allowance .....	102,543,000
Committee recommendation .....	102,543,000

The Committee recommends \$102,543,000 for fiscal year 2006 for the administration of railroad retirement/survivor benefit programs. The comparable funding level for fiscal year 2005 is \$102,543,000 and the budget request includes \$102,543,000 for this program.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

The Committee has included language to prohibit funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

#### LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2005 .....	\$7,196,000
Budget estimate, 2006 .....	7,196,000
House allowance .....	7,196,000
Committee recommendation .....	7,196,000

The Committee recommends \$7,196,000 for fiscal year 2006 for the Office of the Inspector General. The comparable funding level for fiscal year 2005 is \$7,196,000 and the budget request includes \$7,196,000 for this program.

The Committee has included bill language to allow the Office of the Inspector General to use funds to conduct audits, investigations, and reviews of the Medicare program. The Committee finds that as long as the RRB has the authority to negotiate and administer the separate Medicare contract, the RRB Inspector General should not be prohibited from using funds to review, audit, or investigate the Railroad Retirement Board's separate Medicare contract.

#### SOCIAL SECURITY ADMINISTRATION

##### PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2005 .....	\$20,454,000
Budget estimate, 2006 .....	20,470,000
House allowance .....	20,470,000
Committee recommendation .....	20,470,000

The Committee recommends an appropriation of \$20,470,000 for payments to Social Security trust funds. The comparable fiscal year 2005 funding level is \$20,454,000 and the budget request includes \$20,470,000 for this purpose. This amount reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds.

#### SUPPLEMENTAL SECURITY INCOME

Appropriations, 2005 .....	\$28,586,829,000
Budget estimate, 2006 .....	29,533,174,000
House allowance .....	29,533,174,000
Committee recommendation .....	29,510,574,000



The Committee recommends an appropriation of \$29,510,574,000 for supplemental security income. This is in addition to the \$10,930,000,000 appropriated last year as an advance for the first quarter of fiscal year 2006. The comparable fiscal year 2005 funding level is \$28,586,829,000 and the budget request includes \$29,533,174,000. The Committee also recommends an advance appropriation of \$11,110,000,000 for the first quarter of fiscal year 2007 to ensure uninterrupted benefits payments. The program level supported by the Committee recommendation is \$40,440,574,000, compared to the total program level requested in the budget of \$40,463,174,000. The Committee recommendation also includes bill language which adjusts the timing of the October 2006 SSI benefit payment.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. It is estimated that approximately 7 million persons will receive SSI benefits each month during fiscal year 2006. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the Social Security trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year as required by law, to reimburse vocational rehabilitation agencies for costs incurred in successfully rehabilitating SSI recipients and for research and demonstration projects.

#### *Beneficiary Services*

The Committee recommendation includes \$52,000,000 for beneficiary services. The comparable funding level in fiscal year 2005 is \$45,929,000 and the budget request includes \$52,000,000 for these services. This amount is available for payments to Employment Networks for successful outcomes or milestone payments under the Ticket to Work program and for reimbursement of State vocational rehabilitation agencies and alternate public or private providers. Carryover budget authority of more than \$130,000,000 is available for obligations made during fiscal years 2005 and 2006.

#### *Research and Demonstration Projects*

The Committee recommendation includes \$27,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. The comparable fiscal year 2005 funding level is \$35,000,000 and the budget request includes \$27,000,000 for authorized activities.

This amount will support SSA's efforts to strengthen its policy evaluation capability and focus on research of: program issues, the impact of demographic changes on future workloads and effective return-to-work strategies for disabled beneficiaries.

#### *Administration*

The Committee recommendation includes \$2,874,400,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. The comparable fiscal year 2005 amount is \$2,986,900,000 and the budget request includes \$2,897,000,000 for such activities.

## LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2005 .....	\$8,729,901,000
Budget estimate, 2006 .....	9,388,400,000
House allowance .....	9,279,700,000
Committee recommendation .....	9,329,400,000

The Committee recommends a program funding level of \$9,329,400,000 for the limitation on administrative expenses. The comparable fiscal year 2005 funding level is \$8,729,901,000 and the budget request includes \$9,388,400,000 for this purpose.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make initial and continuing disability determinations on behalf of the Social Security Administration. Additionally, the limitation provides funding for computer support, and other administrative costs.

The Committee recommendation includes \$9,209,400,000 for routine operating expenses of the Agency, as well as the resources derived from the user fees which are discussed below.

The budget request includes bill language earmarking not less than \$412,000,000 of funds available within this account for continuing disability reviews under Social Security's disability programs. The Committee bill language includes this earmark and also includes an additional \$189,000,000 for this purpose requested in the budget and provided for by section 404(b)(1) of the Concurrent Resolution on the Budget for fiscal year 2006. The Committee requests that the Social Security Administration provide reports to the Committee for each fiscal year 2005, 2006, and 2007 that detail the amount of funds spent on continuing disability reviews for each year and the number of such reviews, by category of review; the results of such continuing disability reviews in terms of cessation of benefits or determinations of continuing eligibility, by programs; and the amount of savings generated over the short-, medium-, and long-term by each program administered by the Agency. The Committee notes that during the last period of special funding for continuing disability reviews the benefit to cost ratio was more than \$10 for each \$1 spent on this workload.

The Committee bill also includes language that authorizes fiscal year 2006 funds available to SSA to be used to complete Medicare appeals received by the Agency prior to July 1, 2005. Medicare appeals filed after this date were transferred to the Department of Health and Human Services, as required by the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The Committee bill also allows the Commissioner of Social Security to enter into a reimbursable agreement with the Secretary of Health and

Human Services to provide assistance with and process Medicare appeals work received prior to October 1, 2005. This language will ensure that Medicare beneficiaries are not impacted negatively by the transfer of this workload.

The Committee recommendation also includes \$320,000,000, the full amount included in the budget request, to support the implementation of the Medicare Prescription Drug Benefit program. These resources will be used to identify low-income beneficiaries who may be eligible for financial assistance with their prescription drug costs; to make eligibility determinations for those individuals eligible for financial assistance; and to withhold premiums associated with beneficiaries' plans; and to calculate Medicare Part B premiums for high-income beneficiaries.

The Committee encourages SSA officials to educate adjudicators at all levels about the functional impact of CFS and the application of the April 1999 CFS ruling (99-2p) to ensure that adjudicators remain up-to-date on the evaluation of disability that results from this condition. The Committee encourages SSA to examine obstacles to benefits for persons with CFS and to keep medical information updated throughout all levels of the application and review process.

#### *Social Security Advisory Board*

The Committee has included not less than \$2,000,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2006.

#### *User Fees*

In addition to other amounts provided, the Committee recommends \$120,000,000 for administrative activities funded from user fees. Of this amount, \$119,000,000 is derived from fees paid to SSA by States that request SSA to administer State SSI supplementary payments. The remaining \$1,000,000 will be generated from a fee payment process for non-attorney representatives of claimants.

#### OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2005 .....	\$90,378,000
Budget estimate, 2006 .....	93,000,000
House allowance .....	92,805,000
Committee recommendation .....	93,000,000

The Committee recommends \$93,000,000 for activities for the Office of the Inspector General. The comparable fiscal year 2005 funding level is \$90,378,000 and the budget request includes \$93,000,000 for this office. This includes a general fund appropriation of \$26,000,000 together with an obligation limitation of \$67,000,000 from the Federal old-age and survivors insurance trust fund and the Federal disability insurance trust fund.

## TITLE V—GENERAL PROVISIONS

The Committee recommendation includes provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug (sec. 505); clarify Federal funding as a component of State and local grant funds (sec. 506); limit use of funds for abortion (sec. 507 and sec. 508); restrict human embryo research (sec. 509); limit the use of funds for promotion of legalization of controlled substances included last year (sec. 510); limits use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 511); prohibits the use of funds to promulgate regulations regarding the individual health identifier (sec. 512); prohibits 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 (sec. 513); prohibits funds for the Railroad Retirement Board from being used for a non-governmental disbursing agent (sec. 514); maintains a provision clarifying procedures for reprogramming of funds (sec. 515); and specifies that none of the funds made available by this Act may be used to reimburse, or provide reimbursement for drugs approved to treat erectile dysfunction (sec. 516).

## BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC.  
308(a), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount of bill	Committee allocation	Amount of bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the Budget Resolution for 2006: Subcommittee on Labor-HHS-Education.				
Discretionary .....	141,344	141,653	142,975	<sup>1</sup> 141,350
Mandatory .....	405,311	405,311	405,171	<sup>1</sup> 405,171
Projection of outlays associated with the recommendation:				
2006 .....				<sup>2</sup> 368,096
2007 .....				58,074
2008 .....				15,470
2009 .....				3,789
2010 and future years .....				542
Financial assistance to State and local governments for 2006 .....	NA	221,957	NA	159,755

<sup>1</sup> Includes outlays from prior-year budget authority.

<sup>2</sup> Excludes outlays from prior-year budget authority.

NA: Not applicable.

### COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The following items are identified pursuant to this requirement: Workforce Investment Act; Title VII and Title VIII of the Public Health Services Act; National Cord Blood Stem Cell Bank Program; Universal Newborn Hearing Screening; Organ Transplantation; Rural Hospital Flexibility Grants; Denali Commission; Family Planning; State Offices of Rural Health; Rural and Community Access to Emergency Devices; Trauma/EMS; Infectious Diseases; Health Promotion; Health Information and Services; Environmental Health and Injury; Occupational Safety and Health; Global Health; Public Health Research; Public Health Improvement and Leadership; Preventive Health and Health Services Block Grant; CDC Business Services; Title V of the Public Health Services Act; Adolescent Family Life; Office of Minority Health; Office of Disease Prevention and Health Promotion; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance; Child Care and Development Block Grant; Head Start; Abstinence Education; Native American Programs; Community Services; Alzheimer’s Disease Demonstration Grants to States; High school equivalency program; College assistance migrant program; State grants for incarcerated youth offenders; Rehabilitation Services and Disability Research, except sections 4, 5 and 6 of the Assistive Technology Program; National Technical Institute for the Deaf; Gallaudet University; Voca-

tional Education; Adult Education; Student Financial Assistance; Student Aid Administration; Higher Education, except for section 102(b)(6) of the Mutual Educational and Cultural Exchange Act; Corporation for National and Community Service; National Council on Disability.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 14, 2005, the Committee ordered reported, H.R. 3010, making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2006, and for other purposes, with an amendment in the nature of a substitute, provided that the bill be subject to further amendment and the bill be consistent with its budget allocation, by a recorded vote of 27–0, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Cochran	
Mr. Stevens	
Mr. Specter	
Mr. Domenici	
Mr. Bond	
Mr. McConnell	
Mr. Burns	
Mr. Shelby	
Mr. Bennett	
Mr. Craig	
Mrs. Hutchison	
Mr. DeWine	
Mr. Brownback	
Mr. Allard	
Mr. Byrd	
Mr. Inouye	
Mr. Leahy	
Mr. Harkin	
Ms. Mikulski	
Mr. Reid	
Mr. Kohl	
Mrs. Murray	
Mr. Dorgan	
Mrs. Feinstein	
Mr. Durbin	
Mr. Johnson	
Ms. Landrieu	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or

part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee.”

**NO CHILD LEFT BEHIND ACT OF 2001, PUBLIC LAW 107-110**

\* \* \* \* \*

**“Subpart 12—Educational, Cultural, Apprenticeship, and Exchange Programs for Alaska Natives, Native Hawaiians, and Their Historical Whaling and Trading Partners in Massachusetts**

**“SEC. 5521. SHORT TITLE.**

“This subpart may be cited as the ‘Alaska Native and Native Hawaiian Education Through Cultural and Historical Organizations Act’.

**“SEC. 5522. FINDINGS AND PURPOSES.**

“(a) \* \* \*

\* \* \* \* \*

“(b) **PURPOSES.**—The purposes of this subpart are the following:

“(1) To authorize and develop innovative culturally-based educational programs and cultural exchanges to assist Alaska Natives, Native Hawaiians, and children and families of Massachusetts linked by history and tradition to Alaska and Hawaii to learn about shared culture and traditions.

“(2) To authorize and develop internship and apprentice programs to assist Alaska Natives, Native Hawaiians, and children and families of Massachusetts linked by history and tradition with Alaska and Hawaii to prepare for careers with cultural institutions.

“(3) To supplement programs and authorities in the area of education to further the objectives of this subpart.

“(4) *To authorize and develop cultural and educational programs relating to the Mississippi Band of Choctaw Indians.*”

**“SEC. 5523. PROGRAM AUTHORIZATION.**

“(a) **GRANTS AND CONTRACTS.**—In order to carry out programs that fulfill the purposes of this subpart, the Secretary is authorized to make grants to, or enter into contracts with, the following:

“(1) The Alaska Native Heritage Center in Anchorage, Alaska.

“(2) The Inupiat Heritage Center in Barrow, Alaska.

“(3) The Bishop Museum in Hawaii.

“(4) The Peabody-Essex Museum in Salem, Massachusetts.

“(5) The New Bedford Whaling Museum and the New Bedford Oceanarium in New Bedford, Massachusetts.

“(6) *The Mississippi Band of Choctaw Indians in Choctaw, Mississippi.*”

“~~[(6)]~~ (7) Other Alaska Native and Native Hawaiian cultural and educational organizations.

“~~[(7)]~~ (8) Cultural and educational organizations with experience in developing or operating programs that illustrate and interpret the contributions of Alaska Natives, Native Hawaiians, the whaling industry, and the China trade to the economic, social, and environmental history of the United States.

“~~[(8)]~~ (9) Consortia of the organizations and entities described in this subsection.

\* \* \* \* \*

**“SEC. 5525. AVAILABILITY OF FUNDS.**

“If sufficient funds are made available under section 5401 to carry out this subpart for a fiscal year, the Secretary shall make available, to support activities described in section 5523(b), the following amounts:

“(1) Not less than \$2,000,000 each to—

“(A) the New Bedford Whaling Museum, in partnership with the New Bedford Oceanarium, in Massachusetts; and

“(B) the Inupiat Heritage Center in Alaska.

“(2) For the New Trade Winds project, not less than \$1,000,000 each to—

“(A) the Alaska Native Heritage Center in Alaska;

“(B) the Bishop Museum in Hawaii; and

“(C) the Peabody-Essex Museum in Massachusetts.

“(3) For internship and apprenticeship programs (including the Museum Action Corps of the Peabody-Essex Museum), not less than \$1,000,000 each to—

“(A) the Alaska Native Heritage Center in Alaska;

“(B) the Bishop Museum in Hawaii; and

“(C) the Peabody-Essex Museum in Massachusetts.

“(4) *For cultural and educational programs, not less than \$2,000,000 to the Mississippi Band of Choctaw Indians in Choctaw, Mississippi.*”



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006  
 [In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
TITLE I—DEPARTMENT OF LABOR							
EMPLOYMENT AND TRAINING ADMINISTRATION							
TRAINING AND EMPLOYMENT SERVICES							
Grants to States:							
Adult Training, current year	184,618	153,736	153,736	181,618	-3,000	+27,882	+27,882
Advance from prior year	(706,304)	(712,000)	(712,000)	(712,000)	(+5,696)		
Fiscal year 2007	712,000	712,000	712,000	712,000			
Adult Training	896,618	865,736	865,736	893,618	-3,000	+27,882	+27,882
Youth Training	986,288	950,000	950,000	986,288		+36,288	+36,288
Dislocated Worker Assistance, current year	345,264	226,867	345,264	345,264		+118,397	
Advance from prior year	(841,216)	(848,000)	(848,000)	(848,000)	(+6,784)		
Fiscal year 2007	848,000	848,000	848,000	848,000			
Dislocated Worker Assistance	1,193,264	1,074,867	1,193,264	1,193,264		+118,397	
Federally Administered Programs:							
Dislocated Worker Assistance National Reserve:							
Current year	70,800	56,717		70,800		+14,083	+70,800
Advance from prior year	(210,304)	(212,000)	(212,000)	(212,000)	(+1,696)		
Fiscal year 2007	212,000	212,000	212,000	212,000			
Dislocated Worker Assistance Nat'l Reserve	282,800	268,717	212,000	282,800		+14,083	+70,800
Less funding reserved for Community College Initiative (NA)	(-125,000)			(-125,000)		(-125,000)	(-125,000)
Dislocated Worker Assistance Nat'l Reserve	157,800	268,717	212,000	157,800		-110,917	-54,200
Total, Dislocated Worker Assistance	1,476,064	1,343,584	1,405,264	1,476,064		+132,480	+70,800
Native Americans	54,238	54,238	54,238	54,238			

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

(In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Migrant and Seasonal Farmworkers .....	75,759	.....	75,759	80,053	+ 4,294	+ 80,053	+ 4,294
Job Corps:							
Operations .....	844,670	851,019	851,019	881,000	+ 36,330	+ 29,981	+ 29,981
Advance from prior year .....	(586,272)	(591,000)	(591,000)	(591,000)	(+ 4,728)	.....	.....
Fiscal year 2007 .....	591,000	591,000	591,000	591,000	.....	.....	.....
Construction and Renovation .....	16,190	.....	.....	10,000	- 6,190	+ 10,000	+ 10,000
Advance from prior year .....	(99,200)	(100,000)	(100,000)	(100,000)	(+ 800)	.....	.....
Fiscal year 2007 .....	100,000	75,000	100,000	100,000	.....	+ 25,000	.....
Subtotal, Job Corps .....	1,551,860	1,517,019	1,542,019	1,582,000	+ 30,140	+ 64,981	+ 39,981
National Activities:							
Pilots, Demonstrations and Research .....	85,167	30,000	74,000	90,367	+ 5,200	+ 60,367	+ 16,367
Responsible Reintegration of Youthful Offender .....	49,600	.....	.....	50,000	+ 400	+ 50,000	+ 50,000
Evaluation .....	7,936	7,936	7,936	7,936	.....	.....	.....
Prisoner Re-entry .....	19,840	35,000	19,840	19,840	.....	- 15,160	.....
Community College initiative .....	124,000	250,000	125,000	.....	- 124,000	- 250,000	- 125,000
Community College initiative (NA) <sup>1</sup> .....	(125,000)	.....	.....	(125,000)	.....	(+ 125,000)	(+ 125,000)
Subtotal, CC initiative, program level .....	249,000	250,000	125,000	125,000	- 124,000	- 125,000	.....
Denali Commission .....	6,944	.....	.....	6,944	.....	+ 6,944	+ 6,944
Other .....	3,458	2,000	2,000	3,458	.....	+ 1,458	+ 1,458
Subtotal, National activities .....	296,945	324,936	228,776	178,545	- 118,400	- 146,391	- 50,231
Subtotal, Federal activities .....	2,261,602	2,164,910	2,112,792	2,177,636	- 83,966	+ 12,726	+ 64,844
Current Year .....	1,358,602	1,286,910	1,209,792	1,274,636	- 83,966	- 12,274	+ 64,844
Fiscal year 2007 .....	903,000	878,000	903,000	903,000	.....	+ 25,000	.....
Total, Training and Employment Services .....	5,337,772	5,055,513	5,121,792	5,250,806	- 86,966	+ 195,293	+ 129,014
Current Year .....	(2,874,772)	(2,617,513)	(2,658,792)	(2,787,806)	(- 86,966)	(+ 170,293)	(+ 129,014)

	(2,463,000)	(2,438,000)	(2,463,000)	(2,463,000)	(2,463,000)	(+ 25,000)	
Fiscal year 2007							
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS	436,678	436,678	436,678	436,678	436,678		
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES	1,057,300	966,400	966,400	966,400	966,400		
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS							
Unemployment Compensation:							
State Operations	2,663,040	2,622,499	2,622,499	2,600,000	2,600,000	-22,499	-22,499
National Activities	10,416	10,416	10,416	10,000	10,000	-416	-416
Subtotal, Unemployment Compensation	2,673,456	2,632,915	2,632,915	2,610,000	2,610,000	-63,456	-22,915
Employment Service:							
Allotments to States:							
Federal Funds	23,114	23,300	23,300	23,114	23,114	-186	-186
Trust Funds	757,478	672,700	672,700	723,188	723,188	+34,290	+50,488
Subtotal, allotments to States	780,592	696,000	696,000	746,302	746,302	+50,302	+50,302
ES National Activities	64,976	33,766	33,766	33,766	33,766	-31,210	
Subtotal, Employment Service	845,568	729,766	729,766	780,068	780,068	+50,302	+50,302
Federal Funds	23,114	23,300	23,300	23,114	23,114	-186	-186
Trust Funds	822,454	706,466	706,466	756,954	756,954	+50,488	+50,488
One-Stop Career Centers/Labor Market Information	97,974	87,974	87,974	90,000	90,000	-7,974	+2,026
Work Incentives Grants	19,711	19,711	19,711	19,711	19,711		
Total, State Unemployment & Employment Svcs	3,636,709	3,470,366	3,470,366	3,499,779	3,499,779	+29,413	+29,413
Federal Funds	140,799	130,985	130,985	132,825	132,825	+1,840	+1,840
Trust Funds	3,495,910	3,339,381	3,339,381	3,366,954	3,366,954	+27,573	+27,573
ADVANCES TO THE UI AND OTHER TRUST FUNDS <sup>2</sup>	517,000	465,000	465,000	465,000	465,000	-52,000	
PROGRAM ADMINISTRATION							
Adult Employment and Training	38,874	44,631	44,631	43,631	43,631	+4,757	-1,000
Trust Funds	6,901	7,925	7,925	7,925	7,925	+1,024	
Youth Employment and Training	39,627	38,805	38,805	38,805	38,805	-822	
Employment Security	6,045	6,039	6,039	6,039	6,039	-6	
Trust Funds	48,235	77,952	77,952	72,841	72,841	+24,606	-5,111
Apprenticeship Services	21,136	21,655	21,655	21,655	21,655	+519	
Executive Direction	6,845	6,993	6,993	6,993	6,993	+148	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

(In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Trust Funds	2,065	2,111	2,111	2,111	+46		
Welfare to Work	373				-373		
Total, Program Administration	170,101	206,111	206,111	200,000	+29,899	-6,111	-6,111
Federal Funds	112,900	118,123	118,123	117,123	+4,223	-1,000	-1,000
Trust Funds	57,201	87,988	87,988	82,877	+25,676	-5,111	-5,111
Total, Employment and Training Administration	11,155,560	10,600,068	10,666,347	10,818,663	-336,897	+218,595	+152,316
Federal Funds	7,602,449	7,172,699	7,238,978	7,368,832	-233,617	+196,133	+129,854
Current Year	(5,139,449)	(4,734,699)	(4,775,978)	(4,905,832)	(-233,617)	(+171,133)	(+129,854)
Fiscal year 2007	(2,463,000)	(2,438,000)	(2,463,000)	(2,463,000)		(+25,000)	
Trust Funds	3,553,111	3,427,369	3,427,369	3,449,831	-103,280	+22,462	+22,462
EMPLOYEE BENEFITS SECURITY ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement and Participant Assistance	109,374	114,462	114,462	112,362	+2,988	-2,100	-2,100
Policy and Compliance Assistance	17,357	17,458	17,458	17,458	+101		
Executive Leadership, Program Oversight and Admin	4,482	5,080	5,080	5,080	+598		
Total, EBSA	131,213	137,000	137,000	134,900	+3,687	-2,100	-2,100
PENSION BENEFIT GUARANTY CORPORATION							
Pension insurance activities	(12,211)	(42,122)	(42,122)	(42,122)	(+29,911)		
Pension plan termination	(169,739)	(161,117)	(161,117)	(161,117)	(-8,622)		
Operational support	(84,380)	(93,739)	(93,739)	(93,739)	(+9,359)		
Total, PBGC (Program level)	(266,330)	(296,978)	(296,978)	(296,978)	(+30,648)		
EMPLOYMENT STANDARDS ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement of Wage and Hour Standards	164,493	167,359	167,359	167,359	+2,866		

Office of Labor-Management Standards .....	41,681	48,799	48,799	43,599	+ 1,918	- 5,200	- 5,200
Federal Contractor EEO Standards Enforcement .....	80,059	82,106	82,106	82,106	+ 2,047		
Federal Programs for Workers' Compensation .....	97,339	100,129	100,129	100,129	+ 2,790		
Trust Funds .....	2,023	2,048	2,048	2,048	+ 25		
Program Direction and Support .....	15,252	15,891	15,891	17,375	+ 2,123	+ 1,484	+ 1,484
Total, ESA salaries and expenses .....	400,847	416,332	416,332	412,616	+ 11,769	- 3,716	- 3,716
Federal Funds .....	398,824	414,284	414,284	410,568	+ 11,744	- 3,716	- 3,716
Trust Funds .....	2,023	2,048	2,048	2,048	+ 25		
SPECIAL BENEFITS							
Federal employees compensation benefits .....	230,000	234,000	234,000	234,000	+ 4,000		
Longshore and harbor workers' benefits .....	3,000	3,000	3,000	3,000			
Total, Special Benefits .....	233,000	237,000	237,000	237,000	+ 4,000		
SPECIAL BENEFITS FOR DISABLED COAL MINERS							
Benefit payments .....	358,806	308,000	308,000	308,000	- 50,806		
Administration .....	5,191	5,250	5,250	5,250	+ 59		
Subtotal, Fiscal year 2006 program level .....	363,997	313,250	313,250	313,250	- 50,747		
Less funds advanced in prior year .....	- 88,000	- 81,000	- 81,000	- 81,000	+ 7,000		
Total, Current Year, Fiscal year 2006 .....	275,997	232,250	232,250	232,250	- 43,747		
New advances, 1st quarter Fiscal year 2007 .....	81,000	74,000	74,000	74,000	- 7,000		
Total, Special Benefits for Disabled Coal Miners .....	356,997	306,250	306,250	306,250	- 50,747		
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND,							
Part B Administrative Expenses .....	40,321	96,081	96,081	96,081	+ 55,760		
BLACK LUNG DISABILITY TRUST FUND							
Benefit payments and interest on advances .....	1,004,951	1,010,011	1,010,011	1,010,011	+ 5,060		
Employment Standards Adm. S&E .....	32,615	33,050	33,050	33,050	+ 435		
Departmental Management S&E .....	23,705	24,239	24,239	24,239	+ 534		
Departmental Management, Inspector General .....	342	344	344	344	+ 2		
Subtotal, Black Lung Disability .....	1,061,613	1,067,644	1,067,644	1,067,644	+ 6,031		
Treasury Administrative Costs .....	356	356	356	356			

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Total, Black Lung Disability Trust Fund .....	1,061,969	1,068,000	1,068,000	1,068,000	+ 6,031		
Total, Employment Standards Administration .....	2,093,134	2,123,663	2,123,663	2,119,947	+ 26,813	- 3,716	- 3,716
Federal Funds .....	2,091,111	2,121,615	2,121,615	2,117,899	+ 26,788	- 3,716	- 3,716
Current year .....	(2,010,111)	(2,047,615)	(2,047,615)	(2,043,899)	(+ 33,788)	(- 3,716)	(- 3,716)
Fiscal year 2007 .....	(81,000)	(74,000)	(74,000)	(74,000)	(- 7,000)		
Trust Funds .....	2,023	2,048	2,048	2,048	+ 25		
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Safety and Health Standards .....	16,003	16,628	16,628	16,628	+ 625		
Federal Enforcement .....	169,652	174,318	174,318	174,318	+ 4,666		
State Programs .....	91,013	92,013	92,013	92,013	+ 1,000		
Technical Support .....	20,742	21,652	21,652	21,652	+ 910		
Compliance Assistance:							
Federal Assistance .....	70,859	73,278	73,278	73,278	+ 2,419		
State Consultation Grants .....	53,362	53,896	53,896	53,896	+ 534		
Training Grants .....	10,218	10,218	10,218	10,510	+ 292	+ 10,510	+ 292
Subtotal, Compliance Assistance .....	134,439	127,174	137,392	137,684	+ 3,245	+ 10,510	+ 292
Safety and Health Statistics .....	22,203	24,498	24,498	24,498	+ 2,295		
Executive Direction and Administration .....	10,106	10,698	10,698	10,698	+ 592		
Total, OSHA .....	464,158	466,981	477,199	477,491	+ 13,333	+ 10,510	+ 292
MINE SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Coal Enforcement .....	115,251	118,335	118,335	118,335	+ 3,084		
Metal/Non-Metal Enforcement .....	66,752	68,750	68,750	68,750	+ 1,998		
Standards Development .....	2,334	2,506	2,506	2,506	+ 172		



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

(In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Total, Salaries and expenses .....	320,688	244,423	239,783	320,561	-127	+76,138	+80,778
Federal Funds .....	320,377	244,112	239,472	320,250	-127	+76,138	+80,778
Trust Funds .....	311	311	311	311	.....	.....	.....
VETERANS EMPLOYMENT AND TRAINING							
State administration, Grants .....	161,097	162,415	162,415	162,415	+1,318	.....	.....
Federal Administration .....	30,438	30,435	31,935	30,435	-3	.....	-1,500
National Veterans Training Institute .....	1,984	1,984	2,484	1,984	.....	.....	-500
Homeless Veterans Program .....	20,832	22,000	25,000	22,000	+1,168	.....	-3,000
Veterans Workforce Investment Programs .....	8,482	7,500	7,500	7,500	-982	.....	.....
Total, Veterans Employment and Training .....	222,833	224,334	229,334	224,334	+1,501	.....	-5,000
Federal Funds .....	29,314	29,500	32,500	29,500	+186	.....	-3,000
Trust Funds .....	193,519	194,834	196,834	194,834	+1,315	.....	-2,000
OFFICE OF THE INSPECTOR GENERAL							
Program Activities .....	63,478	65,211	65,211	67,211	+3,733	+2,000	+2,000
Trust Funds .....	5,517	5,608	5,608	5,608	+91	.....	.....
Total, Office of the Inspector General .....	68,995	70,819	70,819	72,819	+3,824	+2,000	+2,000
Federal funds .....	63,478	65,211	65,211	67,211	+3,733	+2,000	+2,000
Trust funds .....	5,517	5,608	5,608	5,608	+91	.....	.....
Total, Departmental Management .....	612,516	539,576	539,936	617,714	+5,198	+78,138	+77,778
Federal Funds .....	413,169	338,823	337,183	416,961	+3,792	+78,138	+79,778
Trust Funds .....	199,347	200,753	202,753	200,753	+1,406	.....	-2,000
WORKING CAPITAL FUND							
Working capital fund .....	9,920	6,230	6,230	6,230	-3,690	.....	.....
Total, Title I, Department of Labor .....	15,321,804	14,724,465	14,801,322	15,045,122	-276,682	+320,657	+243,800
Federal Funds .....	11,489,478	11,016,450	11,091,307	11,314,645	-174,833	+298,195	+223,338



Current Year .....	(8,945,478)	(8,504,450)	(8,554,307)	(8,777,645)	(-167,833)	(-273,195)	(+223,338)
Fiscal year 2007 .....	(2,544,000)	(2,512,000)	(2,537,000)	(2,537,000)	(-7,000)	(+25,000)	(+25,000)
Trust Funds .....	3,832,326	3,708,015	3,710,015	3,730,477	-101,849	+22,462	+20,462
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES							
HEALTH RESOURCES AND SERVICES ADMINISTRATION							
HEALTH RESOURCES AND SERVICES							
BUREAU OF PRIMARY HEALTH CARE							
Community health centers .....	1,734,311	2,037,871	1,834,311	1,839,311	+105,000	-198,560	+5,000
Free Clinics Medical Malpractice .....	99	.....	.....	99	.....	+99	+99
Radiation Exposure Compensation Act .....	1,958	1,936	1,900	1,958	.....	+22	+58
Healthy Community Access Program .....	82,993	.....	.....	60,000	-22,993	+60,000	+60,000
Hansen's Disease Services .....	17,251	16,066	16,066	17,066	-185	+1,000	+1,000
Buildings and Facilities .....	247	222	222	222	-25	.....	.....
Payment to Hawaii, treatment of Hansen's .....	2,017	2,016	2,016	2,017	.....	+1	+1
Black lung clinics .....	5,951	5,912	5,912	5,975	+24	+63	+63
Subtotal, Bureau of Primary Health Care .....	1,844,827	2,064,023	1,860,427	1,926,648	+81,821	-137,375	+66,221
BUREAU OF HEALTH PROFESSIONS							
National Health Service Corps:							
Field placements .....	45,068	40,705	40,705	40,705	-4,363	.....	.....
Recruitment .....	86,380	86,091	86,091	86,091	-289	.....	.....
Subtotal, National Health Service Corps .....	131,448	126,796	126,796	126,796	-4,652	.....	.....
Health Professions							
Training for Diversity:							
Centers of excellence .....	33,609	.....	12,000	33,609	.....	+33,609	+21,609
Health careers opportunity program .....	35,647	.....	.....	35,647	.....	+35,647	+35,647
Faculty loan repayment .....	1,302	.....	.....	1,302	.....	+1,302	+1,302
Scholarships for disadvantaged students .....	47,128	9,831	35,128	47,128	.....	+37,297	+12,000
Subtotal, Training for Diversity .....	117,686	9,831	47,128	117,686	.....	+107,855	+70,558
Training in Primary Care Medicine and Dentistry .....	88,816	.....	.....	90,000	+1,184	+90,000	+90,000
Interdisciplinary Community-Based Linkages:							
Area health education centers .....	28,971	.....	.....	28,971	.....	+28,971	+28,971
Health education and training centers .....	3,819	.....	.....	3,819	.....	+3,819	+3,819

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Allied health and other disciplines .....	11,753	.....	.....	11,753	+ 11,753	+ 11,753	
Geriatric programs .....	31,548	.....	.....	29,548	+ 29,548	+ 29,548	
Quentin N. Burdick program for rural training .....	6,076	.....	.....	6,076	+ 6,076	+ 6,076	
Subtotal, Interdisciplinary Comm. Linkages .....	82,167	.....	.....	80,167	+ 80,167	+ 80,167	
Health Professions Workforce Info & Analysis .....	716	712	.....	712	- 4	+ 712	
Public Health Workforce Development:							
Public health, preventive med. and dental programs .....	9,097	.....	.....	9,097	+ 9,097	+ 9,097	
Health administration programs .....	1,070	.....	.....	1,070	+ 1,070	+ 1,070	
Subtotal, Public Health Workforce Development .....	10,167	.....	.....	10,167	+ 10,167	+ 10,167	
Nursing Programs:							
Advanced Education Nursing .....	58,160	42,806	57,637	58,160	+ 15,354	+ 523	
Nurse education, practice, and retention .....	36,468	46,325	36,468	40,468	- 5,857	+ 4,000	
Nursing workforce diversity .....	16,270	21,244	16,270	17,270	- 3,974	+ 1,000	
Loan repayment and scholarship program .....	31,482	31,369	31,369	31,482	+ 113	+ 113	
Comprehensive geriatric education .....	3,450	3,426	3,426	3,450	+ 24	+ 24	
Nursing faculty loan program .....	4,831	4,821	4,821	4,831	+ 10	+ 10	
Subtotal, Nursing programs .....	150,661	149,991	149,991	155,661	+ 5,670	+ 5,670	
Subtotal, Health Professions .....	450,213	160,534	197,119	454,393	+ 4,180	+ 257,274	
Children's Hospitals Graduate Medical Education .....	300,730	200,000	300,000	300,000	- 730	.....	
National Practitioner Data Bank .....	15,700	15,700	15,700	15,700	.....	.....	
User Fees .....	- 15,700	- 15,700	- 15,700	- 15,700	.....	.....	
Health Care Integrity and Protection Data Bank .....	4,000	4,000	4,000	4,000	.....	.....	
User Fees .....	- 4,000	- 4,000	- 4,000	- 4,000	.....	.....	
Subtotal, Bureau of Health Professions .....	882,391	487,330	623,915	881,189	- 1,202	+ 257,274	

	723,928	700,000	710,000	-13,928	-13,928	-13,928	+10,000
<b>MATERNAL AND CHILD HEALTH BUREAU</b>							
Maternal and Child Health Block Grant .....	198	.....	500	+500	+500	+500	+10,000
Sickle cell service demonstration program .....	9,297	9,000	9,297	+297	+9,297	+9,297	+500
Traumatic Brain Injury .....	102,543	97,747	104,000	+6,253	+6,253	+6,253	+297
Healthy Start .....	9,792	10,000	9,792	+208	+9,792	+9,792	+6,253
Universal Newborn Hearing .....	19,830	19,000	20,000	+1,000	+20,000	+20,000	+208
Emergency medical services for children .....	23,499	23,301	23,301	.....	.....	.....	+1,000
Poison control .....	.....	.....	.....	.....	.....	.....	.....
Subtotal, Maternal and Child Health Bureau .....	889,087	859,048	876,890	+31,914	+31,914	+31,914	+17,842
<b>HIV/AIDS BUREAU</b>							
Ryan White AIDS Programs:	610,094	610,094	610,094	.....	.....	.....	.....
Emergency Assistance .....	1,121,836	1,131,836	1,131,836	+10,000	+10,000	+10,000	.....
Comprehensive Care Programs .....	(787,521)	(797,521)	(797,521)	(+10,000)	(+10,000)	(+10,000)	.....
AIDS Drug Assistance Program (ADAP) (NA) .....	195,578	195,578	195,578	.....	.....	.....	.....
Early Intervention Program .....	72,519	72,519	72,519	.....	.....	.....	.....
Pediatric HIV/AIDS .....	13,218	13,218	13,218	.....	.....	.....	.....
AIDS Dental Services .....	35,051	35,051	35,051	.....	.....	.....	.....
Education and Training Centers .....	.....	.....	.....	.....	.....	.....	.....
Subtotal, Ryan White AIDS programs .....	2,048,296	2,058,296	2,058,296	+10,000	+10,000	+10,000	.....
Evaluation Tap Funding (NA) .....	(25,000)	(25,000)	(25,000)	.....	.....	.....	.....
Subtotal, Ryan White AIDS program level .....	(2,073,296)	(2,083,296)	(2,083,296)	(+10,000)	(+10,000)	(+10,000)	.....
Telehealth .....	3,916	3,888	3,888	-28	-28	-28	.....
Subtotal, HIV/AIDS Bureau .....	2,052,212	2,062,184	2,062,184	+9,972	+9,972	+9,972	.....
<b>SPECIAL PROGRAMS BUREAU</b>							
Organ Transplantation .....	24,413	23,282	24,413	+1,131	+1,131	+1,131	+1,131
Cord Blood Stem Cell Bank .....	9,859	.....	9,859	+9,859	+9,859	+9,859	+9,859
Bone Marrow Program .....	25,416	25,416	22,916	-2,500	-2,500	-2,500	-2,500
Trauma Care .....	3,418	.....	3,418	+3,418	+3,418	+3,418	+3,418
State Planning Grants for Health Care Access .....	10,910	.....	.....	-10,910	-10,910	-10,910	.....
Subtotal, Special programs bureau .....	74,016	48,698	60,606	+14,408	+14,408	+14,408	+11,908



Total, HRSA program level .....	(6,904,407)	(6,071,776)	(6,549,737)	(7,504,834)	(+ 600,427)	(+ 1,433,058)	(+ 955,097)
<b>CENTERS FOR DISEASE CONTROL AND PREVENTION</b>							
Infectious Diseases .....	1,667,095	1,696,964	1,704,529	1,696,567	+29,472	-397	-7,962
Evaluation Tap Funding .....	(12,794)	(12,794)	(12,794)	(12,794)			
Subtotal, Program level .....	(1,679,889)	(1,709,758)	(1,717,323)	(1,709,361)	(+ 29,472)	(- 397)	(- 7,962)
Health Promotion .....	1,021,709	964,421	983,647	974,080	-47,629	+ 9,659	-9,567
Health Information and Service .....	94,438	89,564	195,069	89,564	-4,874		-105,505
Evaluation Tap Funding .....	(134,235)	(134,235)	(28,730)	(134,235)			(+ 105,505)
Subtotal, Program level .....	(228,673)	(223,799)	(223,799)	(223,799)	(- 4,874)		
Environmental health and injury .....	285,721	284,820	285,721	288,982	+ 3,261	+ 4,162	+ 3,261
Occupational safety and health <sup>4</sup> .....	198,970	198,859	164,170	170,050	-28,920	-28,809	+ 5,880
Evaluation Tap Funding .....	(87,071)	(87,071)	(87,071)	(87,071)			
Subtotal, Program level <sup>4</sup> .....	(286,041)	(285,930)	(251,241)	(257,121)	(- 28,920)	(- 28,809)	(+ 5,880)
Global health .....	293,863	306,079	309,076	313,227	+ 19,364	+ 7,148	+ 4,151
Supplemental (Public Law 109-13) (emergency) .....	15,000				-15,000		
Subtotal, Program level .....	(308,863)	(306,079)	(309,076)	(313,227)	(+ 4,364)	(+ 7,148)	(+ 4,151)
Terrorism preparedness and response <sup>3</sup> .....			1,616,723	1,566,471	+ 1,566,471	+ 1,566,471	- 50,252
Public Health research:							
Evaluation Tap Funding .....	(31,000)	(31,000)	(31,000)	(31,000)			
Public health improvement and leadership .....	266,842	206,541	258,541	269,055	+ 2,213	+ 62,514	+ 10,514
Preventive health and health services block grant .....	118,526		100,000	100,000	-18,526	+ 100,000	
Buildings and Facilities .....	269,708	30,000	30,000	225,000	-44,708	+ 195,000	+ 195,000
Business services .....	278,838	263,715	298,515	296,119	+ 17,281	+ 32,404	- 2,396
Total, Centers for Disease Control .....	4,510,710	4,040,963	5,945,991	5,989,115	+ 1,478,405	+ 1,948,152	+ 43,124
Evaluation Tap Funding (NA) .....	(265,100)	(265,100)	(159,595)	(265,100)			(+ 105,505)
Total, Centers for Disease Control program level .....	(4,775,810)	(4,306,063)	(6,105,586)	(6,254,215)	(+ 1,478,405)	(+ 1,948,152)	(+ 148,629)
<b>NATIONAL INSTITUTES OF HEALTH</b>							
National Cancer Institute .....	4,825,259	4,841,774	4,841,774	4,960,828	+ 135,569	+ 119,054	+ 119,054
National Heart, Lung, and Blood Institute .....	2,941,201	2,951,270	2,951,270	3,023,381	+ 82,180	+ 72,111	+ 72,111
National Institute of Dental & Craniofacial Research .....	391,829	393,269	393,269	405,269	+ 13,440	+ 12,000	+ 12,000
National Institute of Diabetes and Digestive and Kidney Diseases .....	1,713,584	1,722,146	1,722,146	1,767,919	+ 54,335	+ 45,773	+ 45,773

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

(In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Juvenile diabetes (mandatory)	(150,000)	(150,000)	(150,000)	(150,000)			
Subtotal, MIDDK	(1,863,584)	(1,872,146)	(1,872,146)	(1,917,919)	(+ 54,335)	(+ 45,773)	(+ 45,773)
National Institute of Neurological Disorders & Stroke	1,539,448	1,550,260	1,550,260	1,591,924	+ 52,476	+ 41,664	+ 41,664
National Institute of Allergy and Infectious Diseases	4,303,640	4,359,395	4,359,395	4,447,136	+ 143,496	+ 87,741	+ 87,741
Global HIV/AIDS Fund Transfer	99,200	100,000		100,000	+ 800		+ 100,000
Subtotal, NIAID	4,402,840	4,459,395	4,359,395	4,547,136	+ 144,296	+ 87,741	+ 187,741
National Institute of General Medical Sciences	1,944,067	1,955,170	1,955,170	2,002,622	+ 58,555	+ 47,452	+ 47,452
National Institute of Child Health & Human Development	1,270,321	1,277,544	1,277,544	1,310,989	+ 40,668	+ 33,445	+ 33,445
National Eye Institute	669,070	673,491	673,491	693,559	+ 24,489	+ 20,068	+ 20,068
National Institute of Environmental Health Sciences	644,505	647,608	647,608	667,372	+ 22,867	+ 19,764	+ 19,764
National Institute on Aging	1,051,990	1,057,203	1,057,203	1,090,600	+ 38,610	+ 33,397	+ 33,397
National Institute of Arthritis and Musculoskeletal and Skin Diseases	511,157	513,063	513,063	525,758	+ 14,601	+ 12,695	+ 12,695
National Institute on Deafness and Other Communication Disorders	394,259	397,432	397,432	409,432	+ 15,173	+ 12,000	+ 12,000
National Institute of Nursing Research	138,072	138,729	138,729	142,549	+ 4,477	+ 3,820	+ 3,820
National Institute on Alcohol Abuse and Alcoholism	438,277	440,333	440,333	452,271	+ 13,994	+ 11,938	+ 11,938
National Institute on Drug Abuse	1,006,419	1,010,130	1,010,130	1,035,167	+ 28,748	+ 25,037	+ 25,037
National Institute of Mental Health	1,411,933	1,417,692	1,417,692	1,460,393	+ 48,460	+ 42,701	+ 42,701
National Human Genome Research Institute	488,608	490,959	490,959	502,804	+ 14,196	+ 11,845	+ 11,845
National Institute of Biomedical Imaging and Bioengineering	298,209	299,808	299,808	309,091	+ 10,882	+ 9,283	+ 9,283
National Center for Research Resources	1,115,090	1,100,203	1,100,203	1,188,079	+ 72,989	+ 87,876	+ 87,876
National Center for Complementary and Alternative Medicine	122,105	122,692	122,692	126,978	+ 4,873	+ 4,286	+ 4,286
National Center on Minority Health and Health Disparities	196,159	197,379	197,379	203,367	+ 7,208	+ 5,988	+ 5,988
John E. Fogarty International Center	66,632	67,048	67,048	68,745	+ 2,113	+ 1,697	+ 1,697
National Library of Medicine	315,146	318,091	318,091	327,222	+ 12,076	+ 9,131	+ 9,131
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	(8,200)			
Subtotal, NLM	323,346	326,291	326,291	335,422	+ 12,076	+ 9,131	+ 9,131

Office of the Director <sup>2</sup> .....	358,047	385,195	482,216	487,434	+ 129,387	+ 102,239	+ 5,218
Biodiversion countermeasures .....	.....	.....	(97,021)	(97,021)	(+ 97,021)	(+ 97,021)	.....
Buildings and Facilities .....	110,288	81,900	81,900	113,626	+ 3,338	+ 31,726	+ 31,726
Total, National Institutes of Health (NIH) .....	28,364,515	28,509,784	28,506,805	29,414,515	+ 1,050,000	+ 904,731	+ 907,710
Global HIV/AIDS Fund Transfer .....	- 99,200	- 100,000	.....	- 100,000	- 800	.....	- 100,000
Evaluation Tap Funding .....	(8,200)	(8,200)	(8,200)	(8,200)	.....	.....	.....
Total, NIH, Program Level .....	(28,273,515)	(28,417,984)	(28,515,005)	(29,322,715)	(+ 1,049,200)	(+ 904,731)	(+ 807,710)
<b>SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)</b>							
Mental Health:							
Programs of Regional and National Significance .....	274,297	210,213	253,257	274,297	.....	+ 64,084	+ 21,040
Mental Health block grant .....	410,953	410,953	410,953	410,953	.....	.....	.....
Evaluation Tap Funding .....	(21,803)	(21,803)	(21,803)	(21,803)	.....	.....	.....
Subtotal, Program level .....	(432,756)	(432,756)	(432,756)	(432,756)	.....	.....	.....
Children's Mental Health .....	105,112	105,129	105,129	105,129	+ 17	.....	.....
Grants to States for the Homeless (PATH) .....	54,809	54,809	54,809	54,809	.....	.....	.....
Protection and Advocacy .....	34,343	34,343	34,343	34,343	.....	.....	.....
Subtotal, Mental Health .....	879,514	815,447	858,491	879,531	+ 17	+ 64,084	+ 21,040
Subtotal, Program level .....	(901,317)	(837,250)	(880,294)	(901,334)	(+ 17)	(+ 64,084)	(+ 21,040)
Substance Abuse Treatment:							
Programs of Regional and National Significance .....	418,066	442,752	405,131	407,791	- 10,275	- 34,961	+ 2,660
Evaluation Tap Funding .....	(4,300)	(4,300)	(4,300)	(4,300)	.....	.....	.....
Subtotal, Program level .....	(422,366)	(447,052)	(409,431)	(412,091)	(- 10,275)	(- 34,961)	(+ 2,660)
Substance Abuse block grant .....	1,696,355	1,696,355	1,696,355	1,696,355	.....	.....	.....
Evaluation Tap Funding .....	(79,200)	(79,200)	(79,200)	(79,200)	.....	.....	.....
Subtotal, Program level .....	(1,775,555)	(1,775,555)	(1,775,555)	(1,775,555)	.....	.....	.....
Subtotal, Substance Abuse Treatment .....	2,114,421	2,139,107	2,101,486	2,104,146	- 10,275	- 34,961	+ 2,660
Subtotal, Program level .....	(2,197,921)	(2,222,607)	(2,184,986)	(2,187,646)	(- 10,275)	(- 34,961)	(+ 2,660)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Substance Abuse Prevention:							
Programs of Regional and National Significance .....	198,725	184,349	194,950	202,289	+ 3,564	+ 17,940	+ 7,339
Program Management .....	75,806	75,817	75,817	75,817	+ 11	.....	.....
Evaluation Tap funding (NA) .....	(18,000)	(16,000)	(16,000)	(18,000)	.....	(+ 2,000)	(+ 2,000)
Subtotal, Program level .....	93,806	91,817	91,817	93,817	+ 11	+ 2,000	+ 2,000
Total, SAMHSA .....	3,268,466	3,214,720	3,230,744	3,261,783	- 6,683	+ 47,063	+ 31,039
Evaluation Tap funding .....	(123,303)	(121,303)	(121,303)	(123,303)	.....	(+ 2,000)	(+ 2,000)
Total, SAMHSA program level .....	(3,391,769)	(3,336,023)	(3,352,047)	(3,385,086)	(- 6,683)	(+ 49,063)	(+ 33,039)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY							
Research on Health Costs, Quality, and Outcomes:							
Federal Funds .....	.....	.....	318,695	.....	.....	.....	- 318,695
Evaluation Tap funding (NA) .....	(260,695)	(260,695)	.....	(265,695)	(+ 5,000)	(+ 5,000)	(+ 265,695)
Clinical effectiveness research (NA) .....	(15,000)	(15,000)	.....	(20,000)	(+ 5,000)	(+ 5,000)	(+ 20,000)
Reducing medical errors (NA) .....	(84,000)	(84,000)	.....	(84,000)	.....	.....	(+ 84,000)
Subtotal, Program level .....	(260,695)	(260,695)	(318,695)	(265,695)	(+ 5,000)	(+ 5,000)	(- 53,000)
Health Insurance and Expenditure Surveys:							
Evaluation Tap funding (NA) .....	(55,300)	(55,300)	.....	(55,300)	.....	.....	(+ 55,300)
Program Support:							
Evaluation Tap funding (NA) .....	(2,700)	(2,700)	.....	(2,700)	.....	.....	(+ 2,700)
Total, AHRQ .....	(318,695)	(318,695)	318,695	(323,695)	(+ 5,000)	(+ 5,000)	- 318,695
Total, AHRQ program level .....	(318,695)	(318,695)	(318,695)	(323,695)	(+ 5,000)	(+ 5,000)	(+ 5,000)
Total, Public Health Service appropriation .....	43,019,098	41,808,243	44,522,972	46,141,247	+ 3,122,149	+ 4,333,004	+ 1,618,275
Total, Public Health Service program level .....	(43,664,196)	(42,450,541)	(44,841,070)	(46,790,545)	(+ 3,126,349)	(+ 4,340,004)	(+ 1,949,475)



CENTERS FOR MEDICARE AND MEDICAID SERVICES GRANTS TO STATES FOR MEDICAID									
Medicaid current law benefits .....	171,407,893	204,166,276	204,166,276	204,166,276	204,166,276	204,166,276	+32,758,383	.....	.....
State and local administration .....	9,318,602	9,803,100	9,803,100	9,803,100	9,803,100	9,803,100	+484,498	.....	.....
Vaccines for Children .....	1,468,799	1,502,333	1,502,333	1,502,333	1,502,333	1,502,333	+33,534	.....	.....
Subtotal, Medicaid program level .....	182,195,294	215,471,709	215,471,709	215,471,709	215,471,709	215,471,709	+33,276,415	.....	.....
Less funds advanced in prior year .....	-58,416,275	-58,517,290	-58,517,290	-58,517,290	-58,517,290	-58,517,290	-101,015	.....	.....
Total, Grants to States for Medicaid .....	123,779,019	156,954,419	156,954,419	156,954,419	156,954,419	156,954,419	+33,175,400	.....	.....
New advance, 1st quarter .....	58,517,290	62,783,825	62,783,825	62,783,825	62,783,825	62,783,825	+4,266,535	.....	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS									
Supplemental medical insurance .....	114,002,000	128,015,000	128,015,000	128,015,000	128,015,000	128,015,000	+14,013,000	.....	.....
Hospital insurance for the uninsured .....	87,000	202,000	202,000	202,000	202,000	202,000	+115,000	.....	.....
Federal uninsured payment .....	199,000	206,000	206,000	206,000	206,000	206,000	+7,000	.....	.....
Program management .....	215,000	164,000	164,000	164,000	164,000	164,000	-51,000	.....	.....
General revenue for Part D benefit .....	.....	53,596,000	53,596,000	53,596,000	53,596,000	53,596,000	+53,596,000	.....	.....
General revenue for Part D administration (CMS) .....	.....	357,000	357,000	357,000	357,000	357,000	+357,000	.....	.....
General revenue for Part D administration (SSA) .....	.....	320,000	320,000	320,000	320,000	320,000	+320,000	.....	.....
HCFAC reimbursement .....	.....	80,000	80,000	80,000	80,000	80,000	+80,000	.....	.....
Prescription drug eligibility determinations .....	105,900	99,100	99,100	99,100	99,100	99,100	-6,800	.....	.....
Subtotal, Payments to Trust Funds, current law .....	114,608,900	183,039,100	182,959,100	182,959,100	183,039,100	183,039,100	+68,430,200	.....	+80,000
Less funds advanced in prior year .....	.....	-5,216,900	-5,216,900	-5,216,900	-5,216,900	-5,216,900	-5,216,900	.....	.....
New Advance Fiscal Year 2007 .....	5,216,900	.....	.....	.....	.....	.....	-5,216,900	.....	.....
Total, Payments to Trust Funds, current law .....	119,825,800	177,822,200	177,742,200	177,742,200	177,822,200	177,822,200	+57,996,400	.....	+80,000
PROGRAM MANAGEMENT									
Medicare reform funding <sup>567</sup> (NA) .....	(250,000)	(250,000)	(250,000)	(250,000)	(250,000)	(250,000)	.....	.....	.....
Research, Demonstration, Evaluation .....	77,494	45,194	45,194	45,194	45,194	45,194	+1,000	.....	+13,494
Medicare Operations .....	1,722,984	2,189,987	2,172,987	2,172,987	2,184,984	2,184,984	+462,000	.....	+11,997
H.R. 3103 funding (NA) .....	(720,000)	(720,000)	(720,000)	(720,000)	(720,000)	(720,000)	.....	.....	.....
Subtotal, Medicare Operations program level .....	(2,442,984)	(2,909,987)	(2,892,987)	(2,892,987)	(2,904,984)	(2,904,984)	(-462,000)	.....	(+11,997)
Revitalization plan .....	24,205	24,205	24,205	24,205	24,205	24,205	.....	.....	.....
State Survey and Certification .....	258,735	260,735	260,735	260,735	260,735	260,735	+2,000	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Federal Administration	581,493	657,357	657,357	655,000	+ 73,507	- 2,357	- 2,357
Total, Program management, Limitation on new BA	2,664,911	3,177,478	3,180,284	3,203,418	+ 538,507	+ 25,940	+ 23,134
Total, Program management, program level	(3,384,911)	(3,897,478)	(3,900,284)	(3,923,418)	(+ 538,507)	(+ 25,940)	(+ 23,134)
Health Care Fraud and Abuse Control:							
Part D drug benefit/medicare advantage (MIP)		75,000		75,000	+ 75,000		+ 75,000
Medicaid and SCHIP financial management		5,000		5,000	+ 5,000		+ 5,000
Total, Health Care Fraud and Abuse Control		80,000		80,000	+ 80,000		+ 80,000
Total, Center for Medicare and Medicaid Services	304,787,020	400,817,922	400,660,728	400,843,862	+ 96,056,842	+ 25,940	+ 183,134
Federal funds	302,122,109	397,560,444	397,480,444	397,560,444	+ 95,438,335		+ 80,000
Current year	(238,387,919)	(334,776,619)	(334,696,619)	(334,776,619)	(+ 96,388,700)		(+ 80,000)
New advance, fiscal year 2007	(63,734,190)	(62,783,825)	(62,783,825)	(62,783,825)	(- 950,365)		
Trust Funds	2,664,911	3,257,478	3,180,284	3,283,418	+ 618,507	+ 25,940	+ 103,134
ADMINISTRATION FOR CHILDREN AND FAMILIES							
FAMILY SUPPORT PAYMENTS TO STATES							
Payments to territories	23,000	33,000	33,000	33,000	+ 10,000		
Repatriation	1,000	1,300	1,300	1,000		- 300	- 300
Subtotal, Welfare payments	24,000	34,300	34,300	34,000	+ 10,000	- 300	- 300
Child Support Enforcement:							
State and local administration	3,610,465	3,715,816	3,715,816	3,767,816	+ 157,351	+ 52,000	+ 52,000
Federal incentive payments	446,000	458,000	458,000	458,000	+ 12,000		
Access and visitation	10,000	12,000	12,000	10,000		- 2,000	- 2,000
Subtotal, Child Support Enforcement	4,066,465	4,185,816	4,185,816	4,235,816	+ 169,351	+ 50,000	+ 50,000
Total, Family support payments program level	4,090,465	4,220,116	4,220,116	4,269,816	+ 179,351	+ 49,700	+ 49,700



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued  
 (In thousands of dollars)

Item	2005 comparable		House allowance		Committee recommendation	Senate Committee recommendation compared with (+ or -)		
	Budget estimate	House allowance	Budget estimate	House allowance		2005 comparable	Budget estimate	House allowance
Child Abuse State Grants	27,280	27,280	27,280	27,280	27,280			
Child Abuse Discretionary Activities	31,640	31,645	31,645	31,645	31,640			-5
Community based child abuse prevention	42,858	42,859	42,859	42,859	42,859			
Abandoned Infants Assistance	11,955	11,955	11,955	11,955	11,955			
Child Welfare Services	289,650	289,650	289,650	289,650	289,650			
Child Welfare Training	7,409	7,409	7,409	7,409	7,409			
Adoption Opportunities	27,119	27,119	27,119	27,119	27,119			
Adoption Incentive (no cap adjustment)	31,846	31,846	31,846	31,846	22,846			-9,000
Adoption Awareness	12,802	12,802	12,802	12,802	12,802			
Compassion Capital Fund	54,549	100,000	75,000	75,000	95,000			+20,000
Social Services and Income Maintenance Research	26,012	26,012	26,012	26,012	26,012			+23,391
Evaluation tap funding	(6,000)	(6,000)	(8,000)	(8,000)	(6,000)			(-2,000)
Subtotal, Program level	(32,012)	(32,012)	(10,621)	(10,621)	(32,012)			(+21,391)
Developmental Disabilities Programs:								
State Councils	72,496	72,496	72,496	72,496	72,496			
Protection and Advocacy	38,109	38,109	38,109	38,109	39,109			+1,000
Voting access for individuals with disabilities	14,879	14,879	14,879	14,879	14,879			
Developmental Disabilities Projects of National Significance	11,542	11,529	11,529	11,529	11,529			
University Centers for Excellence in Developmental Disabilities	31,549	31,548	33,548	33,548	33,548			
Subtotal, Developmental disabilities programs	168,575	168,561	170,561	170,561	171,561			+1,000
Native American Programs	44,786	44,780	44,780	44,780	44,780			
Community Services:								
Grants to States for Community Services	636,793	636,793	636,793	636,793	636,793			+316,793
Community Initiative Program:								
Economic Development	32,731	32,731	32,731	32,731	32,731			
Individual Development Account Initiative	24,704	24,699	24,699	24,699	24,699			-5
Rural Community Facilities	7,242	7,242	7,242	7,242	7,492			+250

	64,677	24,699	64,672	64,922	+ 245	+ 40,223	+ 250
Subtotal, Community Initiative Program .....							
National Youth Sports .....	17,856				-17,856		
Community Food and Nutrition .....	7,180			7,180		+ 7,180	+ 7,180
Subtotal, Community Services .....	726,506	24,699	384,672	708,895	-17,611	+ 684,196	+ 324,223
Domestic Violence Hotline .....	3,224	3,000	3,000	3,000	- 224		
Family Violence/Battered Women's Shelters .....	125,630	125,991	125,991	125,991	+ 361		
Early Learning Fund .....	35,712				-35,712		
Mentoring Children of Prisoners .....	49,598	49,993	49,993	49,993	+ 395		
Independent Living Training Vouchers .....	46,623	50,000	50,000	46,623		- 13,376	- 3,377
Abstinence Education .....	99,198	138,045	110,000	101,000	+ 1,802	- 37,045	- 9,000
Evaluation Tap Funding .....	(4,500)	(4,500)	(4,500)	(4,500)			
Subtotal, Program level .....	(103,698)	(142,545)	(114,500)	(105,500)	(+ 1,802)	(- 37,045)	(- 9,000)
Faith-Based Center .....	1,375	1,400	1,400	1,400	+ 25		
Program Direction .....	185,210	185,217	185,217	186,000	+ 790	+ 783	+ 783
Total, Children and Families Services Programs .....	9,007,770	8,386,293	8,688,707	9,000,832	- 6,938	+ 614,539	+ 312,125
Current Year .....	(7,607,770)	(6,997,493)	(7,288,707)	(7,612,032)	(+ 4,262)	(+ 614,539)	(+ 323,325)
Fiscal year 2007 .....	(1,400,000)	(1,388,800)	(1,400,000)	(1,388,800)	(- 11,200)		(- 11,200)
Evaluation Tap funding .....	(10,500)	(10,500)	(12,500)	(10,500)			(- 2,000)
Total, Program level .....	9,018,270	8,396,793	8,701,207	9,011,332	- 6,938	+ 614,539	+ 310,125
PROMOTING SAFE AND STABLE FAMILIES .....	305,000	305,000	305,000	305,000			
Discretionary Funds .....	98,586	105,000	99,000	90,000	- 8,586	- 15,000	- 9,000
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION .....							
Foster Care .....	4,895,500	4,685,000	4,685,000	4,685,000	- 210,500		
Adoption Assistance .....	1,770,100	1,795,000	1,795,000	1,795,000	+ 24,900		
Independent living .....	140,000	140,000	140,000	140,000			
Total, Payments to States .....	6,805,600	6,620,000	6,620,000	6,620,000	- 185,600		
Less Advances from Prior Year .....	- 1,767,700	- 1,767,200	- 1,767,200	- 1,767,200	+ 500		
Total, payments, current year .....	5,037,900	4,852,800	4,852,800	4,852,800	- 185,100		
New Advance, 1st quarter .....	1,767,200	1,730,000	1,730,000	1,730,000	- 37,200		
Total, Administration for Children & Families .....	26,756,635	25,934,159	26,246,251	26,785,498	+ 28,863	+ 851,339	+ 539,247

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

(In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Current year .....	(22,389,435)	(21,615,359)	(21,916,251)	(22,466,698)	(+ 851,339)	(+ 550,447)	
Fiscal year 2007 .....	(4,367,200)	(4,318,800)	(4,330,000)	(4,318,800)	(- 11,200)	(- 11,200)	
Evaluation Tap funding .....	(10,500)	(10,500)	(12,500)	(10,500)	(- 2,000)	(- 2,000)	
Total, Administration for Children & Families .....	26,767,135	25,944,659	26,258,751	26,795,998	+ 28,863	+ 537,247	
ADMINISTRATION ON AGING							
Grants to States:							
Supportive Services and Centers .....	354,136	354,136	354,136	354,136			
Preventive Health .....	21,616	21,616	21,616	21,616			
Protection of vulnerable older americans-Title VII .....	19,288	19,360	19,360	20,360	+ 1,000	+ 1,000	
Family Caregivers .....	155,744	155,744	155,744	160,744	+ 5,000	+ 5,000	
Native American Caregivers Support .....	6,304	6,304	6,304	6,304			
Subtotal, Caregivers .....	162,048	162,048	162,048	167,048	+ 5,000	+ 5,000	
Nutrition:							
Congregate Meals .....	387,274	387,274	391,147	387,274		- 3,873	
Home Delivered Meals .....	182,827	182,826	184,656	182,827	+ 1	- 1,829	
Nutrition Services Incentive Program .....	148,596	148,596	150,082	148,596		- 1,486	
Subtotal, Nutrition .....	718,697	718,696	725,885	718,697	+ 1	- 7,188	
Subtotal, Grants to States .....	1,275,785	1,275,856	1,283,045	1,281,857	+ 6,072	- 1,188	
Grants for Native Americans .....	26,398	26,398	26,398	26,398			
Program Innovations .....	43,286	23,843	23,843	40,513	- 2,773	+ 16,670	
Aging Network Support Activities .....	13,266	13,266	13,266	13,266			
Alzheimer's Disease Demonstrations .....	11,786	11,786	11,786	11,786			
White House Conference on Aging .....	4,520						
Program Administration .....	18,301	17,879	17,879	17,879	- 422		
Total, Administration on Aging .....	1,393,342	1,369,028	1,376,217	1,391,699	- 1,643	+ 15,482	

OFFICE OF THE SECRETARY						
GENERAL DEPARTMENTAL MANAGEMENT:						
Federal Funds	172,643	172,643	182,810	+2,973	+10,167	+10,167
Trust Funds	5,851	5,851	5,851	+47		
Subtotal	178,494	178,494	188,661	+3,020	+10,167	+10,167
Adolescent Family Life (Title XX)	30,742	30,742	30,742	-158		
Minority health	47,236	47,236	50,980	+462	+3,744	+3,744
Office of Women's Health	28,715	28,715	28,715	-103		
Minority HIV/AIDS	52,415	52,415	52,415			
Afghanistan	5,952	5,952	5,952			
Embryo adoption awareness campaign	992	992	2,000	+1,008	+1,008	+1,008
IT Security and Innovation Fund	14,630			-14,695	-14,630	
Evaluation tap funding (ASPE) (NA)	(39,552)	(39,552)	(39,552)			
Total, General Departmental Management	359,176	344,546	359,465	-10,466	+289	+14,919
Federal Funds	364,127	338,695	353,614	-10,513	+289	+14,919
Trust Funds	5,804	5,851	5,851	+47		
Evaluation tap funding	(9,755)	(39,552)	(39,552)			
OFFICE OF MEDICARE HEARINGS AND APPEALS	80,000	60,000	75,000	+17,464	-5,000	+15,000
OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY <sup>6</sup>	4,318	46,100	32,800	+28,482	-42,200	-13,300
Evaluation tap funding	(19,693)	(28,900)	(12,350)	(-7,343)	(+9,600)	(-16,550)
Total, Health Information Tech. program level	(24,011)	(77,750)	(45,150)	(+21,139)	(-32,600)	(-29,850)
OFFICE OF THE INSPECTOR GENERAL:						
Federal Funds	39,930	39,813	39,813	-117		
HIPAA funding (NA)	(160,000)	(160,000)	(160,000)			
Total, Inspector General program level	(199,930)	(199,813)	(199,813)	(-117)		
OFFICE FOR CIVIL RIGHTS:						
Federal Funds	31,726	31,682	31,682	-44		
Trust Funds	3,287	3,314	3,314	+27		
Total, Office for Civil Rights	35,013	34,996	34,996	-17		
MEDICAL BENEFITS FOR COMMISSIONED OFFICERS:						
Retirement payments	241,294	256,193	256,193	+14,899		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

(In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Survivors benefits .....	14,750	15,600	15,600	15,600	+850		
Dependents' medical care .....	74,592	56,759	56,759	56,759	-17,833		
Total, Medical benefits for Commissioned Officers .....	330,636	328,552	328,552	328,552	-2,084		
<b>PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND</b>							
HRSA homeland security activities <sup>3</sup> .....	514,618	510,500			-514,618	-510,500	
CDC homeland security activities <sup>3</sup> .....	1,622,757	1,616,723			-1,622,757	-1,616,723	
NIH homeland security activities <sup>3</sup> .....	47,021	97,021			-47,021	-97,021	
Office of the Secretary homeland security activities .....	63,821	83,589	63,589	63,589	-232	-20,000	
Other PHSSEF homeland security activities .....	109,198	120,000	120,000	120,000	+10,802		
Supplemental (Public Law 108-234) (emergency) .....	50,000				-50,000		
Total, PHSSEF .....	2,407,415	2,427,833	183,589	183,589	-2,223,826	-2,244,244	
Total, Office of the Secretary .....	3,244,779	3,345,370	1,037,596	1,054,215	-2,190,564	-2,291,155	+16,619
Federal Funds .....	3,178,152	3,256,205	968,431	970,050	-2,208,102	-2,286,155	+1,619
Trust Funds .....	66,627	89,165	69,165	84,165	+17,538	-5,000	+15,000
Total, Title II, Dept of Health & Human Services .....	379,200,874	473,274,722	473,843,764	476,216,521	+97,015,647	+2,941,799	+2,372,757
Federal Funds .....	376,469,336	469,928,079	470,594,315	472,848,938	+96,379,602	+2,920,859	+2,254,623
Current year .....	(308,367,946)	(402,825,454)	(403,480,490)	(405,746,313)	(+97,378,367)	(+2,920,859)	(+2,265,823)
Fiscal year 2007 .....	(68,101,390)	(67,102,625)	(67,113,825)	(67,102,625)	(-998,765)		(-11,200)
Trust Funds .....	2,731,538	3,346,643	3,249,449	3,367,583	+636,045	+20,940	+118,134
<b>TITLE III—DEPARTMENT OF EDUCATION</b>							
<b>EDUCATION FOR THE DISADVANTAGED</b>							
Grants to Local Educational Agencies (LEAs):							
Basic Grants:	(1,883,584)	(1,383,584)	(1,383,584)	(1,383,584)	(-500,000)		
Advance from prior year .....	5,547,798	5,955,508	5,452,798	5,452,798	-95,000	-502,710	
Forward funded .....							



	3,472	3,500	3,472	3,472	3,472	-28
Current funded .....						
Subtotal, Basic grants current year approp .....	5,551,270	5,959,008	5,456,270	5,456,270	5,456,270	-502,738
Subtotal, Basic grants total funds available .....	(7,434,854)	(7,342,592)	(6,839,854)	(6,839,854)	(6,839,854)	(-502,738)
Basic Grants Fiscal Year 2007 Advance .....	1,383,584	975,846	1,478,584	1,478,584	1,478,584	+502,738
Subtotal, Basic grants, program level .....	6,934,854	6,934,854	6,934,854	6,934,854	6,934,854	
Concentration Grants:						
Advance from prior year .....	(1,365,031)	(1,365,031)	(1,365,031)	(1,365,031)	(1,365,031)	
Fiscal Year 2007 Advance .....	1,365,031	1,365,031	1,365,031	1,365,031	1,365,031	
Subtotal, Concentration Grants program level .....	1,365,031	1,365,031	1,365,031	1,365,031	1,365,031	
Targeted Grants:						
Advance from prior year .....	(1,969,843)	(2,219,843)	(2,219,843)	(2,219,843)	(2,219,843)	
Fiscal Year 2007 Advance .....	2,219,843	2,822,581	2,269,843	2,269,843	2,269,843	-552,738
Subtotal, Targeted Grants program level .....	2,219,843	2,822,581	2,269,843	2,269,843	2,269,843	-552,738
Education Finance Incentive Grants:						
Advance from prior year .....	(1,969,843)	(2,219,843)	(2,219,843)	(2,219,843)	(2,219,843)	
Fiscal Year 2007 Advance .....	2,219,843	2,219,843	2,269,843	2,269,843	2,269,843	+50,000
Subtotal, Education Finance Incentive Grants .....	2,219,843	2,219,843	2,269,843	2,269,843	2,269,843	+50,000
Subtotal, Grants to LEAs, program level .....	12,739,571	13,342,309	12,839,571	12,839,571	12,839,571	-502,738
Even Start .....	225,095		200,000			-225,095
Reading First:						
State Grants (forward funded) .....	846,600	1,041,600	1,041,600	1,041,600	1,041,600	
Advance from prior year .....	(195,000)	(195,000)	(195,000)	(195,000)	(195,000)	
Fiscal Year 2007 Advance .....	195,000					
Subtotal, Reading First State Grants .....	1,041,600	1,041,600	1,041,600	1,041,600	1,041,600	
Early Reading First .....	104,160	104,160	104,160	104,160	104,160	
Striving readers .....	24,800	200,000	30,000	35,000	35,000	+5,000
Literacy through School Libraries .....	19,683	19,683	19,683	19,683	19,683	
High School Intervention .....		1,240,000				-1,240,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
State Agency Programs:							
Migrant .....	390,428	390,428	390,428	390,428			
Neglected and Delinquent/High Risk Youth .....	49,600	49,600	49,600	51,000	+ 1,400	+ 1,400	+ 1,400
Subtotal, State Agency programs .....	440,028	440,028	440,028	441,428	+ 1,400	+ 1,400	+ 1,400
Evaluation .....	9,424	9,424	9,424	9,424			
Comprehensive School Reform Demonstration .....	205,344		10,000		- 205,344		- 10,000
Migrant Education:							
High School Equivalency Program .....	18,737	18,737	18,737	18,737			
College Assistance Migrant Program .....	15,532	15,532	15,532	15,532			
Subtotal, Migrant Education .....	34,269	34,269	34,269	34,269			
Total, Education for the disadvantaged .....	14,843,974	16,431,473	14,728,735	14,525,135	- 318,839	- 1,906,338	- 203,600
Current Year .....	(7,460,673)	(9,048,172)	(7,345,434)	(7,141,834)	(- 318,839)	(- 1,906,338)	(- 203,600)
Fiscal Year 2007 .....	(7,383,301)	(7,383,301)	(7,383,301)	(7,383,301)			
Subtotal, forward funded .....	(7,264,865)	(8,677,136)	(7,144,426)	(6,935,826)	(- 329,039)	(- 1,741,310)	(- 208,600)
IMPACT AID							
Basic Support Payments .....	1,075,018	1,075,018	1,102,896	1,102,896	+ 27,878	+ 27,878	
Payments for Children with Disabilities .....	49,966	49,966	49,966	49,966			
Facilities Maintenance (Sec. 8008) .....	7,838	7,838	5,000	5,000	- 2,838	- 2,838	
Construction (Sec. 8007) .....	48,544	45,544	18,000	18,000	- 30,544	- 27,544	
Payments for Federal Property (Sec. 8002) .....	62,496	62,496	65,000	65,000	+ 2,504	+ 2,504	
Total, impact aid .....	1,243,862	1,240,862	1,240,862	1,240,862	- 3,000		
State Grants for Improving Teacher Quality .....	1,481,605	1,481,605	1,481,605	1,481,605			
Advance from prior year .....	(1,435,000)	(1,435,000)	(1,435,000)	(1,435,000)			
SCHOOL IMPROVEMENT PROGRAMS							



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued  
 (In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
National Writing Project .....	20,336	.....	20,336	23,000	+2,664	+23,000	+2,664
Teaching of Traditional American History .....	119,040	119,040	50,000	121,000	+1,960	+1,960	+71,000
School Leadership .....	14,880	.....	14,880	15,000	+120	+15,000	+120
Advanced Credentialing .....	16,864	8,000	16,864	10,000	-6,864	+2,000	-6,864
Charter Schools Grants .....	216,952	218,702	216,952	216,952	.....	-1,750	.....
Credit Enhancement for Charter School Facilities .....	36,981	36,981	36,981	.....	-36,981	.....	-36,981
Voluntary Public School Choice .....	26,543	26,543	26,543	26,543	.....	.....	.....
Magnet Schools Assistance .....	107,771	107,771	107,771	107,771	.....	.....	.....
Choice Incentive fund .....	.....	50,000	.....	.....	.....	.....	.....
Fund for the Improvement of Education (FIE) .....	414,078	106,296	27,000	417,924	+3,846	+311,628	+390,924
Teacher Incentive Fund .....	23,312	500,000	100,000	.....	.....	-500,000	-100,000
Ready to Learn television .....	4,930	23,312	.....	25,000	+1,688	+1,688	+25,000
Dropout Prevention Programs .....	1,469	.....	1,469	.....	-4,930	.....	.....
Close Up Fellowships .....	29,760	51,500	30,000	33,000	+3,240	+1,469	+3,000
Advanced Placement .....	.....	.....	.....	.....	.....	-18,500	.....
Total, Innovation and Improvement .....	1,092,642	1,307,871	708,522	1,057,385	-35,257	-250,486	+348,863
SAFE SCHOOLS AND CITIZENSHIP EDUCATION							
Safe and Drug Free Schools and Communities: State Grants, forward funded .....	437,381	.....	400,000	300,000	-137,381	+300,000	-100,000
National Programs .....	152,537	267,967	152,537	150,000	-2,537	-117,967	-2,537
Alcohol Abuse Reduction .....	32,736	.....	.....	33,500	+764	+33,500	+33,500
Mentoring Programs .....	49,307	49,307	49,307	49,307	.....	.....	.....
Character education .....	24,493	24,493	24,493	24,493	.....	.....	.....
Elementary and Secondary School Counseling .....	34,720	.....	34,720	36,000	+1,280	+36,000	+1,280
Carol M. White Physical Education Program .....	73,408	55,000	73,408	74,000	+592	+19,000	+592
Civic Education .....	29,405	.....	29,405	30,000	+595	+30,000	+595
Total, Safe Schools and Citizenship Education .....	833,987	396,767	763,870	697,300	-136,687	+300,533	-66,570
Current Year .....	(833,987)	(396,767)	(763,870)	(697,300)	(-136,687)	(+300,533)	(-66,570)
Subtotal, forward funded .....	(437,381)	.....	(400,000)	(300,000)	(-137,381)	(+300,000)	(-100,000)

<b>ENGLISH LANGUAGE ACQUISITION</b>									
Current funded .....	84,816	43,925	.....	43,925	-40,891	.....	.....	.....	+ 43,925
Forward funded .....	590,949	631,840	675,765	631,840	+40,891	.....	.....	.....	- 43,925
Total, English Language Acquisition .....	675,765	675,765	675,765	675,765	.....	.....	.....	.....	.....
<b>SPECIAL EDUCATION</b>									
State Grants:									
Grants to States Part B current year .....	5,176,746	4,893,746	5,326,746	5,265,546	+88,800	+371,800	.....	.....	- 61,200
Part B advance from prior year .....	(5,413,000)	(5,413,000)	(5,413,000)	(5,413,000)	.....	.....	.....	.....	.....
Grants to States Part B (Fiscal Year 2007) .....	5,413,000	6,204,000	5,413,000	5,424,200	+11,200	-779,800	.....	.....	+ 11,200
Subtotal, Grants to States, program level .....	10,589,746	11,097,746	10,739,746	10,689,746	+100,000	-408,000	.....	.....	- 50,000
Preschool Grants .....	384,597	384,597	384,597	384,597	.....	.....	.....	.....	.....
Grants for Infants and Families .....	440,808	440,808	440,808	444,308	+3,500	+3,500	.....	.....	+ 3,500
Subtotal, State grants, program level .....	11,415,151	11,923,151	11,565,151	11,518,651	+103,500	-404,500	.....	.....	- 46,500
IDEA National Activities (current funded):									
State Personnel Development .....	50,653	.....	50,653	50,653	.....	+50,653	.....	.....	.....
Special Education-Voc Rehab transition initiative .....	52,396	49,397	49,397	49,397	-2,999	-5,000	.....	.....	.....
Technical Assistance and Dissemination .....	90,626	90,626	90,626	90,626	.....	.....	.....	.....	.....
Personnel Preparation .....	25,964	25,964	25,964	25,964	.....	.....	.....	.....	.....
Parent Information Centers .....	38,816	31,992	31,992	38,816	.....	+6,824	.....	.....	+ 6,824
Technology and Media Services .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Subtotal, IDEA special programs .....	258,455	202,979	248,632	255,456	-2,999	+52,477	.....	.....	+ 6,824
<b>Total, Special education</b>									
Current Year .....	11,673,606	12,126,130	11,813,783	11,774,107	+100,501	-352,023	.....	.....	- 39,676
Fiscal Year 2007 .....	(6,260,606)	(5,922,130)	(6,400,783)	(6,349,907)	(+89,301)	(+427,777)	.....	.....	(- 50,876)
Subtotal, Forward funded .....	(6,052,804)	(5,719,151)	(6,202,804)	(6,145,104)	(+92,300)	(+425,953)	.....	.....	(+ 11,200)
<b>REHABILITATION SERVICES AND DISABILITY RESEARCH</b>									
Vocational Rehabilitation State Grants .....	2,635,845	2,720,192	2,720,192	2,720,192	+84,347	.....	.....	.....	.....
Client Assistance State grants .....	11,901	11,901	11,901	11,901	.....	.....	.....	.....	.....
Training .....	38,826	38,826	38,826	38,826	.....	.....	.....	.....	.....
Demonstration and training programs .....	25,607	6,577	6,577	6,577	-19,030	.....	.....	.....	.....
Migrant and seasonal farmworkers .....	2,302	2,302	2,302	2,302	.....	+2,302	.....	.....	.....
Recreational programs .....	2,543	.....	2,543	2,543	.....	+2,543	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Protection and advocacy of individual rights (PAIR) .....	16,656	16,656	16,656	16,656			
Projects with industry .....	21,625		19,735	19,735	+1,890	+19,735	
Supported employment State grants .....	37,379		30,000	30,000	-7,379	+30,000	
Independent living:							
State grants .....	22,816	22,816	22,816	22,816			
Centers .....	75,392	75,392	75,392	75,392			
Services for older blind individuals .....	33,227	33,227	33,227	33,227			
Subtotal, Independent living .....	131,435	131,435	131,435	131,435			
Program Improvement .....	843	843	843	843			
Evaluation .....	1,488	1,488	1,488	1,488			
Helen Keller National Center for Deaf/Blind Youth and Adults .....	10,581	8,597	8,597	8,597	-1,984		
National Inst. Disability and Rehab. Research (NIDRR) .....	107,783	107,783	107,783	107,783			
Assistive Technology .....	29,760	15,000	29,760	34,760	+5,000	+19,760	+5,000
Subtotal, discretionary programs .....	438,729	339,106	408,446	413,446	-25,283	+74,340	+5,000
Total, Rehabilitation services .....	3,074,574	3,059,298	3,128,638	3,133,638	+59,064	+74,340	+5,000
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES							
AMERICAN PRINTING HOUSE FOR THE BLIND .....	16,864	16,864	17,000	18,500	+1,636	+1,636	+1,500
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID):							
Operations .....	53,672	53,672	55,337	56,479	+2,807	+2,807	+1,142
Construction .....	1,672	800	800	800	-872		
Total, NTID .....	55,344	54,472	56,137	57,279	+1,935	+2,807	+1,142
GALLAUDET UNIVERSITY .....	104,557	104,557	107,657	108,500	+3,943	+3,943	+843
Total, Special Institutions for Persons with Disabilities .....	176,765	175,893	180,794	184,279	+7,514	+8,386	+3,485



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued  
 (In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Pell Grants:							
Regular Program .....	12,364,997	13,199,000	13,383,000	13,177,000	+ 812,003	- 22,000	- 206,000
Enhanced Pell grants for State scholars .....		33,000				- 33,000	
Federal Supplemental Educational Opportunity Grants .....	778,720	778,720	778,720	804,763	+ 26,043	+ 26,043	+ 26,043
Federal Work Study .....	990,257	990,257	990,257	990,257			
Federal Perkins Loans: Loan Cancellations .....	66,132		66,132	66,132		+ 66,132	
Presidential math and science scholars .....		50,000				- 50,000	
LEAP program .....	65,643		65,643	65,643		+ 65,643	
Subtotal, discretionary programs .....	14,265,749	15,050,977	15,283,732	15,103,795	+ 838,046	+ 52,818	- 179,957
Total, Student Financial Assistance .....	14,265,749	15,050,977	15,283,732	15,103,795	+ 838,046	+ 52,818	- 179,957
STUDENT AID ADMINISTRATION							
Administrative Costs .....	119,084	939,285	124,084	120,000	+ 916	- 819,285	- 4,084
Fed Direct Student Loan Reclassification (Leg prop) .....		- 625,000				+ 625,000	
LOANS FOR SHORT-TERM TRAINING		11,000				- 11,000	
HIGHER EDUCATION							
Aid for Institutional Development:							
Strengthening Institutions .....	80,338	80,338	80,338	80,338			
Hispanic Serving Institutions .....	95,106	95,873	95,873	95,873	+ 767		
Strengthening Historically Black Colleges (HBCUs) .....	238,576	240,500	240,500	240,500	+ 1,924		
Strengthening historically black graduate insts .....	58,032	58,500	58,500	58,500	+ 468		
Strengthening Alaska Native and Native Hawaiian-Serving Institutions .....	11,904	6,500	6,500	11,904		+ 5,404	+ 5,404
Strengthening Tribal Colleges .....	23,808	23,808	23,808	23,808			
Subtotal, Aid for Institutional development .....	507,764	505,519	505,519	510,923	+ 3,159	+ 5,404	+ 5,404
International Education and Foreign Language:							
Domestic Programs .....	92,465	92,466	92,466	92,466	+ 1		





COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued

[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Special education studies and evaluations .....		10,000	10,000	10,000			
Statewide data systems .....	24,800	24,800	24,800	24,800	+ 10,000		
Assessment:							
National Assessment .....	88,985	111,485	88,985	88,985		- 22,500	
National Assessment Governing Board .....	5,088	5,088	5,088	5,088			
Subtotal, Assessment .....	94,073	116,573	94,073	94,073		- 22,500	
Total, IES .....	523,234	479,064	522,696	522,695	- 539	+ 43,631	- 1
DEPARTMENTAL MANAGEMENT							
PROGRAM ADMINISTRATION .....	419,280	418,992	410,612	418,992	- 288		+ 8,380
OFFICE FOR CIVIL RIGHTS .....	89,375	91,526	91,526	91,526	+ 2,151		
OFFICE OF THE INSPECTOR GENERAL .....	47,327	49,408	49,000	49,408	+ 2,081		+ 408
Total, Departmental management .....	555,982	559,926	551,138	559,926	+ 3,944		+ 8,788
Total: Elementary and Secondary Education Act programs .....	24,529,212	25,504,846	23,725,884	23,779,249	- 749,963	- 1,725,597	+ 53,365
TITLE III GENERAL PROVISIONS							
Pell grant shortfall payoff <sup>9</sup> .....		4,300,000	4,300,000	4,300,000	+ 4,300,000		
Total, Title III, Department of Education .....	59,212,774	63,239,040	63,706,584	63,740,575	+ 4,527,801	+ 501,535	+ 33,991
Current Year .....	(44,190,473)	(48,216,739)	(48,684,283)	(48,707,074)	(+ 4,516,601)	(+ 490,335)	(+ 22,791)
Fiscal Year 2007 .....	(15,022,301)	(15,022,301)	(15,022,301)	(15,033,501)	(+ 11,200)	(+ 11,200)	(+ 11,200)
TITLE IV—RELATED AGENCIES							
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED .....	4,669	4,669	4,669	4,669			

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE									
DOMESTIC VOLUNTEER SERVICE PROGRAMS									
Volunteers in Service to America (VISTA) .....	94,240	96,428	96,428	96,428	96,428	96,428	+2,188	.....	.....
Volunteers in Homeland Security .....	4,960	.....	.....	2,000	.....	.....	-4,960	.....	-2,000
Teach for America .....	.....	4,000	.....	.....	.....	.....	.....	.....	.....
National Senior Volunteer Corps:	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foster Grandparents Program .....	111,424	112,058	112,058	112,058	112,058	112,058	+634	.....	.....
Senior Companion Program .....	45,905	47,438	47,438	47,438	47,438	47,438	+1,533	.....	.....
Retired Senior Volunteer Program .....	58,528	60,288	60,288	60,288	60,288	60,288	+1,760	.....	.....
Subtotal, Senior Volunteers .....	215,857	219,784	219,784	219,784	219,784	219,784	+3,927	.....	.....
Program Administration .....	38,688	39,750	39,750	39,750	39,750	39,750	-38,688	.....	-39,750
Total, Domestic Volunteer Service Programs .....	353,745	359,962	357,962	357,962	316,212	316,212	-37,533	.....	-41,750
National and Community Service Programs: <sup>10</sup>	.....	.....	.....	.....	.....	.....	.....	.....	.....
National service trust .....	142,848	146,000	146,000	146,000	149,000	149,000	+6,152	.....	+3,000
AmerCorps grants .....	287,680	275,000	267,500	267,500	280,000	280,000	-7,680	.....	+12,500
Innovation, assistance, and other activities .....	13,227	9,945	9,945	9,945	15,945	15,945	+2,718	.....	+6,000
Evaluation .....	3,522	4,000	4,000	4,000	4,000	4,000	+478	.....	.....
National Civilian Community Corps .....	25,296	25,500	25,500	25,500	27,000	27,000	+1,704	.....	+1,500
Learn and Serve America: K-12 and Higher Ed .....	42,656	40,000	37,500	37,500	42,656	42,656	+738	.....	+5,156
State Commission Administrative Grants .....	11,904	12,642	12,642	12,642	12,642	12,642	+80	.....	.....
Points of Light Foundation .....	9,920	10,000	10,000	10,000	10,000	10,000	+80	.....	.....
America's Promise .....	4,464	5,000	5,000	5,000	5,000	5,000	+536	.....	.....
Subtotal, National and Community Service Programs .....	541,517	528,087	518,087	518,087	546,243	546,243	+4,726	.....	+28,156
National and Community Service, Salaries and expenses <sup>10</sup> .....	25,792	27,000	27,000	27,000	66,750	66,750	+40,958	.....	+39,750
Office of Inspector General <sup>10</sup> .....	5,952	6,000	6,000	6,000	6,000	6,000	+48	.....	.....
Total, Corp. for National and Community Service .....	927,006	921,049	909,049	909,049	935,205	935,205	+8,199	.....	+26,156
CORPORATION FOR PUBLIC BROADCASTING:									
Fiscal year 2008 (current) with fiscal year 2007 comparable .....	400,000	.....	400,000	400,000	400,000	400,000	.....	.....	.....
Fiscal year 2007 advance with fiscal year 2006 comparable (NA) .....	(400,000)	(400,000)	(400,000)	(400,000)	(400,000)	(400,000)	.....	.....	+400,000
Fiscal year 2006 advance with fiscal year 2005 comparable (NA) .....	(386,880)	(400,000)	(400,000)	(400,000)	(400,000)	(400,000)	(+13,120)	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2006—Continued  
[In thousands of dollars]

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
Rescission of fiscal year 2006 funds (NA)		(-10,000)				(+10,000)	
Subtotal, fiscal year 2006 program level	386,880	390,000	400,000	400,000	+13,120	+10,000	
Digitalization program, current funded <sup>11</sup>	39,387			35,000	-4,387	+35,000	+35,000
Previous appropriated funds (NA) <sup>12</sup>		(30,000)	(30,000)			(-30,000)	(-30,000)
Interconnection, current funded <sup>11</sup>	39,680			40,000	+320	+40,000	+40,000
Previous appropriated funds (NA) <sup>12</sup>	(75,000)	(52,000)	(52,000)		(-75,000)	(-52,000)	(-52,000)
Subtotal, fiscal year 2006 appropriation	79,067			75,000	-4,067	+75,000	+75,000
Subtotal, fiscal year 2006 comparable	(154,067)	(82,000)	(82,000)	(75,000)	(-79,067)	(-7,000)	(-7,000)
FEDERAL MEDIATION AND CONCILIATION SERVICE	44,439	42,331	42,331	43,439	-1,000	+1,108	+1,108
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	7,809	7,809	7,809	7,809			
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	280,564	262,240	249,640	290,129	+9,565	+27,889	+40,489
MEDICARE PAYMENT ADVISORY COMMISSION	9,899	10,168	10,168	10,168	+269		
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE	993	993	993	993			
NATIONAL COUNCIL ON DISABILITY	3,344	2,800	2,800	3,344		+544	+544
NATIONAL LABOR RELATIONS BOARD	249,860	252,268	252,268	252,268	+2,408		
NATIONAL MEDIATION BOARD	11,628	11,628	11,628	11,628			
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	10,510	10,510	10,510	10,510			
RAILROAD RETIREMENT BOARD							
Dual Benefits Payments Account	107,136	97,000	97,000	97,000	-10,136		
Less Income Tax Receipts on Dual Benefits	-7,936	-7,000	-7,000	-7,000	+936		
Subtotal, Dual Benefits	99,200	90,000	90,000	90,000	-9,200		
Federal Payment to the RR Retirement Account	150	150	150	150			
Limitation on Administration	102,543	102,543	102,543	102,543			
Inspector General	7,196	7,196	7,196	7,196			

	20,454	20,470	20,470	20,470	20,470	20,470	+16		
<b>SOCIAL SECURITY ADMINISTRATION</b>									
Payments to Social Security Trust Funds .....	20,454	20,470	20,470	20,470	20,470	20,470			
<b>SUPPLEMENTAL SECURITY INCOME</b>									
Federal benefit payments .....	38,109,000	37,487,174	37,487,174	37,487,174	37,487,174	37,487,174	- 621,826		
Beneficiary services .....	45,929	52,000	52,000	52,000	52,000	52,000	+ 6,071		
Research and demonstration .....	35,000	27,000	27,000	27,000	27,000	27,000	- 8,000		
Administration .....	2,986,900	2,733,000	2,897,000	2,897,000	2,897,000	2,710,400	- 276,500		- 186,600
Subtotal, SSI program level .....	41,176,829	40,299,174	40,463,174	40,463,174	40,276,574	40,276,574	- 900,255		- 186,600
Less funds advanced in prior year .....	- 12,590,000	- 10,930,000	- 10,930,000	- 10,930,000	- 10,930,000	- 10,930,000	+ 1,660,000		
Subtotal, regular SSI current year .....	28,586,829	29,369,174	29,533,174	29,533,174	29,346,574	29,346,574	+ 759,745		- 186,600
Total, SSI, current request .....	28,586,829	29,369,174	29,533,174	29,533,174	29,346,574	29,346,574	+ 759,745		- 186,600
New advance, 1st quarter, fiscal year 2007 .....	10,930,000	11,110,000	11,110,000	11,110,000	11,110,000	11,110,000	+ 180,000		
Total, SSI program .....	39,516,829	40,479,174	40,643,174	40,643,174	40,456,574	40,456,574	+ 939,745		- 186,600
<b>LIMITATION ON ADMINISTRATIVE EXPENSES</b>									
OASDI Trust Funds .....	4,359,033	4,640,400	4,617,600	4,617,600	4,604,000	4,604,000	+ 244,967		- 13,600
HI/SMI Trust Funds .....	1,256,968	1,704,000	1,643,100	1,643,100	1,704,000	1,704,000	+ 447,032		+ 60,900
Social Security Advisory Board .....	2,000	2,000	2,000	2,000	2,000	2,000			
SSI .....	2,986,900	2,733,000	2,897,000	2,897,000	2,710,400	2,710,400	- 276,500		- 186,600
Subtotal, regular LAE .....	8,604,901	9,079,400	9,159,700	9,159,700	9,020,400	9,020,400	+ 415,499		- 139,300
Additional CDR Funding:									
OASDI .....		25,000			25,000	25,000	+ 25,000		+ 25,000
SSI .....		164,000			164,000	164,000	+ 164,000		+ 164,000
Subtotal, CDR Funding .....		189,000			189,000	189,000	+ 189,000		+ 189,000
SSI User Fee activities .....	124,000	119,000	119,000	119,000	119,000	119,000	- 5,000		
SSPA User Fee Activities .....	1,000	1,000	1,000	1,000	1,000	1,000			
Total, Limitation on Administrative Expenses .....	8,729,901	9,388,400	9,279,700	9,279,700	9,329,400	9,329,400	+ 599,499		+ 49,700
<b>MEDICARE REFORM FUNDING</b>									
Medicare reform funding <sup>13 14</sup> .....	(446,054)						(- 446,054)		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2005 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2006—Continued  
 (In thousands of dollars)

Item	2005 comparable	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
					2005 comparable	Budget estimate	House allowance
<b>OFFICE OF INSPECTOR GENERAL</b>							
Federal Funds .....	25,542	26,000	26,000	26,000	+ 458	.....	.....
Trust Funds .....	64,836	67,000	66,805	67,000	+ 2,164	.....	+ 195
Total, Office of Inspector General .....	90,378	93,000	92,805	93,000	+ 2,622	.....	+ 195
Adjustment: Trust fund transfers from general revenues .....	-2,986,900	-2,733,000	-2,897,000	-2,710,400	+ 276,500	.....	+ 186,600
Total, Social Security Administration .....	45,370,662	47,248,044	47,139,149	47,189,044	+ 1,818,382	.....	+ 49,895
Federal funds .....	39,687,825	40,834,644	40,809,644	40,812,044	+ 1,124,219	.....	+ 2,400
Current year .....	(28,757,825)	(29,724,644)	(29,699,644)	(29,702,044)	(+ 944,219)	.....	(+ 2,400)
New advances, 1st quarter .....	(10,930,000)	(11,110,000)	(11,110,000)	(11,110,000)	(+ 180,000)	.....	.....
Trust funds .....	5,682,837	6,413,400	6,329,505	6,377,000	+ 694,163	.....	+ 47,495
Total, Title IV, Related Agencies .....	47,609,539	48,974,398	49,240,903	49,434,095	+ 1,824,556	.....	+ 193,192
Federal Funds .....	41,807,064	42,441,091	42,791,491	42,937,188	+ 1,130,124	.....	+ 145,697
Current year .....	(30,477,064)	(31,331,091)	(31,281,491)	(31,427,188)	(+ 950,124)	.....	(+ 145,697)
Fiscal Year 2007 Advance .....	(10,930,000)	(11,110,000)	(11,110,000)	(11,110,000)	(+ 180,000)	.....	.....
Fiscal Year 2008 Advance .....	(400,000)	.....	(400,000)	(400,000)	(+ 400,000)	.....	.....
Trust Funds .....	5,802,475	6,533,307	6,449,412	6,496,907	+ 694,432	.....	+ 47,495
<b>SUMMARY</b>							
Federal Funds .....	488,978,652	586,624,660	588,183,697	590,841,346	+ 101,862,694	.....	+ 2,657,649
Current year .....	(391,980,961)	(490,877,734)	(492,000,571)	(494,658,220)	(+ 102,677,259)	.....	(+ 2,657,649)
2007 advance .....	(96,597,691)	(95,746,926)	(95,783,126)	(95,783,126)	(- 814,565)	.....	.....
2008 advance .....	(400,000)	.....	(400,000)	(400,000)	(+ 400,000)	.....	.....
Trust Funds .....	12,366,339	13,587,965	13,408,876	13,594,967	+ 1,228,628	.....	+ 186,091
Grand Total .....	501,344,991	600,212,825	601,592,573	604,436,313	+ 103,091,322	.....	+ 2,843,740

<sup>1</sup> Funding from the Dislocated Worker National Reserve.

<sup>2</sup> Two year availability.

<sup>3</sup> Funds provided for biodefense activities are reflected within HRSA, CDC, and NIH respectively.

- <sup>4</sup>Includes Mine Safety and Health.
- <sup>5</sup>Funds provided in Public Law 108-173, the 2003 Medicare Prescription Drug, Improvement and Modernization Act.
- <sup>6</sup>\$1 billion available for fiscal years 2004-2005.
- <sup>7</sup>\$250 million available for fiscal years 2005-2008.
- <sup>8</sup>An additional \$80 million for Health IT within AHRQ.
- <sup>9</sup>Part of the HEA reauthorization budget request.
- <sup>10</sup>Fiscal year 2006 House jurisdiction change account moved from former VA-HUD Appropriations.
- <sup>11</sup>Current funded.
- <sup>12</sup>Requested funds for these activities are from previously appropriated funds.
- <sup>13</sup>Funds provided in Public Law 108-173, the 2003 Medicare Prescription Drug, Improvement and Modernization Act and are available in fiscal year 2004 and 2005.
- <sup>14</sup>Funds required to continue implementing this Act are provided under the regular LAE account.

