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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATION BILL, 1996

SEPTEMBER 15 (legislative day, SEPTEMBER 5), 1995.—Ordered to be printed

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

REPORT

[To accompany H.R. 2127]

The Committee on Appropriations, to which was referred the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 1996, and for other purposes, reports the same to the Senate with amendments and recommends that the bill as amended do pass.

Amount of discretionary budget authority [1]

Amount of House bill	$60,974,651,000
Amount of Senate bill over House bill	+1,834,349,000
Total bill as reported to Senate	62,809,000,000
Amount of adjusted appropriations, 1995	67,154,817,000
Budget estimates, 1996	72,079,948,000
The bill as reported to the Senate:	
Under the adjusted appropriations for 1995	−4,345,817,000
Under the budget estimates for 1996	−9,270,948,000

[1] Excludes mandatory appropriations; total funding summary on page 4.

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 1996, the Committee recommends total current year budget authority of $263,769,783,000 for the Department of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, $62,809,000,000 is discretionary and $200,960,783,000 is mandatory funding. The discretionary amount represents a 6.4-percent decrease below the fiscal year 1995 level, while mandatory funding represents an increase of 9.3 percent.

ALLOCATION CEILING

Consistent with Congressional Budget Office scorekeeping, the recommendations result in full use of discretionary outlays pursuant to section 602(b) of the Congressional Budget Act of 1974, as amended.

HIGHLIGHTS OF THE BILL

Pell grants.—The Committee bill includes $6,115,000,000 for the Federal Pell Grant Program. The amount provided will allow the increase in the maximum Pell grant to be raised to $2,440, an increase of $100 over the 1995 amount.

Education for individuals with disabilities.—The Committee bill provides $3,245,447,000 to ensure that all children have access to a free appropriate education and that all infants and toddlers with disabilities have access to early intervention services.

Rehabilitation services.—The Committee bill provides $2,455,760,000 for rehabilitation programs, an increase of $59,268,000 above the amount provided in 1995. These funds are essential for individuals with disabilities seeking employment.

Family planning.—The Committee bill includes $193,349,000 for the family planning program, the same amount appropriated in 1995. These funds support primary health care services at over 4,000 clinics nationwide.

National Institutes of Health.—The Committee bill includes $11,597,539,000 for the National Institutes of Health, an increase of $300,993,000 above the amount provided in 1995.

Grants for disadvantaged children.—The Committee bill provides $6,517,166,000 for grants to disadvantaged children. Included in that amount is $692,341,000, an increase of $29,204,000 above the 1995 appropriation, for school districts with the highest concentration of poor students.

Nutrition programs for the elderly.—The Committee bill provides $474,874,000 for the elderly nutrition programs. To direct funds to the area of greatest need, the bill includes $110,339,000 for the home-delivered meals program, an increase of $16,274,000 over the 1995 appropriation.

Women's health.—The Committee bill provides $5,362,000, which more than doubles the amount provided in 1995 for programs focused on prevention and education and the advancement of women's health initiatives, and the coordination of the breast cancer action plan.

Breast cancer screening.—The Committee bill provides $125,000,000, an increase of $25,000,000 over the 1995 level.

AIDS.—The Committee bill provides $1,388,678,000, an increase of $52,000,000 over the 1995 level for the Office of AIDS Research at the National Institutes of Health. The bill also includes $656,465,000 for Ryan White programs, an increase of $23,500,000, and $589,962,000 for AIDS prevention programs at the Centers for Disease Control and Prevention.

Family violence.—The bill includes $50,000,000 for family violence, an increase of $17,355,000 over the 1995 amount, and provides the full amount authorized for this fiscal year.

Rape prevention.—The bill provides $35,000,000 for a new rape prevention programs at the Centers for Disease Control and Prevention, the full amount authorized in fiscal year 1996.

Low-income home energy assistance.—The Committee recommendation includes $900,000,000 for heating and cooling assistance, together with an estimated $100,000,000 in carryover funds, for this coming year. The Committee has also recommended $1,000,000,000 for the fiscal year 1997 advance appropriation. Also included is bill language permitting up to $600,000,000 in additional funding to meet emergencies.

Community services block grant.—The Committee bill maintains the current funding level of $389,600,000 for the community services block grant program.

Child care and development block grant.—The Committee recommendation provides $934,642,000 for child care services, the same as the 1995 appropriation.

Infectious disease.—The Committee bill recommends $58,402,000 within the Centers for Disease Control and Prevention to combat the growing threat of infectious disease. The amount recommended is an increase of 7 percent over the fiscal year 1995 amount.

Social Security Administration.—The Committee bill recommends $5,845,183,000, an increase of nearly $300,000,000 over the 1995 level, which expands both the automation and disability initiatives at the Social Security Administration.

Job Corps.—The Committee bill provides $1,093,942,000 for the Job Corps, an increase of $4,482,000 over the 1995 level.

School-to-work.—The bill includes $245,000,000 for school-to-work programs, the same as the 1995 level; funding is equally divided between the Departments of Labor and Education for this jointly administered program.

REPROGRAMMING AND INITIATION OF NEW PROGRAMS

Reprogramming is the utilization of funds for purposes other than those contemplated at the time of appropriation enactment. Reprogramming actions do not represent requests for additional funds from the Congress, rather, the reapplication of resources already available.

The Committee has a particular interest in approving reprogrammings which, although they may not change either the total amount available in an account or, any of the purposes for which the appropriation is legally available, represent a significant departure from budget plans presented to the Committee in an agency's budget justifications.

Consequently, the Committee directs that the Departments and Agencies funded through this bill make a written request to the chairman of the Committee prior to reprogramming of funds in excess of 10 percent, or $250,000, whichever is less, between programs, activities, or elements. The Committee desires to have the requests for reprogramming actions which involve less than the above-mentioned amounts if such actions would have the effect of changing an agency's funding requirements in future years, if programs or projects specifically cited in the Committee's reports are affected or if the action can be considered to be the initiation of a new program.

Prior Committee notification is also required for actions requiring the use of general transfer authority, or which move funds between appropriations accounts, unless otherwise provided for in this act. Such transfers specifically include taps, or other assessments made between agencies, or between offices within agencies. Funds have been appropriated for each office funded by this Committee; it is not the intention of this Committee to augment those funding levels through the use of special assessments. This directive does not apply to working capital funds or other fee-for-service activities.

The Committee directs that it be notified regarding reorganization of offices, programs, or activities prior to the planned implementation of such reorganizations.

The Committee further directs that each agency under its jurisdiction submit to the Committee statements on the effect of this appropriation act within 30 days of final enactment of this act.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 1995	$3,956,770,000
Budget estimate, 1996	5,464,484,000
House allowance	3,180,441,000
Committee recommendation	3,427,305,000

The Committee recommends $3,427,305,000 for this account which provides funding authorized primarily by the Job Training Partnership Act. This is $246,864,000 more than the House allowance and $529,465,000 less than the 1995 enacted level.

The Committee is aware of pending legislation that would consolidate many job training programs that are currently authorized by the Job Training Partnership Act, the School-to-Work Opportunities Act and other acts. Therefore, the Committee has drafted this bill in anticipation of future consolidation.

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. As required by the Job Training Partnership Act, this appropriation is forwarded-funded on a July to June cycle. Funds provided for fiscal year 1996 will support the program from July 1, 1996 through June 30, 1997.

Adult programs.—For adult programs under title II–A, title III, and title IV–C of the Job Training Partnership Act and the State program portion of title V of the Older Americans Act, the Committee recommends $1,714,000,000. This is $736,813,000 less than the budget request, an increase of $34,000,000 above the House allowance, and a decrease of $511,363,000 below the 1995 comparable level.

The Committee recommends $830,000,000 for adult training programs. Included in this amount is $77,000,000 for the State operated portion of the Community Service Employment Program authorized by title V of the Older Americans Act and $7,300,000 for JTPA title IV–C veterans training. This is the $224,813,000 below the budget request, the same as the House allowance, and a decrease of $166,813,000 below the 1995 comparable level.

The title II–A adult training program is designed to prepare adults for participation in the labor force by increasing their occupational and educational skills, resulting in improved long-term employability, increased employment and earnings, and reduced welfare dependency. It is operated at the local level through service delivery areas designated by the Governor. Each area has a private industry council to provide guidance and oversight with respect to activities under that area's job training plan, in partnership with

the unit or units of general local government in the areas. The private industry council includes representatives of the private sector, educational agencies, organized labor, and other groups in the area. All funds are allocated to the States by statutory formula.

The Committee recommends $884,000,000 for dislocated worker programs. This is $512,000,000 below the budget request, an increase of $34,000,000 above the House allowance, and a decrease of $344,550,000 below the 1995 comparable level.

The title III system provides for early identification of dislocated workers, the rapid provision of services to such workers, and quality training. Among the program's components are universal rapid response capabilities, early intervention activities, the availability of needs-related payments to assist workers in training, and substate delivery systems. Funds are allocated to the States by statutory formula; 20 percent is retained by the Secretary for discretionary purposes.

The Committee continues to be concerned about the readjustment needs confronting workers in the Pacific Northwest dislocated as a result of changes in Federal environmental policies. Most notably, reductions in Federal timber sales are projected to cost an estimated 6,000 to 85,000 jobs in the Pacific Northwest. The Committee understands that the Secretary will continue to make available sufficient funds to implement the administration's economic adjustment initiative for timber communities. This initiative sets aside funding annually from the Secretary's "National reserve" account for emergency discretionary grants to affected localities. The Committee expects that the Department will give expeditious consideration to applications for emergency assistance from States with affected communities.

It is the Committee's intent that funds appropriated under title III–B of JTPA be used to the greatest extent possible for emergency dislocations as opposed to other activities that serve less immediate needs such as demonstration projects and technical assistance and training.

The Committee has included language in the bill which continues flexibility in three areas. First, the language removes the cost limitations that States utilize not more than 25 percent of funds on needs-related payments and supportive services. It does not remove the 15-percent administrative cost limit. Second, the language modifies the State waiver authority which permits the Governor to reduce to 30 percent the requirement that not less than 50 percent of the funds be used for retraining services. This language will enable local areas to determine the appropriate share of resources for upfront, cost-effective readjustment services that can facilitate rapid reemployment. Third, the language allows funds awarded under the National Discretionary Grant Program to be used to provide needs-related payments to participants who, in lieu of meeting the general EDWAA requirement that they be enrolled in training by the 13th week after layoff, have enrolled in training by the 6th week after the grant is awarded. This provision adds appropriate flexibility while preserving the principle that retraining is most effective if individuals are enrolled in training early in the adjustment process. These provisions are effective for 1 year only.

The Dislocated Workers Program is invaluable in assisting civilian and military personnel dislocated by post-cold war military downsizing. Recent amendments to the JTPA authorize the use of title III moneys to continue to provide assistance to Americans displaced as a result of the country's changing military needs. The Committee notes that an additional 34,000 civilian workers on military installations are expected to lose their jobs during the next 2 years as a result of base closures and urges the Department to give serious attention to needs in this area.

In anticipation of pending legislation to consolidate adult training programs, the Committee has transferred funds to adult training programs for veterans and senior citizens.

Youth programs.—For youth training programs under title II–B, title II–C, and title IV–B of the Job Training Partnership Act and the School-to-Work Opportunities Act, the Committee recommends $1,727,902,000. This is $947,331,000 below the budget request, and an increase of $185,220,000 above the House allowance and $204,482,000 above the 1995 comparable level.

The title II–C Youth Training Program is designed for youth to improve their long-term employability, enhance their educational, occupational, and citizenship skills, encourage their school completion, increase their employment and earnings, and reduce welfare dependency. Like adult training, the program is administered by local service delivery areas, as directed by private industry councils.

The summer youth program offers work experience, supportive services, and academic enrichment to economically disadvantaged youth, aged 14 to 21. Participants receive the minimum wage. Funds are allocated to the States by formula based on relative numbers of unemployed and economically disadvantaged individuals.

To promote greater flexibility in local decisionmaking, the Committee has included bill language to give service delivery areas greater latitude in transferring funds among title II–A adult training and title III dislocated worker assistance, as well as from the title II–C year-round youth program to the title II–B summer program. In addition to the $311,460,000 included in this bill, an estimated $200,000,000 in unspent summer youth carryover funds is estimated to be available to carry out these programs in 1996.

For the Job Corps, the Committee recommends $1,093,942,000 for program year 1996. This is $133,772,000 below the budget request, $27,068,000 below the House allowance, and an increase of $4,482,000 above the 1995 comparable level. The amount in the bill includes $972,475,000 for operations and $121,467,000 for facility construction, rehabilitation, and acquisition. This program has been highly effective over a period of many years in preparing extremely disadvantaged young people for productive lives.

The Committee has deleted without prejudice the language included by the House repealing the Job Training Partnership Act prohibition on contracting the operation of the Job Corps Civilian Conservation Centers. The Committee is aware of pending legislation that would substantially revise the Job Corps Program. Bill language is included that will allow the Secretary to retain the proceeds from the sale of Job Corps Center facilities.

The Committee recommends $122,500,000 for school-to-work. This is $77,500,000 below the budget request, an increase of $27,500,000 above the House allowance, and the same as the 1995 comparable level. The school-to-work program provides a national framework within which all States can create statewide systems to help youth acquire the knowledge, skills, abilities, and labor market information they need to make an effective transition from school to work, or to further education or training. It is jointly administered by the Departments of Labor and Education.

It is the intent of the Committee that funds provided for school-to-work activities be utilized to continue projects initiated with previously enacted appropriations.

Native Americans.—For native American programs, the bill provides $55,004,000. This $6,867,000 below the budget request, an increase of $5,004,000 above the House allowance, and a decrease of $4,783,000 below the 1995 comparable level. These programs are designed to improve the economic well-being of disadvantaged native Americans through vocational training, work experience, and other services aimed at getting participants into permanent unsubsidized jobs.

Migrant and seasonal farmworkers.—For migrant and seasonal farmworker programs, the bill provides $73,570,000. This is $4,733,000 less than the budget request, an increase of $8,570,000 above the House allowance, and a decrease of $6,397,000 below the 1995 comparable level. This program is aimed at alleviating chronic unemployment and underemployment being experienced by farmworker families. Training and employability development services prepare farmworkers for stable, year-round employment, both in and outside the agricultural industry. Supportive services such as transportation, housing, health care, and day care are also provided.

The Committee believes that the Migrant and Seasonal Farmworker Program can benefit from centralized administration from the national level and believes that administration of the program should continue at the national level and in the same manner as the section 401 native American program.

The Committee is concerned that the Department has yet to implement many of the reforms outline in the conference report accompanying the Job Training Reform Amendments of 1992. The Committee understands that the delay may be due to staffing reductions in the Division of Seasonal Farmworker Programs and encourages the Department to review the staffing needs of this Office.

The Committee believes that the Association of Farmworker Opportunity Programs [AFOP] provides valuable assistance to section 402 grantees in the form of technical assistance and training, training resource materials for grantee staff, and the development of a national farmworker data base to track program services of migrants who travel throughout the United States. The Committee has provided sufficient funds to maintain AFOP's support in fiscal year 1996.

The Committee directs the Department of Labor to continue the Farmworker Housing Program at the rate in effect in fiscal year 1995.

National activities.—For national activities $56,829,000 is provided. This is $82,770,000 less than the budget request, an increase of $21,370,000 above the House allowance, and a decrease of $2,524,000 below the 1995 comparable level. The bill includes funding for research and evaluation ($6,196,000), pilots and demonstrations ($35,258,000), labor market information ($5,489,000), the National Occupational Information Coordinating Committee ($5,060,000), Glass Ceiling Commission phaseout ($142,000), skill standards ($4,000,000), and women in apprenticeship ($684,000).

Under pilots and demonstrations, the Committee has provided sufficient funding to continue the continuing partnerships, community-based partnerships, and persons with disability partnerships. The Committee has also provided $2,250,000 for microenterprise grants and $5,000,000 for the American Samoan job training program. The Committee directs the Secretary to give funding priority to a State agency with a proven track record in successful job training programs for American Samoans.

The Committee recommendation also provides, under pilots and demonstrations, $1,500,000 to expand a pioneering industrial employment program for the disabled to include training severely handicapped individuals to operate and maintain specially modified computer milling machines. The Committee is aware of a proposal by the Cerebral Palsy Research Foundation of Wichita, KS, in this area, and encourages full and fair consideration of a proposal from this institution.

With regard to the National Occupational Information Coordinating Committee [NOICC], the Committee supports the continuation of career development programs to train personnel in assisting students to understand themselves in the context of their career development, to be aware of the world of work, to understand the linkage between academic skills and work-related skills, and to make effective career decisions. The Committee recommends that NOICC expend up to $2,500,000 in fiscal year 1996 for the continuation of such programs.

The Committee notes that the Homeless Veterans Reintegration Program is not funded in fiscal year 1996. The Committee remains concerned about the problems facing homeless veterans, and urges the Secretary of Labor to identify and provide pilot program and demonstration project funds sufficient to meet the needs of homeless veterans during fiscal year 1996.

The Committee encourages the Secretary to give full and fair consideration to a proposal for a disability employment and training initiative in connection with the 10th Paralympic Games. These games, an international celebration of the abilities of people with disabilities, will be hosted by Atlanta in the summer of 1996.

The Committee recognizes the past success and strong potential of the Goodwill Industries-Manasota, Inc. and Goodwill Industries of Acadiana, Inc. Job Connection Program for successfully moving people off of welfare and into real and permanent jobs. Its performance-based loan-to-grant concept, in conjunction with its self-sustaining operations, makes the Goodwill Job Connection a strong candidate for funding. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee is aware of a proposal from the Eisenhower Foundation to replicate the Argus project at two additional sites. Argus combines remedial education, job training, and job placement in a strictly violence-free and drug-free environment. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee is aware of a proposal for a work force literacy training grant for the Great Falls Area Labor Management Committee in Great Falls, MT. The program is designed to provide literacy assistance which would improve the productivity of the workforce through improvement of literacy skills needed in the workforce. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee encourages full and fair consideration of a proposal from the city of Newark, NJ, to design and implement a dropout prevention, education and job training, job placement, and health care employment network.

The Committee is aware that the geographic information system data collected by Federal agencies in the Klamath basin in Oregon has been questioned as uncoordinated and insufficient. The Committee also recognizes that the Oregon Institute of Technology, in Klamath Falls, OR, has developed a proposal to create a center to compile and coordinate this data and to provide education and training on its use. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee recognizes the need to address career opportunities for high school age individuals in economically depressed timber communities. The Committee is aware of the need for a demonstration in southwest Washington State developing alternative career opportunities for high school age individuals in conjunction with local education agencies, and encourages full and fair consideration of a proposal in this area.

The Committee recommends continued funding for a special native Hawaiian vocational education demonstration initiative that provides basic education skills and preemployment tutoring for high-risk youth.

The Committee is aware of a memorandum of understanding which has been executed between the State of Oregon and nine Federal partners including the Department of Labor. The purpose of this partnership is to encourage and facilitate cooperation among Federal, State, and local entities to redesign and test an outcomes oriented approach to intergovernmental service delivery. The Oregon option experiment is focused on three areas of human investment: healthy children, stable families, and a highly developed and prepared workforce. In working with the State of Oregon to reduce Federal barriers to service delivery, the Committee urges the Department to streamline and expedite regulatory processes where possible in order to help the State meet its performance outcomes.

The Committee has included a provision which would authorize the Secretary of Labor to grant a waiver of certain statutory requirements under the Job Training Partnership Act to assist States in implementing reforms in State work force development systems, such as under the Oregon option initiative. In exchange for granting greater flexibility, the proviso ensures that States will be held

accountable for the outcomes of the work force development system pursuant to memorandums of understanding executed with the Federal Government. The provisions of JTPA that would be waivable by the Secretary of Labor relate to definitions, planning and procurement requirements, cost categories and cost limitations, and program design requirements. It is not intended that such waivers would extend to eligibility for services, distribution of funds, public health or safety, labor standards, civil rights, occupational health and safety, or environmental protections. This proviso is similar to authority under the School-to-Work Opportunities Act that allows the Secretary to grant waivers to assist States in implementing school-to-work systems.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 1995	$396,060,000
Budget estimate, 1996	410,500,000
House allowance	350,000,000
Committee recommendation [1]	273,000,000

[1] Excludes $77,000,000 included in JTPA Grants to States.

The Committee recommends $273,000,000 for the national programs portion of community service employment for older Americans. The 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 1996 appropriation will support the effort from July 1, 1996 through June 30, 1997. Another $77,000,000 for the State operated portion of this program is included in the recommendation for grants to States for adult training under the "Training and employment services" appropriation, for a total Committee recommendation of $350,000,000. The State grant funds are to be distributed in the same manner as currently authorized under the Older Americans Act, unless this law is subsequently altered.

In allocating the reduced amount among national sponsors, the Committee directs the Secretary of Labor to give preference to national sponsors which have not exceeded limits on administrative costs nor have made improper indirect costs administrative charges. Problems in these areas have been documented in a recent GAO report and several inspector general reports. The Secretary should also give preference to national sponsors which use their grants primarily for direct services to older Americans. In addition, the Committee directs the Secretary to include this program in its normal review process for noncompetitive grants.

The Committee, recognizing that the Older Americans Act has not yet been reauthorized for fiscal year 1996, has included bill language clarifying that funds appropriated for older worker activities are to be utilized in conformance with subsequent action by Congress, which may substantially alter the existing title V program.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 1995	$274,400,000
Budget estimate, 1996	346,100,000
House allowance	346,100,000
Committee recommendation	346,100,000

The Committee recommends $346,100,000, the same as the budget request and House allowance, and an increase of $71,700,000 above the 1995 enacted level for Federal unemployment benefits and allowances. An estimated $67,100,000 will be tranferred from the "Advances to the unemployment trust fund" account into this account in fiscal 1995, providing an estimated total of $341,500,000 in fiscal year 1995. These are entitlement funds.

The trade adjustment line-item has two activities totaling $279,600,000 in fiscal year 1996.

The first activity, trade adjustment assistance benefits, provides for special unemployment benefit payments to workers as authorized by the Trade Act of 1974, as amended. For this activity the Committee recommends $183,000,000. This is the same as the budget request and House allowance, and an increase of $4,000,000 above the 1995 comparable level. These funds will permit payment of benefits, averaging $198 per week, to 34,000 workers for 1996. Of these workers, 19,300 will participate in training programs, receiving benefits for an average of 32 weeks. The remaining 14,700 workers receiving benefits will receive training waivers and collect benefits for an average of 21 weeks.

The second activity, trade adjustment assistance training, provides training, job search and job relocation allowances to workers adversely affected by imports. The funding for this activity is also authorized under the Trade Act of 1974, as amended. The Committee recommends $96,600,000 for this activity. This is the same as the budget request and House allowance, and a decrease of $1,200,000 below the 1995 comparable level. These funds will provide services for an estimated 24,200 workers of whom 23,600 will be enrolled in classroom training and 600 will receive on-the-job training. In addition a total of 2,400 will receive job search and job relocation allowances.

For NAFTA activities, $66,500,000 is provided, in two components.

The first component, NAFTA transitional adjustment assistance benefits, provides for weekly benefit payments to workers affected by imports from Mexico and Canada. These payments are also authorized by the Trade Act of 1974, as amended as a result of the signing of the North American Free Trade Agreement [NAFTA]. The Committee recommends $34,000,000 for this activity. This is the same as the budget request and House allowance, and an increase of $1,000,000 above the 1995 comparable level. These funds will provide 5,400 eligible workers an average of 32 weeks of benefits each, at an average weekly amount of $198.

The second component, NAFTA transitional adjustment assistance training, provides funds for training, job search and job relocation to workers affected by imports from Mexico and Canada. The funding for this activity is also authorized by the amendment to the Trade Act of 1974 resulting from the signing of the NAFTA. The Committee recommends $32,500,000 for this activity. This is the same as the budget request and House allowance, and an increase of $800,000 above the 1995 comparable level. These funds will provide training for an estimated 7,650 workers, 7,450 in classroom training and 200 in on the job training. In addition these

funds will provide for job search and relocation allowances for 900 workers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 1995	$3,329,362,000
Budget estimate, 1996	3,541,983,000
House allowance	3,232,732,000
Committee recommendation	3,221,522,000

The Committee recommends $3,221,522,000 for this account. This is $320,461,000 below the budget request, a decrease of $11,210,000 below the House allowance, and a decrease of $107,840,000 below the 1995 comparable level. Included in the total availability is $3,104,194,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $117,328,000 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 services, the bill provides $2,306,853,000. This total includes a regular contingency amount of $216,333,000 which may be drawn from the Employment Security Administration account of the unemployment trust fund. In addition the bill further provides for a second contingency amount should the unemployment workload exceed an average weekly insured claims volume of 2,785,000. This second contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,785,000 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 unemployment insurance service recommendation is the same as the House allowance, and would support an estimated 44,600 State staff years. The Committee recommendation provides a small increase over the fiscal year 1995 level for funds allocated to States.

For the employment service, the Committee recommends $822,669,000 which includes $25,328,000 in general funds together with an authorization to spend $797,341,000 from the "Employment Security Administration" account of the unemployment trust fund. These amounts are $49,371,000 less than the budget request, $3,210,000 less than the House allowance, and $92,621,000 less than the 1995 comparable level.

Included in the recommendation for the employment service is $761,735,000 for State grants, available for the program year of July 1, 1996 through June 30, 1997. This is $44,177,000 below the budget request, the same as the House allowance, and a decrease of $77,177,000 below the 1995 comparable level. Also included is $60,934,000 for national activities. This is $5,194,000 below the budget request, $3,210,000 less than the House allowance, and a decrease of $15,444,000 below the 1995 comparable level. Further, the recommendation includes $92,000,000 for one-stop career cen-

ters, which is $108,000,000 less than the budget request, and $8,000,000 less than the House allowance and the 1995 comparable level. A reduction of $10,250,000 reflects expiration of the Targeted Jobs Tax Credit Program.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 1995	$1,004,485,000
Budget estimate, 1996	369,000,000
House allowance	369,000,000
Committee recommendation	369,000,000

The Committee recommends $369,000,000, the same as the budget request and House allowance, and a decrease of $635,485,000 below the 1995 comparable level, for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the black lung disability trust fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 1996 advances will be made to the black lung disability trust fund.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 1996 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 needy 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.

ADVANCES TO THE EMPLOYMENT SECURITY ADMINISTRATION ACCOUNT OF THE UNEMPLOYMENT TRUST FUND

(RESCISSION)

The Committee has included bill language to rescind unobligated balances in the advances to the "Employment Security Administration" account that are no longer needed. This rescission results in a budget authority savings of $56,300,000. The House did not address this matter, for which there was no budget request.

This account is a revolving account authorized under section 901e of the Social Security Act. It provides loans, repayable with interest, to the unemployment trust fund's "Employment Security Administration" account [ESAA]. These loans are to be made only when taxes which normally fund the ESAA account are insufficient.

This account was created to provide funds to the ESAA during periods when Federal Unemployment Tax Act [FUTA] tax payments, which normally provide funding for the account, were insufficient due to cyclical tax collection. The majority of FUTA taxes are now collected at least monthly (due to law change) fully covering ESAA needs, and the funds in this account have lain dormant since the end of fiscal year 1984.

In fiscal year 1984, $120,000,000 was appropriated to this account. In fiscal year 1988, $63,700,000 was taken from this account to assist in reducing the budget request level.

Rescission of the $56,300,000 remaining in this account will result only in a reduction of budget authority as no outlays are associated with this loan account.

PROGRAM OPERATIONS

Appropriations, 1995	$134,572,000
Budget estimate, 1996	147,415,000
House allowance	124,479,000
Committee recommendation	123,847,000

The Committee recommendation includes $83,054,000 in general funds for this account, as well as authority to expend $40,793,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $123,847,000. This is $23,568,000 less than the budget request, $632,000 less than the House allowance, and $10,725,000 less than the 1995 comparable level.

General funds in this account provide the Federal staff to administer employment and training programs under the Job Training Partnership Act, the Older Americans Act, the Trade Act of 1974, 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 recommendation reflects a financing change to provide for trust fund financing consistent with section 901 of the Social Security Act, and an object class shift from rental payments to GSA, to purchases of goods and services from Government accounts, reflecting a change in the method of financing maintenance costs and capital improvements for the Frances Perkins Building.

OFFICE OF THE AMERICAN WORKPLACE

SALARIES AND EXPENSES

Appropriations, 1995	$7,197,000
Budget estimate, 1996	10,770,000
House allowance	.....
Committee recommendation	.....

The Committee has provided no funding for this agency for 1996. The Office of Labor-Management Standards, which has the statutory responsibility to enforce the Labor-Management Reporting and Disclosure Act, including necessary administrative and financial management staff that was formerly funded in the Office of the American Workplace as well as the Secretary of Labor's responsibilities under the Fedeal Transit Act, and related activities, is funded in the "Employment Standards Administration salaries and expenses" account. The Secretary may exercise his discretion in placing this Office in whatever Department of Labor organization he feels is most appropriate.

The Committee has eliminated the Office of the American Workplace. It was established in 1993 to provide a national focal point for encouraging the creation of high performance workplace practices and policies and to encourage the development of work organi-

zations and promote innovation in the workplace. It appears to the Committee that these things should be and are being done in the private sector, and it should not be necessary to spend scarce Federal funds for these purposes.

PENSION AND WELFARE BENEFITS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1995	$69,311,000
Budget estimate, 1996	81,182,000
House allowance	64,113,000
Committee recommendation	65,740,000

The Committee recommendation provides $65,740,000 for this account, which is $15,442,000 less than the budget request, an increase of $1,627,000 above the House allowance, and a decrease of $3,571,000 below the 1995 comparable level.

The Pension and Welfare Benefits Administration [PWBA] is responsible for the enforcement of title I of the Employee Retirement Income Security Act of 1974 [ERISA] in both civil and criminal areas. PWBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 [FERSA]. PWBA provides funding for the enforcement and compliance; policy, regulation, and public services; and program oversight activities.

The recommendation reflects a financing change for an object class shift from rental payments to GSA, to purchases of goods and services from Government accounts, reflecting a change in the method of financing maintenance costs and capital improvements for the Frances Perkins Building.

The Committee has deleted without prejudice bill language included by the House (sec. 104) to restrict activities promoting so-called economically targeted investments [ETI's] by private pension funds covered by ERISA. However, the Committee recomendation does not include any funding for the continuation of a clearinghouse on so-called economically targeted investments. Legislation in this area should be addressed by the authorizing committees.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimate for fiscal year 1996 includes benefit payments of $1,060,970,000, multiemployer financial assistance of $4,570,000, administrative expenses limitation of $12,043,000, and services related to terminations expenses of $128,496,000. In the administrative expenses activity, the recommendation concurs with the House allowance of $10,603,000, a reduction of $860,000 below the 1995 comparable level. In the services related to terminations activity, the Committee recommends an increase of $2,238,000, the same as the House allowance.

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, collections 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 plans fail or go out of existence.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1995	$272,989,000
Budget estimate, 1996	308,145,000
House allowance	247,945,000
Committee recommendation	260,168,000

The Committee recommendation includes $259,190,000 in general funds for this account. This is $47,286,000 less than the budget request, an increase of $12,742,000 above the House allowance, and a decrease of $12,821,000 below the 1995 comparable level. The bill also contains authority to expend $978,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act. This is $691,000 less than the budget request, the same as the House allowance, and $79,000 less than the 1995 comparable amount. In addition, an amount of $28,655,000 is available by transfer from the black lung disability trust fund. This is the same as the request, an increase of $2,610,000 above the House allowance, and an increase of $498,000 above the 1995 comparable level.

The Committee has funded the Office of Labor-Management Standards, including the necessary administrative and financial management staff that was formerly funded in the Office of the American Workplace, in the "Employment Standards Administration salaries and expenses" account. This includes funding to carry out administrative responsibilities under the Federal Transit Act, and related activities. The Secretary may exercise his discretion in placing this Office in whatever Department of Labor organization he feels is most appropriate.

The Employment Standards Administration is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Seasonal Agricultural Workers' Protection Act, the Davis-Bacon Act, the Family and Medical Leave Act, the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act [black lung].

The recommendation reflects a financing change for an object class shift from rental payments to GSA, to purchases of goods and services from Government accounts, reflecting a change in the method of financing maintenance costs and capitol improvements for the Frances Perkins Building.

The Committee has deleted without prejudice bill language included by the House (sec. 103) prohibiting the Secretary from using funds made available in this act to implement, administer, or enforce any Executive order, or other rule or order, that prohibits Federal contracts with, or requires the debarment of, or imposes other sanction on, a contractor on the basis that such contractor or organizational unit thereof has permanently replaced lawfully

striking workers. This is a legislative matter that should be addressed by the authorizing committees.

The Committee strongly urges the Secretary to suspend enforcement under hazardous occupation order No. 2 with respect to incidental and occasional driving by minors under age 18, unless the Secretary finds that the operation of a motor vehicle is the primary duty of the minor's employment, until a revised order is issued.

The Committee strongly urges the Secretary to suspend enforcement under hazardous occupation order No. 12 with respect to the placement or loading of materials by persons under 18 years of age into a cardboard baler that is in compliance with the American National Standards Institute safety standard ANSI Z245.5 1990, and a compactor that is in compliance with the American National Standards Institute safety standard ANSI Z245.2 1992, until a revised order is issued. These stipulations are in lieu of House bill language (secs. 107 and 108), which are legislative provisions that should be addressed by the authorizing committees.

The Committee is concerned by reports that the Fair Labor Standards Act [FLSA] is not being enforced fairly and uniformly as to cable television installation companies in the New York/New Jersey area. The Secretary is instructed to allocate sufficient resources to ensure fair and uniform enforcement of the FLSA with respect to the cable television installation industry in that region.

SPECIAL BENEFITS

Appropriations, 1995	$258,000,000
Budget estimate, 1996	218,000,000
House allowance	218,000,000
Committee recommendation	218,000,000

The bill includes $218,000,000, the same as the budget request and House allowance, and a decrease of $40,000,000 below the 1995 comparable level. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law.

The total amount to be available in fiscal year 1996, including anticipated reimbursements from Federal agencies of $1,895,000,000, is $2,113,000,000, an increase of $39,000,000 above the 1995 comparable level. The remaining estimated unobligated balance of $547,504,000 will carry over into fiscal year 1997 and remain available until expended.

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 workers' first year, 50 percent in the second year, and 25 percent in the third year. Costs will be charged to the FECA fund.

The Committee recommends continuation of 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 maximum flexibility for continuation of benefit payments without interruption.

The Committee recommends approval 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 recommends appropriation language to provide that $19,383,000 of the funds transferred from the fair share agencies to pay the costs of administration will be available to the Secretary of Labor to finance capital improvements relating to upgrading and enhancing the Federal employees' compensation computer system's hardware and software. This compares to the House allowance of $11,383,000, which would let the remaining balance of the administrative costs paid by the fair share agencies revert to Treasury as miscellaneous receipts. The Senate allowance would speed up completion of the 4-year automation project.

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.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 1995	$975,561,000
Budget estimate, 1996	998,836,000
House allowance	996,203,000
Committee recommendation	998,836,000

The bill includes authority to obligate $998,836,000 from the black lung disability trust fund in fiscal year 1995. This is an increase of $23,275,000 above the 1995 comparable level.

The total amount available for fiscal year 1996, including $17,164,000 from the prior year, will provide $501,494,000 for benefit payments, and $48,586,000 and $756,000 for administrative expenses for the Departments of Labor and Treasury, respectively. Also included is $448,000,000 for interest payments on advances. In fiscal year 1995, comparable obligations for benefit payments are estimated to be $516,005,000, while administrative expenses for the Departments of Labor and Treasury respectively are $51,800,000 and $756,000.

The Committee reiterates its directive to prevent the closing of and to ensure the staffing of black lung field offices.

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 81,500 people will be receiving black lung benefits financed from the trust fund by the end of fiscal year 1995. This compares with an estimated 86,500 receiving benefits in fiscal year 1995.

The basic financing for the trust fund comes from a coal excise tax for underground and surface-mined coal. Additional funds come from reimbursement payments from mine operators for benefit pay-

ments made by the trust fund before the mine operator is found liable, and advances, estimated at $369,000,000 in fiscal year 1996. 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, 1995	$312,500,000
Budget estimate, 1996	346,503,000
House allowance	263,985,000
Committee recommendation	296,656,000

The Committee recommendation includes $296,656,000 for this account. This is $49,847,000 less than the budget request, an increase of $32,671,000 above the House allowance, and a decrease of $15,844,000 below the 1995 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee recommendation reduces all OSHA activities by 5 percent below the fiscal year 1995 enacted level, except for executive direction and administration, which is reduced 8 percent. This compares to an overall reduction of 15.5 percent recommended by the House.

The recommendation reflects a financing change for an object class shift from rental payments to GSA, to purchases of goods and services from government accounts, reflecting a change in the method of financing maintenance costs and capital improvements for the Frances Perkins Building.

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 House allowed $500,000 for this activity.

The Committee encourages OSHA to refocus compliance centers and efficiently increase consultation centers.

The Committee concurs with the House in retaining 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 concurs with the House in retaining 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 has deleted without prejudice House bill language (sec. 105) that would prohibit OSHA from promulgating or issuing any proposed or final standard or guideline regarding ergonomic protection. This is a legislative matter that should be addressed by the authorizing committees.

The Committee has deleted without prejudice House bill language (sec. 106) that would temporarily halt implementation of the fall protection standard published at subpart M of 29 CFR part 1926, until 30 days after a new standard has been promulgated.

The House provision would also require the Secretary to develop this standard no later than 180 days after enactment of this act, and until the publishing of the revised final rule, only funds designated for the enforcement of an interim fall protection standard which adjusts all height requirements referenced at subpart M of 29 CFR part 1926 from 6 feet to 16 feet may be expended. This is a legislative matter that should be addressed by the authorizing committees.

The Committee is nevertheless aware of serious concerns raised about the heavy compliance burden on employers imposed by OSHA enforcement of its new fall protection standard. The impact of the new standard on safety has also been questioned. Due to these and other concerns, the Committee expects the Secretary of Labor to review the impact of the fall protection standard, including an assessment of its costs and benefits.

The Committee further directs the Secretary to conduct a review and report back on the Labor Department's findings, recommendations for change, and steps taken to implement the recommendations on modifying the regulation by January 1, 1996.

The Committee intends that the Office of Occupational Medicine continue to be funded as nearly as possible at its present level. The Office of Occupational Medicine has a significant role to play in carrying out the agency's mission to protect the health and safety of workers. The responsibilities of the Office of Occupational Medicine include providing compliance assistance to states and employers and assisting the agency in the development of sound, scientifically based standards and guidelines which balance costs and benefits. The Committee expects that these responsibilities will be continued. The Committee also intends that the Office of Regulatory Analysis continue to be funded as nearly as possible at its present level.

The Committee is encouraged by the accomplishments of the Office of Nursing at OSHA. Occupational health nurses are the largest group of health care providers at the Nation's worksites. As such, they are uniquely qualified to assess the practical realities of worksites and related regulatory activities. The Committee supports the continuation of the Office of Nursing as a distinct Federal entity.

The Committee urges OSHA to consider exempting recreational dive training from commercial restrictions that prohibit use of closed-circuit, mixed-gas SCUBA apparatus or diving equipment using nitrogen/oxygen breathing mixtures.

The Committee urges the Secretary to consider suspending enforcement of the OSHA standard curtailing work conducted near a snag tree, until a revised standard is issued that does not contradict Federal and State wildlife snag tree guidelines.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1995	$200,646,000
Budget estimate, 1996	212,106,000
House allowance	185,154,000
Committee recommendation	200,646,000

The Committee recommendation includes $200,646,000 for this account. This is $11,460,000 less than the budget request, an increase of $15,492,000 above the House allowance, and the same as the 1995 comparable level. This agency is responsible for enforcing the Federal Mine Safety and Health Act in our Nation's underground and surface mines.

While the Committee has been unable to grant the increases requested by the administration, it believes the activities of this agency are too important to be cut below last year's level. 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.

The Committee concurs with the House in retaining bill language carried in last year's bill prohibiting the use of funds to carry out the training provisions of the act with respect to shell dredging or with respect to any sand, gravel, surface stone, surface clay, colloidal phosphate or surface limestone mine.

The Committee encourages the Secretary to study whether it's necessary to revise the standards of section 30 CFR subpart T relating to standards for methane in metal and nonmetal mines, and be prepared to address the matter at next year's hearings.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 1995	$351,674,000
Budget estimate, 1996	376,681,000
House allowance	347,213,000
Committee recommendation	330,373,000

The Committee includes $330,373,000 for this account, which is $46,308,000 less than the budget request, $16,840,000 less than the House allowance, and $21,301,000 less than the 1995 comparable level. This includes $49,774,000 from the Employment Security Administration account of the unemployment trust fund, and $280,599,000 in Federal funds. This reduction has been necessitated by severe budgetary limitations. The Bureau of Labor Statistics is the principal factfinding agency in the Federal Government in the broad field of labor economics.

The Committee directs that the Bureau of Labor Statistics, despite reductions from the administration request, continue to collect survey data on injury and illness rates that permit the analysis of industry performance at the State level.

The Committee concurs with the budget request and House allowance of $11,549,000 for the Consumer Price Index revision, but has been unable to provide requested increases for emerging labor market issues, and for standard industrial classification and standard occupational classification revisions. Revision of the Consumer Price Index should remain the highest priority for the Bureau. The Committee has deleted House bill language, section 515, relating to the CPI index, consistent with the approach throughout this bill of deleting new special general provisions.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 1995	$155,028,000
Budget estimate, 1996	173,089,000
House allowance	134,523,000
Committee recommendation	143,243,000

The Committee recommendation includes $142,940,000 in general funds for this account, which is $29,807,000 less than the budget request, an increase of $8,720,000 above the House allowance, and $11,760,000 below the 1995 comparable level. The bill also includes authority to transfer $303,000 from the Employment Security Administration account of the unemployment trust fund. In addition, an amount of $19,621,000 is available by transfer from the black lung disability trust fund. This is the same as the budget request and House allowance, and a decrease of $3,712,000 below the 1995 comparable level.

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 generally reflects an 8-percent across-the-board reduction for departmental management administrative activities, due to severe budgetary constraints. The Committee concurred with the House in recommending 7.5 percent reductions for the Women's Bureau, adjudication, civil rights, and chief financial officer activities. For promoting employment of people with disabilities, the $4,385,000 recommendation is the same as the fiscal year 1995 enacted level.

The recommendation reflects a financing change for an object class shift from rental payments to GSA, to purchases of goods and services from Government accounts, reflecting a change in the method of financing maintenance costs and capital improvements for the Frances Perkins Building.

The Committee supports the ongoing efforts of the Department of Justice to rid the International Brotherhood of Teamsters of organized crime influence and the Department's decision to supervise the upcoming elections pursuant to the consent decree. The Committee concurs with the House in providing that up to $5,600,000 of the amount available to the Department of Labor for fiscal year 1996 may be allocated for this purpose, subject to the normal reprogramming requirements.

The Committee has included bill language, carried in last year's bill but not considered by the House for fiscal year 1996, permitting transfers of up to 1 percent between appropriations.

The Committee intends that the Women's Bureau maintain support for technical assistance and training on displaced homemaker programming through effective programs such as women work. This assistance is critical as State and local agencies develop and

implement employment and training programs under legislation that consolidates job training and vocational programs.

Abusive and exploitive child labor has been documented in two reports by the Secretary of Labor for this Committee, pursuant to directives by the Committee in fiscal year 1994–95. The Committee notes the problem of child exploitation has gained increased recognition in recent years, although the international response remains inadequate to the scope of the problems. The Committee notes the positive work being done by the International Labor Organization's International Program for the Elimination of Child Labor [IPEC], including through the funds made available to the Secretary of Labor by this Committee.

The Committee has provided an additional $1,500,000 from within funds for the Bureau of International Labor Affairs, to continue work on international child labor issues and funding of the IPEC program. The Committee notes that a number of U.S. companies and nongovernmental agencies have begun efforts aimed at eliminating the use of abusive and exploitive child labor in the production of goods imported into the United States.

The Secretary of Labor is asked to complete a report examining these efforts and submit it to the Committee by July 15, 1996. In an effort to get the most specific information possible, this report should include an examination of the top 20 U.S. garments importers, their subsidiaries, contractors, and their subcontractors codes of conduct regarding the use of abusive and exploitive child labor in the production of goods imported to the United States and the adequacy and effectiveness of their enforcement of these codes. The report should also include conclusions regarding the necessary components of an effective code of conduct and its enforcement.

The Secretary, in consultation with other appropriate agencies, is also asked to include in such report a review of United States and international laws that might be used to encourage the elimination of child labor exploitation, including in the product of items imported into the United States, and any appropriate changes to such laws. The Secretary of Labor is also asked to publish, by July 15, an updated registry of items that are likely to be produced with abusive and exploitative child labor and imported into the United States.

The Committee also believes it is important to recognize those U.S. companies that have effective programs to assure that products imported to our country are not made by abusive and exploitive child labor and therefore requests the Secretary to give formal recognition to outstanding efforts in this area.

The Committee expects the Department to provide a report no later than 60 days after the date of enactment of this legislation addressing the relationship between increased cruise ship business in our Nation's ports including, but not limited to, Philadelphia, Seattle, Portland, San Francisco, San Diego, and Miami, and job growth in the private sector in the services, travel, and tourism industries and port-related jobs.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

Appropriations, 1995	$185,206,000
Budget estimate, 1996	187,114,000
House allowance	175,883,000
Committee recommendation	170,390,000

The Committee recommendation includes $170,390,000 to be expended from the Employment Security Administration account of the unemployment trust fund. This is $16,724,000 less than the budget request $5,493,000 less than the House allowance, and $14,816,000 below the 1995 comparable level.

For State grants the bill provides $76,913,000 for the Disabled Veterans Outreach Program and $71,386,000 for the Local Veterans Employment Representative Program. These amounts represent an 8-percent reduction below the 1995 enacted level, due to severe budgetary constraints.

For Federal administration, the Committee recommends $19,419,000, which is $3,598,000 less than the budget request, $106,000 below the House allowance, and $1,689,000 below the 1995 comparable level. Included is funding to continue the Transition Assistance Program, which provides reemployment assistance to people separating from the military.

The recommendation reflects a financing change for an object class shift from rental payments to GSA, to purchases of goods and services from Government accounts, reflecting a change in the method of financing maintenance costs and capital improvements for the Frances Perkins Building.

In addition the Committee recommends $2,672,000 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 amounts for both Federal administration and the National Veterans Training Institute represent 92 percent of fiscal 1995 enacted funding levels, necessitated by severe budgetary constraints.

WORKING CAPITAL FUND

The Committee concurs with the House in recommending appropriations language expanding the working capital fund authorizing language to establish an investment in reinvention fund in the working capital fund, and to allow the Department to utilize up to $3,900,000 in unobligated balances in departmental salaries and expenses accounts to capitalize this fund. This fund will become self-sustaining through the repayment of initial investments from savings generated through improvements and efficiencies.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1995	$51,936,000
Budget estimate, 1996	53,307,000
House allowance	48,041,000
Committee recommendation	48,041,000

The bill includes $44,426,000 in general funds for this account, which is the same as the House allowance, $4,826,000 below the budget request, and $3,602,000 below the 1995 comparable level. The bill also includes authority to transfer $3,615,000 from the

Employment Security Administration account of the unemployment trust fund which is the same as the House allowance, and $293,000 below the budget request and the 1995 comparable level. In addition, an amount of $310,000 is available by transfer from the black lung disability trust fund.

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 throughout the Department.

The recommendation reflects a financing change for an object class shift from rental payments to GSA, to purchases of goods and services from Government accounts, reflecting a change in the method of financing maintenance costs and capital improvements for the Frances Perkins Building.

ADDITIONAL GENERAL PROVISIONS

General provisions bill language is included to: Prohibit funding to implement the President's Executive order concerning striker replacements (sec. 103); permit transfers of up to 1 percent between appropriations (sec. 109); and prohibit the payment of more than $125,000 to Job Corps contractor employees (sec. 101). Sections 102, 104, 105, 106, 107, and 108 of the House bill have been deleted without prejudice.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 1995	$3,028,959,000
Budget estimate, 1996	3,102,395,000
House allowance	2,927,122,000
Committee recommendation	2,951,159,000

The Committee recommends an appropriation of $2,951,159,000 for health resources and services. This is $151,236,000 below the administration request, $24,037,000 over the House amount, and $77,800,000 less than the fiscal year 1995 allowance.

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

CONSOLIDATED HEALTH CENTERS

The Committee has provided funds for community health centers, migrant health centers, health care for the homeless, and public housing health service grants in a consolidated line rather than through separate activities, consistent with the reauthorization legislation pending in the Senate. The Committee provides $756,518,000 for the consolidated health centers cluster, which is the same as the 1995 comparable level and the House allowance for a consolidated health centers line and $119,000 above the administration request for this grouping of programs.

Health centers were brought under the Federal Tort Claims Act [FTCA] in 1993. This coverage expires on December 31, 1995. The Committee has included bill language which extends this coverage until December 31, 1996, and has included $5,000,000 in the above amount for the health centers malpractice claims fund in fiscal year 1996.

It is clear that some populations do not have the same type of access to primary care than other populations. This is particularly true for the Hispanic population in some States. Due to social, cultural, and language barriers, it is often difficult to effectively provide primary health care to the Hispanic population. The Committee encourages HRSA to assist communities in the establishment of health centers that will primarily serve the Hispanic community.

Community health centers

The community health centers provide comprehensive, case-managed primary health care services to medically indigent and underserved populations in rural and urban areas. About 44 percent of the clients served by community health centers are children.

Migrant health centers

The program helps provide culturally sensitive comprehensive primary care services to migrant and seasonal farmworkers and their families. Over 80 percent of the centers also receive funds from the community health centers program.

Health care for the homeless

The program provides project grants for the delivery of primary health care services, substance abuse services, and mental health services to homeless adults and children. About one-half of the projects are administered by community health centers. The other one-half are administered by nonprofit coalitions, inner-city hospitals, and local public health departments.

Public housing health service grants

The program awards grants to community-based organizations to provide case-managed ambulatory primary health and social services in clinics at or in proximity to public housing. More than 60 percent of the programs are operated by community health centers.

HEALTH PROFESSIONS

For health professions, the bill includes $343,835,000, which is $62,264,000 less than the fiscal year 1995 appropriation, and $62,264,000 less than the House allowance.

All the existing health profession programs are being reauthorized for fiscal year 1996. The President requested funding in five clusters of programs. The House appropriated all funds in a single line item and requested HRSA to produce an operating plan prior to conference.

The Committee has appropriated funds for health professions based on the consolidated reauthorization proposals set forth in Senate bill 555, the Health Professions Education Consolidation and Reauthorization Act of 1995. The Senate allowance consolidates 44 health professions programs into 6 general and flexible authorities which are designed to train health providers most inclined to enter practice in rural and other medically underserved areas. To ensure that these programs are accountable and effective, each grant applicant would be required to have a strong evaluation component.

However, if sufficient legislative progress is not made prior to conference, it is the intention of the Committee to then fund these programs under existing legislative authorities and to provide separate funding for each program.

PRIMARY CARE MEDICINE AND RELATED TRAINING CLUSTER

The Committee recommends $70,298,000 for the primary care medicine and related training cluster. The purpose of this cluster

is to provide for the training of primary care health professionals and to improve the quality of health care in underserved areas.

The following current law authorities are consolidated in this cluster: Family medicine training, physician assistants, general internal medicine and pediatrics training, preventive medicine and dental public health, geriatric medicine, and dentistry faculty development and general dentistry training.

Family medicine training

Family medicine activities support grants for graduate training in family medicine, grants for predoctoral 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.

Preventive medicine and dental public health

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.

Geriatric medicine and dentistry faculty development

This program provides support, including fellowships, for geriatric training projects to train physicians and dentists who plan to teach geriatric medicine, geriatric psychiatry, or geriatric dentistry. The Secretary would determine which type of faculty development projects to fund based on national and State work force goals.

General dentistry training

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.

MINORITY/DISADVANTAGED HEALTH PROFESSIONS CLUSTER

The Committee recommends $44,411,000 for the minority/disadvantaged health professions cluster. The purpose of this cluster is to provide for the training of minority and disadvantaged health professionals to improve health care access in underserved areas and to improve the representation of minorities in the health professions.

The following current law authorities are consolidated into this cluster: Centers of excellence in minority health, health careers opportunity program, minority faculty fellowships, and faculty loan repayment.

Centers of excellence

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 Committee recognizes the importance of the Centers of Excellence Program. The institutions that are designated as centers of excellence are private institutions, that receive little State funding, whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities, they serve the health care needs of their patients often without remuneration.

Health careers opportunity program

This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and preprofessional school preparations.

Minority faculty fellowships

This program allows institutions to provide a fellowship to underrepresented minorities who have the potential for teaching, administering programs, or conducting research as faculty members.

Faculty loan repayment

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.

AREA HEALTH EDUCATION CENTERS AND OTHER EDUCATION CENTERS CLUSTER

The Committee recommends $28,363,000 for the area health education centers and other education centers cluster. The purpose of this cluster is to provide support for training centers remote from health professions schools to improve and maintain the distribution of health providers in rural and urban underserved areas and provide support for geriatric and public health training centers.

The Committee recognizes the critical role social workers play in providing social and behavioral health services through community-based agencies in underserved communities. The Department is urged to fund schools of social work to work collaboratively with health care agencies, including managed care, in underserved communities to prepare social workers for case management, health promotion, and the delivery of mental health services.

The following current law authorities are consolidated into this cluster: Area health education centers, health education and train-

ing centers, geriatric education centers, rural health interdisciplinary training, and public health special projects.

Area health education centers

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 AHEC grants; and model (State funded) programs in which non-Federal contributions in cash shall consist of not less than 50 percent of the total operating costs of an AHEC program.

If, at conference, the conferees appropriate funds for the health profession programs under existing authorities, the Committee intends to include language which deletes the limitation for core programs included in Public Law 102–408.

The Committee has been impressed with the various AHEC models operated in a variety of States and directs HRSA to give this program the highest priority within this cluster. The Committee believes that AHEC's can provide an important network not only for the training of health service providers but also for the dissemination of health care information, including practice guidelines.

The fiscal year 1995 Committee report directed the Department to give highest priority to funding grant proposals that were approved but not funded in fiscal year 1994. The Committee understands that Vermont's application was approved but not funded in fiscal year 1995. The Committee strongly supports Vermont's application for an AHEC grant in fiscal year 1996, and requests that the proposal receive full and fair consideration in awarding new starts in fiscal year 1996.

Health education and training centers

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.

Geriatric education centers

This program supports grants to health professions schools to establish geriatric education centers and to support geriatric training projects.

Rural health interdisciplinary training

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. Under this program in the past 2 fiscal years, the Committee has provided funding for a rural chiropractic interdisciplinary training program designed to enhance the delivery of chiropractic health care in rural areas of the country and to increase the recruitment of women and minorities as chiropractic health care professionals in such areas. The

Committee continues to support this initiative and directs that no less than fiscal year 1995 levels be provided by the Department for this program in fiscal year 1996, and that the program be carried out in close cooperation with members of the Association of Chiropractic Colleges.

Public health special projects

This program provides funds to accredited schools of public health for planning, developing, demonstrating, operating, and evaluating projects that will further the goals in the areas of preventive medicine; health promotion and disease prevention; improving access to health services in medically underserved communities; or reducing the incidence of domestic violence.

HEALTH PROFESSIONS WORK FORCE DEVELOPMENT

The Committee recommends $12,774,000 for the health professions work force development cluster. The purpose of this cluster is to provide support to strengthen capacity for the education of individuals in certain health professions which the Secretary determines to have a severe shortage of personnel and to improve the care of underserved populations and other high-risk groups.

The following current law authorities are consolidated in this cluster: Health administration traineeships and special projects, geriatric optometry training, allied health advanced training and special projects, chiropractic demonstration projects, and AIDS dental services. The Committee recommends that, within the total amount of funding provided for this cluster, the podiatric primary care residency training program be funded at no less than the fiscal year 1995 levels. The Committee encourages HRSA to give priority to those programs within this cluster that fund training programs over research and data collection activities.

Allied health advanced training and special projects

This program provides funds to assist schools or programs with projects designed to plan, develop, or expand post baccalaureate programs for the advanced training of allied health professions; and provide traineeships or fellowships to postbaccalaureate students who are participating in the program and who commit to teaching in the allied health profession involved. This program also provides funds to expand existing training programs or develop new ones; recruit individuals into allied professions with the most severe shortages or whose services are most needed by the elderly; increase faculty recruitment and education, and research.

The Committee continues to encourage HRSA to give priority consideration to those projects for schools training allied health professions experiencing shortages, such as medical technologists and cytotechnologist.

The Committee is strongly supportive of efforts to assure an adequate supply of allied health professionals. These low cost professionals provide critical services that often ameliorate the need for more expensive care, yet there continue to be shortages of allied health professionals in many areas. From within this account, the Committee expects that funding for allied health training will be maintained at last year's level.

Podiatric primary care residency training

This program supports projects at hospitals and podiatry schools for residency training in primary care.

Geriatric optometry training

This program provides support for projects to plan, develop, and operate projects in postgraduate geriatric care training for optometrists who will teach geriatric optometry; provide residencies, traineeships, and fellowships to participants in such projects; and establish new affiliations with nursing homes, ambulatory care centers, senior centers, and other public or nonprofit private entities.

Health administration traineeships and special projects

This program provides 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.

Chiropractic demonstration projects

This program supports projects in which chiropractors and physicians collaborate to identify and provide effective treatment for spinal and lower back conditions.

The Committee notes that the chiropractic demonstration grant program, originally authorized under section 782 of Public Law 102–408, and funded by the Committee in previous years, has been proposed for consolidation this year in Senate bill 555. The Committee further notes that the authorizing committee has recognized the importance of this grant program and set forth certain criteria for future funding of the chiropractic-medical school demonstration grant program in the report accompanying Senate bill 555.

The Committee concurs with the focus of the language and the criteria to be used by the Department in funding continuation of this important program. The Committee recommends that, within the total funds made available for the consolidated work force development programs, the chiropractic-medical school demonstration grant program be continued and funded at current levels.

AIDS dental services

This program provides grants to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

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 work force configurations.

Health professions research

This program supports research on issues such as the extent to which debt has a detrimental effect on students entering primary care and the effects that federally funded educational programs for

minorities have on the number of such individuals attending health professions schools.

NURSING WORK FORCE DEVELOPMENT CLUSTER

The Committee recommends $52,776,000 for the nursing work force development cluster. The purpose of this cluster is to provide for the training of advanced degree nurses and to improve access to and quality of health care in underserved medical and public health areas.

The Committee expects that, with the greater flexibility afforded in this appropriation, the division of nursing will be able to move quickly to allocate resources to meet the rapidly evolving changes in the health care system. Priority should be given to those projects which would substantially benefit rural or underserved populations by producing nurses for these areas, including primary care nurses, and would meet other relevant national and State nursing work goals.

The following current law authorities are consolidated in this cluster: Nursing special projects, advanced nurse education, nurse practitioners/nurse midwife education, nurse anesthetist training, nursing education opportunities for individuals from disadvantaged backgrounds and professional nurse traineeships.

Nursing special projects

This program supports projects to increase the supply of nurses meeting the unique health needs of underserved areas; demonstrate methods to improve access to nursing services in nontraditional settings; and demonstrate innovate nursing practices. Examples of innovation include community nursing centers, which offer an excellent model of nurse-managed, community-based health care, with an emphasis on health promotion and disease prevention. Fifty percent of the centers have been developed or expanded with HRSA support, all of which operate in federally designated medically underserved areas and serve ethnic and racial minorities.

The Committee notes that there continues to be a dramatic shift in the health care delivery systems from inpatient to outpatient settings. The Committee recommends that funds be directed toward developing retraining programs to better prepare health care professionals, especially nurses, who are displaced from hospital inpatient settings to new health care delivery settings.

Advanced nurse education

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.

Nurse practitioner/nurse midwife education

This program supports programs preparing nurse practitioners and nurse midwives to effectively provide primary health care in settings such as the home, ambulatory and long-term care facilities, and other health institutions. These professionals are in especially short supply in rural and underserved urban areas.

Nurse education opportunities for individuals from disadvantaged backgrounds

This program provides grants and contracts to qualified schools and education programs to recruit individuals from minority and disadvantaged backgrounds, and to assist them with their nursing education by providing training, counseling, and stipends.

Professional nurse traineeships

Traineeships fund registered nurses in programs of advanced nursing education, including preparation for teaching, administration, supervision, clinical specialization, research, and nurse practitioner and nurse midwife training.

Nurse anesthetist traineeships

Grants are awarded to eligible institutions to provide traineeships for licensed registered nurses to become nurse anesthetists.

Nurse anesthetist training

This program funds grants to eligible institutions for traineeships and education projects designed to qualify registered nurses to become certified registered nurse anesthetists [CRNA]; and enables CRNA faculty members to obtain relevant advanced education.

Nurse anesthetist faculty fellowships

Grants are awarded to eligible institutions which employ CRNA faculty to teach registered nurses in a full-time accredited nurse anesthetist training program.

CONSOLIDATED SCHOLARSHIPS AND LOANS CLUSTER

The Committee recommends $106,148,000 for the National Health Services Corps scholarship and loan payback programs and $29,065,000 for other scholarship programs for disadvantaged students.

The purpose of this consolidation is to provide consolidation of current loan repayment, scholarship, and scholarship payback programs into a flexible National Health Service Corps Program requiring service payback in underserved areas in return for Federal financial assistance and to consolidate scholarship programs for the disadvantaged.

The Committee intends that HRSA uses $3,000,000 of funds appropriated for this cluster be used for State offices of rural health. The Committee is concerned about possible overlap and duplication between primary care offices [PCO's] supported in every State through the health centers appropriation and State Offices of Rural Health [SORH's] supported in each State through the National Health Service Corps appropriation.

While some required activities are exclusive to one program or another, the majority are similar. These include assessment of need for health services and available resources, targeting areas of unmet need, site and community development, technical assistance and training. Of the 50 PCO's and SORH's, 11 are located in the same office within the State. The Committee recommends that

HSRA encourage States to create agreements between each State's PCO and SORH delineating joint and separate activities and promoting collaboration to the satisfaction of program officials.

The Committee recognizes the importance of training greater numbers of mental health professionals including social workers and psychologists from disadvantaged and minority backgrounds to work in underserved communities as part of interdisciplinary teams addressing a range of social, behavioral and mental health problems. The Committee directs the Secretary to ensure that projects funded under this cluster train a mix of providers, including social workers and psychologists.

The following current law authorities are consolidated in this cluster: Scholarships for disadvantaged students, exceptional financial need scholarships, financial assistance to disadvantaged health professions students, State loan repayment program, community based scholarship program, nursing loan repayment program, national health service corps and public health traineeships.

Scholarships for disadvantaged students [SDS]

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 intends that all health professions disciplines made eligible by statute be able to participate in the scholarship program.

Exceptional financial need [EFN]

This program assists persons with limited resources to enter health professions training by providing comprehensive scholarship support.

Financial assistance for disadvantaged health professions students [FADHPS] scholarships

This program provides financial assistance to disadvantaged students at medical, osteopathic or dental schools who agree to practice primary health care for 5 years after completing training.

National Health Service Corps: Field placements

The funds provided for this program are used to support the activities of National Health Service Corps obligers 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.

National Health Service Corps: Scholarships and loan repayment

This program provides major benefits to students (full-cost scholarships or sizeable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. The Committee intends that funds provided be used to support multiyear, rather than single-year, commitments.

The Committee is aware that the National Health Service Corps has conducted a special pilot project over the past year to place

psychologists and other mental health providers in community and migrant health centers. The Committee applauds this effort and its rationale based on studies documenting the savings that are achieved when mental health services are provided along with primary health care. The Committee urges the National Health Service Corps to continue and expand this effort and to develop more sites for mental health care providers particularly in areas already designated as Mental Health Manpower Shortage Areas.

The Committee is concerned that there has been no recent dental participation in the NHSC Scholarship Program and few dental recipients of NHSC loan repayment awards, despite a significant dental health profession shortage areas. The Committee strongly urges the NHSC to address this problem through increased dental participation in these programs.

The Committee is also pleased with the progress made through the oral health initiative in providing startup grants to initiate the provision of dental care at 10 health centers with significant oral health needs. The Committee encourages HRSA to expand this initiative in fiscal year 1996 so that greater progress can be made in addressing oral diseases, which have been identified as the most pressing need in migrant centers and one of the top five unmet needs throughout the health care system.

Grants to communities for scholarships

This program provides grants to States to provide financing for community organizations located in health professions shortage areas to make scholarship awards to health professions students in exchange for a service obligation in the community. Sixty percent of the costs of scholarships are paid by the States and sponsoring community organizations. The Committee considers this activity to be a vital option for enabling communities to meet their health provider needs.

Nurse loan repayment for shortage area service

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.

OTHER HRSA PROGRAMS

Hansen's disease services (Carville)

The Committee has included $17,500,000 for the Hansen's Disease Program, which is $3,326,000 less than the administration request and the appropriation for fiscal year 1995, and the same as the House allowance. The Hansen's Disease Program consists of the Gillis W. Long Hansen's Disease Center at Carville, LA, and the regional Patient Care Program which provides for regionalized care for Hansen's disease patients on an outpatient basis.

Maternal and child health block grant

The Committee recommends $678,866,000 for the maternal and child health [MCH] block grant. This is $5,084,000 less than the

fiscal year 1995 appropriation and the House allowance and the same as the administration request.

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 15 percent of funds are used for special projects of regional or national significance [SPRANS]; and 12.75 percent of funds over $600,000,000 are used for community integrated service systems [CISS] programs. After taking the 12.75 percent set-aside, the remaining 87.25 percent is distributed on the same percent split as the basic block grant formula.

The Committee supports the continuation of the hemophilia treatment centers program and is pleased with the collaborative efforts of the Maternal and Child Health Bureau with the Centers for Disease Control and Prevention to improve current methods of measuring outcomes to better reach the unserved and underserved hemophilia population working with the National Hemophilia Foundation.

The Committee continues to support the efforts of the university affiliated programs for individuals with developmental disabilities. Sufficient funding has been provided to maintain all existing grantees. The Committee also encourages HRSA to continue its support of training programs in schools of public health through SPRANS funding.

The Committee is concerned about emerging reports that indicate significant increases in infant abuse, post partum complications, and other problems associated with early discharge following delivery. Discharge of the mother and her new baby from the hospital must be based upon sound clinical judgment determined by the clinician and family in partnership.

The Committee directs the Bureau to collaborate with Federal agencies, including the Department of Defense, as well as appropriate professional organizations such as the American Nurses Association and the American Academy of Pediatrics and representatives from the insurance industry to explore the issue further and provide a report on the status of this issue with a plan of action within 1 year.

The Committee understands that the Maternal and Child Health Bureau has sought to improve access to appropriate services for handicapped children, to improve the coordination of these services and to improve resource utilization through the elimination of duplication and more appropriate use of limited public and private resources.

Progress toward these objectives has been accomplished through the CHOICES project (children's healthcare options improved through collaborative efforts and services), a demonstration project funded by the Maternal and Child Health Bureau and Shiners Hospitals for Crippled Children. This project effectively involves the private sector in supplementing public support for the care of disadvantaged children. For this reason, the Committee continues to strongly support the CHOICES program and encourages HRSA to continue its support for CHOICES through SPRANS set-aside funding.

The Committee supports implementation of the recommendation made by the nationwide survey of sudden –infant death syndrome

[SIDS] services, which demonstrate the need for a more active MCH presence in supporting SIDS services.

Healthy start initiative

The Committee recommends $100,000,000 for the healthy start infant mortality initiative. This amount is $5,000,000 less than the fiscal year 1995 amount, $50,000,000 more than the House allowance, and the same as the administration request. The fiscal year 1995 appropriation represents the peak year of the program.

Sufficient funding has been included to continue all projects funded in fiscal year 1995. This will enable the Department to assess the success and impact of the healthy start concept while at the same time planning for the replication of these efforts in other affected communities across the Nation.

The Committee does not concur with the House language which begins the phase down of the Healthy Start Program in fiscal year 1996. The healthy start initiative was developed to respond to persistently high rates of infant mortality in this Nation. Fifteen projects were awarded grants in fiscal year 1992 with the goal of reducing infant mortality in their project area by 50 percent over a 5-year period. Fiscal year 1996 is the fifth project year for these 15 grantees.

Organ procurement and transplantation

The bill includes $2,400,000 for organ transplant activities. This is $229,000 less than the administration request and the fiscal year 1995 appropriation, and the same as the House allowance. These funds support a scientific registry of organ transplant recipients and kidney dialysis patients, 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 agrees with the House that the contractor should plan over time to decrease its dependence on Federal funds, which constitute only a small share of its total budget.

Health teaching facilities interest subsidies

The Committee recommends $411,000 for interest subsidies for three health professions teaching facilities. This is the same as the administration request, the fiscal year 1995 appropriation and the House allowance.

National bone marrow donor program

The Committee has included $15,360,000 for the national bone marrow donor program. This the same as the administration request, the fiscal year 1995 allowance, and the House allowance. These resources include $14,750,000 to support the second year of a 3-year contract with the National Marrow Donor Program, Inc., and $610,000 for program evaluation and program management.

Rural health outreach grants

The Committee recommends $28,500,000 for health outreach grants. This amount is $2,409,000 more than both the fiscal year 1995 level and the House allowance. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services and also supports rural telemedicine projects.

The Committee believes that telemedicine networks offer significant potential for improving outreach to underserved rural areas. The Committee expects that HRSA will give priority to proposals seeking to initiate or expand rural telemedicine networks, as well as rural health networks.

The Committee is aware of a proposal to develop and implement a telemedicine/telecommunications network to aid in facilitating the delivery of quality health care services to rural and underserved populations in central, north-central, and northeastern Pennsylvania by the Geisinger health system. The Committee encourages full and fair consideration of a proposal from this organization.

The Committee understands that three grantees would have received continuation funding in fiscal year 1995 under the trauma-care program administered by HRSA if that program had not been terminated in the fiscal year 1995 rescission bill. While the program has been terminated, HRSA should use every effort to fund these previously funded grants for the balance of the grant period under the rural health outreach program.

Ceasing funding for these grantees in the midst of the establishment of a trauma-care system would have detrimental effects and would negate the efforts that have already been made.

The Committee encourages favorable consideration of a proposal from the University of South Dakota [USD] School of Medicine's Health Sciences Information Center for a rural health information network. The network would provide rural health care providers with innovative technologies and substantially increase access to printed materials and an ever-increasing number of online health data bases. The project will serve as a model for other rural States in seeking to establish health information networks in rural areas by demonstrating to small communities how emerging electronic technologies can bring critical information to rural health care providers.

The Committee believes that pediatric hospitals and medical centers have a unique role to play in the reengineering of our pediatric health care delivery system, and that the requirements of a reformed health care delivery system must be tailored to the specialized needs of children.

The Committee urges HRSA to give priority attention to initiatives which are geared to providing a regionalized plan for a seamless consolidated system of high quality pediatric care. The Committee strongly supports an innovative proposal by the Children's Hospital of Pittsburgh to establish a regional pediatric network to improve access to specialty care through partnerships with rural community hospitals.

Trauma care

The Committee recommends no funding for the trauma care program, which is $293,000 below the fiscal year 1995 level and the same as the House allowance. Both the House and Senate agreed to terminate this program in Public Law 104–19.

Pediatric emergency care

The Committee has included $11,000,000 for emergency medical services for children. This is $1,000,000 more than both the fiscal year 1995 level and House allowance. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children.

The Committee is pleased with the accomplishments of the EMSC program over the past decade and wishes to see the program proceed with the activities proposed in the document: "Emergency Medical Services for Children: Five Year Plan 1995–2000." The Committee recognizes the importance of the collaboration among Federal, State, and professional organizations in the success of the Emergency Medical Services for Children Program, and notes the bombing in Oklahoma in 1995 demonstrated the magnitude of this collaborative success.

To ensure the continued collaboration, the Committee encourages the Maternal and Child Health Bureau and the National Highway Traffic Safety Administration to continue and expand the use of contractors from professional organizations to partner with Federal staff in the implementation of the EMSC Program. Organizations of particular importance include the Emergency Nurses Association, the American Psychological Association, the American Academy of Pediatrics, the American College of Emergency Physicians, and the Association of State EMS Directors.

Black lung clinics

The Committee has included $3,811,000 for black lung clinics. This is $331,000 less than the fiscal year 1995 amount. The House did not provide funding for this activity. This program funds clinics which treat respiratory and pulmonary diseases of 47,350 active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Alzheimer's demonstration grants

The Committee recommends $4,000,000 for Alzheimer's demonstration grants which is $959,000 below the 1995 appropriation and the same as the House allowance. Thorough matching grants, this program has proved to be an effective tool in stimulating States to design an implement support services to families struggling to care for individuals with Alzheimer's disease. Not less than 50 percent of each State's matching grant is used to provide respite care for family caregivers, disease.

Payment to Hawaii, treatment of Hansen's disease

The bill includes $2,738,000 for the treatment of persons with Hansen's disease in the State of Hawaii. This is $238,000 less than the 1995 level, and $2,738,000 more than the House allowance. The Committee, while not prepared to eliminate funding for this activ-

ity in fiscal year 1996, does expect that a plan be developed which would grant a stipend option to residential patients in Hawaii similar to the option being considered for patients at the Gillis W. Long National Hansen's Disease Center in Carville, LA.

Pacific basin initiative

The Committee includes $2,000,000 for the Pacific basin. This is $500,000 more than the fiscal year 1995 appropriation; the House did not provide funding for this initiative. Of the funds provided, the Committee intends that $1,500,000 be used to continue the Medical Officer Training Program. The Committee is pleased with the program's success and is confident that it will significantly contribute to the improvement of the health status of the Pacific basin region.

The Committee remains supportive and again funds the Institute of Medicine's development of a long-term strategic plan for the future of this region, which includes dental care, as well as the efforts of the Waianae Coast Comprehensive Health Center, which has an outstanding record of being responsive to the primary health care needs in the region. The Committee accordingly strongly urges HHS to implement these recommendations in a timely fashion.

Native Hawaiian Health Care

The Committee recommends $4,140,000 for the native Hawaiian health care services. This is $196,000 less than the fiscal year 1995 amount. The House did not provide funding for this program. The Committee notes the improvement in the provision of acute and preventive health services to native Hawaiians, as well as a rise in the numbers of native Hawaiians working in health fields as a result of the health scholarship program. The Committee expects that in fiscal year 1996, Papa Ola Lokahi and the health care systems will continue to collaborate efforts with community health centers and other native Hawaiian services organizations to further improve the delivery of health services to the native Hawaiian community.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

AIDS education and training centers

The Committee recommends $8,000,000 for the AIDS education and training centers [AETC's]. This amount is $8,287,000 less than the fiscal year 1995 amount and the President's request and $8,000,000 more than the House allowance. This amount provided by the Committee reflects a transition from separate line-item funding for this activity to support for this training activity by State and local Ryan White grantees.

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.

All Ryan White grantees benefit from and depend on trained health professionals. The Committee understands that both Ryan

White title I planning councils and title II grantees are authorized to expend funds for training projects. The Committee believes that now that the title I and II grantees are in place, decisions regarding allocation of funds toward training should be made, in large part, by those grantees. The Committee urges these grantees to meet these training needs through the existing AETC system.

AIDS dental services

This program has been consolidated with other health profession programs in the health professions work force development cluster discussed earlier.

RYAN WHITE AIDS PROGRAMS

The Ryan White Program is being reauthorized in fiscal year 1996; however, since new legislation has not yet been enacted, the Committee has provided funding for the Ryan White titles under the existing authority. If legislation is enacted between now and the conference with the House, the Committee intends to appropriate funds for Ryan White under the newly enacted legislation.

Emergency assistance—Title I

The Committee recommends $379,500,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. This amount is $23,000,000 over the fiscal year 1995 amount and the same as the House allowance. It is $27,500,000 less than the administration request. These funds are provided to metropolitan areas with a cumulative total of more than 2,000 cases of AIDS or a per capita incidence of 0.0025. One-half of the funds are awarded by formula and one-half are awarded though supplemental competitive grants.

In fiscal year 1995, 42 metropolitan areas were eligible for funding under title I. New cities are expected to become eligible in fiscal year 1996. Without an increase in funding for title I, a real reduction in services to people living with HIV/AIDS will result.

Bill language has been included which is meant to hold harmless, in fiscal year 1996, title I metropolitan areas that received funding in fiscal year 1995 to ensure that those cities do not receive less funding in fiscal year 1996 than they did in fiscal year 1995 under the formula portion of title I.

Comprehensive care programs—Title II

The Committee has provided $198,147,000 for HIV health care and support services. This amount is $23,750,000 less than the administration request and the same as both the fiscal year 1995 amount and the House allowance. 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 drug treatments that have been determined to prolong life or prevent serious deterioration of health for low-income individuals with HIV disease.

A State must use at least 15 percent of its grant funds to provide health and support services to infants, children, women, and families with HIV disease. State grant amounts are distributed by for-

mula based on the reported cases of AIDS in the preceding 2 fiscal years and per capita income. The minimum State grant is $100,000. An amount, not to exceed 10 percent of the appropriation for title II, is used to support a program of special projects of national significance. This program provides funds to projects which contribute to the advancement of knowledge and skills in the delivery of health and support services to persons with HIV infection.

Early intervention program—Title III–B

The Committee recommends $52,318,000 for early intervention grants. This is the same as both the fiscal year 1995 amount and the House allowance and $10,250,000 less than the administration request. 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 counseling, testing, diagnostic, and therapeutic services.

Pediatric AIDS demonstrations—Title IV

The Committee recommends $26,500,000 for title IV pediatric AIDS demonstrations, which is $5,500,000 less than the administration request, and $500,000 above both the fiscal year 1995 amount and House allowance. This program supports demonstration grants to develop innovative models that foster collaboration between clinical research institutions and primary/community-based medical and social service providers for underserved children, youth, pregnant women, and their families.

The Committee fully supports enhancing developmental disability services for children with HIV where identified gaps exist in comprehensive care systems. Technical assistance should be provided to those systems by established experts in HIV-related developmental disabilities when requested. Attention should be given to native American and native Hawaiian children, adolescents, and families with HIV through linkage with and expanding HRSA and MCH sponsored comprehensive care projects.

The Committee affirms its commitment to support comprehensive, family-centered and youth-centered HIV care systems for children, youth, women and families, and the provision of voluntary access to clinical research programs in section 401.

The Committee understands that participation of children, youth, women and families in HIV clinical research programs has been successful when projects are convenient to patients, are sensitive to nontraditional services, and when the research is conducted within established, comprehensive HIV care systems. Programs should be flexible and organize, coordinate and support a broad range of HIV services directly or though subcontractors that link institutional and community based providers. Grantees may make referrals for or provide for services to facilitate access to care and research.

Some 5 percent of the funds appropriated under this section may be used to provide peer-based training and technical assistance through national organizations that collaborate with projects to ensure development of innovative models of family-centered and youth-centered care; advanced provider training for pediatric, adolescent and family HIV providers; health care financing, outcome

measures and policy analysis; and coordination with research programs.

The Committee notes that the provisions of title IV place additional responsibilities on grantees to increase participation in research programs. Implementation of ACTG 076 to reduce perinatal transmission and the recently published PCP prophylaxis guidelines for infants are significant new initiatives for title IV programs. Implementation of new initiatives as well as relationships with research programs have increased the administrative demands on HRSA staff and the Committee urges HRSA to devote additional program management staff to the title IV program, if possible given reduced overall availability of funding.

Family planning

The Committee recommends $193,349,000 for the title X family planning program. This is the same as the fiscal year 1995 amount and the House allowance and $5,633,000 less than the administration request. Title X grants support primary health care services at over 4,000 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 use of a broad range of acceptable and effective family planning methods and services. The Committee believes this includes oral, injectable, and other preventive modalities.

The Committee directs that the family planning program be formally administered, as well as funded, in HRSA as a separate program in the Office of the Administrator. In the early 1980's the program was transferred from HRSA to the Office of the Assistant Secretary of Health [OASH]. With the current reorganization of OASH, the Committee believes the program should again be administered by HRSA. The funds for family planning are appropriated to HRSA and the Committee believes that program direction activities are better located in the operating agencies rather than in the Office of the Secretary.

Rural health research

The Committee recommends $10,172,000 for the Office of Rural Health Policy. This is $746,000 more than the administration request, an increase of $746,000 over the fiscal year 1995 appropriation, and $10,172,000 more than the House allowance. The funds provided support the Office as 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, grants to telemedicine projects, the National Advisory Committee on Rural Health, and a reference and information service. Funding has been provided to continue all existing rural telemedicine projects including the West Virginia telemedicine project.

The Committee recognizes that there is a need for objective and scientific evaluation of telemedicine programs. It further recognizes that the Advanced Telemedicine Research Group at Oregon Health Sciences University [OHSU], working in cooperation with the multistate Clinical Telemedicine Cooperative Group of which it is

a member, is performing important research into the medical effectiveness and utility of telemedicine. This collaborative approach to research will make it possible to obtain statistically valid scientific data and results in a timely fashion, thus facilitating implementation of important telemedicine technologies. The Committee encourages full and fair consideration of a proposal from the OSHU group.

The Committee also encourages full and fair consideration of a rural health care research proposal from Montana State University-Bozeman. Designed by economists, this research would focus on the value of changes in access to health care and the level of care provided in a particular region.

The Committee recognizes the work at the Dartmouth Hitchcock Medical Center in Lebanon, NH, on the C. Everett Koop Education and Conference Center. The center will develop and implement training programs for rural practitioners that will be designed to especially enhance community-based training of primary care medical personnel in subspecialties important to providing basic, rural primary care. The center will also incorporate technology such as interactive video to educate providers in new medical procedures, continuing education, and primary care health outcomes programs.

Building and facilities

The Committee recommends $858,000 for buildings and facilities, the same as the administration request and the fiscal year 1995 amount. These funds provide for routine repairs and improvements at the Gillis W. Long Hansen's Disease Center located at Carville, LA.

Health facilities construction

The Committee has not included funds for health facilities construction. This is $10,000,000 below the fiscal year 1995 amount, the same as the House allowance, and $2,000,000 less than the administration request. Given this year's budget constraints, the Committee was unable to provide funding for this activity.

National practitioner data bank

The Committee recommends $6,000,000 for the national practitioner data bank, which is the same as the House allowance, the administration request, and the fiscal year 1995 level. The $6,000,000 will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank.

Program management

The Committee recommends $111,236,000 for program management activities for fiscal year 1996. This is $9,310,000 less than the administration request and $9,673,000 less than the fiscal year 1995 amount. The House allowance was $120,546,000 with an undistributed administrative reduction of $16,000,000 to be applied to the categories of funding that are displayed as administrative cost in the HRSA 1996 budget justification. The Committee allowance reflects the savings in administrative costs attributed to the consolidation of agency programs into clusters.

The Committee understands that HRSA has initiated actions to establish the Office of Adolescent Health within its Maternal and Child Health Bureau and commends the agency for doing so.

The Committee has directed the Office of Women's Health in the Office of the Secretary to develop and implement the national women's health clearinghouse and has directed that the Public Health Service agencies contribute a total of $1,400,000 to this effort, each agency contributing their proportionate share as determined by the Office of the Secretary. Sufficient funding has been included to provide that support to the clearinghouse.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

Appropriations, 1995	$9,000,000
Budget estimate, 1996	8,000,000
House allowance	8,000,000
Committee recommendation	8,000,000

The Committee recommends $8,000,000 for the medical facilities guarantee and loan fund. This is the same as both the administration request and House allowance and $1,000,000 less than the fiscal year 1995 appropriation. These funds are used to comply with the obligation of the Federal Government to pay interest subsidies on federally guaranteed loans throughout the life of the loans. These loans were used for hospital modernization, construction, and conversion.

HEALTH EDUCATION ASSISTANCE LOANS

Appropriations, 1995	$22,050,000
Budget estimate, 1996	18,044,000
House allowance	13,500,000
Committee recommendation	13,500,000

The Committee recommends guarantee authority of $210,000,000 for new HEAL loans in fiscal year 1996, which is $70,000,000 below the President's request, the same as the House level, and $165,000,000 below the fiscal year 1995 level.

The Committee recommends $42,000,000 to liquidate 1996 obligations from loans guaranteed before 1992, which is the same as the administration request and the House allowance and $24,010,000 above the 1995 appropriation. In addition, the Committee provides $13,500,000,000 to pay default claims arising from loans guaranteed in 1996, which is $4,544,000 below the administration request and $8,550,000 below the 1995 appropriation.

For administration of the HEAL Program, the Committee recommends $2,688,000, which is $234,000 below the 1995 appropriation, the administration request, and the House allowance.

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.

The Committee has provided a loan limitation level sufficient only to support the continuation costs of those students currently receiving HEAL loans. The Committee instructs HRSA to review

the HEAL Program to determine whether there is still a need for the program given the availability of programs in the Department of Education.

The Committee has also included language in the Department of Education section of this report requesting that the Secretary of Education consider the needs of graduate health professions students, in light of the phaseout of the HEAL Program, and use his authority to increase the loan limits for the Federal Family Education Loan Program.

VACCINE INJURY COMPENSATION TRUST FUND

Appropriations, 1995	$167,476,000
Budget estimate, 1996	169,721,000
House allowance	169,721,000
Committee recommendation	169,721,000

The Committee recommends that $59,721,000 be released from the vaccine injury compensation trust fund in 1996, of which $3,000,000 is for administration costs. This amount is the same as both the budget request and House allowance and $2,245,000 more than the 1995 amount. In addition, $110,000,000 in general funds are appropriated for compensation of vaccine-related injuries associated with vaccines administered before fiscal year 1989. This is the same as administration request, House allowance, and the fiscal year 1995 amount.

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.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

Appropriations, 1995	$2,085,831,000
Budget estimate, 1996	2,183,560,000
House allowance	2,085,831,000
Committee recommendation	2,052,783,000

The Committee views prevention as a sound investment. Preventive health in areas such as childhood immunization, infectious disease, injury control, breast and cervical cancer, and human immunodeficiency virus, can materially affect a reduction in health care costs. While Americans today enjoy the longest life expectancy of any time in our Nation's history, preventable diseases and conditions still cause death, and disability, and still compromise the quality of life for millions of our citizens. About one-half of the deaths which occur in the United States every year are considered preventable, as are many of the illnesses.

The Centers for Disease Control and Prevention is the Nation's lead health prevention agency with the mission of protecting the health of our people by making prevention a practical reality. In order to address this mission, CDC focuses on four major priorities: Provide core public health functions; respond to urgent health threats; promote women's health; and provide leadership in the implementation of nationwide prevention strategies to encourage re-

sponsible behavior and adoption of lifestyles that are conducive to good health.

The Committee expects the CDC to continue the Office of Women's Health in the Office of the Director. Understanding and preventing disease, disability, and injury among women requires a full agency effort, one that crosses program lines. The CDC Office of Women's Health ensures that priority is given to women's health throughout CDC program areas. The Committee encourages the Office to communicate regularly with all relevant CDC programs, other HHS agencies, private and nonprofit organizations, and other individuals and organizations deemed appropriate by the Director.

Preventive health and health services block grant

The Committee recommends $132,918,000 for the preventive health and health services block grant, $21,420,000 less than the President's request and $25,000,000 less than the House allowance and the fiscal year 1995 appropriation. Funding has been reduced below the fiscal year 1995 level due to fiscal constraints. The Committee, however, has provided an additional $35,000,000 from the violent crime reduction trust fund for rape prevention and education activities authorized by the Violence Against Women Act to be carried out through the preventive health block grant.

The preventive health block grant provides States with funds for services to reduce preventable morbidity and mortality and improve the quality of life. The grants give States flexibility in deciding how available funding can be used to meet State preventive health priorities. Programs eligible for funding include screening, laboratory services, health education, and outreach programs for such conditions as high blood pressure and cholesterol, and breast and uterine cancer. The Committee continues to encourage that emphasis be placed on chronic diseases under the PHHS block grant. Chronic diseases account for 70 percent of all deaths in the United States and diminish the quality of life for millions.

Prevention centers

The Committee recommends $8,224,000 for prevention centers. This is $500,000 over the President's request, the House allowance, and the fiscal year 1995 appropriation.

CDC's Prevention Centers Program provides grants to academic programs to fund applied research designed to yield tangible results in health promotion and disease prevention. This network of collaborating prevention centers works to fill the knowledge gaps that block achievement of prevention goals. The centers work with State and local health departments and other organizations to increase the implementation of research findings.

The level of funding will continue activities at 12 prevention centers as well as initiate one new center. The Committee has included $500,000 for a prevention center to focus on research, demonstration, evaluation and training, for health and other public sector professionals, and community-based organizations to prevent teen pregnancy. The Committee believes that the development and evaluation of successful programs which can prevent teen pregnancies is one of the Nation's most pressing needs.

The Committee encourages that CDC sponsor, through the national network of collaborating academic prevention centers, extramural research targeted at disease prevention and health promotion in communities, and continue to build alliances with schools of public health, community-based organizations, and State and local public health officials.

The Committee also encourages the continued support of center activities aimed at improving knowledge about the usefulness and effectiveness of health promotion programs for persons with disabilities.

Sexually transmitted diseases

The Committee recommends $106,242,000 for sexually transmitted disease prevention and control, $4,000,000 less than the House allowance, and $1,000,000 more than the fiscal year 1995 appropriation. Since no action has been taken by the authorizing committee, funds have been provided under current law and not through an HIV/TB/STD partnership grant as proposed in the President's budget.

Sexually transmitted diseases continue to be one of the most formidable health challenges facing the United States because of the high rates of STD's in adolescents and young adults, and their facilitation of HIV transmission. The objective of the program is to survey, prevent, and control the transmission of STD's by providing national leadership for: prevention and control programs; monitoring disease trends; behavioral and clinical research; education and training; building partnerships for STD prevention; the STD accelerated prevention campaign; and infertility. Grants are awarded to State and local health departments and other nonprofit entities to support primary prevention activities, surveillance systems, screening programs, partner notification and counseling, outbreak control, and clinical skills training.

In light of the new research demonstrating as much as a 40-percent reduction in new HIV infections due to control of other STD's, the Committee provides a $1,000,000 increase in funding for CDC's STD prevention efforts. The Committee recognizes that chlamydia is the most comon bacterial STD in the United States, with approximately 4 million new cases each year. Having supported demonstration projects in all regions of the country in an attempt to replicate the successful reduction in chlamydia achieved in region X, the Committee expects that a portion of this increase be utilized to expand demonstration efforts across the country.

Immunization

The Committee recommends $465,497,000 for immunization activities in fiscal year 1996, $10,000,000 less than the House allowance, and the same as the fiscal year 1995 appropriation. The Omnibus Reconciliation Act [OBRA] of 1993 authorized the establishment of a new 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. Included in the Medicaid estimate for fiscal year 1996 is

$477,818,000 for the purchase and distribution of vaccines for a total immunization recommendation of $873,804,000, an increase of $32,307,000 over fiscal year 1995.

CDC provides leadership and support for national efforts to prevent and/or control vaccine-preventable diseases, which include availability of vaccine services, outreach programs, education and training, surveillance and investigation, and applied research.

Within the amounts appropriated, $149,000,000 is provided for the purchase of vaccine under the 317 program. Of the $149,000,000 made available for vaccine to the States, CDC has the discretion to reallocate additional funding for infrastructure grants if the entire amount available for 317 vaccine purchases is not needed by the States. This will ensure that States receive up to their maximum estimates for vaccine purchase, and, at the same time, provide CDC with flexibility to reallocate vaccine purchase dollars if States' needs prove lower than the amount provided. The Committee expects to be notified prior to the transfer of any funds between vaccine purchase and infrastructure, of the amount of transfer, the State carryover balances, and the justification for the transfer.

The Committee has provided $33,000,000 for a bonus program to improve immunization rates. Using State-specific immunization coverage data, CDC will provide payments to States for 2-year-olds who have been fully immunized. CDC will provide to the States: $50 per child in excess of 65 percent and less than 75 percent; $75 per child in excess of 75 percent and less than 85 percent; and $100 per child in excess of 85 percent.

Recent surveys of immunization coverage conducted by the Department of Health and Human Services reflect national coverage rates at an all-time high and close to the 1996 goal of 90 percent coverage for all antigens. In 1994, vaccination levels among children age 19 to 35 months were as follows: 93 percent for three doses of DTP; 83 percent for three doses of polio virus; 89 percent for measles-containing vaccine; 86 percent for haemophilus influenza vaccine. Nevertheless, anecdotal evidence and some survey data indicate that coverage rates remain unacceptably low in certain inner-city communities with high poverty rates and concentrated populations of underprivileged children. The Committee directs CDC to develop and implement a strategy for identifying and targeting resources on these high-risk populations and, in particular, to expand the use of practice assessments and WIC linkages in the following manner:

One, over the past several years, CDC has developed a technical assessment method based on computer analysis of provider records, to diagnose problems within the practice sites. This methodology is shown to be highly effective at reducing missed opportunities and improving coverage rates. As in the previous year, the Committee directs CDC to ensure that all States receiving IAP funds continue to conduct annual provider site assessments in all public clinics, using CDC-approved methodology. In the event that States lack sufficient resources to conduct such assessments, the Committee directs CDC to provide technical assistance for this purpose.

Two, CDC has also conducted a number of studies to measure the effect of linking immunization assessment and referral with

WIC services. A number of linkage methods, including voucher incentives, have been tested and have resulted in dramatic improvements in coverage rates for high-risk children at very low cost. The Committee, therefore, directs CDC to ensure that all grantees receiving IAP funds reserve 10 percent of those funds for the purpose of funding immunization assessment and referral services in WIC sites in 1996. The grantees must use all of the funds for WIC linkage unless the grantee can document that assessment and referral are taking place in WIC sites without the need for specific funds. CDC should define for grantees the criteria for assessment, referral, and annual reporting of WIC coverage.

The Committee has continuing concerns about the inability of 317 program grantees to expend funds allocated for immunization services, particularly in areas with large populations of high-risk children. This failure has resulted in a large pool of unspent carryover funds from previous fiscal years. The Committee believes that new ways to develop and implement immunization initiatives must be created and tested. The Committee, therefore, directs CDC to allocate $30,000,000 for the purpose of conducting and evaluating community-based interventions funded directly by the CDC.

The goal of this demonstration is to measure the effectiveness of programs that: (1) target populations of underserved children with low coverage rates; and (2) incorporate immunization initiatives with primary care services. The Committee expects that the $30,000,000 allocated will be spent over a 2- to 5-year period and will accommodate between four and eight demonstration projects, at least one of which should be located in a rural area. All projects should be located in a federally designated health professional shortage area [HPSA] and funding should be contingent on documentation of low coverage rates among the target population.

CDC should require that selected projects demonstrate an expansion of current service capacity and an ability to evaluate target sites and measure program impact. Further, CDC should ensure that all projects link immunization efforts with each child's source of primary care. The Committee expects that grantees will be academic medical center based networks of pediatric primary care providers with significant experience in delivering services to underserved child populations in urban and rural sites.

The Committee directs CDC to: (1) survey current efforts in school-based health centers to immunize preschool children, and (2) conduct three to four demonstration projects for the purpose of expanding such efforts, using the most successful methodologies identified by the survey. These demonstrations should be conducted using existing funds available for such purposes.

The Committee has provided $20,000,000 for polio vaccine to expand CDC's capacity to meet the goal of global eradication of polio by the year 2000. This is an increase of $15,884,000 over the 1995 level. The Committee recognizes the remarkable success that has been made in eradicating polio and the potential for eliminating this disease by the year 2000. The Committee commends the CDC for its active leadership in the effort. Achieving the goal of eradication will mean tremendous savings in human and financial costs. In the United States alone, savings of $230,000,000 will accrue on an annual basis once the disease is eradicated and the need for im-

munization is eliminated. Within the amount provided, the CDC may use up to $4,000,000 to expand its technical, laboratory, and program support services that support the eradication effort. This amount is in addition to $5,727,000 included in the budget requested for 1996.

In order to offset the increased funding for the global polio eradication effort, the Committee recommends the CDC consider reductions to the following two activities:

One, eliminating, or significantly curtailing, the random digit dialing [RDD] survey. This survey, conducted for the first time over the past year, provides comparable data on coverage rates for IAP grantees (all States and some cities). The Committee is concerned that: (1) the survey's national findings duplicate the findings of the National Health Information Survey [NHIS] which CDC will continue to fund at a cost of around $1,000,000 annually; and (2) the annual cost of the survey cannot be justified by its utility. RDD does not provide significant information on high-risk communities for targeting purposes, and in some respects, it duplicates surveys conducted by each State.

Two, reducing the $9,261,000 in the request for grants for immunization tracking systems. This allocation was initially made in anticipation of authorizing legislation to establish a national tracking. The authorizing legislation has never been enacted. Instead, these funds have been used to develop State-level tracking systems. The Committee supports development of State tracking systems; however, given the high carryover balances of IAP funds, the Committee believes funding for State tracking systems should be financed from individual IAP grants.

Finally, the Committee recommends a reduction of $1,300,000 for the national outreach project. This project was funded in 1995 to publicize the children's immunization initiative and to test national outreach approaches for a 1-year period. This effort was in addition to the ongoing outreach and education efforts conducted by the CDC. The Committee encourages CDC to incorporate any successful strategies developed during this pilot project in the Agency's ongoing outreach operations.

The recommendation includes a rescission of $53,000,000 from funds provided in fiscal years 1995, 1994, and 1993 for 317 vaccine purchase. The Committee has taken this action due to the substantial amount of carryover in both 317 vaccine purchase and infrastructure funds. The Committee intends that CDC work with the States to ensure better management of these funds and that this action not penalize States that do not have carryover balances. The recommendation includes $149,000,000 for 317 vaccine purchase in fiscal year 1996, which is the same amount initially provided for fiscal year 1995. The Committee has received testimony that a number of the States and localities with substantial carryover funds have significant pockets of underimmunized children. The Committee directs the CDC prepare and submit a report prior to February 15, 1996, on the status of carryover balances in the 317 program and on steps taken to ensure that funds appropriated for immunization activities are utilized in a timely and efficient manner.

Implementation of the Vaccines for Children Program in Alaska should be integrated with the existing Alaska Immunization Program which already provides universal coverage of Alaskan children. The Committee intends that the CDC maintain at least the current level of 317 grant funds to Alaska as it administers the vaccines for children. Provided that Alaska continues to provide universal coverage of children for vaccination, Alaska's participation in vaccines for children shall be at the State of Alaska's option.

The Committee is aware of high incidence of hepatitis A in Alaska, particularly among the rural populations. In the Yukon-Kuskokwim region alone, there were over 2,000 cases of hepatitis A during the most recent outbreak. The Committee urges the CDC to work with the State of Alaska to ensure that hepatitis A vaccine is made available to Alaskans for whom it is indicated.

As was noted in the recent reports by the GAO and the Institute on Advanced Studies in Immunology and Aging, the Committee is impressed with the important role which adult immunizations, particularly influenza and pneumoceal vaccines, can have in maintaining the health of aging adults, as well as in significantly reducing health care expenditures. As such, the Committee encourages the CDC to work with the private sector in an effort to increase public information, awareness, and use of adult immunizations.

Infectious diseases

The Committee's recommendation includes $58,402,000 for infectious diseases activities, $4,789,000 less than the President's request, $8,874,000 less than the House allowance, and $4,000,000 over the 1995 appropriation.

These activities focus on: National surveillance of infectious diseases; 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 diseases prevention technologies; and strengthening the capability to respond to outbreaks of new or reemerging disease.

Emerging infectious diseases, including drug-resistant infections, pose an increasing threat to the health and well-being of the public. The Committee is pleased that CDC has prepared and released a comprehensive plan, "Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States," in response to a report issued by the Institute of Medicine that outlined the threat of infectious diseases in the United States. The Committee urges CDC to make the implementation of the comprehensive plan a priority.

The Committee recognizes the need for E. coli research such as that conducted by Children's Hospital in Washington State and urges CDC to consider committing additional resources to E. coli research in Washington State.

Tuberculosis elimination

The Committee's recommendation provides $119,582,000 for CDC's activities to prevent or control tuberculosis. This is the same as the House allowance, and the fiscal year 1995 appropriation. The President's budget proposed consolidation of these funds into an HIV/STD/TB partnership grant. Since no action has been taken

by the authorizing committee, funding for TB elimination activities has been provided under current law.

CDC provides leadership and support for the control and elimination of TB. This is accomplished in large part through awarding cooperative agreements to State, territorial, and large city health departments to strengthen their control and elimination programs. This includes supporting State and local surveillance systems necessary to clearly identify the magnitude of the TB problem and what segments of the community is at greatest risk. This allows CDC, the States, and communities to target resources to areas with the greatest need.

The Committee continues to recognize outreach activities, such as directly observed therapy, supported by the tuberculosis grant program as among the most effective methods of controlling tuberculosis. The Committee is aware, however, that if the global TB crisis continues, there is little hope to effectively eliminate TB in the United States. The Committee is concerned that expertise developed by CDC to combat TB in the United States has not been fully utilized in the global eradication effort, and recommends that the CDC work with the U.S. Agency for International Development, to develop a joint plan for collaboration among both agencies that will outline specific initiatives and enhancements to the ongoing global TB control activities.

The Committee is concerned about the rising incidence of tuberculosis in many areas of the United States. In Alaska, for example, one out of three residents of the rural communities of Savoonga and Gambell have been infected with TB in the past 4 years. The Committee encourages CDC to expand its tuberculosis prevention and control programs in communities of greatest need, such as those in Alaska.

The State of Hawaii continues to experience an extraordinarily high incidence of tuberculosis, possessing the second highest case rate in the Nation at 21.3 per 100,000. One particular cause of the high TB rate is immigration. During 1994, 80 percent of the active TB cases in Hawaii were born outside of the United States. The Committee urges the CDC to develop specific interventions that target this high incidence population.

Chronic and environmental disease prevention

The Committee's recommendation includes $139,754,000 for chronic and environmental disease prevention activities, $10,246,000 less than the House allowance, but the same as the 1995 appropriation.

In many instances, premature death, avoidable illness, and disability are caused by personal behavior, exposure to toxic substances, and/or natural disasters. Prevention of the occurrence and progression of chronic diseases, therefore, is based on reducing or eliminating behavioral risk factors, increasing the prevalence of health promoting practices, detecting disease early to avoid complications, assessing human risks from environmental exposures, and reducing or eliminating exposures to environmental hazards.

The focus of the programs in this activity includes diabetes, developmental disabilities, tobacco use, comprehensive school health, teen pregnancy, birth defects, fetal alcohol syndrome, spina bifida,

chronic fatigue syndrome, prostate cancer, women's health, cancer registries, dental health, skin cancer, arthritis, and epilepsy. The Committee concurs with the recommendation of the House that the CDC conduct an evaluation of chronic disease programs and priorities within the Center with a view toward determining those programs which most appropriately need Federal seed money, coordination, leadership, and/or technical support. The Committee notes that most of the chronic and environmental disease prevention activities do not reach all the States, and are not likely to do so in the future, due to the overall decline in discretionary appropriations. Therefore, it is essential that CDC examine the Center's programs and priorities in order to maximize the use of Federal resources.

In fiscal year 1995, the Committee provided funding for demonstration grants for the development of community partnership coalitions for the prevention of teen pregnancies. Sufficient funds have been provided to continue this initiative. The Committee is pleased with the first steps taken by the CDC in the creation of community coalitions to respond to the problem of teen pregnancy. The Committee believes that in the second year of funding the CDC should make funds available for pilot testing and expanding programs with the greatest chance of success in reducing the number of teen pregnancies. Sufficient funds have been provided to expand this initiative.

The Committee remains concerned with the alarming rates of diabetes, up to 50 percent, among the population in the Commonwealth of the Northern Marianas Islands. The Committee urges that special consideration be given to this group in prevention and outreach efforts by the CDC. The Committee also is concerned with the high incidence of diabetes among the native Hawaiian population. Accordingly, the Committee reiterates its request for CDC to develop specific interventions for this population.

The Committee is pleased that the CDC has been working closely with the Hawaii Department of Health and the U.S. Geological Survey to determine the environmental, physical, and mental effects of volcanic emissions that might result in higher levels of cancer, asthma, and other serious illnesses. The Committee is particularly interested in the health impact on children of volcanic emissions.

Sufficient funds have been included to continue to support certain activities related to autism training and education.

The Committee has provided funds above the request for the CDC to continue the full Hanford thyroid disease study in fiscal year 1996. To date, approximately $8,000,000 has been provided by the Committee in preparation for the study, including completion of a pilot study involving 1,600 persons born between 1942 and 1946 which determined that the proposed full study is feasible. The full study will involve approximately 3,400 participants and is scheduled for completion in 1998. The Committee understands that funding for the study will be supplemented by $1,700,000 transferred to the CDC from the Department of Energy.

The Committee is aware that an innovative and culturally sensitive community partnership program of prenatal care developed for rural Hawaii called Malama has been very successful in ad-

dressing the prenatal care needs of minorities in this region. The program has provided a model for effectively integrating the values and expertise of academia and those of the community, as well as of psychology and nursing. The Committee encourages the CDC to consider providing support to expand this project to address other minorities in Hawaii.

The Committee has provided funding to complete current chronic fatigue and immune dysfunction syndrome [CFIDS] surveillance projects at the CDC. The Committee requests that the CDC consider commencing a case-control phase of the surveillance study recently completed in San Francisco. Furthermore, CDC is strongly encouraged to conduct appropriate education programs and to begin studies on possible transmission routes for CFIDS, especially among health care workers, family members, and mothers.

The Committee has included funding to expand the current level of support for State birth defects surveillance grants and spina bifida prevention grants. Because the causes of 75 percent of birth defects remain unknown, the Committee encourages the CDC to consider initiating regional centers of excellence to study the cause of birth defects through epidemiologic research.

The Committee realizes that the rate of babies born with health problems caused by the fetal alcohol syndrome [FAS] has increased sixfold in the United States in the past 5 years. The Committee has provided funding for the CDC to expand its efforts to prevent FAS, especially in high-incidence States, such as Alaska.

The Committee also is aware that Alaska has one of the highest rates of sudden infant death syndrome [SIDS] in the United States, and encourages the CDC to develop and assess the effectiveness of programs to prevent SIDS, especially among Alaska Natives.

The Committee notes that an estimated 1.2 million people in the United States are affected by hemochromatosis, a genetic blood disorder that leads to tissue damage in multiple organs without preventive efforts. The Committee is aware of efforts at CDC to develop a national program for the control of this disease, and urges the maintenance of this program.

CDC has built a strong national program in school health education. The Committee encourages CDC to include health programs aimed at preventing teen pregnancy as part of the comprehensive school health program.

The Committee notes the work of the CDC, the NICHD, and HRSA in developing a guideline for death scene protocol for sudden infant death syndrome. The Committee encourages continued development and publication of the guideline.

The Committee notes a recent estimate by the CDC that arthritis will affect more than 59 million Americans by the year 2020, compared to the current estimate of 38 million. Arthritis is the leading cause of disability and the second-leading cause of work disability. Despite its impact, little is known about the frequency and impact of the 100 different types of this disease, particularly in special populations. In the past, the Committee has encouraged CDC to expand its data collection on the incidence and prevalence of rheumatic diseases in special populations and to develop strategies to limit the impact of arthritis on these populations. The Committee urges CDC to continue support of this important activity.

The Committee was alarmed by recent reports that the number of youth using tobacco is on the rise. The Committee continues to be concerned with the targeting of youth by tobacco advertising and promotion campaigns and notes the increase in youth smoking of brands promoted through cartoon characters. Counteradvertising has proven an effective means of combating tobacco use by children and adolescents. The Committee expects CDC to utilize a portion of the funds to support counteradvertising aimed at reducing smoking and other tobacco use by children and youth.

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.

The Committee is pleased that CDC continues to make progress in establishing a prostate cancer awareness and outreach program targeted to high-risk populations. Both the incidence of, and death rate from, prostate cancer continues to rise, with a disproportionate impact on African-American men. Early detection and an understanding of the treatment options for prostate cancer are important. The Committee encourages the CDC to continue its outreach efforts into high-risk populations, working with public and private nonprofit organizations with experience in cancer outreach and education.

The Committee continues to be concerned about the disproportionately high prevalence of cancer generally among disadvantaged and minority populations and encourages continued cancer control emphasis in these areas. The Committee has provided additional funds to continue the development of the Cancer Registries Program and commends the CDC for initiating programs for the prevention and early detection of skin cancer.

The Committee remains supportive of the epilepsy program and encourages the CDC to continue funding these important activities.

Cardiovascular disease, including heart attack and stroke, continues to be America's No. 1 killer of men and women. Yet, many of the deaths each year from cardiovascular diseases are preventable. Most States have not yet implemented broad-based and integrated cardiovascular disease prevention efforts. The Committee understands the CDC has plans to begin a State-based cardiovascular disease prevention and control program focusing on physical inactivity and poor nutrition with an emphasis on underserved populations, and is supportive of their implementation.

Lead poisoning

The Committee's recommendation includes $36,409,000 for lead poisoning prevention activities, $18,000 more than the President's request and the same as the House allowance and the 1995 appropriation.

Since its inception in fiscal year 1990, the CDC program has expanded to about 31 project areas that encompass States, local areas, and numerous communities.

The Committee continues to place high priority on efforts to combat childhood lead poisoning the No. 1 preventable cause of childhood disability. Over the past years, the Committee has provided

significant increases to allow for an expansion of the CDC Childhood Lead Poisoning Prevention Program.

The Committee encourages support for the continued development of more effective and portable hand screening tools, and commends CDC for supporting the development of screening kits for professionals to use in the field that will allow an almost immediate reading, which makes possible immediate intervention and treatment.

Breast and cervical cancer mortality prevention

The Committee's recommendation includes $125,000,000 for breast and cervical cancer mortality prevention activities, the same as the House allowance, but $25,000,000 more than the 1995 appropriation. The President's budget had recommended consolidation of this program into a chronic disease partnership grant. Since no action has been taken by the authorizing committee, funds have been provided under current law.

The Committee views the Breast and Cervical Cancer Mortality Prevention Program as one of its highest priorities. This year, for the first time, a reduction of approximately 5 percent in deaths from breast cancer was reported. Appropriate mammograms do prevent breast cancer. However, many of the women who develop these cancers and who are at highest risk for premature death from cancers of the breast and cervix are minorities and/or the economically disadvantaged. These women often do not have access to preventive services such as screening mammograms and pap smears.

In fiscal year 1995, 35 States and 9 American Indian tribal organizations will receive resources for comprehensive programs and 18 States, territories, and the District of Columbia will receive capacity building grants. When fully implemented, this program will ensure that all women have access to these preventive services, and that State programs: Inform women of the value of early detection; educate physicians about recommended screening guidelines; ensure the quality of screening mammography and pap tests; and monitor program effectiveness through appropriate surveillance and evaluation activities. Priority for breast cancer screening should be given to postmenopausal, low-income, underinsured and uninsured women, and those women at high risk of breast cancer, such as minority women and women with a familial history of breast cancer.

The Committee directs the CDC to work with a national social work organization which supports social and behavioral applied services based research for women at risk for breast and cervical cancer to provide professional education opportunities for social workers related to cancer prevention.

Injury control

The recommendation by the Committee includes $43,679,000 for injury control efforts. This is $982,000 less then the President's request and the same as the House allowance and the fiscal year 1995 appropriation. The Committee, has provided an additional $4,100,000 from the violent crime reduction trust fund for activities of the Center authorized by the Violence Against Women Act. This

brings the total amount recommended for the Center in fiscal year 1995 to $47,779,000.

The Center 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 helmets, seatbelts, and baby seats; and other injuries. The national injury control program encompasses nonoccupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized both for intramural and extramural research as well as for assisting State and local health agencies in implementing injury prevention programs. The Committee recognizes the important role that CDC provides as a focal point for all Federal injury control activities.

The Committee supports the extramural program of the Center which supports research aimed at preventing and/or mitigating the effects of injuries. The program supports eight existing and two recently approved regional injury control research centers, individual investigator-initiated research projects, and the training of new workers in the injury control field. The Committee has provided sufficient funds to support the existing injury control centers at not less than the 1995 amount and the new centers at not less then their startup levels.

The Committee remains supportive of acute care training demonstrations at existing university-based injury control research centers and encourages CDC to make acute care training demonstrations a priority. In addition, the Committee is pleased with the ICRC's work, especially in regards to acute trauma care.

The recommendation includes sufficient funding to continue the initiative on playground injuries being undertaken by the University of Northern Iowa.

The recommendation includes $4,100,000 for domestic violence activities authorized by the Violence Against Women Act in the crime bill. This is the fully authorized level for fiscal year 1996. Within the amount provided, $4,000,000 is to support community programs on domestic violence and $100,000 will be used by the CDC to conduct a study relating to the incidence, injuries, and costs resulting from domestic violence. These funds will be used to supplement the ongoing activities of the Center relating to domestic violence.

Occupational safety and health

The Committee's recommendation includes $137,084,000 for the National Institute for Occupational Safety and Health [NIOSH], the same as the President's request, $37,862,000 more than the House allowance, and $4,964,000 more than the 1995 appropriation.

The National Institute for Occupational Safety and Health [NIOSH] in CDC is charged with conducting a national program of occupational safety and health research and information dissemination to ensure safe and healthful working conditions for the 124 million American working men and women.

Occupational injuries occur at twice the rate of injuries in the home or in public places. Severe occupational trauma is second

only to motor vehicle incidents as a cause of unintentional death in the United States. The majority of all of these deaths and injuries are preventable.

To prevent work-related hazards, NIOSH conducts applied research with a corps of occupational safety and health professionals operating in multidisciplinary teams comprised of engineers, epidemiologists, industrial hygienists, physicians, and toxicologists. Intramural efforts are complemented by grants, contracts, and cooperative agreements to form a comprehensive and integrated program consisting of four components: Identification of hazards, research on causes and prevention of occupational injuries and illnesses, dissemination of research findings and recommendations, and training of those involved in preventing disease and injury at work.

The Committee recommendation includes $124,186,000 for NIOSH research activities. This is the same as the President's request, $24,964,000 more than the House allowance, and $4,964,000 above the 1995 appropriation. Funds above the 1995 level have been provided for NIOSH to fully support intramural research on work-related diseases at the laboratory in Morgantown and sufficient FTE's are available within the Department to fully staff their research program. Outmoded facilities had left NIOSH incapable of supporting state-of-the-art laboratory research in major areas of occupational safety and health. Since 1991, approximately $75,000,000 has been invested in building, equipping, and preparing programs for the new laboratory to bring NIOSH into the 21st century. The new laboratory is scheduled to be ready to be occupied early in 1996.

The Committee has included funding to continue the farm health and safety initiative at the fiscal year 1995 level. 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 3,500,000 agricultural workers in the United States. The Committee is particularly pleased with the research being undertaken by the agricultural research centers and expects that this program will continue at no less than the level of funding provided in fiscal year 1995.

After more than 20 years of increasing rates of injuries in the building and construction trades industry, the Committee was very pleased to note from BLS statistics that the rate of injuries decreased by 28 percent in 1993. The Committee is impressed with the progress that has been made on construction safety and health during the last 5 years, and has included funds to continue the CDC initiative in this area at current levels.

The Committee is supportive of the activities of the National Environmental Education and Training Center, [NEETC] Inc. The center is a not-for-profit partnership of academia, employers, labor, and government whose purpose is to train, educate, and conduct research on the occupational and environmental health and safety of worker and community exposure to hazardous and toxic wastes. The Committee recommends continued funding for NEETC's program implementation.

The Committee recommends $12,898,000 for training grants in fiscal year 1996. This is $12,898,000 above the House allowance and the same as both the President's request and the 1995 level.

The Committee commends the work of the 14 university-based educational resource centers which are supported by NIOSH. These centers are multidisciplinary university-based occupational health training and research centers. NIOSH also supports smaller, single-discipline training project grants for the purposes of undergraduate and graduate training in various occupational health specialties. In the last 5 years, these institutions have graduated some 2,700 safety and health professionals and more had than 150,000 attendees in their continuing education courses. Still, there is an ongoing shortage of qualified occupational health and safety professionals. The Committee, therefore, has provided sufficient funds for continuation of training grants in fiscal year 1996.

The Committee is concerned about occupational or workplace stress and notes that worker compensation claims for job stress have doubled in the last decade. The Committee urges CDC to give consideration to devote additional resources to the CDC Workplace Stress Program, including the program component that provides postdoctoral training in occupational health psychology.

The Committee is pleased with the partnership between NIOSH and the State of Alaska to reduce workplace injury and fatality, especially in the fishing and timber industries. The work has served as a model for assessing the effectiveness of prevention strategies in workplace injury, and has offered resources where there were none in the past. The partnership is one which should be maintained in Alaska for a period sufficient to give the State of Alaska the capacity to continue the work on its own.

Epidemic services

The Committee's recommendation includes $73,325,000 for epidemic services, $7,000 more than the President's request and the same as the House allowance and the 1995 appropriation.

The objectives of the epidemic services activity are to: provide for the investigation, prevention, or control of epidemics, develop, operate, and maintain surveillance systems, analyze data, and respond to public health problems when indicated; train public health epidemiologist [EIS]; carry out quarantine regulations; reduce the importation of disease from developing countries; publish the morbidity and mortality weekly report; develop, coordinate, and provide efficacious, effective, and economic prevention strategies; and assist in the improvement of State infrastructure.

Health statistics

Included in the recommendation of the Committee is $40,063,000 in Federal funds for health statistics. Also included is $40,063,000 to be provided from PHS 1 percent evaluation funds. This brings the total available to the CDC for health statistics to $80,126,000. This is $1,300,000 less than the President's request, $1,311,000 less than the House allowance, and the same as the fiscal year 1995 level.

CDC's National Center for Health Statistics [NCHS] is the Nation's principal health statistics agency, whose mission is to provide

statistical information that will guide actions and policies to improve the health of the American people.

NCHS conducts a broad-based program of ongoing and special studies to meet the Nation's needs for high-quality health information, supported by programs to analyze, interpret, and disseminate data, and to advance statistical and survey methods. The recommendation provides for continued operation of major surveys and data systems.

Human immunodeficiency virus

The Committee recommendation includes $589,962,000 for HIV/AIDS activities, the same as the House allowance and the fiscal year 1995 appropriation. Since no action has been taken by the authorizing committee, funds have been provided under current law, instead of through an HIV/TB/STD performance partnership grant as proposed in the budget request.

The Committee continues to support CDC's strategy to develop community planning to direct resources to where the most critical needs are. It is the Committee's belief that community planning will have a greater impact on the prevention and transmission of HIV/AIDS.

The Committee is very supportive of the hemophilia consumer-based patient involvement programs that have been successful in HIV/AIDS risk reduction and in the prevention of the complications of hemophilia. The Committee has included funds to maintain and strengthen hemophilia and other hematologic program activities focused on preventing and reducing the crippling, debilitating complications, and death caused by such bleeding disorders. The Committee also requests that the CDC be prepared to report on steps taken to coordinate these efforts with the National Hemophilia Foundation during the fiscal year 1997 budget hearings.

The Committee is aware that high rates of syphilis and other STD's in some regions of the country are dramatically exacerbating the spread of HIV/AIDS. The risk of HIV transmission is increased sixfold in men, and fourfold in women who are infected with syphilis. Public health experts have stated that sexually transmitted disease, such as syphilis, is one of the most easily modified risk factors for the spread of HIV within a community. Regions that have failed to control the spread of syphilis in recent years, are confronted today with a significant increase in HIV infection, particularly among women and their newborn infants. Accordingly, the Committee urges the HIV and STD programs to jointly support an initiative to reduce syphilis and other STD rates in the Southeastern region of the United States.

Building and facilities

The Committee recommendation includes $4,575,000 for repair and renovation of CDC facilities, $1,000,000 over the President's request, $222,000 above the House allowance, and $1,000,000 more than the fiscal year 1995 appropriation.

Funds are provided for the most needed repair and improvement projects as facilities age and programs change.

Program management

For program management, the Committee recommends $3,067,000, the same as the President's request, the House allowance, and the fiscal year 1995 appropriation. The recommended level will support the direction and management of CDC through the Office of the CDC Director.

The "Program management" account primarily supports the activities of the Office of the Director of the CDC. The vast majority of administrative costs are captured throughout the program accounts within the CDC. Accordingly, the Committee recommendation includes an undistributed administrative reduction of $31,000,000. This is consistent with the billwide policy of reducing Federal administrative accounts.

The Committee has provided discretion to the Director to apply this reduction to all elements of each budget activity line item having components within the administration cost exhibit in the CDC congressional budget justification for fiscal year 1996. The Committee would expect that these reductions be applied to ensure fiscal efficiencies while continuing priority program efforts.

The Committee concurs with concerns expressed by the House regarding reports over needed improvements in the management of both employee wage grade classification, the allocation of administrative and scientific staff, and the cost and staff attendance of CDC supported conferences. The Committee recognizes that there are legitimate purposes for CDC-sponsored scientific and programmatic conferences and that management issues, such as these, are best left to the Director to address. The Committee expects that the Director will take action to better manage conference and staffing costs and be prepared to report during the fiscal year 1997 budget hearings on steps taken on these matters.

The recommendation includes bill language providing the Director with authority to transfer funds available from the sale of surplus vaccine from the vaccine stockpile to other activities within the jurisdiction of the Centers for Disease Control and Prevention. In the event the Director exercises this transfer authority, the Committee is to be notified immediately.

The Committee continues to be pleased with CDC's program activity and commitment to improving the health status of minority and disadvantaged individuals, and urges continued expansion of these efforts.

The Committee has directed the Office of Women's Health in the Office of the Secretary to develop and implement the national women's health clearinghouse and has directed that the Public Health Service agencies contribute a total of $1,400,000 to this effort, each agency contributing their proportionate share as determined by the Office of the Secretary. Sufficient funding has been included to provide that support to the clearinghouse.

Violent crime reduction trust fund

The Committee recommendation includes $39,100,000 from the violent crime reduction trust fund for activities authorized by the Violence Against Women Act in the crime bill. These programs are being funded for the first time in fiscal year 1996 at the fully authorized level. Included is $35,000,000 to augment rape prevention

services supported by the States through the preventive health services block grant, $4,000,000 for grants to public and private nonprofit organizations to support community programs to prevent domestic violence, and $100,000 for a study on the incidence of domestic violence.

NATIONAL INSTITUTES OF HEALTH

The Committee regards the Federal investment in biomedical research at the National Institutes of Health as one of its highest priorities. The United States has built an impressive biomedical research enterprise since the seeds of NIH were planted over 100 years ago. Today, the NIH has the world's largest research hospital, supports medical research in nearly 1,700 institutions throughout the country, and has supported the work of more than one-half of the 100 scientists that have been awarded the Nobel Prize of Medicine and Physiology since World War II. The biomedical sciences stand at the threshold of tremendous opportunity for unlocking the mysteries, and developing treatments, for a host of diseases. The Committee has struggled to recommend funding for the NIH which reflects its strong commitment to NIH-supported research while also maintaining support for other essential primary and preventive health programs.

The Committee concurs in the view of the House that improvements and greater efficiencies need to be made to the administrative structure and management of its research enterprise. In an era of declining discretionary resources it is essential that the NIH further streamline its administrative structure in order to maximize the use of limited Federal research funds. Particular consideration should be given to the consolidation of functions across Institutes, such as personnel, legislation, planning and evaluation, contracting and grant administration and public affairs.

Consistent with a billwide policy, the Committee has reduced funds for administrative expenses at the NIH. A general provision has been included directing the NIH to reduce by $41,665,000.

The Committee recommendation, therefore, totals $11,597,539,000 in fiscal year 1996 for the 24 Institutes, Centers, and Divisions that compromise the National Institutes of Health. This is $300,993,000 above the 1995 level, $166,527,000 below the administration's request and $341,462,000 below the House allowance.

NATIONAL CANCER INSTITUTE

Appropriations, 1995	$2,136,408,000
Budget estimate, 1996	2,219,797,000
House allowance	2,251,084,000
Committee recommendation	2,195,476,000

The Committee recommends an appropriation of $2,195,476,000 for the National Cancer Institute [NCI]. This is $24,321,000 less than the administration's request, $59,068,000 more than the fiscal year 1995 appropriation, and $55,608,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House al-

lowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NCI conducts and supports basic and applied cancer research in prevention, early detection, diagnosis, treatment, and rehabilitation. NCI 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.

Cancer program.—The Committee continues to support a balanced research program that includes basic, clinical, translational, prevention, control, and survivorship research. Within this balanced approach, the Committee recommends the maximum flexibility be given to the NCI in its support of research priorities identified by scientific opportunities and research needs. As we approach the 25th anniversary of the signing of the National Cancer Act, the Committee recognizes the high priority which must continue to be given to cancer research so as to address this growing epidemic.

Breast cancer.—Breast cancer will strike 183,000 Americans this year. Recent encouraging statistics show a 5-percent decrease in deaths between 1989–92, however, which appears to result from adjuvant therapy, breast cancer awareness, and screening. The Committee recognizes that breast cancer continues to require a significant devotion of NCI resources in order to decipher the complex mysteries of this disease. The Committee concurs with the decision of the NCI to place breast cancer research as a high priority, as reflected in its 1996 bypass budget, and urges the Institute to continue to strengthen its budgetary commitment to breast cancer research.

Sufficient funds have been included to expand support for the implementation of the national action plan on breast cancer. Leadership for the implementation of this multiagency initiative has been carried out by the Office of Women's Health in coordination with the participating agencies.

Cancer prevention.—Because as many as 70 percent of all cancers are related to such factors as diet or smoking, the Committee encourages the NCI to aggressively pursue cancer prevention and control research which focuses on affecting these lifestyle choices. The Committee commends the NCI for its support of the 5 A Day for Better Health Program which encourages the consumption of more fruits and vegetables, and of smoking prevention and cessation programs, such as ASSIST (American stop smoking intervention study).

Clinical research.—Clinical research is the vital link in translating progress in basic research to lifesaving treatments and approaches to cancer prevention. Clinical research in cancer is critically important in advancing our capacity to identify new agents for cancer treatment, define complex treatment strategies, effectively pursue the tremendous opportunities that exist in molecular medicine, and address public health challenges posed by cancer. The Committee believes that the clinical trial initiatives, supported by the Division of Cancer Treatment, Diagnosis, and Centers, remains a key component of our national capacity to develop effective

treatment strategies for cancer and looks forward to learning about the progress in this area at next year's hearings.

Information dissemination/translation of research results.—The Committee remains strongly supportive of NCI's program of information dissemination which focuses on making information about cancer and cancer treatment easily available to the general public, to cancer patients, and to health care providers. Currently, research results and treatment advances are communicated through professional meetings and workshops, and through the cancer information service (1–800–4–CANCER), PDQ, CancerFAX, and the journal of the National Cancer Institute. The tremendous scientific and medical advances of the last 50 years would not have been possible without the NIH's leadership in fundamental, basic research. Progress in the fight against cancer starts with an understanding of how normal cells become cancerous. However, this research is only useful to the extent that we move it from the bench to the bedside. Translational research moves basic research into applications that can be used in the clinic. As the National Cancer Advisory Board reported in a 1994 report entitled "Cancer at a Crossroads: A Report to Congress for the Nation," "* * * an unparalleled opportunity now exists to apply rapidly to clinical practice the knowledge gained from basic research." The report noted, however, barriers to translational research, including difficulty in competing for grant support; training requirements for the translational scientist; and reductions in clinical care resources, including that from industry and providers. The Committee urges the Institute to provide increased emphasis on the translation of basic biomedical research to the clinical level, which will help establish new treatments for cancer patients and new methods of prevention.

National Cancer Institute intramural review.—The Committee is very pleased that the NCI Advisory Board ad hoc working group on the Intramural Research Program has conducted an in-depth, thoughtful review of the Intramural Research Program of the NCI. As the largest intramural program within the largest Institute at NIH, it is critical that this research set an example for scientific quality, training of young scientists, intellectual excellence, and effective scientific planning. The Committee looks forward to a report from the new NCI Director at next year's hearing regarding the implementation of the ad hoc groups' recommendation and their impact on NCI's intramural efforts.

Neurofibromatosis.—Research on neurofibromatosis [NF] already has produced major breakthroughs in the areas of genetics and the links between NF, various cancers, and other diseases. The Committee remains committed to an aggressive program of research on neurofibromatosis throughout the NIH and expects that funding levels are commensurate with this commitment. The Committee encourages the NCI and other relevant NIH institutes to develop, in consultation with the extramural community, a comprehensive plan for a coordinated research and therapy agenda on NF. Finally, the NCI is urged to give consideration to issuing a joint request for applications in cooperation with the other NIH institutes involved in NF research.

Bionutrition.—The Committee recognizes the exceptional effort of the Institute over the past few years in supporting nutrition re-

search. Diet ranks second only to smoking with regard to its association with cancer. The Committee encourages the NCI to continue its work in the field of nutrition, including support of the clinical nutrition research units, and to continue placing priority on research involved with women's health.

Nursing.—The Committee urges the NCI to continue to work collaboratively with the National Institute of Nursing Research to address research issues involving nursing practice in the field of cancer, particularly prevention and symptom management.

Cancer in minorities.—The Committee continues to be concerned about the disproportionately high prevalence of cancer among disadvantaged and minority populations. Despite an overall drop in breast cancer rates, breast cancer rates for minority groups increased last year. Also, African-American males experience the highest rate of prostate cancer of any population group. The Committee encourages continued research emphasis in these and other high-priority areas.

Cancer coordination.—The 1994 report of the National Cancer Advisory Board entitled "Cancer at a Crossroads" outlined that the national cancer program suffered from an absence of a national coordination of cancer fighting efforts in the public, private, and voluntary sectors. The Committee concurs with this view and recommends that the NCI take the lead and work in coordination with the CDC and other Federal agencies to reestablish coordination of the national cancer program. The Committee expects that other agencies will work with the NCI to facilitate this recommendation. Before hearings on the fiscal year 1997 budget, the Committee would like a brief report outlining the progress made to accomplish this recommendation.

Ataxia telangiectasia [A–T].—The Committee is extremely pleased to learn that scientists have isolated the gene and identified mutations which cause this rare hereditary childhood disorder. The Committee expresses high praise for the cooperative effort of the NCHGR, NCI, NINDS, and private entities in this important scientific breakthrough. The Committee believes it is extremely important to continue to pursue research which will benefit current and future A–T patients. Furthermore, the Committee strongly encourages continued research to determine the cancer risk of A–T carriers.

Prostate cancer.—The Committee is pleased by the increased funding which has been devoted to many areas of prostate cancer research. However, the incidence of prostate cancer continues to rise, and the Committee urges that further effort be placed on research related to early detection, diagnosis, and treatment. The Committee directs NCI to collaborate with the Interagency Coordinating Committee for Urological Diseases' initiative to develop a long-range plan for focusing research on prostate disease among minority Americans.

Brain tumor research.—Brain tumors are a much more common cancer than is generally realized. Malignant primary tumors in adults occur at the rate of about 15,000 per year and usually are lethal within 12 months. The Committee is concerned about the pace of progress in determining the cause for the change of normal cells to malignant cells and in improving diagnosis and treatment

of brain tumors. The Committee believes that utilization of the centers mechanism could accelerate the pace of progress and encourages the NCI, in cooperation with the NINDS, to support up to five centers of excellence in brain tumor research. These centers could better target limited resources to support basic, translational, and clinical research to determine the cause, mechanisms of development, and better methods of treatment and prevention of primary and secondary brain tumors.

DES.—The Committee continues to strongly support increased efforts to study and educate the public about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. NCI and other Institutes, along with the Office of Women's Health have developed a plan for expanded activities in this area. The Committee is pleased with the Institute's efforts in this area and expects NCI to continue its strong support for carrying out the recommendations of this plan.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 1995	$1,297,032,000
Budget estimate, 1996	1,337,021,000
House allowance	1,335,866,000
Committee recommendation	1,323,602,000

The Committee recommends an appropriation of $1,323,602,000 for the National Heart, Lung, and Blood Institute [NHLBI]. This is $13,419,000 less than the administration's request, $26,570,000 more than the fiscal year 1995 appropriation, and $32,264,000 less than the House allowance.

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 innovative basic, clinical, population-based, and health education research.

Cardiovascular diseases.—Despite impressive progress over the past several decades, coronary heart disease [CHD] remains the leading cause of death in both men and women in the United States. About 1 in 4 Americans suffers from cardiovascular disease which costs this country an estimated $138,000,000,000 in medical expenses and lost productivity annually. The Committee believes that additional cardiovascular research is critical and intends that within the funds provided, research in this area be given the highest priority.

Heart disease in women and minorities.—Heart attack, stroke, and other cardiovascular diseases remain the No. 1 killer of American women. Yet, reports indicate that women often receive less aggressive care than men. This problem appears to be related to difficulties in diagnosing chest pain in women. The Committee encourages the Institute to expedite planned research to develop reliable, safe, efficient, and cost-effective diagnostic approaches for evaluating women with suspected ischemic heart disease in order to decrease heart disease and death in women.

African-Americans have disproportionately higher death rates from heart disease than whites. Although death rates for heart disease have dropped significantly over the past 20 years, the drop has been much greater for whites than for African-Americans. The

Committee urges the Institute to expand research to advance understanding of heart disease in African-Americans, using molecular biology, cellular, and organ physiology, and clinical medicine.

The Committee further recommends that the NHLBI continue the Honolulu heart study.

Pediatric cardiovascular disease.—Sufficient funding is provided to continue support for the three specialized centers of research in pediatric cardiovascular diseases.

High blood pressure.—About 50 million Americans age 6 and older suffer from high blood pressure. High blood pressure is the most critical stroke risk factor and a leading cause of heart attack, congestive heart failure, and kidney failure. The Committee is supportive of the Institute's planned research to identify and map genes responsible for high blood pressure and clarify the role of defective genes in the development and maintenance of high blood pressure.

Asthma management.—The Committee commends the Institute on its multifaceted basic and applied asthma research programs and for its efforts in asthma education. Asthma prevalence, mortality, and hospitalization rates have increased in recent years, and minority populations are disproportionately affected. Although the reasons for the racial disparity are not fully known, access to health care services undoubtedly plays a role. The school setting, therefore, offers an opportunity to assist children who are not reached through the health care system. The Committee supports development and evaluation of innovative model school programs to increase identification and appropriate referral of children with uncontrolled asthma, reduce exposure to known allergens and irritants, increase participation of students with asthma in all school activities, improve support to students for following their asthma management plans, and enhance communication between school and home.

Sarcoidosis.—Sarcoidosis is an inflammatory disease that can lead to fibrosis, or scarring, of the lung. It occurs in about 40,000 of 100,000 African-Americans compared with about 5 in 100,000 whites, and African-American women are especially vulnerable. Although the disease has been recognized for over 100 years, information on its incidence, prevalence, risk factors, and natural history remains limited. Geographic and racial variations in the occurrence of sarcoidosis suggest that it may be caused by environmental factors of a combination of environmental factors and a susceptible host. The Committee, therefore, encourages the Institute to explore environmental and genetic causes of sarcoidosis as an essential step toward identifying risk factors and improving treatment and prevention of the disease.

Sickle cell disease.—The Committee understands a recent clinical trial found that the drug hydroxyurea significantly reduced the frequency of painful crises and associated hospitalizations in adult sickle cell disease patients. New studies will determine whether hydroxyurea can safely and effectively be used in children with sickle cell disease.

Fanconi anemia.—The identification and cloning of a gene responsible for Fanconi anemia represents a major advance that may improve understanding of the underlying biochemical defect and

constitute an important first step in developing gene replacement therapy. The Committee supports the NHLBI in encouraging basic research on the genetic, molecular, and cellular pathophysiology of this disease, as well as clinical research aimed at prevention and treatment of its hematological consequences.

National Center on Sleep Disorders Research.—The Committee notes the continued development of the National Center on Sleep Disorders Research and the expansion of the Center's research portfolio and commends the Institute for its work in fiscal year 1995. The Committee strongly supports the development and implementation of a vigorous national sleep disorders public education campaign. The Committee requests that the Institute work in cooperation with the National Highway Traffic Safety Administration on the development and implementation of such a public awareness campaign. The Committee recommends continued development of a plan for scientific collaboration among the National Center, and other NIH Institutes. The Committee also notes the initiation of a sleep academic award program and encourages support for this effort.

Bionutrition.—The Committee urges the National Heart, Lung, and Blood Institute to continue its bionutrition research initiative. The Committee also encourages the Institute to include nutrition research in its critical care medicine initiative.

Hemophilia.—The Committee supports expansion of NHLBI's very promising hemophilia gene therapy program. Further, the Committee remains deeply concerned about taking every necessary step to ensure the safety of the Nation's blood supply and is concerned over the recent withdrawal of blood products contaminated with Creutzdfeldt-Jakob disease [CJD]. Therefore, the Committee requests NHLBI to work in collaboration with CDC and FDA to investigate the potential impact of CJD on the safety of the U.S. blood supply and specifically on people with bleeding disorders and transfusion recipients. The Committee requests that the Director be prepared to report to the Committee during the fiscal year 1997 budget hearings on steps taken to address this issue.

Cooley's anemia.—The Committee continues to strongly support the work of the Institute in the area of Cooley's anemia research. The Committee is encouraged by the initiatives in gene therapy, stem cell biology, transplantation, and fetal hemoglobin switching and commends the Institute for its development of a plan for a clinical network for treatment of patients and encourages the Institute to move forward in this area.

Transfusion medicine.—By holding a consensus conferences on infectious disease testing for blood transfusion and by establishing specialized centers of research for transfusion medicine and for hematopoietic stem cells research, the NHLBI has demonstrated its commitment to assuring a safer and more efficacious blood supply and has recognized the potential of gene therapy to cure both genetic and acquired diseases. The Committee encourages NHLBI to provide investigator-initiated grants and other funding mechanisms to support initiatives relating to viral inactivation of cellular blood components, improved platelet collection and storage techniques, and transfusion associated immunomodulation. To facilitate research initiatives in the stem cell area, the Committee is pleased

to see that the NHLBI plans to create a network of umbilical cord blood and stem cell collection centers. Recognizing that blood is increasingly in short supply and that an adequate eligible donor base is needed to avoid shortages, the Committee also encourages NHLBI to study strategies for increasing the Nation's blood supply.

Nursing.—The Committee strongly urges the NHLBI to collaborate with the National Institute of Nursing Research [NINR] to address research issues involving nursing practice such as prevention and symptom management of cardiovascular diseases.

NATIONAL INSTITUTE OF DENTAL RESEARCH

Appropriations, 1995	$175,213,000
Budget estimate, 1996	180,650,000
House allowance	183,196,000
Committee recommendation	178,689,000

The Committee recommends an appropriation of $178,689,000 for the National Institute of Dental Research [NIDR]. This is $1,961,000 less than the administration's request, $3,476,000 more than the fiscal year 1995 appropriation, and $4,507,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

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

Saliva and HIV.—The Committee understands oral health scientists are making pivotal discoveries about the body's immune system, especially the system of secretory immunity involving the cells that form the mucosal linings of the mouth and other organs. The recent discovery of a protein in saliva that prevents cells from being infected with the AIDS virus may explain why AIDS is rarely transmitted by mouth. Researchers are now studying how the protein works in order to develop it for clinical use.

Research on pain.—The Committee commends the Institute for its leadership in the field of pain research. NIDR scientists are investigating a number of commonplace drugs—including a widely used cough suppressant—for the drugs ability to block a nervous system molecule involved in some of the most intractable pains known to mankind. Combinations of drugs, working by different means, may be the answer pain patients so badly need.

Bone clinic.—The Committee is supportive of the establishment of a new bone clinic in the NIH Clinical Center, with the aim of moving basic research into the clinical arena.

Industry.—The Committee is aware of the Institute's work in building relationships with industry in order to expand the investment in dental science. In this public/private sector partnership NIDR has produced extensive knowledge of basic science and devel-

oping technologies which the private sector has built upon to produce new products, new industries, new jobs, and improved oral health. Due to the Institute's commitment to working with industry, the United States has remained No. 1 in the field of dental science and technology and its dental industries have developed strong national and international markets.

Women's health.—In addition, the Committee is particularly impressed with the current research efforts of the Institute in the field of women's oral health, and the oral disorders of postmenopausal women. The NIH and the NIDR are encouraged to continue work in this area, as well as to continue its research efforts in dental caries, periodontal diseases, diseases and disorders of special populations, material science, and pain.

Temporomandibular joint disorders [TMJ].—The Committee remains strongly interested in research on temporomandibular joint disorders. The Institute convened an international workshop to develop a research agenda for TMJ. The Committee urges the Institute to continue to aggressively pursue this agenda in collaboration with the NIAMS, NIAID, and other appropriate Institutes. The Committee is particularly concerned about the need for greater consensus regarding the number of people impacted by TMJ and on the most appropriate treatment modalities for TMJ.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 1995	$737,026,000
Budget estimate, 1996	760,533,000
House allowance	771,252,000
Committee recommendation	752,393,000

The Committee recommends an appropriation of $752,393,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is $8,140,000 less than the administration's request, $15,367,000 more than the fiscal year 1995 appropriation, and $18,859,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for 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.

Breast cancer.—The Committee is pleased to learn that the NIDDK has begun a major initiative to determine the endocrine basis of breast disease. These studies, which will increase understanding of how the actions of hormones and growth factors regulate gene expression and cellular processes in breast tissue, should

lead to potential endocrine-based approaches to prevent or reverse tumor development and metastasis.

Diabetes.—Diabetes remains the fourth leading cause of death by disease in America, taking the lives of more than 162,000 persons annually, at a cost of over $100,000,000,000 a year. Diabetes disproportionately affects minority populations, especially African-Americans, Hispanics, and native Americans, who are at greater risk for developing this disease and its complications.

Unique research possibilities were presented earlier this year by the National Diabetes Research Coalition [NDRC], who released an document entitled "Diabetes Research: A National Opportunity." This document presents a bold new investment strategy in diabetes research which substantiates that we are on the threshold of research breakthroughs and new treatments for diabetes and its complications.

The Committee views the problem of diabetes as an especially high priority and urges NIDDK to redouble its efforts in this time of extraordinary research possibilities. In particular, the Committee urges consideration of expanding support for genetic research, prevention of diabetes, islet cell transplantation, and investigations to prevent complications of diabetes.

The Committee continues to be concerned about the extremely high incidence of diabetes among native Americans, native Hawaiians, and Pacific islanders, particularly residents of the Commonwealth of the Northern Marianas Islands where as many as 50 percent are afflicted with diabetes. The Committee urges the Director to develop specific interventions targeted to high-risk populations such as these.

Cooley's anemia.—The Committee is aware that NIDDK has long supported research in the area of Cooley's anemia and continues to strongly support its efforts in this area. The Committee notes the promising research in the areas of fetal hemoglobin switching, gene therapy, and oral iron chelation.

Liver disease.—The Committee received testimony on the impact of hepatitis and other liver and gallbladder diseases, which affect 25 million Americans. Over 5 million people suffer from hepatitis B and C, and many will suffer long-term liver diseases, cirrhosis or liver cancer. Liver transplants are effective therapy, but they are expensive ($280,000 per patient) and the need far outstrips the supply of donors.

The Committee believes that greater emphasis needs to be placed on liver disease research and encourages the NIDDK to convene a conference of leading scientists to develop a national research agenda with specific recommendations for the Committee to consider next year. In the meantime, the Committee expects that current levels of liver disease research will be maintained. The Committee understands that the incidence of hepatitis C is more widespread than previously believed and urges that it be made a research priority.

Bionutrition.—The Committee urges the National Institute of Diabetes and Digestive and Kidney Diseases to continue its bionutrition initiative and particularly its focus on obesity and on clinical research in nutrition. Obesity research has had significant impact recently as a gene associated with obesity has been identi-

fied and clinical research has established the relationship between weight gain and loss and metabolic adjustment. The Committee is supportive of the clinical nutrition research unit and obesity and nutrition research centers programs and urges that they be maintained.

Urological diseases.—The Committee is pleased with the continued growth of research on urological diseases. Diseases of the prostate are a significant health burden. Funds have been provided to increase new research grants in the basic science of prostate growth, utilizing the tissue resources available from the ongoing clinical trial. The Committee continues to acknowledge the importance of establishing a prostate disease data base. Insufficient attention is being directed to women's urological health. The Committee urges that the Institute, working with the Office of Research on Women's Health, to expand its research program on women's urological diseases by placing special emphasis on grants related to interstitial cystitis, urinary incontinence and urinary tract infections. The Committee is concerned about the high prevalence of prostate disease in minority populations. The Committee directs the Interagency Coordinating Committee for Urological Diseases to develop a joint plan to expand research in this area and include this plan in its annual report.

Interstitial cystitis.—The Committee strongly supports research into interstitial cystitis [IC], a painful and debilitating bladder disease mostly affecting women. It is pleased that in fiscal year 1995 the NIDDK solicited new research on interstitial cystitis. The Committee supports the continuation of this research initiative, as well as the national IC data base. The Committee also requests that the NIH continue to address and resolve the problem of the lack of urological expertise on the NIH study sections which review urology grants including IC.

Digestive disease.—Disease of the digestive system continues to affect more than one-half of all Americans at some time in their lives. Serious disorders such as colon cancer, inflammatory bowel disease, cirrhosis of the liver, irritable bowel syndrome, and celiac disease contribute to a significant toll in human suffering, chronic illness, and mortality. The Committee is encouraged about the scientific treatment progress made to treat peptic ulcers through the use of antimicrobial agents and antisecretory agents to combat the helicobacter pylori bacterium. Further progress is being made to enlist liver directed gene therapy to treat liver metabolic disease, and identify the genes responsible for Wilson's disease and hemochromatosis. The Committee encourages the NIDDK to continue its efforts to develop the appropriate balance between conducting basic studies on digestive disease and bringing this critical knowledge gained, to the bedside to improve patient care.

Inflammatory bowel disease.—The Committee recommends that the Institute consider targeting three areas for inflammatory bowel disease [IBD] research: (1) the continuation of the RFA mechanism to supplement existing programs in IBD and to stimulate new research, particularly on the establishment of animal models and on the investigation of the immuneopathogenesis of Crohn's disease; (2) mapping the genes of IBD-affected human families and relevant mouse strains, which have genetic structures comparable to hu-

mans, in order to eventually identify all the genes involved in IBD; and (3) developing new investigators in order to be poised to take advantage of the progress that basic scientists are making in the laboratory by testing the hypotheses of the latter in a clinical setting.

Polycystic kidney disease.—The Committee encourages NIDDK to expand its research agenda to understand the mechanism underlying polycystic kidney disease progression and to develop new treatments to prevent progression of polycystic kidney disease to end-stage renal disease. The Committee recognizes that new scientific opportunities may be available because of important research breakthroughs in the past year of cloning and sequencing the gene responsible for 90 percent of polycystic kidney disease.

For a decade the Colorado polycystic kidney disease project has compiled the world's largest, most exact and only longitudinal collection of data on well-studied adults and children with polycystic kidney disease. The Committee urges continuing support for this invaluable resource that will facilitate new insights based on gene studies leading to improved diagnosis and treatment of patients with polycystic kidney disease.

Irritable bowel syndrome.—Irritable bowel syndrome [IBS] is a chronic complex of disorders that malign the digestive system, affecting 35 million people annually. These common dysfunctions strike people from all walks of life and result in a significant toll of human suffering and disability. The Committee is concerned about the increasing frequency of IBS and the adverse impact these disorders have on the quality of life and health care expenditures of those afflicted. The Committee recommends that NIDDK provide adequate funding for irritable bowel syndrome/functional bowel disorders research and be prepared to report on the feasibility of developing comprehensive IBS education initiatives during the fiscal year 1997 budget hearings.

Prostatitis.—The Committee has received information concerning the problem of prostatitis, which leaves men in their twenties and thirties with a lifelong disability. The Committee understands that little research is being supported on understanding and treating prostatitis and encourages the NIDDK to take steps to develop a plan to stimulate and support research on this problem. The Committee expects the Director will be prepared to report on the Institutes plans for prostatitis during the regular budget hearings for fiscal year 1997.

Cystic fibrosis.—The Committee notes the tremendous advances in cystic fibrosis [CF] research, which has extended the life expectancy of cystic fibrosis patients from 5 years of age 30 years ago to over 30 years of age for children diagnosed today. This success has been a direct result of the public/foundation support for CF centers and research grants. Among the most promising research on cystic fibrosis is that of gene therapy, which is occurring at nine research centers, supported in part by the NIH. To date, more than 70 patients have been treated with this pioneering therapy. To continue this important progress, the Committee strongly supports the NIDDK and NHLBI's plans to implement the 1995 request for applications program for cystic fibrosis research. This is yet another

example of the success of the public/private partnership in seeking a cure for cystic fibrosis.

Hemolytic uremic syndrome [HUS].—This syndrome is caused by a bacterium that may be present in undercooked meat products which can result in sudden and sever digestive and kidney complications. The Committee encourages NIDDK to support research on HUS in order to develop effective treatments for the disorder.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 1995	$652,204,000
Budget estimate, 1996	672,062,000
House allowance	681,534,000
Committee recommendation	664,830,000

The Committee recommends an appropriation of $664,830,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. This is $7,232,000 less than the administration's request, $12,626,000 more than the fiscal year 1995 appropriation, and $16,704,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for 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 people at risk for brain disorders.

Brain and brain disorders.—Until very recently, little could be done to intervene and prevent or delay the onset of many brain disorders, or to treat patients so that they could hope for a full recovery. Consequently, brain disorders typically have resulted in high health care costs, disability, and death. However, increasing evidence points to the possibility of a new era in which prevention and effective treatment of brain disorders will become the rule, rather than the exception. The Committee encourages the NIH to expand its research on the prevention and treatment of neurological disorders, including Alzheimer's disease. The Committee urges the NIH to further explore the possibility that antiinflammatory drugs and estrogen may offer means of slowing the progression of Alzheimer's disease.

Parkinson's disease.—Approximately 500,000 Americans, or about 1 percent of the population over 50, have Parkinson's disease [PD]. There is considerable need for breakthroughs in prevention and treatment of Parkinson's disease, given the substantial, and growing, health care and disability-related costs associated. The Committee is pleased by reports from the August 1995 Parkinson's research planning conference that indicate strong potential to produce therapeutic and preventive breakthroughs in the near

term with effective use of our research investment. The Committee urges the Director to take steps to expand support for research initiatives in the areas of promise identified at the planning conference, including considering issuance of request for applications to focus research in these areas.

Neurofibromatosis.—Research on neurofibromatosis [NF] already has produced major breakthroughs in the areas of genetics and the links between NF, various cancers, and other diseases. The Committee remains committed to an aggressive program of research on neurofibromatosis [NF] throughout the NIH and expects that funding levels are commensurate with this commitment. The Committee encourages the NINDS and other relevant NIH institutes to develop, in consultation with the extramural community, a comprehensive NINDS plan for a coordinated research and therapy agenda on NF. The Committee recommends that the NIH provide opportunities for informed representatives of voluntary organizations involved in NF research and patient advocacy to participate in the NF research planning and coordination process. Finally, the NINDS is urged to give careful consideration to issuing a joint request for applications in cooperation with the other NIH institutes involved in NF research.

Stroke.—Stroke remains America's third most common cause of death, the leading cause of serious disability, and a major contributor to late-life dementia. The Committee is concerned that recent estimates by the National Center for Health Statistics show that the number of deaths from stroke is on the rise. The Committee believes that additional stroke research is important and urges the Director to expand the stroke education program and to continue and initiate innovative approaches to the diagnosis, treatment, rehabilitation, and prevention of stroke, including collaboration with the NINR and the NIMH.

Epilepsy.—Epilepsy is one of the most common neurological conditions afflicting approximately 3 million Americans and has become one of the critical public health problems of our time. Intractable epilepsy is an especially difficult problem, because it usually develops in childhood. Some hope has been given to patients with epilepsy through specialized surgery and through anticonvulsant medications, but for many with epilepsy these treatments have limited or no success at all. The Committee encourages the Director to maintain a vigorous research program on epilepsy, including the consideration of the establishment of an intractable epilepsy center.

Lou Gehrig's disease.—Amyotrophic lateral sclerosis [ALS], commonly referred to as Lou Gehrig's disease, is a progressive, fatal neuromuscular disease for which no known cure or treatment currently exists. The first real finding of a cause of the disease recently occurred with the identification of a gene defect linked to some cases of familial ALS. The increasing number of recent clinical tests have provided some encouragement that a treatment may be found. But much more needs to be done to capitalize on these recent developments in order to successfully treat and cure this disease. These recent ALS research discoveries can lead to other important breakthroughs in the treatment of ALS and other neurological disorders. The Committee encourages NINDS to increase spending on brain research relevant to ALS.

Batten disease.—The Committee continues to be concerned with the pace of research in Batten disease. The Committee believes that the Institute should actively solicit and encourage quality grant applications for Batten disease and that it should continue to take the steps necessary to assure that a vigorous research program is sustained and expanded.

Dystonia.—The Committee has been pleased with NINDS efforts to encourage extramural research initiatives in dystonia-specific research, including a recent NINDS-sponsored workshop on dystonia research opportunities. The Committee encourages NINDS to work closely with other organizations having an interest in dystonia research to collaborate on joint research programs encouraging investigators to study dystonia.

Neurodegenerative disorders.—The Committee encourages the Institute to continue research to determine the role of neurotransmitters in neurodegenerative disorders.

Alzheimer's disease.—The Committee encourages the Institute to expand its research on the prevention and treatment of neurological disorders, including Alzheimer's disease [AD]. The Committee urges the NINDS to further explore the possibility that antiinflammatory drugs and estrogen may offer means of slowing the progression of AD.

Rett syndrome.—The Committee remains interested in research supported by the Institute on Rett Syndrome and encourages the NINDS to continue to pursue research in this area.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 1995	$1,096,457,000
Budget estimate, 1996	1,153,372,000
House allowance	1,169,628,000
Committee recommendation	1,139,326,000

The Committee recommends an appropriation of $1,139,326,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is $14,046,000 less than the administration's request, $42,869,000 more than the fiscal year 1995 appropriation, and $30,302,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, including AIDS, and diseases caused by, or associated with, disorders of the immune system. The NIAID is the lead NIH Institute charged with developing new and improved vaccines and supporting research on acquired immunodeficiency syndrome, tuberculosis, sexually transmitted diseases, and tropical diseases. The NIAID's research goal is to improve the health and quality of life of people by improving diagnosis, treatment, and prevention of diseases.

Tuberculosis.—The Committee commends the NIAID's support for developing improved diagnostic tests, treatments, and prevention strategies in response to the reemergence of tuberculosis in the United States. The Committee encourages the NIAID to continue studies aimed at designing new drugs and developing new animal

models to assess those drugs, conduct clinical trials to evaluate the safety and efficacy of those new drugs, and support research to develop and evaluate new TB vaccines.

Topical microbicides.—The NIAID is the lead Institute at the NIH for the conduct of biomedical research on HIV, STD's, and infectious diseases. In this regard, the NIAID has developed a comprehensive, coordinated, focused research plan for the development of topical microbicides. Topical microbicides are safe, effective products for intravaginal use, for use by women, to prevent sexually transmitted infections including HIV and STD's. The successful development of these products will empower women to take control of their own reproductive health and significantly reduce the incidence of STD's and HIV. The Committee encourages the NIAID to continue research aimed at developing topical microbicides.

Asthma.—Research on asthma and many types of allergies has led to a greater understanding about their underlying mechanisms and has contributed to the development of effective ways to help affected individuals. NIAID has established a network of asthma and allergic disease centers to transfer rapidly the results from fundamental studies in immunology and clinical studies to clinical practice. The Committee encourages the NIAID to support demonstration and education projects to assess the effectiveness of specific interventions, and to apply culturally appropriate approaches to reduce the burden of asthma in inner-city populations. The Committee has been very pleased with-the continued activities of the national cooperative inner city asthma study. The number of asthma cases and the number of asthma-related deaths have increased dramatically in the past decade, particularly among minority populations. The inner-city asthma study is a comprehensive effort in eight cities to design and evaluate intervention programs to counter risk factors for inner-city asthmatic children.

Lyme disease.—The Committee notes with concern that the reported incidence of Lyme disease rose more than 50 percent in 1994, to the highest level since surveillance was initiated in the early 1980's. An increase in the number of Lyme disease cases can be expected to produce a corresponding rise in the number of patients with chronic symptoms.

The Committee acknowledges NIAID's efforts in the areas of diagnostic test development, prevention strategies, and the early treatment of disease. The Committee is particularly heartened by NIAID's efforts of the last year to lay the groundwork for intensive study of the phenomenon of chronic Lyme disease and strongly encourages the NIAID to expand its efforts in this direction. The Committee requests that NIAID be prepared to report on its progress during the 1997 budget hearings.

Emerging infectious diseases.—To successfully confront the challenge posed by future emerging diseases, a critical knowledge of the fundamental biology of infectious agents and the clinical disease processes they induce is required. Since it is clear that the issue of emerging diseases is global in scope and cannot be addressed by our country in isolation, the Committee supports the NIAID's efforts to maintain strong international ties through many of its programs. The Committee encourages the NIAID to continue to support a broad and comprehensive program of fundamental re-

search, applied research, and research training on emerging diseases.

Hemophilia.—The Committee fully supports NIAID's continuing commitment to provide access to HIV/AIDS clinical trials for hemophilia patients, utilizing the existing network of hemophilia treatment centers, through the ACTU without walls clinical trials program.

Chronic fatigue and immune dysfunction syndrome.—The Committee recommends that additional funding within the NIH be directed toward CFIDS [CFS] research, most of which should be directed to extramural grants focused on promising areas of biomedical research. The Committee urges consideration be given to supporting investigations which seek to identify the etiological agent(s) and markers for and the pathophysiology of CFIDS [CFS]. Sufficient funds have already been provided for the appointment of a coordinator of CFIDS [CFS] research within the National Institute of Allergy and Infectious Diseases [NIAID], and to support the CFIDS [CFS] cooperative research centers. Additionally, consideration should be given to establishing a coordinator with Institute-wide authority to provide leadership on CFIDS. The Committee looks forward to the results of the NIAID Advisory Council meeting scheduled for the fall of 1995 that focuses on CFIDS.

Tropical diseases.—The Committee notes that the NIAID, as the primary supporter of extramural research on tropical infectious diseases, supports critical basic research mandates of not only NIAID, but also those of the Centers for Disease Control and Prevention, the Department of Defense, and the Agency for International Development. Further, a 1992 report by the Institute of Medicine on emerging infections recommended the expansion of NIH-supported research on factors that lead to emergence of infectious diseases. The Committee is concerned about the needs identified in the IOM report and encourages the Institute to provide additional support.

The Committee is also concerned about the drop in the number of investigator-initiated RO1 grants for many bacterial and viral diseases, including tropical infectious diseases, funded by NIAID. Low success rates for non-HIV grants demand that other funding mechanisms, which target specific needs, take on an even greater importance. The Committee believes that special programs for tropical infectious diseases such as the international collaborations for infectious disease research [ICIDR]; the tropical disease research units [TDRU]; and the tropical medicine research centers [TMRC] are of critical importance in our efforts to combat these diseases and urges the Institute to provide continued support to these mechanisms.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 1995	$904,925,000
Budget estimate, 1996	933,809,000
House allowance	946,971,000
Committee recommendation	923,781,000

The Committee recommends an appropriation of $923,781,000 for the National Institute of General Medical Sciences [NIGMS]. This is $10,028,000 less than the administration's request, $18,856,000 more than the fiscal year 1995 appropriation, and $23,190,000 less

than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for 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, and biological chemistry, 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 U.S. leadership in biomedical science.

Training.—The Committee commends the Institutes for its leadership in increasing the number and capabilities of underrepresented minority individuals engaged in biomedical research. Through the minority access to research careers [MARC] and the minority biomedical research support [MBRS], the Institute encourages more minority students to pursue training for scientific careers and the enhancement of the science curricula at institutions with substantial minority enrollments.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT [NICHD]

Appropriations, 1995	$568,823,000
Budget estimate, 1996	586,890,000
House allowance	595,162,000
Committee recommendation	580,457,000

The Committee recommends an appropriation of $580,457,000 for the National Institute of Child Health and Human Development [NICHD]. This is $6,433,000 less than the administration's request, $11,634,000 more than the fiscal year 1995 appropriation and $14,705,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—NICHD is that component of the National Institutes of Health which is 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; 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.

Infertility and contraceptive research.—The Committee continues to place high priority on research to combat infertility and speed the development of improved contraceptives. It urges NICHD to

continue aggressive activities in this area, including individual research grants and those of the infertility and contraceptive research centers.

The Committee encourages the NICHD to expand its ongoing research program to develop and test female controlled barrier contraceptives, as well as spermicides that would also be microbicidal. The NICHD has been working on this project for several years. Such products would protect against both pregnancy and sexually transmitted diseases, including HIV infection. Expansion of this initiative, which is being conducted in concert with the National Institute of Allergy and Infectious Diseases, will allow NICHD to expand basic research and to develop new improved products and test them as quickly as possible through NICHD's contraceptive testing network.

Oral contraceptives [OC].—The Committee also is supportive of NICHD's additional research to determine if oral contraceptive use is associated with the development of breast cancer. The project, the NICHD women's contraceptive and reproductive experience [CARE] study, will recruit approximately 10,000 women from five geographic regions: Atlanta, Detroit, Los Angeles, Philadelphia, and Seattle. The project will permit study of the women who first used OC's during the 1960's and are presently entering the ages of highest risk for breast cancer.

Sudden infant death syndrome.—Sudden infant death syndrome accounts for approximately 7,000 unexplained infant deaths per year. The Committee is very pleased that the NICHD has vigorously pursued answers to SIDS through their 5 year research plans, and through their successful back to sleep campaign. The Committee has provided funding for continued activity in this important effort.

National Center for Medical Rehabilitation Research [NCMRR].—NCMRR is taking advantage of remarkable advances in bioengineering and applying them to the development of new, improved orthotic and prosthetic devices. These and other assistive devices enhance the mobility, independence, and quality of life of persons with physical disabilities.

The Committee recognizes the importance of assistive technology research and development in the lives of people with physical disabilities and urges the Director of NIH to consider increasing the share of the NIH-wide small business innovation research [SBIR] grants dedicated to such research and development. Funding should be coordinated by the National Center for Medical Rehabilitation Research [NCMRR] within the National Institute of Child Health and Human Development [NICHD].

Bionutrition.—The Committee is very supportive of the bionutrition research at the National Institute on Child Health and Human Development. Of particular significance is the research regarding folic acid and vitamin B–12 use during pregnancy, and the reduction in the incidence of neural tube defects among infants. Further research should be supported regarding the role of nutrition in the support of very low birthweight children including the development of nutrition services during hospitalization.

Behavioral and social science.—The Committee commends the NICHD for its excellence over the years and is pleased to note that

research on behavioral development has been given a high priority for funding. The Committee takes particular note of three areas of promising research: biobehavioral research that focuses on the interactions between biological and behavioral factors in development; risk taking behaviors in middle childhood and adolescence; and learning disabilities. The Committee encourages NICHD to continue to place a high priority on research in these areas, and particularly on learning disabilities.

Nursing.—The Committee strongly urges the NICHD to work collaboratively with the NINR to address research issues involving nursing practice and children's health and development. The Committee further recommends that the NICHD collaborate with the Department of Defense nursing researchers on the identification of high risk families and the prevention of child abuse and neglect.

Demographic research.—Recent findings on the social, economic, health, and personal benefits of marriage have received national attention. Those findings and other critical research are supported by the demographic research program at NICHD. The Committee recognizes the importance of demographic research, especially its ability to provide the basis of understanding for those policies and programs which best serve the needs of the country. The Committee urges NICHD to continue giving demographic research high priority.

Autism and other communicative disorders.—The Committee urges NICHD to continue its collaborations with the National Centers for Disease Control, NIMH, and NIDCD. As a part of these collaborations, the Committee encourages the NICHD to support research and service activities related to the development of culturally and linguistically sensitive normative and diagnostic data, assessment instruments and procedures for Hispanic infants and youth suffering from autism and other communicative disorders.

Fragile X syndrome.—The Committee commends NICHD for its work on fragile X syndrome and encourages the Institute to accelerate and expand its research in this important area.

NATIONAL EYE INSTITUTE

Appropriations, 1995	$300,590,000
Budget estimate, 1996	309,818,000
House allowance	314,185,000
Committee recommendation	306,490,000

The Committee recommends an appropriation of $306,490,000 for the National Eye Institute [NEI]. This is $3,328,000 less than the administration's request, $5,900,000 more than the fiscal year 1995 appropriation, and $7,695,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NEI is the Nation's Federal resource for the conduct and support of basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually impaired or blind. In addition, the NEI is responsible for the

dissemination of information, specifically public and professional education programs aimed at the prevention of blindness.

Cost savings.—The Committee is aware that a number of clinical trials supported by the NEI have yielded significant savings over the last several years. New treatments for diabetic retinopathy, for example, are highly effective in preventing blindness. Several other studies have indicated that certain costly procedures and treatments are of no benefit to the patient and may actually be harmful. The Committee encourages NEI to continue the support of meritorious projects of this type to evaluate the safety, efficacy, and cost effectiveness of new treatments, and the effect which these treatments have on the quality of life of those affected.

Education program.—The NEI has developed a comprehensive eye health education program in diabetic retinopathy and glaucoma which is being adapted to the disproportionate needs of the Hispanic/Latino community in accordance with Committee recommendations. The NEI is urged to evaluate the potential of additional eye health education initiatives to address the visual problems of the growing population of older Americans. Also, NEI is urged to develop a data base to document the magnitude of current blindness and vision problems and to allow the assessment of research advances and changes in eye care services.

Aging research.—The aging of the U.S. population is of particular importance to the Committee because of the increased incidence of blindness and severe visual disability among the elderly. The Committee, therefore, commends the NEI's support of research to determine the potential value of eye health education programs targeted to the elderly and the magnitude of vision impairment among this group.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 1995	$272,733,000
Budget estimate, 1996	284,883,000
House allowance	288,898,000
Committee recommendation	281,830,000

The Committee recommends an appropriation of $281,830,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is $3,053,000 less than the administration's request, $9,097,000 more than the fiscal year 1995 appropriation, and $7,068,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The mission of the NIEHS is to define how environmental exposures affect our 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.

Breast cancer.—The Committee was pleased to learn that NIEHS scientists, working with researchers in Utah, successfully isolated the breast cancer susceptibility gene, BRCA1. BRCA1 is thought to account for 5 percent of breast cancer cases overall and for 25 per-

cent of early onset (women under age 30) breast cancer cases. The discovery of this gene is an important step toward understanding the origins of the development of this devastating disease. NIEHS scientists plan to study the ability of different environmental agents to mutate this gene, a process which is critical to the development of many cases of breast cancer.

Parkinson's disease.—The Committee commends the Institute for sponsoring a workshop on the link between toxic exposures and Parkinson's disease and other neurological disorders, and encourages the NIEHS to build upon this initiative by supporting further research in the area.

Research centers.—The Committee continues to strongly support the NIEHS-supported environmental health science research centers and requests the Institute give careful consideration to fully funding current centers before additional expansion is contemplated. The Committee commends the Institute for its support of the international environmental health initiative of the Fogarty International Center.

Volcanic emissions.—The Committee continues to be concerned about the public health aspects of volcanic emissions [VOG] in the State of Hawaii. The Committee appreciates the initial efforts of NIEHS to work with the University of Hawaii on this problem.

Marine toxins.—The Committee recommends support for research to study and evaluate natural marine toxins and their effects upon human health. The Committee strongly encourages the Institute to give priority to this research and carefully consider proposals from centers which have demonstrated a high degree of expertise in this field.

NATIONAL INSTITUTE ON AGING

Appropriations, 1995	$434,580,000
Budget estimate, 1996	447,608,000
House allowance	453,917,000
Committee recommendation	442,833,000

The Committee recommends an appropriation of $442,833,000 for the National Institute on Aging [NIA]. This is $4,775,000 less than the administration's request, $8,253,000 more than the fiscal year 1995 appropriation, and $11,084,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for 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. Several diseases and conditions stand out as particularly burdensome for older Americans, including Alzheimer's disease, physical frailty, et cetera.

Alzheimer's disease.—For the past several years the Committee has called attention to the growing threat Alzheimer's disease presents to society. The most expensive uninsured illness confronting

most Americans as they near retirement, Alzheimer's disease will overwhelm our health care system and consume more of the Nation's resources than any other illness except cancer and heart disease. Unless science can find a way to cure or effectively treat the disease, the number of persons affected will explode, growing from 4 million today to over 14 million within a few decades. And, if the incidence of the disease continues at its current rate, society will spend more than $1,075,000,000,000 just to care for its victims.

Funding increases recommended by this Committee in the past have helped advance understanding of Alzheimer's disease. In quick succession, scientists have identified the gene combinations that determine who is at risk, created a model in transgenic mice to speed drug development, and devised better diagnostics. If these and other advances should lead to a way to delay onset of Alzheimer's disease by 5 years, half of the potential victims can live out their lives without serious impairment, and the Nation will save $50,000,000,000 a year.

Under the circumstances, the Committee believes it would penny-wise and pound-foolish to hold back resources attacking a problem that wastes precious human resources, causes enormous hardship for families, and creates a tremendous drain on public funds and institutions. The Committee, therefore, recommends that the highest priority be given to support research on Alzheimer's disease.

The Committee is concerned that it has been nearly 2 years since the NIA was asked to develop and submit a long-range plan for attacking Alzheimer's disease. The broad objectives of this initiative was to develop a plan to slow the rate of deterioration from Alzheimer's disease by 5 years during the next 5 years, and by 10 years over the next decade. The Committee understands that the initial planning workshops have been completed and, therefore, directs the Institute to complete action on the plan and submit the report to the Committee no later than January 1, 1996.

Osteoporosis/women's health.—Osteoporosis, loss of bone mass, is a major contributor to physical frailty and the loss of independence and affects more than 20,000,000 Americans. Older women in particular experience pain, broken bones and impaired function as a result of this disease. Clinical studies recently funded will determine the contributions of age and ovarian hormone status to changes in bone mass as women approach and traverse menopause. The Committee urges NIA to pursue research into the pathophysiology of osteoporosis to expand the knowledge base for prevention and treatment and to maintain support for NIA's women's health and aging study.

Behavioral and demographic research.—The Committee continues to support demographic research currently underway at NIA, of particular interest is the health and retirement and the AHEAD studies. The Committee urges NIA to vigorously maintain its own support of these important research programs.

Cardiovascular aging research.—Heart attack, congestive heart failure, stroke, and other cardiovascular diseases remain America's No. 1 killer of older men and women and a main cause of disability. The Committee believes that additional research on cardiovascular

aging is important and supports expansion of its extramural and intramural cardiovascular research programs.

Nursing.—The Committee urges the NIA to continue to collaborate with the NINR to address research issues involving nursing practice in the process of the aging population.

Research on self-care.—The Committee recognizes that prevention of disease, as well as management of chronic health conditions, is influenced greatly by the manner in which people care for themselves. The Committee is pleased to note that NIA is conducting research on how self-care behaviors vary with the severity of illness or disabling condition, social and behavioral strategies for encouraging health-promoting behavior and techniques for eliminating health-impairing habits and lifestyles in older adults, and the ways in which self-care behaviors change as adults age. Of particular concern is how self-care relates to the need for use of both informal and formal health care services. The Committee encourages NIA to continue to emphasize research on self-care behaviors.

Task force on aging research.—The Committee is grateful for the comprehensive assessment of progress in the scientific understanding of aging, a report requested by the Committee in November 1990. The Committee commends the diligence and commitment of the task force in producing an excellent report. The Committee is particularly pleased to understand what areas of research are of immediate priority and is interested in how the NIA will implement the identified research priorities, including research in basic cognition and neuropsychology; cognitive function through training and environmental support; health behaviors and behavior change over the life course; older drivers; elder-friendly environments; and working into late adulthood. The Committee requests that the Director be prepared to report on NIA's progress in implementing the above priorities during the fiscal year 1997 budget hearings.

Immune system research.—The Committee recognizes that changes in immune function of persons as they age impact many priority health disorders of adults, including cancer, osteoporosis, diabetes, AIDS, Alzheimer's disease, allergies, as well as the performance of vaccines and therapies. Given recent advances in basic research, the Committee encourages the NIA, in collaboration with other NIH Institutes and the CDC, to pursue intramural and extramural research designed to define the underlying mechanisms of immune system functioning with aging, and to promote application of this knowledge to new or improved preventive and clinical strategies.

Claude Pepper older Americans independence centers.—The Committee continues to support expanded efforts by the NIA to develop and evaluate innovative approaches to maintaining and increasing independence among older Americans. As the population ages, and particularly as the population of those over the oldest old (those age 85 and older) increases, it is critical that we develop approaches that will both enhance the quality of life for older Americans and reduce health and long-term care costs. The Committee anticipates receiving a report on the progress being made by these important centers by the end of this calendar year.

Nutrition and the elderly.—Malnutrition among the elderly is a serious public health problem and has been identified as a clinical

research priority by the Institute of Medicine. The Committee is disappointed in the progress made on its fiscal year 1993 recommendation for research on the efficacy and outcomes of nutrition screening to identify the levels of malnutrition and other nutrition-related problems among the elderly. The Institute is urged to redouble its efforts in this important area.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 1995	$231,399,000
Budget estimate, 1996	238,467,000
House allowance	241,828,000
Committee recommendation	235,917,000

The Committee recommends an appropriation of $235,917,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is $2,550,000 less than the administration's request, $4,518,000 more than the fiscal year 1995 appropriation, and $5,911,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of the NIAMS includes 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 and lost productivity. The research activities of this Institute serve the concerns of many different special populations; these include women, minorities, children, and the elderly.

Osteoarthritis.—Osteoarthritis is a degenerative joint disease for which there is no known cure. It continues to be the most widespread of all the chronically disabling arthritic diseases, costing society, particularly the Medicare Program, in excess of $8,000,000,000 annually. NIAMS-supported research has contributed significantly to the understanding of this disease and the Committee encourages NIAMS to continue to move forward with its commitment to osteoarthritis research.

The Committee is aware that in the absence of a cure for osteoarthritis, total joint replacement has been successful in relieving pain, enhancing mobility and independent living for many people who would otherwise be substantially disabled and dependent on family or government programs. During its hearings, the Committee learned that wear related failure of the replacements has become a prevalent problem. Although NIAMS has made great advances in this area, the Committee urges NIAMS to expand its investigations of new materials, the interaction of implant devices

and tissue, and to create a better understanding of wear processes that can prolong the life of the implant.

Lupus.—The Committee encourages the NIH to continue to support research aimed at furthering the understanding of risk factors for lupus and to support appropriate clinical trials for promising treatments for lupus.

Osteoporosis.—As a result of a recent initiative, the NIAMS is funding new research on promising basic cellular, molecular, physiological, and genetic approaches to osteoporosis. In addition, a consensus development conference on optimal calcium intake recently reviewed the latest information and provided recommendations on the optimal calcium intake for children, young adults, postmenopausal women, and the elderly. As a next step in understanding the importance of calcium in building bone, NIAMS will support a clinical trial of calcium supplements in young women.

The Committee commends the Institute for its leadership and urges the Director to continue to give osteoporosis research high priority.

The NIH Revitalization Act of 1993 authorized the creation of an Osteoporosis and Related Bone Diseases National Resource Center. Last year, the NIAMS awarded a 4-year grant for the establishment of the Resource Center. The Center has a twofold objective: (1) to provide comprehensive services to reach the American population with medically sound information and programs on the prevention, early detection, and treatment of bone disease; and (2) to conduct behavioral research of key subsets of population, such as adolescent girls and the population most prone to suffer osteoporotic fractures due to falls—the frail elderly. The Committee is pleased with the progress that has been made in getting the Center underway and encourages the Institute to consider providing additional support to the Center in fiscal year 1996.

Lupus and women's health.—The Committee encourages the Institute to continue support of a portfolio of research on understanding why this disease is more prevalent in women and black women in particular, as well as to pursue new and innovative treatments for this disease.

Fibromyalgia.—Over the past several years, the Committee has expressed interest in an increased research effort in fibromyalgia and commends the NIAMS for steps to encourage new investigators to enter the field. Current NIAMS research projects focus on basic research, and investigators are studying the causes, diagnosis, and treatment of fibromyalgia. The Committee urges the NIAMS to continue to support an aggressive research program on fibromyalgia.

Epidermolysis bullosa [EB].—Several years ago it was discovered that in one of the severe forms of EB, a normal structure called an anchoring fibril was missing. In the last few years it has become clear that anchoring fibrils are composed of a type of protein that is abnormal in essentially all forms of dystrophic EB, both recessive and dominant. In addition, the defective genes and abnormal proteins in the most frequently fatal form of EB have been found. This work now provides the basis for early (including prenatal) diagnosis and, once technology is far enough advanced, potential

gene therapy for this devastating disease. The Committee supports an accelerated research program on EB.

Psoriasis (acquired skin diseases).—Psoriasis is a chronic skin disease characterized by thickened, red areas of skin with silvery scales. Of the 4 million to 5 million Americans who suffer from psoriasis, about 1 million have the severe form.

NIAMS supported researchers using tissue samples from the National Psoriasis Foundation Tissue Bank have demonstrated that the gene for familial psoriasis is located on chromosome 17 of the human genome. This collaboration between private and public sector-supported research initiatives has enabled genetic research on this disease to move ahead at an accelerated rate. Through this genetic research, investigators have learned that, of the known genes in this area of chromosome 17, several have to do with activation of immune cells, leading to new theories of how psoriasis develops. The Committee strongly encourages NIAMS to support additional genetic research to determine which gene is the specific gene(s) for psoriasis as well as to pursue research on the mechanisms that lead to the onset of this disease.

Low back pain.—Low back pain continues to be a leading cause of limitation in adults and has become a major public health problem. Some 80 percent of Americans will experience an episode of low back pain during their lifetime; and in any 1 year, 50 percent of all working adults have low back pain.

The Committee commends NIAMS on its upcoming workshop on low back pain that will address future research needs to improve the understanding of this condition and the care of the patient. As a result of this workshop, the Committee encourages the Institute to develop and disseminate workshop findings to the public and the scientific community. The Committee also encourages the NIAMS to consider utilizing the area health education centers supported by the Health Resources and Services Administration, as one mechanism for dissemination of workshop findings.

Repetitive motion syndrome.—The occurrence of repetitive motion syndrome in the work force is growing and is recognized as a major source of disability in middle-aged and older workers. These disorders of the musculoskeletal system may be caused or aggravated by repetitive motions of the upper or lower extremities over extended periods. The Committee is pleased that the NIAMS recognized the magnitude of the problem and held a workshop on repetitive motion disorders in June 1994. The Committee urges the Institute to continue its investigations into this area and to conduct studies toward the understanding, prevention, and treatment of these extremely painful disorders. NIAMS is also encouraged to address the impact of repetitive motion disorders on children, given society's dependency on computers and the increased use by our children at the elementary school level.

Scleroderma research.—An estimated 500,000 Americans are affected by scleroderma, a chronic, degenerative autoimmune disorder that leads to the overproduction of collagen hardens the connective tissue and damages the organs involved.

The Committee is aware that the Scleroderma Research Foundation's [SRF] has launched an innovative $3,000,000 investment strategy in scleroderma research, and encourages the NIAMS to

maximize each Federal dollar invested in research by working closely with the foundation. The Committee further encourages NIH to consider the development of a national scleroderma patient registry. The Committee understands that a regional registry is already in operation at the Scleroderma Research Foundation's San Francisco Bay Area Scleroderma Research Center and encourages NIH to use it as a testing ground for the registry.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 1995	$168,933,000
Budget estimate, 1996	174,049,000
House allowance	176,502,000
Committee recommendation	172,190,000

The Committee recommends an appropriation of $172,190,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. This is $1,859,000 less than the administration's request, $3,257,000 more than the fiscal year 1995 appropriation, and $4,312,000 less than the House Allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for 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, is actively involved in health promotion and disease prevention, and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

Spasmodic dysphonia.—Spasmodic dysphonia is a voice disorder that affects women predominantly, and usually renders a person difficult to understand because of uncontrolled voice and pitch breaks. NIDCD intramural scientists pioneered the development of a new treatment for spasmodic dysphonia using botulinum toxin A injections into the laryngeal musculature. The Committee recommends continued NIDCD intramural and extramural study into spasmodic dysphonia.

Partnership program.—The Committee continues to support the Comprehensive Minority Partnership Program between NIDCD, the University of Puerto Rico, Morehouse School of Medicine, and the University of Alaska system. The Committee encourages NIDCD to provide the resources needed to develop culturally and linguistically sensitive diagnostic and assessment tools for each of the populations served by these institutions and encourages the NIDCD to provide these institutions an opportunity to compete for funding in this area.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 1995	$52,757,000
Budget estimate, 1996	55,055,000
House allowance	55,831,000
Committee recommendation	54,453,000

The Committee recommends an appropriation of $54,453,000 for the National Institute of Nursing Research [NINR]. This is $602,000 less than the administration's request, $1,696,000 more than the fiscal year 1995 appropriation, and $1,378,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NINR supports biomedical and behavioral research and research training programs to reduce the burden of illness and disability of individuals and their families, improve health-related quality of life, establish better means to promote health and prevent disease, and reduce the costs and demands for care. Research programs address symptoms and side effects of disease and treatment, health behaviors and habits, and strategies to improve patient care.

Managing pain.—The Committee recognizes that problems associated with pain extend far beyond its discomfort. Untreated or undertreated pain is known to prolong recovery from illness and, in extreme cases, result in death. Pain is the most common reason for some 40 million visits to physicians a year, at an estimated annual cost, in health care and lost productivity terms, amounting to more than $100,000,000,000. While the Committee is encouraged with the progress in understanding the extremely complex phenomenon of pain, particularly certain biological aspects, much more needs to be known about the pain experience and how to ease it.

The Committee further commends NINR's research progress in better understanding pain in young children and adolescents, and encourages research aimed at discovering ways to quantify pain intensity in infants. The Committee also supports studies that address intervention to activate the body's innate pain control mechanisms. The Committee strongly supports NINR's taking the lead in a major NIH-wide research initiative that addresses both biological and behavioral aspects of pain. This effort promises to contribute valuable insights into the comparative effectiveness of various pain treatments for subgroups of patients, such as the elderly, infants, and those with physical disabilities or cognitive impairments.

Managing symptoms associated with dementia.—Since more people are living to an old age, the number who have dementia will continue to increase. At this time, dementing disorders, such as Alzheimer's disease, cannot be prevented, nor can their clinical course be altered significantly. It is estimated that costs of care for one person with Alzheimer's disease is $47,000 per year for an illness that can last from 8 to 20 years before death occurs. The Committee believes it imperative to reduce these staggering human and financial costs so that dementia's life-altering impact on patients, their families, the health care system, and the economy can be mitigated.

Genetic testing and gene therapy.—Compelling advances in molecular genetics are outpacing knowledge of the clinical implications. The Committee is concerned about this imbalance and expresses its support for NINR's increased collaboration with the National Center for Human Genome Research. Joint efforts are essential to develop and evaluate teaching and counseling methods that help patients and their families make informed decisions about whether to undergo genetic screening.

Prevention of risk factors for illness.—The Committee is well aware that through healthy behaviors, people may save or prolong their lives, yet successful methods to encourage adoption and maintenance of these practices throughout the lifespan remain to be developed and tested. The Committee applauds NINR's research efforts thus far regarding prevention of adolescent risk factors linked to unhealthy habits. These risk factors can result in tremendous costs to the Nation's health care system.

Improving the health of vulnerable populations.—The Committee is aware that geography and cultural identity and beliefs may create barriers to health care, particularly for people in rural areas and high risk minority groups. These vulnerable populations also infrequently participate in prevention programs, putting them at risk for life-threatening illnesses such as cancer, tuberculosis, and AIDS. The Committee is pleased that the NINR is supporting research to develop and test model prevention programs at the community level targeted at rural residents who need specially tailored interventions to maintain good health.

Cooperation with the National Cancer Institute.—The Committee continues to recommend that the NINR work closely with the NCI to develop research studies that address breast cancer—including symptom management, quality of life issues, and preventive screening.

Minority health.—The Committee is aware that an innovative and culturally sensitive community partnership program of prenatal care developed for rural Hawaii called Malama has been very successful in addressing the prenatal care needs of minorities in this region. This program has provided a model for effectively integrating the values and expertise of academia and those of the community, as well as of psychology and nursing. The Committee encourages the NINR to expand this program to further address other minorities in Hawaii.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 1995	$190,067,000
Budget estimate, 1996	195,847,000
House allowance	198,607,000
Committee recommendation	193,730,000

The Committee recommends an appropriation of $193,730,000 for the National Institute on Alcohol Abuse and Alcoholism. This is $2,117,000 less than the administration's request, $3,663,000 more than the fiscal year 1995 appropriation, and $4,877,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research.

The House allowance did not include an appropriation for 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. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decease 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 [FAS], genetics, and moderate drinking.

Fetal alcohol syndrome.—The Committee understands that fetal alcohol syndrome [FAS] is one of the four leading known causes of mental impairment in this country, with an estimated incidence of 1 to 3 cases per 1,000 births. FAS is fully preventable, because maternal alcohol consumption is its only known cause. The Committee strongly encourages the Institute to develop a major behavioral research initiative to achieve a significant reduction in FAS and requests the Director to inform the Committee of its plans in this area during the fiscal year 1997 budget hearings.

Effects of moderate drinking.—An emerging area of interest is the investigation of the consequences of moderate alcohol consumption. The Committee is supportive of efforts of the NIAAA to increase research support to learn more about both the beneficial and harmful effects of moderate alcohol consumption. Research issues include defining "moderate" drinking, exploring the impact of alcohol on coronary artery disease, illuminating the exact cellular and molecular mechanisms of the effects, and identifying the risks and benefits associated with moderate alcohol consumption.

Behavioral research.—The Committee notes with great interest the strides that have been made in the area of behavioral research on alcohol abuse and alcoholism, including effective scientifically based strategies for delaying the initiation of drinking by young people, and the potential effectiveness of combining behavioral therapy with naltrexone to substantially reduce the current 50-percent relapse rate among those treated for alcohol abuse and alcoholism. The Committee encourages NIAAA to continue testing the effectiveness of these approaches.

Medications development.—The Committee is pleased that research supported by NIAAA has led to the first new medication approved by FDA for alcoholism treatment in over 40 years. Naltrexone, an opiate blocker, in combination with skilled counseling, has resulted in alcohol-dependent patients staying sober twice as long as placebo-treated patients. Further research is needed to determine the effects of naltrexone's longer-term use, side effects, and most importantly, how it reduces alcohol craving. The Committee supports continued research on these promising research opportunities.

Rural research.—Sufficient funding is provided to continue research on alcohol use in rural areas and to continue funding for a family focused research program on rural alcohol use.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 1995	$437,443,000
Budget estimate, 1996	452,069,000
House allowance	458,441,000
Committee recommendation	446,800,000

The Committee recommends an appropriation of $446,800,000 for the National Institute on Drug Abuse [NIDA]. This is $5,269,000 less than the administration's request, $9,357,000 more than the fiscal year 1995 appropriation, and $11,641,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for 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 addiction is a treatable disease of the brain. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce drug 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.

Neuroscience.—Because NIDA researchers have cloned the genes for the receptors for every major drug of abuse, the stage is now set for detailed molecular and cellular studies exploring the mechanisms underlying complex and clinically important behavior relevant to drug abuse. The Committee applauds NIDA's efforts to use imaging technology to actually visualize the effects of drugs on the brain as they are occurring. Such advances have brought scientists to the brink of long-awaited discoveries. The Committee considers neuroscience research to be a top priority for the Institute and encourage NIDA to continue its involvement in "Decade of the Brain" activities.

Treatments for pregnant women.—Another pressing priority is the development of effective behavioral and pharmacological treatments for pregnant women who use drugs. The Committee commends NIDA for its research efforts in this area, particularly NIDA's recognition of the importance of developing antiaddiction medications that do not cross the placental barrier. NIDA is encouraged to continue its research on behavioral and pharmacological therapies appropriate for pregnant women.

Treatment medications.—The single most important need for conquering the urgent public health problem of drug abuse and addiction is an effective anticocaine medication or cocaine blocker. NIDA research has led to tremendous breakthroughs in molecular-biological and neuroscience research over the last 5 years. There is now

the promise of developing effective treatments for addictions, especially a cocaine blocker. The development of these medications will not only be a major breakthrough in themselves, but when combined with behavioral techniques, could dramatically improve treatment outcome. The Committee encourages NIDA to continue this critical research, particularly the development of small molecule cocaine antagonists which will have clinical utility in the treatment of cocaine addiction and overdose.

Comprehensive research centers.—The Committee understands that NIDA has conducted a comprehensive review of its center grant program which will result in the publication of NIDA-wide center grant guidelines. The Committee continues to strongly encourage NIDA to support up to five multidisciplinary, comprehensive drug abuse research centers to demonstrate the effectiveness of a variety of coordinated approaches focussed on women, children, minorities, or other undeserved populations. Centers should provide a stable environment for investigators from biomedical, behavioral, and/or social sciences to conduct coordinated and integrated basic and clinical research and research training related to drug abuse. The Committee requests that NIDA be prepared to report on its center grant program during the 1997 appropriations hearings.

Behavioral research.—The Committee understands that the NIDA is in the process of expanding its support of behavioral science research, as signaled in part by the establishment of a separate behavioral sciences research branch, and believes that this area should continue to be one of the Institute's highest priorities. The Committee urges NIDA to support investigations of the underlying behavioral and biological mechanisms of craving, and the role that factors such as peer pressure, family, society, and development play in substance abuse. The Committee is pleased with the Institute's efforts to work with various national professional associations, such as the National Association of Social Workers and the American Psychological Association.

Social work services.—The Committee applauds the NIDA for its initial effort to support expanding the number of social work researchers conducting drug abuse research and encourages NIDA to continue these efforts in fiscal year 1996.

Drug abuse research program.—The economic costs of illegal drug use and addiction, including costs related to crime, health, AIDS infection, law enforcement, decreased job productivity, unemployment, and homelessness, are staggering. The Committee commends NIDA and the NIH for its drug abuse and addiction research, especially that directed toward children and adolescents. Despite marked progress in drug abuse treatment and prevention, drug addiction continues to cost society an estimated $76,000,000,000 annually. Today, there are still 11 million Americans who are illicit drug users and an estimated 3 million Americans over the age of 15 who are dependent on illicit drugs. As we pass the halfway mark in this "Decade of the Brain" which Congress first authorized in 1990, the Committee urges NIDA to continue its outstanding work in understanding the sites in the brain where addictive drugs like cocaine act and to capitalize on these

findings in furthering NIDA's effort to develop medications for drug abuse treatments.

Although there are important differences among individuals in their susceptibility to drug abuse disorders, little is known about the sources of this vulnerability. The Committee urges NIDA to continue its research in this area to understand the basic causes of addictive disorders and individual differences in drug effects on behavior. Other important areas of drug abuse research include studies of drug effects on the immune system and its role in HIV/AIDS, the consequences of drug abuse by pregnant women, and behavioral treatments for drug addictions.

Substance abuse services research.—Part of the mission of the Institute is to support research to study the outcomes, effectiveness, and cost benefits of drug abuse services. In this context, the Committee encourages NIDA to consider joining with the NIAAA in supporting research to compare the case management model of treatment with the residential substance abuse model of treatment to be carried out in conjunction with nationally recognized organizations with substantial experience with both the models of treating substance abuse.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 1995	$631,275,000
Budget estimate, 1996	652,136,000
House allowance	661,328,000
Committee recommendation	645,411,000

The Committee recommends an appropriation of $645,411,000 for the National Institute of Mental Health [NIMH]. This is $6,725,000 less than the administration's request, $14,136,000 more than fiscal year 1995 appropriation, and $15,917,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The research programs of NIMH lead the Federal effort to identify the causes of—and the most effective treatments for—mental illnesses, which afflict more than one in five Americans. Mental illnesses cost the Nation over $150,000,000,000 each year in direct and indirect costs. Severe mental illnesses affect 2.8 percent of the U.S. adult population annually, approximately 5 million people. These individuals suffer from disorders such as schizophrenia, manic-depressive illness, major depression, panic disorder, and obsessive-compulsive disorder. The full range of mental disorders produces an as yet unmeasured level of disability in our adult population. One result of NIMH research has been a new awareness that undiagnosed and untreated mental illness, in all its forms and with all of its consequences, is as damaging as physical illness is to the Nation's well-being.

The human brain project.—The Committee was pleased to receive the report from the NIMH on the human brain project which it has requested last year. The Committee is pleased to see that this research initiative is being implemented as a multiagency effort, and that the number of Federal organizations participating

has grown from 11 to 16, including 12 Institutes and Centers of the National Institutes of Health. The coordination of the planning and funding of the human brain project across agencies, institutes, and centers is an excellent example of how the Federal Government can respond effectively to emerging needs of society and to opportunities for advancing science and technology.

The research now funded under the human brain project is forgoing a new scientific area of inquiry called neuroinformatics. The Committee is pleased that the human brain project has allowed the United States to attain the preeminent position in this area of science and technology. The Committee would like to be kept apprised of the progress of this effort and directs the NIMH to submit an update on the human brain project prior to next year's hearings.

Psychopharmacology research in children and adolescents.—Growing evidence suggests that psychotherapeutic medications are increasingly prescribed for use in children and adolescents with emotional, behavioral, and mental disorders. Yet knowledge of the safety and efficacy of such agents has not kept pace with clinical practices, with the result that many of the drugs currently prescribed for children and adolescents are used in the absence of detailed information on their possible effects. The Committee is supportive of NIMH efforts to address this situation, by funding a multisite study of mental health service use, need, outcomes, and costs in child and adolescent populations [UNO–CAP]. UNO–CAP aims to learn more about the types of services, efficacy, and cost effectiveness of mental health treatment for children and adolescents age 4 to 17.

Social work services.—The Committee applauds the NIMH for funding its third social work research development center and recommends that NIMH continue its efforts to develop social work research, including considering funding an additional social work research development center during 1996. The Committee is supportive of the recommendations of the 1991 NIMH task force report on "Social Work Research" and requests the Institute be prepared to report on the status of implementation by the fiscal year 1997 budget hearings.

Emergency medical services for children [EMS–C].—The Committee remains supportive of EMS–C projects that address the mental health component of emergency health services in conjunction with the physical care aspects of EMS–C, and encourages NIMH to collaborate with various professional organizations, such as the American Academy of Pediatrics, to develop comprehensive EMS–C care standards that support the family.

Basic behavioral sciences.—The Committee is pleased to have received from the National Advisory Mental Health Council its report: "Basic Behavioral Science Research for Mental Health: A National Investment," which identifies promising research directions for the basic behavioral sciences at NIMH. Because behavioral and psychosocial factors play such a critical role in both physical and mental health and illness, the Committee believes that basic behavioral research on these factors is particularly important for the development of solutions to these costly and debilitating problems. The Committee urges NIMH to begin implementation of the recommendations contained in the report.

Prevention.—In keeping with the Committee's interest in NIMH support for prevention research, the Committee commends the NIMH for developing an implementation plan to address the recommendations of the 1994 Institute of Medicine report: "Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research," and urges timely implementation by NIMH of two areas of prime importance. First, to meet the need to train mental disorder prevention researchers, the Committee supports NIMH in expanding funding for the B–START program, both for those at the beginning stages of their career and for career transitions to behavioral science research. Second, the Committee urges NIMH to take the lead in coordinating efforts to prevent mental disorders, including support for an Institute of Medicine round table created for this purpose.

Rural mental health.—The Committee is very pleased with the work of the rural mental health research centers. Sufficient funding is provided to continue the initiative in rural mental health.

NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 1995	$349,367,000
Budget estimate, 1996	375,914,000
House allowance	390,339,000
Committee recommendation	371,707,000

The Committee recommends an appropriation of $371,707,000 for the National Center for Research Resources [NCRR]. This is $4,207,000 less than the administration's request, $22,340,000 more than the fiscal year 1995 appropriation, and $18,632,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for 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's people. 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 precollege students and the general public.

Shared resources.—The Committee encourages the NCRR to expand its support for shared resources, particularly its resource centers in clinical research, biotechnology, and primate research. These resources provide a cost-effective means for NIH-supported researchers to conduct a variety of research programs, without the need for direct grant support by the Institute or Center.

Gene therapy.—The Committee notes with interest that, along with several of the categorical institutes of NIH, NCRR has established national gene vector laboratories centers. These centers will offer state-of-the-art resources for researchers to use on a shared and cost-saving basis and will provide scientists across the Nation with access to the vectors for gene therapy and enable the advancement of this exciting area of research.

Minority programs.—The Committee continues to be committed to programs for enhancement of minority participation in research. The research centers in minority institutions [RCMI] are greatly increasing the capacity of minority institutions that grant doctoral degrees in health-related sciences to participate in research. In fiscal year 1996, the Committee understands the NCRR will continue to develop clinical research infrastructure at RCMI institutions affiliated with medical schools, which will increase the numbers of minority researchers, boost minority representation in research projects, and expand research on health problems of underrepresented populations. In addition, the Minority High School Research Apprentice Program will continue to encourage minority students from kindergarten through 12th grade to consider careers in science and research.

The National Center for Research Resources [NCRR] is to be commended for its continued efforts to improve the research infrastructure of minority institutions capable of improving the disparity in the health status of the minority populations they serve. The Committee is pleased that the NCRR, together with the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK] and the Office of Research on Minority Health [ORMH], are supporting efforts in both intervention and prevention of diseases that disproportionately affect native Hawaiians, African-Americans, and Hispanic Americans. The Committee encourages NCRR to continue its leadership role in developing the research infrastructure to address the impact of diabetes, infant mortality, heart disease, AIDS, and various cancers on the population served by the research centers on minority health [RCMH].

Extramural facilities.—The Committee has included $11,000,000 for extramural biomedical facility renovation and construction, $9,000,000 less than recommended by the House and the same as requested by the administration. These funds are to be awarded on a competitive basis consistent with section 481A and 481B of the Public Health Service Act. The Committee recommendation includes $2,500,000 for grants under section 481B, within the total for extramural construction.

The Committee understands that several extramural construction grants were approved but not funded in fiscal year 1995 and recommends the NCRR give consideration in fiscal year 1996 to these proposals which already have been competively reviewed without having to resubmit their proposals. The Committee has learned of additional facilities construction and renovation needs from several research institutions.

The Committee is very interested in the proposal of the Coriell Institute for Medical Research which encompasses the establishment of a National Human Cell Repository Center [NHCRC]. The Committee is aware of comments from the NIH Biomedical Research Facilities Review Board, including one which stipulated, "a centralized facility such as the NHCRC will be a valuable asset to the scientific community." Accordingly, the Committee urges the Center give full and fair consideration to a proposal from the Corriell Institute.

The Committee also is aware of a proposal from the Medical College of Virginia/Virginia Commonwealth University to construct a

center for the study of intractable epilepsy and from the Florida A&M University for construction of a pharmacy and biomedical research building and recommends the Director give full and fair consideration of proposals from these institutions.

Finally, the Committee is aware of a proposal from the University of Pennsylvania Dental School and urges the NCRR to ensure the proposals for expansion oral health research facilities are given full and fair consideration.

Biological models and materials.—The Committee strongly supports the NCRR's biological models and materials research program activity of exploring and developing alternatives to the use of animals in biomedical research, and therefore directs the NCRR to fund such alternatives as part of a comprehensive Federal strategy to maintain our position as the world's biomedical research leader. The Committee is aware of one such alternative, the National Disease Research Interchange [NDRI], whose mission is to ensure regular access to human tissues and organs for biomedical researchers throughout the country. Breakthroughs in the treatment and cure of many diseases can be expected through the use of human tissues and organs for research. Accordingly, the Committee directs the NCRR to provide not less than the Council-recommended level for this resource to allow it to continue to provide its unique services to researchers in over 100 disease categories.

IDeA grants.—The Committee has provided $2,100,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is $1,000,000 over both fiscal year 1995 and the budget request. The program is intended to broaden the geographic distribution of NIH funding of biomedical research through enhancing the competitiveness of institutions that conduct biomedical and behavioral research which historically have had low rates of success in obtaining funding.

NATIONAL CENTER FOR HUMAN GENOME RESEARCH

Appropriations, 1995	$152,866,000
Budget estimate, 1996	167,678,000
House allowance	170,041,000
Committee recommendation	165,888,000

The Committee recommends an appropriation of $165,888,000 for the National Center for Human Genome Research [NCHGR]. This is $1,790,000 less than the administration's request, $13,022,000 more than the fiscal year 1995 appropriation, and $4,153,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The NCHGR coordinates extramural research and research training for the NIH component of the human genome project, an international effort to determine the location and sequence of the estimated 100,000 genes which constitute the human genome. The Division of Extramural Research supports research in genetic and physical mapping, DNA sequencing and technology development, data base management and analysis, and studies of the ethical, legal, and social implications of human genome research.

The Division of Intramural Research [DIR] focuses on applying the tools and technologies of the human genome project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene therapies. Since its establishment in 1993, the DIR has developed a strong research program and forged collaborative ties with several of the NIH research institutes to unravel the complexities of genetic diseases such as diabetes, breast and colon cancer, and melanoma.

Genetic testing.—The Committee understands that in fiscal year 1996, results will be forthcoming from pilot studies examining the issues surrounding genetic testing and counseling for predisposition to breast, ovarian, and colon cancer. In addition, the NIH–DOE joint working group on the ethical, legal, and social implications of human genome research has established a task force on genetic testing to examine current practices and policies surrounding the safety and efficacy of new genetic tests. In the intramural program, the Medical Genetics Branch has established a new graduate program for genetic counselors in collaboration with the Johns Hopkins University. This program will train graduates to become effective genetic counselors and to conduct research in the field of genetic counseling. The Committee commends the Center for its activities in this area and urges that it continue to be given high priority.

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

Appropriations, 1995	$23,775,000
Budget estimate, 1996	24,961,000
House allowance	25,313,000
Committee recommendation	24,666,000

The Committee recommends an appropriation of $24,666,000 for the Fogarty International Center [FIC]. This is $295,000 less than the administration's request, $891,000 more than the fiscal year 1995 appropriation, and $647,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The primary function of the FIC is to improve the health of the people of the United States and other nations through international cooperation in the biomedical sciences. In support of this mission, the FIC pursues the following four goals: mobilize international research efforts against global health threats; advance science through international cooperation; develop human resources to meet global research challenges; and provide leadership in international science policy and research strategies.

New and emerging infectious diseases.—The recent Ebola virus epidemic in Zaire is illustrative of the challenges of dealing with new and reoccurring health threats. Other such outbreaks in the United States and abroad include Hantavirus, Crytosporidium, hemorrhagic and dengue fevers, and Hepatitis C. The Committee is supportive of plans to provide leadership in the development of research and training programs to mobilize global scientific efforts to meet these challenges through international studies on microbes,

hosts, vectors, and environmental and social factors that lead to the emergence of infectious diseases.

International tuberculosis effort.—Elimination of tuberculosis in the United States can only be achieved by controlling the disease in developing countries where more than 90 percent of all the world's cases are presently located. Preliminary figures for the United States in 1994 showed that fully one-third of all persons with newly diagnosed tuberculosis were of foreign origin.

The Committee encourages the Fogarty International Center to expand its current efforts to combat tuberculosis in developing countries. In this regard, the Committee notes the longstanding work of the International Union Against Tuberculosis and Lung Disease in international tuberculosis control, as well as the resources presently available at the U.S.-based tuberculosis model centers. Given the relationship between HIV infection and the increased incidence of tuberculosis, this program would seem to be an excellent complement to the already existing and highly successful international AIDS program carried out by the Fogarty International Center.

Infectious diseases.—The Committee commends the FIC for the work it has done in the area of infectious diseases of international origin. The Committee encourages the Center to continue its efforts in this area, as well as consider other translational factors that contribute to the world's disease burden.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 1995	$128,694,000
Budget estimate, 1996	139,473,000
House allowance	141,439,000
Committee recommendation	137,977,000

The Committee recommends an appropriation of $137,977,000 for the National Library of Medicine [NLM]. This is $1,496,000 less than the administration's request, $9,283,000 more than the 1995 appropriation, and $3,462,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

Mission.—The National Library of Medicine collects, organizes, disseminates, and preserves biomedical literature, in all forms and wherever published. The collection, and the information services NLM has created, are available onsite at the library in Bethesda, MD. They are also available to U.S. health professionals through interlibrary loan and via online data bases. In addition to maintaining its collection, the library has statutory responsibility to conduct research into biomedical communications and biotechnology. It also has an extramural grant program to support health science libraries and the services they provide to their clientele. Finally, the library creates specialized information services in such crucial areas as health services research, environmental health, hazardous substances, and toxicology.

Outreach.—NLM's legislation specifically requires it to publicize the availability of its services; this has led to the creation of a vigorous program of outreach to the health professions. Although the

library's information services are widely available, there are still many health professionals—especially in rural areas—who could benefit from being connected to them. More than 200 projects have been undertaken over the last several years that seek to bring NLM's information services to, for example: rural and inner-city health workers, schools with large minority enrollments, community organizations serving those with HIV/AIDS, the Mississippi Delta area, the Texas-Mexico border area, and Indian Health Service health workers. Extensive outreach programs would not be possible without the cooperation of the regional medical libraries and other members of the National Network of Libraries of Medicine.

The Committee encourages NLM to continue its special outreach efforts to bring the benefits of its information systems to all American health professionals. Providing information access to health professionals in remote rural and inner-city areas is a high priority.

The Committee supports the NLM's efforts toward improving health care information sharing among clinicians, researchers, educators, and other health professionals through the implementation of the national information superhighway, and programs such as internet. In order to maximize the productivity of these activities, the Committee urges that they be effectively coordinated through the use of medical librarians and other health information specialists. The Committee requests that the NLM be prepared to report on outreach funding and activities planned for fiscal year 1997 during the budget hearings next year.

Telemedicine.—The Committee has provided sufficient funds to enable the National Library of Medicine to build on previous investments in telemedicine test-bed networks to evaluate the impact of telemedicine on cost, quality, and access to care. In addition, in a study funded by the NLM, the Health Care Financing Administration, and the Department of Veterans Affairs, the Institute of Medicine is currently identifying key criteria for evaluation of the impact of operational telemedicine projects. The Committee understands NLM will work with its existing test-bed sites to apply these criteria to a variety of telemedicine projects.

Bioethics.—The Committee encourages the National Library of Medicine to provide continued support for the program for bioethics bibliographic research within available funds.

OFFICE OF THE DIRECTOR

Appropriations, 1995	$239,859,000
Budget estimate, 1996	257,854,000
House allowance	261,488,000
Committee recommendation	260,374,000

The Committee recommends an appropriation of $260,374,000 for the Office of the Director [OD]. This is $2,520,000 more than administration's request, $20,515,000 more than the fiscal year 1995 appropriation, and $1,114,000 less than the House allowance. The comparable numbers for the 1995 appropriation, the budget estimate, and the Committee recommendation include funds to be transferred from the Office of AIDS Research. The House allowance did not include an appropriation for the Office of AIDS Research.

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 OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to operation of the NIH.

The Office of Research on Women's Health.—The Office of Research on Women's Health [ORWH] works to coordinate, refine, and expand the programs and activities, of the NIH to address the inclusion of women in clinical research and to promote biomedical careers for women. In addition, the ORWH is charged with developing new collaborative initiatives to address continuing gaps in knowledge about women's health which affect both mortality and morbidity.

The Committee has directed the Office of Women's Health in the Office of the Secretary to develop and implement the national women's health clearinghouse and has directed that the Public Health Service agencies contribute a total of $1,400,000 to this effort, each agency contributing their proportionate share as determined by the Office of the Secretary. Sufficient funding has been included to provide that support to the clearinghouse.

Women's health initiative.—This initiative is a large cross-Institute study regarding the prevention of conditions afflicting a large number of women, such as, breast cancer, heart disease, and osteoporosis. There are three components of the study: a clinical trial; an observational study; and a community prevention study. In fiscal year 1996, funds will be used to support continued activities in the coordinating center and the 40 clinical centers. Funds also will be used to plan the community prevention component.

Office of Research on Minority Health.—The Office of Research on Minority Health [ORMH] is the coordinating office for minority health research and research training efforts at the NIH. ORMH programs strive to improve the health status of all minorities across the lifespan and to increase the numbers of minorities pursuing careers in the biomedical sciences. Additional activities of the ORMH include providing supplemental support to ICD projects, developing programs to increase minority participation in clinical trials, initiating and supporting infrastructure development projects at minority institutions, and developing programs to increase the competitiveness of grant applications submitted by minority researchers.

The recent discovery of the connection between the bacterium Helicobacter Pylori and peptic ulcer disease as well as gastric cancer offers an exciting opportunity to work toward the eradication of these diseases. Several studies have shown a higher rate of H. pylori infection in minorities, possibly accounting for the higher gastric cancer rates in these populations. The Committee encourages the ORMH to collaborate with the NIDDK, the NCI, and the NIAID on the development and implementation of a cooperative research plan on H. pylori infection in minorities.

The Committee continues to be supportive of the collaborative activities of the ORMH with the NIDDK regarding minority health,

particularly in the area of the genetics of diabetes and the treatment and prevention of diabetes in minority populations. The Committee understands that diabetes disproportionately affects minority populations and encourages the ORMH to continue this important collaboration.

The Committee has provided adequate funding for the continuation and growth of a variety of competitive programs at NIH that emphasize improving the health status of disadvantaged populations, including racial and ethnic minorities. The Committee has placed special emphasis on the MARC, MBRS, RCMI, and ORMH programs, and expects these programs to continue to be thoroughly supported.

The Committee urges the Director to ensure that research projects involving native Hawaiians, Asian, and Pacific islanders, be given full and fair consideration by the NIH and that they be appropriately incorporated into projects supported by the minority health initiative.

Minority health initiative.—The minority health initiative [MHI] is tailored to improve the overall health of minorities through expanded research and to provide training to more minority biomedical researchers. The goals of the MHI include continuing initiatives in collaboration with several institutes, addressing newly emerging areas of research such as: health and behavioral effects of lead exposure in childhood in inner-city neighborhoods; and the health of minority women. In addition, MHI funds will support all minority research training efforts.

Neurodegenerative disorders initiative.—The Committee commends the NIH for the development of high priority research areas and areas of special emphasis in the budget request. These special emphasis areas, selected by the President and NIH, have been chosen because of the promise to yield a greater return on the Federal investment in biomedical research. NIH Institutes, Centers, and Divisions supporting research in these areas participate in an ongoing analysis of the research portfolio to ensure that NIH is committing its resources to reflect these priorities. Research areas of special emphasis include: tuberculosis, women's and minority health, breast cancer, AIDS, brain disorders, disorders of developmental and reproductive biology, bone, muscle, and connective tissue diseases, mutations and environmental cancer, DNA sequencing technology, prevention, gene therapy, and structural biology and drug design.

The Committee has received compelling testimony this year on the promise of intensified research on neurodegenerative disorders. Research into neurodegenerative disorders offers the benefit of significant improvement in the quality of life and savings in long-term care and health care costs for millions of Americans. For example, simply delaying the onset of Alzheimer's disease for 5 years, which today afflicts over 4 million individuals and is projected to afflict over 14 million by the next decade, could yield savings in excess of $50,000,000,000 annually. Another example, by slowing the progression of Parkinson's disease by just 10 percent is estimated to save up to $327,000,000 a year. Other neurodegenerative disorders offer similar promise to develop new therapies to restore function

and productivity, and to deliver a positive return on the Federal investment.

The Committee is supportive of the Director's placing priority on brain disorders research. The Committee believes that in addition to brain disorders, research on neurodegenerative disorders, in particular, should receive special emphasis in fiscal year 1996. For this reason, the Committee recommendation includes $8,000,000 within the Office of the Director for an initiative to expand the basic and clinical research effort on neurodegenerative diseases, such as those identified. The Committee has decided not to render a judgment on the allocation of these additional funds among the neuroscience Institutes, but to leave the allocation decisions up to the Director to ensure the highest priority research among those Institutes is supported. The Committee requests that the Director prepare and submit a report on implementation of this initiative and the allocation of funds by February 15, 1996.

Office of Behavioral and Social Sciences Research.—The Committee is pleased to learn that the Office of Behavioral and Social Sciences Research will soon be fully implemented. The Committee anticipates that the OBSSR will provide the necessary structure to promote, facilitate, and increase behavioral and social science research at the NIH. The Committee urges the OBSSR to work in partnership with other NIH institutes and outside organizations to develop research on testing psychosocial and behavioral interventions and strategies aimed at improving patient disease management, adherence to treatment, appropriate utilization of medical care, and promoting expanded quality of life.

The Committee notes with great interest the National Research Council report, "Meeting the Nation's Needs for Biomedical and Behavioral Scientists." This report recommends placing high priority on NRSA awards to behavioral scientists in order to address a shortage of behavioral science researchers. The Committee expects the Director to provide an update during the fiscal year 1997 hearings on NIH's progress in implementing this recommendation and support for behavioral science researchers.

Office of Rare Disease Research.—The Committee is pleased with the planning of the rare disease clinical research data base and monitoring system and anticipates the availability of information from this data base to match potential research participants with current clinical research projects. Increased participation in clinical research studies and easier access to research advances should lead to improved treatment for millions of patients with rare diseases or conditions. The Committee also recognizes the collaborative efforts of the Office, the National Cancer Institute's International Cancer Information Center, the Division of Research Grants, the General Clinical Research Centers Program, and the National Library of Medicine that have been required to reach the implementation phase in the development of this data base. Continued cooperation will be required in the future to maintain the high quality of information provided in this data base.

The Committee recognizes the advances made in identifying the location of genes for rare and genetic diseases. The scientific research leading to the discovery of these genes is the result of many years of dedicated basic research. These discoveries have caused

some confusion leading to the belief that treatment is or will soon be readily available through gene therapy. The Committee requests that the Office of Rare Disease Research working jointly with the National Center for Human Genome Research develop plans for establishing an information center to respond to inquiries about rare and genetic disorders.

The Committee recognizes that NIH makes considerable resources available to support research on the rare diseases and conditions. The Committee requests that the Office of Rare Disease Research working jointly with the research institutes and centers of the NIH, and other Federal agencies with recommendations from voluntary health organizations, and the pharmaceutical and biotechnology industries prepare and submit to the Committee prior to the hearings for fiscal year 1997 a report on steps to coordinate rare disease research programs within existing research funds and resources.

The recommendation includes $1,275,000 for the Office of Rare Disease Research to complete the implementation of the clinical research data base, to continue support for scientific workshops and symposia to stimulate rare disease research, to support the development of plans to coordinate rare disease research activities, and the operational activities of the Office.

Indirect costs.—The Committee understands that the administration has issued a comprehensive list of proposed changes to the Federal policies and regulations that govern the reimbursement of indirect costs. The Committee supports these proposed changes which, among other things, will provide greater assurances regarding Federal reimbursement for facilities costs, and require the use of terminology that reflects the actual costs that are to be reimbursed (that is, administrative costs and facilities costs). Last year, the Committee called for the administration to review the practice of charging to research grants the cost of tuition for family members of faculty and staff. The Committee is pleased to see that the administration has included the elimination of this practice in its list of proposed changes and urges the implementation of these changes as soon as possible.

The Committee believes that added to the changes made in 1991 and 1993, the new 1995 proposals reflect significant changes to the Federal system of reimbursement for these infrastructure costs. However, questions about this system persist, and careful consideration should be given to ensuring a system that is simple, predictable, sustainable, and cost effective. The Committee is aware of and supports efforts underway by the university community to explore new and innovative ways to reimburse institutions for the legitimate costs of supporting university-based research and would like to be kept informed of these efforts. The Committee also urges the community to work closely with the Federal research agencies, the Office of Science and Technology Policy, and the Office of Management and Budget as proposals for reform move forward. Finally, once a new method for reimbursement has been agreed upon, the Committee believes that thoughtful planning and ample time should be given to the transition process.

Clinical research.—The Committee is concerned at the slow pace NIH is proceeding with the implementation of the recommenda-

tions of the Institute of Medicine Committee on Clinical Research, which published its report 1 year ago. The Committee commends the Director for the recently appointed Director's Advisory Panel on Clinical Research, and recommends as expeditious timeline as possible for addressing an issue that requires immediate solutions. The Committee urges the NIH Director to build upon steps undertaken to strengthen and expand clinical research training opportunities; to expand the General Clinical Research Centers Program and GCRC training opportunities; and to develop a loan forgiveness program available to both intramural and extramural scientists who pursue careers in clinical research. The Committee views this matter with such importance that it would consider a proposal from the Director to utilize the 1-percent transfer authority to implement the changes in fiscal year 1996.

Improving clinical research peer review.—The Committee is concerned that vital clinical (or patient-oriented) research is not receiving adequate peer review at NIH. To help redress the balance between basic and clinical research, the Committee directs the Division of Research Grants to modify existing review panels to include adequate representation of translational scientists; and broaden the criteria for study section participation to include those who have received grants reviewed by the institutes (where most clinical research is evaluated) in addition to those receiving grants reviewed by DRG.

Pediatric research.—The Committee recognizes the substantial benefits that biomedical research offers to the health and well-being of our Nation's children. Savings from productive innovations in health care, derived from scientific investigations of the highest quality, can be significant in terms of dollars and quality of life for children. The opportunities for advancements in the prevention and treatment of diseases which affect children or begin in childhood have never been greater. The Committee intends to work with the Office of the Director as it explores ways to take advantage of such opportunities and strengthen the NIH's capacity to support and encourage extramural pediatric research. Of particular interest is the establishment of guidelines to include children in clinical research trials conducted and supported by the NIH.

Diagnostic radiology.—At the Committee's direction, NIH recently completed a conference which found that the results of radiological science have become keystones in patient diagnosis, management, and therapy. Furthermore, as scientists push back the frontiers of understanding disease, the conferees concluded, radiological research may soon become essential for transferring many of the fundamental discoveries of molecular medicine to routine clinical practice. Given the potential radiological research holds for saving lives and lowering health care costs, the Committee directs that the NIH prepare and submit a report prior to next year's hearings describing what actions it plans to take in response to the findings of its conference on radiological research. The Committee further is supportive of the NIH maintaining the central focus afforded by the Laboratory for Diagnostic Radiology Research in the Office of the Director.

Bionutrition.—The Committee fully supports the trans-NIH nutrition initiative and urges its continuation in fiscal year 1996, in-

cluding the use of requests for applications where necessary. Enhancing through research our understanding of the impact of nutrition on disease and improving its clinical application will assist in preventing disease and its complications and provide savings for the health care system. Nutrition research is particularly important in the prevention of diseases associated with women's health including breast cancer, and osteoporosis, and in the area of critical care including infant care.

Osteoporosis and related bone diseases.—In the fiscal years 1994 and 1995 reports, the Committee urged NIH to increase its research efforts in osteoporosis and related bone diseases such as Paget's disease. Specifically, the Committee directed the four institutes primarily involved in bone disease research, NIAMS, NIA, NIDDK, and NIDR to expand and intensify their bone disease research programs. Last year, the Committee provided additional funding to three of these institutes for such purpose. The Committee is concerned that little, if any, additional research in the area of bone disease has been initiated by these institutions as a result of the Committee's direction. The Committee, therefore, requests the NIH to be prepared to report to the Committee by January 15, 1996, on the specific steps it has taken to implement new research initiatives in bone disease since October 1994.

Chronic fatigue and immune dysfunction syndrome.—The Committee recommends that additional funding within NIH be directed toward CFIDS [CFS] research, most of which should be directed to extramural grants focused on promising areas of biomedical research. NIH is encouraged to direct spending priorities toward investigations which seek to identify the etiological agent(s) and markers for the pathophysiology of CFIDS [CFS]. Sufficient funds have already been provided for the coordination of CFIDS [CFS] research within the National Institute of Allergy and Infectious Diseases [NIAID], the lead institute for CFIDS [CFS] research and to expand the CFIDS [CFS] cooperative research centers [CRC's] to capitalize on accomplishments made by existing CRC's. The Committee believes that NIH can maximize its research efforts by investing in a CFIDS [CFS] Coordinator with institutewide authority to provide leadership on CFIDS [CFS] and by continuing to secure attention to CFIDS [CFS] research through the small grants program. The Committee looks forward to the results of the NIAID Advisory Council meeting scheduled for the fall of 1995 that focuses on CFIDS.

Small Business Innovation Research Program.—The Committee notes that a recent General Accounting Office Study (GAO/RCED–95–59, "Small Business Innovation Research Program") has raised questions about the merit of small business innovation research projects funded by the National Institutes of Health [NIH]. The Committee directs the NIH to be prepared to provide an accounting of SBIR proposals submitted, their priority scores and funding status for fiscal years 1994 and 1995, during the fiscal year 1997 budget hearings.

Prevention research.—The Committee encourages NIH to recognize the important contributions of population-based approaches to health promotion and disease prevention and includes public

health sciences, as well as behavioral sciences, in the NIH definition of basic biomedical research.

Office of Dietary Supplements.—There is mounting evidence on the important role dietary supplements can have in maintaining and improving health. More and more Americans are seeking to improve their dietary intake and improve their health through the use of dietary supplements. Expanded and improved research into dietary supplements is needed and would prove very beneficial to consumers. In recognition of this, the Dietary Supplement Health and Education Act passed last year mandated the establishment of an Office of Dietary Supplements within NIH. In compliance with this mandate, an Office has been established and has already begun its mandated functions from within Office of the Director funds. The Committee strongly supports this important new Office and has included funding for its operation and expansion. The Committee urges the Office to provide an analysis of current NIH research on dietary supplements. Funding is provided for this Office to carry out its mandated duties as prescribed by the Dietary Supplement Health and Education Act.

Office of Alternative Medicine.—The Committee continues to strongly support the work of the Office of Alternative Medicine. The Committee is pleased that a new Director of the Office is now in place and looks forward to receiving both a short- and long-term operational plan for the OAM. Among its other activities, the Office is encouraged to expand its work to develop greater consensus on the most appropriate ways to evaluate alternative therapies, particularly those underpinning which are fundamentally different theories of body function and disease. Alternative therapies should be held to rigorous review to determine their usefulness to consumers. The Committee continues to believe that the essential role of the OAM is to provide consumers greater information about alternative therapies so as to assure them improved access to such therapies that can help them and to protect them from false and misleading claims about those that will not.

BUILDINGS AND FACILITIES

Appropriations, 1995	$114,120,000
Budget estimate, 1996	144,120,000
House allowance	146,151,000
Committee recommendation	140,384,000

The Committee recommends an appropriation of $140,384,000 for buildings and facilities [B&F]. This is $3,736,000 less than the administration's request, $26,264,000 more than the fiscal year 1995 appropriation, and $5,767,000 less than the House allowance.

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 NIH is developing updated campus plans scheduled for completion in December 1995, for both the Bethesda campus and the NIH Animal Center in Poolesville.

Construction programs.—The funds provided reflect the continuing high priority placed on essential safety and health improvements to maintain safety of the NIH Clinical Center; for the continuation of the campus infrastructure modernization program as well as programs for powerplant safety, asbestos abatement, fire protection and life safety, the elimination of barriers to persons with disabilities, safety and reliability upgrades at the Rocky Mountain Laboratory, indoor air quality improvement, and the construction of a new fire station. Also provided are funds to begin the renewal of the Clinical Center Complex, for the construction of the Consolidated Laboratory Building, replacement facilities at the NIEHS, and the final annual payment related to the Turner Construction Co., claim settlement.

The Committee notes that the NIH is still reviewing several options to finance and construct a new clinical center on the NIH campus. The Committee concurs with the House directive that it be notified of NIH's plans regarding design and construction, before any commitments are made to begin the project.

OFFICE OF AIDS RESEARCH

Appropriations, 1995	$1,335,726,000
Budget estimate, 1996	1,407,824,000
House allowance	.....
Committee recommendation	1,388,678,000

The Committee recommends an appropriation of $1,388,678,000 for Office of AIDS Research [OAR]. This is $19,146,000 less than the administration's request and $52,952,000 more than the fiscal year 1995 appropriation. The House did not provide separate funding to the Office of AIDS Research.

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.

OAR established a unique and inclusive process involving scientific experts from Government, academia, industry, and foundations as well as community representatives to develop the plan, which sets forth scientific opportunities and priorities and serves as the framework for the budget. OAR supports six trans-NIH coordinating committees to assist in these efforts in the following areas: Natural history and epidemiology; etiology and pathogenesis; therapeutics; vaccines; behavioral research; and information dissemination.

The law authorizes OAR to evaluate the AIDS research activities of the NIH. Utilizing expertise of nongovernment scientists and AIDS community representatives, OAR has undertaken a major evaluation initiative to review and assess each of the components of the NIH AIDS research endeavor to determine whether those components are appropriately designed and coordinated to answer the critical scientific questions to lead to better treatments, prevention, and a cure for AIDS. OAR established the NIH AIDS research program evaluation working group to carry out the evaluation, and,

in addition, six area review panels were established to make recommendations to the working group. The evaluation, which the OAR intends to complete by early 1996, will serve a critical role in shaping future planning and budgeting of NIH AIDS research.

The Committee is not including the House-proposed transfer of the Department of Defense [DOD] extramural AIDS research program to the NIH. While the House report language does not specify an exact amount, it has been estimated that the cost is approximately $25,000,000 to $35,000,000. Absorbing responsibility for this program by the NIH will require reductions in funding for high-priority NIH research and also require additional staff administration. Government downsizing, mandatory reductions in FTE's, and cuts in research, management, and support add to the difficulty such a shift in program management would impose on the NIH.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, 1995	$2,181,330,000
Budget estimate, 1996	2,247,392,000
House allowance	1,788,946,000
Committee recommendation	[1] 1,869,928,000

[1] Includes transfer of $200,000,000 from the Department of Education.

The Committee recommends $1,869,928,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 1996. The amount recommended is $377,464,000 less than the administration request, $311,402,000 less than the fiscal year 1995 amount, and $80,982,000 more than the House allowance. The Committee has transferred $200,000,000 from the Department of Education to SAMHSA for a preventive services program in collaboration with the Education Department. SAMHSA is responsible for supporting mental health, alcohol abuse, and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

The President had proposed consolidating SAMHSA's separate categorical programs into two broader program authorities. The House consolidated these categorical programs into one demonstration authority. The Committee believes that the consolidation of demonstration lines must be limited to one for each center and has provided funding for three consolidated demonstration programs under general authority to support mental health, substance abuse treatment, and substance abuse prevention.

Separate funding is also provided for the Children's Mental Health Program, for the Protection and Advocacy Formula Grant Program, and for the two block grant programs and the PATH formula grant. The Committee expects that SAMHSA will use the demonstration funds primarily to fund continuation projects which received separate line-item funding in fiscal year 1995, to the extent funding is available.

CENTER FOR MENTAL HEALTH SERVICES

Mental health block grant

The Committee recommends $226,281,000 for the mental health block grant, $49,139,000 less than the fiscal year 1995 amount and the House allowance and $78,336,000 less than the President's request. 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 States by formula.

The Committee has reduced funding for the block due to limited Federal resources. Note, however, that the mental health block grant accounts for only 1.8 percent of all State mental health funding; the substance abuse block grant, 30 percent.

Projects for assistance in transition from homelessness [PATH]

The Committee recommends $27,105,000 for the PATH Program, $2,357,000 less than the fiscal year 1995 amount. The House did not provide funding for this program. PATH funds, allotted to States by formula, provide services to individuals who suffer from a mental illness and are homeless or at risk of becoming homeless. These services include outreach, rehabilitation services, community mental health services, alcohol or drug treatment, case management, referral for primary health care, job training, and education.

Children's Mental Health

The Committee recommends $58,326,000 for the Children's Mental Health Program, $1,674,000 less than the President's request, the 1995 level, and the House allowance. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. States must provide matching funds, and services must involve the educational, juvenile justice, and health systems. The Committee has provided sufficient funding to continue all 22 demonstration projects in fiscal year 1996.

Protection and advocacy

The Committee recommends $20,200,000, $1,757,000 less than the fiscal year 1995 amount and $700,000 more than the House allowance. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities and for 90 days following their discharge. Funds are allocated to States according to a formula based on population and relative per capita income.

Consolidated mental health training and demonstration programs

The Committee recommends $38,100,000 for mental health training and demonstration programs, $14,192,000 less than the comparable fiscal year 1995 amount. The House provided one amount for all demonstration programs in SAMHSA. The following programs are included in this consolidation: Community Support Program [CSP]; homeless and AIDS demonstrations; and training and AIDS training programs. The Committee expects that SAMHSA will use the demonstration moneys primarily to fund continuation

projects that received separate line-item funding in fiscal year 1995, in particular, grants and contracts for the training of mental health personnel, including social workers.

The Committee is pleased that the Center for Mental Health funds state-of-the-art, peer-run programs that help people with mental illnesses live successfully in the community. These low-cost services have an impressive record of assisting people with mental disorders decrease their dependence on expensive social services and avoid psychiatric hospitalization. Having proved effective, they have been replicated in numerous communities with State and local funding. The Center has also funded two national technical assistance centers that provide training and information to help these groups grow. The Committee has included sufficient funds to continue to support these two clearinghouses.

The Committee encourages the Center for Mental Health Services to assist centers that specialize in treating persons who have been tortured by foreign governments. It recognizes that victims of torture, suffer from anxiety, depression, nightmares, flashbacks, and other mental disorders. With mental health service, they can become contributing members of their community.

Community Support Program

The Community Support Program demonstrations seek to determine appropriate community-based alternatives for chronically mentally ill patients; increase the effectiveness of services and statewide service systems of care; and promote system improvements for seriously emotionally disturbed children and youth.

Clinical and AIDS training

The Clinical Training Program trains mental health personnel to deliver services to designated underserved populations in exchange for a repayment through service to underserved or priority populations, including severely mentally ill adults, children and adolescents with serious emotional disorders, and the elderly. The AIDS Training Program provides training for mental health providers to address the neuropsychiatric aspects of HIV spectrum infection.

The Committee recognizes the important role SAMHSA plays in supporting clinical training and HIV/AIDS professional training. The Committee is aware of the need for more trained mental health professionals, including social workers and psychologists, in rural and other underserved communities. The Committee urges the Secretary to fund training projects that foster cultural competencies, a diverse work force and collaboration among disciplines and that promote the use of exemplary interdisciplinary service delivery models. With the escalating HIV/AIDS epidemic, special attention must be given to increasing the number of trained mental health providers who can work with people suffering from this disease. Priority should be given to completing existing projects approved by SAMHSA under the current AIDS Training Program.

Homeless services demonstrations

This program funds ACCESS demonstration grants which test effective approaches to services integration for homeless mentally ill and dually diagnosed adults. These grants support comprehensive

community mental health services and demonstrate effective local interventions for serving homeless persons.

AIDS demonstrations

This program provides grants to organizations to assist individuals who are experiencing severe psychological distress as a result of being informed that they are HIV positive.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Substance abuse block grant

The Committee recommends $1,125,807,000 for the substance abuse block grant, $108,300,000 less the fiscal year 1995 level and the House allowance and $168,300,000 less than the President's request. The substance abuse 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.

Consolidated substance abuse, treatment, training, and demonstrations

The Committee recommends $108,300,000 for the consolidated substance abuse, treatment, training, and demonstration programs. This amount is $93,404,000 less than the comparable fiscal year 1995 amount. The House provided one amount for all the demonstration and training programs in SAMHSA. The consolidated activities include target cities, women and children, criminal justice, critical populations, comprehensive community treatment programs [CCTP], and AIDS demonstrations and training. The Committee expects that SAMHSA will primarily use the demonstration moneys to fund continuation projects that received separate line-item funding in fiscal year 1995.

The Committee recognizes that both substance abuse treatment and prevention programs are both effective and cost effective. Numerous studies have confirmed this, and a recent report by the Center of Substance Abuse Treatment, "Producing Results: A Report to the Nation, 1995," documents the effectiveness of the treatment demonstration programs.

In particular, the Committee recognizes that outreach to substance abusers not in treatment has been shown to be an effective approach to containment of HIV/AIDS among injecting drug users. These projects are demonstrating that substance abusers can be encouraged to enter treatment, thereby reducing behaviors which promote risk for HIV/AIDS. The Committee encourages SAMHSA to continue outreach demonstrations so that the field will continue to gain important knowledge to combat the spread of HIV/AIDS.

Treatment grants to crisis areas

The target cities initiative is a series of intergovernmental cooperative agreements designed to improve treatment systems in metropolitan areas to link and integrate alcohol and other drug services with disease prevention, primary health, mental health, labor, education, and the justice system.

The Committee is impressed with this demonstration program and encourages SAMHSA to give it priority in funding continuations.

Pregnant and post partum women and children

This program supports residential treatment programs for pregnant and post partum women in residential settings that permits infants and children to live with their mothers. In addition, grants may support a comprehensive array of health, education, and other social services for mothers and their children.

The Committee reiterates its strong support for this program, especially in light of welfare reform.

Criminal Justice Program

The criminal justice initiative supports and evaluates projects which provide substance abuse treatment to incarcerated and nonincarcerated populations. Projects may support diversion-to-treatment and alternative sentencing programs, treatment for prisoners, and treatment for high-risk probation/parole clients.

Designated populations

The Critical Populations Program funds outpatient treatment services for a variety of populations, including women and their children, such as those in or at risk of being in the child welfare system, adolescents, racial and ethnic minorities, and persons in rural areas. Projects are designed to initiate contacts with designated population groups and to encourage individuals to enter treatment.

Comprehensive community treatment programs

The comprehensive community treatment programs offer a wide array of substance abuse treatment initiatives designed to improve the effectiveness and comprehensiveness of treatment services.

AIDS demonstrations and training

The AIDS Outreach Program awards grants to organizations to engage particularly difficult to reach populations, including injecting drug users, their sexual partners and other high-risk substance abusers, in drug treatment and health services. The AIDS Linkage Program is a collaborative effort with HRSA to coordinate a broad array of substance abuse treatment, health, and other social agencies for injecting drug users, their sexual partners and other high-risk individuals. The AIDS Training Program, through a series of courses and workshops, supports the education of substance abuse treatment staff in providing HIV-related services.

Capacity expansion program

The bill does not provide funding for the Capacity Expansion Program consistent with the President's request.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Consolidated youth substance abuse, prevention, and demonstrations (drug free schools)

The Committee has transferred $200,000,000 from the Department of Education's Safe and Drug Free School Program to the Center for Substance Abuse Prevention to fund demonstration projects aimed at preventing substance abuse among youth. The Committee intends that the Center for Substance Abuse Prevention [CSAP] develop a prevention services program that would make grants awards to communities that develop a cooperative plan for integration of prevention services in collaboration with the schools, parents, and other members of the community. The Committee expects that the Center for Substance Abuse would include an evaluation component for each of the grants.

Consolidated substance abuse, prevention, training, and demonstrations

The Committee has provided $9,571,000 for the consolidated substance abuse, prevention, training, and demonstration programs. The House provided one amount for all the demonstration and program meetings in SAMHSA. The consolidated activities include high risk youth, pregnant women and infants, community partnership grants, public education, and dissemination and training.

The Committee echoes the House's concern that CSAP may have adopted an informal policy of funding only grantees which have not received funding from sources within the alcohol or tobacco industries, and concurs with the House directive that SAMHSA discontinue any such policy whether formal or informal.

High-risk youth

The Committee has not provided specific funding for the High-Risk Youth Program. This program is the principal knowledge development resource for the Nation in determining effective, pragmatical approaches in the development of drug abuse prevention services. The Committee believes that some of the projects funded by this program in fiscal year 1995 could be continued with the moneys transferred from the Department of Education's Safe and Drug Free Schools Program for activities consistent with the new community-based program.

Pregnant women and infants

The Committee has not provided funding for this program. This program targets the substance abuse problems of pregnant post partum women and their infants. The ADAMHA Reorganization Act of 1992, Public Law 102–321, does not provide authority for funding new grants in this program, however, it would allow for phaseout of existing grants and contracts.

Community partnership grants

The Community Partnership Program is designed to assist communities in developing comprehensive, coordinated prevention initiatives that include the formation of public/private sector partnerships and are responsive to local, State, and multistate needs. The

Committee believes that some of the projects funded by this program in fiscal year 1995 could be continued with the moneys transferred from the Department of Education for activities consistent with the new community-based program.

Public education and dissemination

These activities can be funded through the 5-percent Federal administrative set-aside in the substance abuse block grant and, to the extent appropriate, from the moneys transferred from the Department of Education.

Training

This program supports three types of training: community prevention, health systems and professionals, and medical education.

PROGRAM MANAGEMENT

The Committee recommends $56,238,000 for program management activities of the agency, $1,804,000 less than the administration request and a decrease of $4,890,000 from the 1995 level. 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 the programs of the Center for Mental Health Services, the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Office of the Administrator.

The Committee believes that the strength of SAMHSA rests in the identity of its three centers and that Center Directors should establish the programmatic priorities for each demonstration authority. The Committee is concerned that the FTE level of the Office of the Administrator exceeds that of any of the program centers. This imbalance is inconsistent with current departmental streamlining initiatives. The Committee requests that SAMHSA report to the Appropriations Committees on the status of its streamlining activities no later than March 31, 1996.

The Committee has directed the Office of Women's Health in the Office of the Secretary to develop and implement the national women's health clearinghouse and has directed that the Public Health Service agencies contribute a total of $1,400,000 to this effort, each agency contributing their proportionate share as determined by the Office of the Secretary. Sufficient funding has been included to provide that support to the clearinghouse.

ASSISTANT SECRETARY FOR HEALTH

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Appropriations, 1995	$67,359,000
Budget estimate, 1996	66,204,000
House allowance	166,925,000
Committee recommendation	

The Committee has not included separate funding for the Office of the Assistant Secretary for Health [OASH], but has provided funding in the Office of the Secretary for activities previously funded in OASH. The Committee notes that, as part of the President's

"Reinvention in Government II" initiative, the Assistant Secretary's office is to merge with the Office of the Secretary. The Committee endorses this merger and believes that it should occur with proper planning as expeditiously as possible after October 1, 1995. The Committee believes that significant economies should result from this merger and expects a report on savings as part of the fiscal year 1997 budget.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 1995	$159,321,000
Budget estimate, 1996	166,925,000
House allowance	166,925,000
Committee recommendation	166,925,000

The Committee provides $166,925,000 for the "Retirement pay and medical benefits for commissioned officers" account. This is the same as the administration request and is $7,604,000 over the fiscal year 1995 appropriation.

This account provides for: retirement payments to 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.

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

Appropriations, 1995	$159,505,000
Budget estimate, 1996	193,504,000
House allowance	66,503,000
Committee recommendation	127,310,000

The Committee recommends $62,230,000 in Federal funds for the Agency for Health Care Policy and Research [AHCPR]. In addition, transfers of $5,796,000 from Medicare trust fund and $59,284,000 from funds available under section 241 of the Public Health Service Act are provided. Total funding provided for the Agency is $127,310,000, which is $32,195,000 less than fiscal year 1995, $61,807,000 more than the House allowance, and $66,194,000 less than the President's request.

The Agency for Health Care Policy and Research 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. AHCPR is the only Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care.

AHCPR provides policymakers, health care professionals, and the public with the information necessary to improve the cost effectiveness and appropriateness of health care and reduce the costs of health care.

Because of concerns regarding AHCPR's development of practice guidelines, the Committee believes that AHCPR must move to develop more effective partnerships with the private sector to leverage its Federal resources. For example, there is great activity in the private sector and medical societies in the development of med-

ical guidelines. Many of these guidelines may be limited in scope or not readily available to the public due to proprietary interests; however, the Committee believes there are significant opportunities for public guideline development through these private efforts, thereby enabling AHCPR to allocate guildline resources to other research activities. The Committee also encourages AHCPR to direct resources toward identifying, supporting, and publicizing credible privately sponsored health outcomes measurement research.

HEALTH SERVICE RESEARCH AND THE NATIONAL MEDICAL EXPENDITURE SURVEY

The Committee provides $35,000,000 in Federal funds for health services research. In addition, $34,284,000 is made available from the section 241 evaluation funds for total funding of $69,284,000. This amount is $6,361,000 below the fiscal year 1995 amount, $33,433,000 below the President's request, and $22,319,000 more than the House allowance.

These funds support the Extramural Research Grant and Contract Program, the Intramural Research Program, and dissemination activities (including the User Liaison Program). Also included in this amount are funds for the third national medical expenditure survey [NMES–3]. The purpose of the survey is to provide the basic information for estimating the effects of various approaches to reform of the American system of health care. For estimating the cost, financing options, and distributional impact of reform options, no alternative source of information exists. The third in the series of surveys will begin data collection in January 1996.

Rural health care

The Committee is pleased with the collaborative work AHCPR has done in the area of rural health care. AHCPR continues to fund five specialized centers for rural health managed care services demonstrations. Many recent health care innovations such as managed care are available in metropolitan areas but are frequently unavailable to rural populations. The centers will conduct demonstrations of innovations in the delivery of health care services in rural areas. The Committee notes that sufficient funding has been provided to continue the rural managed care pilot projects.

Hispanic serving institutions

The Committee recognizes that many academic health centers are working to develop more unified systems of education, delivery of services, and research. The Committee also recognizes that in addressing the special needs of a rapidly growing, and oftentimes indigent population, Hispanic serving institutions face unique obstacles in implementing systemic and integrative policies and practices. Of the funds provided, the Committee encourages AHCPR to fund at least one planning grant supporting the development of a model Hispanic health services academic center. The Committee also encourages AHCPR to assist Hispanic serving institutions in developing telecommunications models that may be used to enhance health care services provided to Hispanic and Latino communities.

Preventing clinical and systems errors

Clinical and systems errors, for example in prescribing and administering drugs, can lead to complications and adverse outcomes. As the changes in health care delivery accelerate across the country, the Committee is concerned that these safety issues might become more pronounced. Further clinical and organizational research is needed to identify optimal techniques to be used in preventing such errors. The impact of this research will result in increased patient safety, decreased medical negligence, and a reduction in defensive medicine costs. To promote this process, the Committee believes this research must be a priority.

Home health care

Given the extent to which managed health care delivery arrangements have expanded in the public and private sectors, as well as the shift from hospital-based, nurse-intensive delivery settings to outpatient settings, the Committee urges the Agency to collaborate with HCFA and the American Nurses Association to address issues related to the nursing care needs of patients upon hospital discharge and the transition of nurses into new delivery systems, such as home health care.

Advanced directives

Last year, the Committee directed AHCPR to conduct a pilot project to evaluate the effectiveness of a community focused, home-based approach to encouraging people to complete advance directives. The Committee continues to believe this research is important and has included funding to complete the second year of the project.

Although the Patient Self-Determination Act [PSDA] was enacted in 1990 with the goal of encouraging patients to complete advance directives, only about 10 percent of the general public has done so. The Committee believes that advance directives are important tools in protecting personal rights by allowing patients to be decisionmakers when incapacitated or are at the end stage of a disease.

Community health center network

The Committee is aware that community health centers need to determine the most cost-effective way to provide services and maintain the quality of care in urban settings given rising health care costs. The Committee understands that the Swope Parkway Community Health Center in Missouri is pursuing the establishment of health maintenance organization. The Committee encourages AHCPR to give fair consideration to this health center's proposal to demonstrate the best approaches for a community health center to provide services through a health care network.

MEDICAL TREATMENT EFFECTIVENESS PROGRAM [MEDTEP]

For the Medical Treatment Effectiveness Program, the Committee includes $55,796,000, which is $25,640,000 less than the fiscal year 1995 appropriation, $32,568,000 below the President's request, and $37,681,000 less than the House allowance. These funds in-

clude a transfer of $5,796,000 from Medicare trust funds as well as $25,000,000 from section 241 evaluation funds.

The purpose of this program is to increase the cost effectiveness and appropriateness of clinical practice in a reformed health care system. Under MedTEP, grants and contracts are awarded to: conduct effectiveness research and develop research data for later analysis; develop clinical practice guidelines; and disseminate research findings and clinical practice guidelines.

The Committee understands that AHCPR has received proposals to evaluate the effectiveness of currently used medical strategies for the treatment of pelvic inflammatory disease. This is a crucial issue for the 1 million American women who each year are stricken with this disease. Such studies could look at the effectiveness and cost effectiveness of competing treatments in preventing infertility. The Committee encourages AHCPR to give full and fair consideration to these proposals.

Social workers represent a significant proportion of health and mental health service providers across the spectrum of services within the health care system. Social workers are positioned to provide cost-effective prevention, primary care, and recovery and rehabilitation services. The Committee recognizes the lack of data on the types, effectiveness, and costs of social work services among different populations and encourages the agency to develop training initiatives for social work researchers.

Minority populations

The Committee is pleased with the work that AHCPR has done to establish MedTEP research centers on minority populations. These are investigating which clinical strategies are best for clinical conditions whose prevalence or impact is greatest among African-Americans, Latinos, Asian and Pacific islanders, American Indians, and/or Alaska Natives. In addition, the centers are training minority researchers in effectiveness research, providing technical assistance to practitioners in their communities, and disseminating information to patients and providers. Examples of the conditions being studied are: high blood pressure, kidney disease, tuberculosis, low birthweight, substance abuse, and certain cancers. The Committee is supportive of the agency working with the State of Hawaii, its unique health insurance plan, and its culturally diverse population.

Practice guidelines

The Committee has noted the attempts of AHCPR to include a broad range of health care professionals, including nurses, in the development of clinical practice guidelines. The Committee encourages AHCPR to continue to utilize this multidisciplinary approach in all agency activities, including the development of clinical practice guidelines. The Committee encourages AHCPR to emphasize outcomes research that reflects to a greater extent more diverse health care providers, particularly nurses. The Committee urges AHCPR to continue to work collaboratively with nursing to develop national prescription training modules.

Program support

The Committee recommendation includes $2,230,000 for program support. This activity supports the overall management of the Agency for Health Care Policy and Research. This is $194,000 less than the fiscal year 1995 amount.

The Committee has directed the Office of Women's Health in the Office of the Secretary to develop and implement the national women's health clearinghouse and has directed that the Public Health Service agencies contribute a total of $1,400,000 to this effort, each agency contributing their proportionate share as determined by the Office of the Secretary. Sufficient funding has been included to provide that support to the clearinghouse.

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

Appropriations, 1995	$89,240,775,000
Budget Request, 1996	82,142,072,000
House allowance	82,142,072,000
Committee recommendation	82,142,072,000

The Committee recommends $82,142,072,000 for grants to States for Medicaid. This amount is $7,098,703,000 less than the fiscal year 1995 appropriation and the same as both the administration request and the House allowance. This amount includes $27,047,717,000 in fiscal year 1996 advance appropriations. In addition, $26,155,350,000 is provided for the first quarter of fiscal year 1997, as requested by the administration and the House.

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, which may range from 50 to 83 percent, is based upon the State's average per capita income relative to the national average.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 1995	$37,546,758,000
Budget estimate, 1996	63,313,000,000
House allowance	63,313,000,000
Committee recommendation	63,313,000,000

The Committee recommends $63,313,000,000 for Federal payments to the Medicare trust funds. This amount is the same as both the administration request and the House allowance and is an increase of $25,766,242,000 from the fiscal year 1995 appropriation.

This entitlement account includes the general fund subsidy to the supplementary medical insurance trust fund (Medicare part B), plus other reimbursements to the hospital insurance trust fund (Medicare part A), for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions. The fiscal year 1996 amount includes the adjustment made once every 5 years for military service credits.

The Committee has provided $62,122,000,000 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 both the administration request and the House allowance, and is $25,167,000,000 more than the fiscal year 1995 amount. The large increase is primarily due to a shortfall in fiscal 1995 funding, which is being made up with fiscal 1996 appropriations.

The recommendation also includes $358,000,000 for hospital insurance for the uninsured. This amount is the same as both the administration request and the House allowance, and is $48,000,000 less than the 1995 amount.

The Committee also recommends $63,000,000 for the 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 both the administration request and the House allowance and is $7,000,000 more than the fiscal year 1995 appropriation.

The Committee recommendation includes $145,000,000 to be transferred to the hospital insurance trust fund as the general fund share of HCFA's program management administrative expenses. This amount is the same as both the administration request and the House allowance and is $15,242,000 more than the fiscal year 1995 level.

Finally, the Committee recommendation includes $625,000,000 for the quinquennial adjustment for military service credits. The last quinquennial adjustment was made in fiscal year 1991.

PROGRAM MANAGEMENT

Appropriations, 1995	$2,207,135,000
Budget estimate, 1996	2,253,794,000
House allowance	2,134,533,000
Committee recommendation	2,105,869,000

The Committee recommends $2,105,869,000 for HCFA program management. This is $28,664,000 less than the House allowance, $147,925,000 less than the budget request, and $73,175,000 less than the fiscal year 1995 enacted level.

Research, demonstrations, and evaluation

The Committee recommends $60,677,000 for research, demonstration, and evaluation activities. This amount is $10,677,000 more than the House allowance, but $8,626,000 less than the amount provided in fiscal year 1995.

HCFA research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decisionmaking. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decisionmaking, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment settings, and to develop alternative strategies for reimbursement, coverage, and program management.

The recommended funding level of $40,000,000 for the regular research and demonstration program is the same as the House allowance. This amount will provide for continuation of current activities including telemedicine demonstration projects, which should remain a high priority. It will also fund new initiatives. Priority

areas for HCFA research include access to high-quality health care, health service delivery systems, and provider payment systems.

The Committee expects the Health Care Financing Administration to provide a status report at next year's appropriations hearings concerning its plans for Medicare reimbursement for health care services provided using telemedicine. Specifically, the Administrator should be prepared to address reimbursement rates for telemedicine services, including a timetable for implementation.

Health care represents one of the largest areas of expenditure for the Federal Government. Most of that money is spent in hospitals, long-term care facilities, skilled-nursing facilities, and clinics. Because of its interest in containing health care expenditures, the Committee encourages HCFA to review the training of administrators of health care facilities and report to the Committee what, if any, steps should be taken to improve that training.

The Committee urges HCFA to collaborate with the American Nurses Association and various nurse practitioner organizations to explore the extent to which these advanced practice nurses can provide primary care to rural and other medically underserved populations. The Committee requests that HCFA provide a report on the study findings within 1 year.

The Committee is aware of a proposal from Northwestern Memorial Hospital in Chicago for a 3-year project to develop a comprehensive health care information management system that will link patient care data across the full range of health care. The Committee encourages full and fair consideration of a proposal from this institution.

The Committee encourages HCFA to give full and fair consideration for a demonstration grant to establish a children's ambulatory care center at the University of Miami/Jackson Memorial Hospital. The university proposes a state-of-the-art program for comprehensive outpatient care for children with a variety of diseases such as cancer, AIDS, sickle cell disease, brain injury, genetic disease, and others.

The Committee believes that significant savings can be achieved by incorporating case management into the current fee-for-service Medicare program. In addition, the Committee believes that certain rural and underserved areas of the country do not have the market penetration of managed care health plans to provide Medicare beneficiaries a choice of plans. The Committee, therefore, encourages HCFA to conduct a demonstration project to determine the cost effectiveness of providing for case management and a continuum of care for individual entitled to Medicare benefits who have specific high cost chronic conditions.

The Committee is interested in the impact the growing enrollment of Medicaid recipients in managed care plans will have on children, as one-half of all Medicaid recipients are children. The success of Medicaid managed care for children will depend in part on how accurately States calculate the annual capitation rate for children. In this calculation, States must be able to adjust accurately for the risk associated with meeting the health care needs of individual children, especially children with disabilities and other chronic or congenital conditions. This risk adjustment is critical because 1 percent of all children account for 37 percent of all

health care expenditures for children. Until this year, HCFA has sponsored research on risk adjustment methodologies only for the over age 65 population. The Committee supports HCFA's issuance for the first time of requests for proposals to begin to fund research on risk adjustment for the under 65 age population.

The Committee directs HCFA to prepare a multiyear plan for investing in and achieving the development of methodologies for risk adjustment, reinsurance, and carve-outs based on a pediatric population. This research agenda should include consultation with managed care plans, State Medicaid programs, and providers, including children's hospitals, experienced specifically in serving children with the most challenging health care needs. The research agenda also should plan for and disseminate the results of regular surveys of States' current methodologies for adjusting for pediatric care populations under Medicaid managed care.

Medicare contractors

The Committee recommends $1,584,767,000 for Medicare contractors. This amount is $46,333,000 less than the administration request, $20,000,000 less than the House allowance, and $24,904,000 less than comparable fiscal year 1995 appropriation. This takes into account the administration's contracting reform proposals, but continues the funding of payment safeguards at $396,300,000 until the appropriate legislative actions are complete on the administration's proposal to remove this activity from the "Program management" account. It also assumes enactment of authorizing legislation that would save $20,000,000 by assessing a $1 penalty for each duplicate billing or claim submitted by a provider. Duplicate claims clog Medicare's claims processing system providing extra work and possible overpayments to be tracked down during the postpayment review process. Current law sets payment floors for the earliest time that Medicare can pay claims and provides interest payments to providers when payments on clean claims are not made with within 30 days. Providers also have the option of calling fiscal intermediaries and carriers to learn of the disposition of particular claims. This proposal also has implications for entitlement savings since it will reduce overpayments due to mistaken payments and fraud and abuse and it will also prevent gaming by providers.

Medicare contractors, who are usually insurance companies, are responsible for reimbursing Medicare beneficiaries and providers in a timely fashion and a fiscally responsible manner. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

Within the resources provided, the Committee expects that to the maximum extent possible HCFA should take funding reductions from the productivity investments activities. However, no reduction should be taken in the Committee's initiative regarding the purchase of commercial software to detect abusive billings to Medicare.

The Committee is concerned that the Department is not using commercially available technology used in the private sector to reduce wasteful abusive billings to Medicare. The GAO has testified that the Department's present methods are costing the Medicare trust fund $2,000,000 per day and, in addition, Medicare bene-

ficiaries are paying additional costs as well. To assure that achievable savings are realized the Committee directs that HCFA have its carriers purchase and utilize existing commercial automatic data processing equipment [ADPE], largely software by March 30, 1996, which the GAO has indicated is a reasonable period. The Committee urges HCFA to act more quickly.

The automatic data processing equipment [ADPE] should meet the following minimum requirements: (1) be a commercial item; and (2) surpass carrier's current software in ability to detect code manipulations, unbundling, global service violations, double billings, duplicate and mutually exclusive procedures performed on a single day or over an extended period, and unnecessary use of assistants at surgery, and satisfy pertinent statutory requirements of the Medicare Program. It is also expected that HCFA shall, not later than November 1, order a review of existing payment policies and billing code abuse to determine if revisions of or addition to those regulations, guidelines or guidance is necessary to maximize the benefits to Medicare and Medicare beneficiaries of the use of ADPE acquired under these provisions. The cost of purchasing and implementing the use of the ADPE is modest compared to the savings involved and the Committee expects that the funds shall be made available within the funds appropriated to HCFA.

The Committee is also concerned that HCFA's review of carriers does not place adequate emphasis on the carrier's success in detecting and stopping abusive billings and fraud. While the Committee does not believe it is appropriate at this time to provide carriers with direct financial incentives to detect fraud and abuse, it strongly urges HCFA to carefully review and weigh much more heavily the contractors' performance in this area in determining if contracts should be let or renewed. The Committee requests a report from HCFA on actions taken in this regard no later than April 1, 1996.

State survey and certification

The Committee recommends $134,500,000 for Medicare State survey and certification activities. This is $17,500,000 less than the House allowance, $27,600,000 less than the request, and $11,300,000 below the 1995 enacted level. This includes a reduction of $8,800,000 to survey home health agencies on the assumption legislative action will be taken on the administration's proposal for flexibility in the frequency of these surveys. It also assumes enactment of legislation to charge facilities who enter the Medicare Program a one-time fee for their initial survey to cover costs, for an administrative savings of $8,700,000.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. Onsite surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

Federal administration

The Committee recommends a total of $325,925,000 for Federal administrative costs. This is $1,841,000 less than the House allowance, $70,169,000 less than the administration request, and

$28,345,000 less than the fiscal year 1995 appropriation. This amount represents 92 percent of the 1995 enacted level, necessitated by severe budgetary constraints.

The Committee concurs with the House in not providing the $150,000,000 requested for a new State grant program for the medical costs of undocumented aliens; this program is not yet authorized.

The Committee remains extremely concerned with the amount of money lost every year to fraud, waste, and abuse in the Medicare Program. The Committee has held many hearings over a 7-year period to expose and reduce these losses. The Committee is pleased that after several years, HCFA, using its inherent reasonableness authority, did significantly lower Medicare payments for home blood glucose monitors and is now in the process of lowering exorbitant payments for oxygen equipment and supplies. This process should be streamlined to the greatest extent possible and unreasonably high payments reduced promptly. HCFA must be much more aggressive generally in combating waste and abuse and identifying and correcting overpriced items and services.

A recent report by the General Accounting Office found that Medicare is not taking advantage of the latest computer technology (such as systems that employ artificial intelligence) designed to detect fraud. The Committee urges HCFA to move promptly to complete its review of this technology and incorporate it no later than January 1, 1996.

The Committee is very disturbed to learn that even after being informed to the contrary by HCFA, that payments for surgical dressings continue without appropriate screens to protect the program against significant overpayments. HCFA expansion of the scope of the surgical dressings benefit without proper screens has led to even greater losses. The Committee urges HCFA to promptly correct this administrative shortcoming.

The Committee has for 5 years raised its concern with the excessive paperwork burden placed by the Medicare Program on beneficiaries and providers and has previously directed HCFA to reduce paperwork by no less than 20 percent. HCFA has been slow to address this problem, but the Committee is pleased that important first steps were taken earlier this year to reduce Medicare paperwork. The Committee expects HCFA to take further significant steps to reduce paperwork and meet our previous directive to lower it by 20 percent.

The Committee expects HCFA to take action to assure that State Medicaid agencies continue to establish and maintain reasonable Medicaid pharmacy reimbursement levels, both for drug product costs and dispensing fees. The Committee expects HCFA to develop and apply uniform criteria for consideration of State plan amendments which reduce pharmacy reimbursement levels, or require that pharmacy providers bill Medicaid their lowest third-party charge for a prescription.

The Committee is concerned about the classification of certain colocated long-term hospitals. The Committee strongly encourages the Secretary to reexamine current regulations on the classification of colocated long-term hospitals to determine if more efficient requirements could be adopted.

HMO LOAN AND LOAN GUARANTEE FUND

Appropriations, 1995	$15,000,000
Budget estimate, 1996	.....
House allowance	.....
Committee recommendation	.....

The Committee has included no funds for the health maintenance organization [HMO] loan and loan guarantee fund. This is the same as both the administration request and the House allowance and $15,000,000 less than the fiscal year 1995 amount.

This fund was established in 1975 to provide working capital to HMO's in their initial operation periods (when financial deficits were expected) and to guarantee loans made to HMO's by private lenders. The fund operated as a revolving fund: Direct loans made by the fund to HMO's were sold, with guarantees, to the Federal Financing Bank [FFB]; proceeds from these sales were then used as capital for additional direct loans.

This fund is now dormant; the last loan commitments were made in fiscal year 1983. HCFA now collects principal and interest payments from HMO borrowers and in turn, pays the FFB. The funds are required to pay prepayment penalties, interest and defaults.

ADMINISTRATION FOR CHILDREN AND FAMILIES

FAMILY SUPPORT PAYMENTS TO STATES

Appropriations, 1995	$13,160,697,000
Budget estimate, 1996	13,614,307,000
House allowance	13,614,307,000
Committee recommendation	13,614,307,000

The Committee recommends an appropriation of $13,614,307,000 for family support payments to States, which is in addition to $4,400,000,000 appropriated in fiscal year 1995 as an advance for the first quarter of 1996. This appropriation is the same as the administration's request and the House allowance, and $453,610,000 more than the fiscal year 1995 comparable appropriation of $13,160,697,000.

Under this program, funding supports grants to States for the Federal share of public assistance for the needy and for child support enforcement and child care activities. Aid to families with dependent children [AFDC] is the largest of the assistance programs in this account. These dollars support children in need who have been deprived of parental support by the death, disability, or continued absence of a parent from the home, or the unemployment of the principal wage earner.

Funds are also provided to cover the costs of child care for welfare recipients who need this service to participate in State job opportunities and basic skills [JOBS] training programs, to provide transitional child care for welfare recipients who leave the rolls because of increased earnings, and for low-income families who need such care to work, or would otherwise be at risk of becoming eligible for AFDC. Unless child care is provided as necessary to JOBS participants, States cannot require their participation.

This appropriation also funds several other types of assistance, including emergency assistance, assistance to destitute or ill Amer-

icans who have been repatriated, and assistance to adults in Puerto Rico and the territories.

In addition to assistance payments, the appropriation funds the Child Support Enforcement Program, which assists families by locating absent parents, establishing paternity, and enforcing support obligations to ensure that children are financially supported by both parents. Grants made under this account also include funds for the Federal share of the costs States incur in administering these programs.

The Committee's recommendation is the same as the President's estimates of the amounts needed for these entitlement programs. The Committee recommendation includes net funding of $12,999,000,000 for benefit payments under the Aid to Families with Dependent Children Program and $19,428,000 for payments to the territories. For emergency assistance, the Committee has provided the amount recommended by the President, $974,000,000. The Committee recommendation also includes $1,000,000 for repatriation and $1,770,000,000 for State and local welfare administrative costs. Finally, the Committee recommendation includes $734,000,000 for the costs of AFDC/JOBS child care, $220,000,000 for transitional child care, and $300,000,000 for the At-risk Child Care Program.

For child support enforcement, $1,943,000,000 is included for State and local administration. These costs are offset by the Federal share of collections, estimated at $1,314,000,000. In addition, Federal incentive payments of $439,000,000, an increase of $37,000,000 over fiscal year 1995, are provided.

The Committee has also included $4,800,000,000 as a first quarter advance for fiscal year 1997, the same as the budget request.

PAYMENTS TO STATES FOR JOBS

Appropriations, 1995	$970,000,000
Budget estimate, 1996	1,000,000,000
House allowance	1,000,000,000
Committee recommendation	1,000,000,000

The Committee recommends $1,000,000,000 for payments to States for AFDC work programs, the same amount as is in the House allowance and the President's budget request.

This appropriation will support job opportunities and basic skills [JOBS] training programs in all States. JOBS programs were created as part of the Family Support Act of 1988 and are intended to assure that needy families with children obtain the education, training, and employment they need to avoid long-term welfare dependence.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 1995	$1,000,000,000
Budget estimate,1996	1,319,204,000
House allowance	.....
Committee recommendation	900,000,000

The Committee recommends that $900,000,000 be made available in fiscal year 1996 for the Low-Income Home Energy Assistance Program [LIHEAP], $100,000,000 less than the amount pre-

viously agreed to as an advance for fiscal year 1996 on the recently enacted fiscal year 1995 rescission legislation.

An amount of $1,000,000,000 has been appropriated for LIHEAP for the period October 1, 1995, to September 30, 1996. The House has recommended rescinding this entire amount. The Committee, however, recommends a rescission of $100,000,000. The Committee recommends a fiscal year 1997 advance appropriation, as authorized by law, for the period October 1, 1996, to September 30, 1997, of $1,000,000,000 for LIHEAP, for which the House recommended no funding.

LIHEAP grants are awarded to the States, territories, and Indian tribes 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. LIHEAP grants are distributed by a formula defined by statute, based in part on each State's share of home energy expenditures by low-income households nationwide.

The Committee recommendation includes an emergency allocation of up to $600,000,000 to be made available, only upon submission of a formal request designating the need for the funds as an emergency as defined by the Budget Enforcement Act. These funds are intended to be made available for such situations as the extreme heat this summer, which resulted in the President releasing $100,000,000 from previous emergency funds; additional funds could be released by the President this winter, if circumstances warrant.

The Committee intends that up to $22,500,000 of the amounts appropriated for LIHEAP for fiscal year 1996 be used for the leveraging incentive fund, which will provide a percentage match to States for private or non-Federal public resources allocated to low-income energy benefits. Of the fiscal year 1997 advance appropriation, up to $25,000,000 is also for the leveraging fund.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 1995	$934,642,000
Budget estimate, 1996	1,048,825,000
House allowance	934,642,000
Committee recommendation	934,642,000

The Committee recommends $934,642,000 for the child care and development block grant, the same as the House allowance and the fiscal year 1995 appropriation.

These funds provide 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 additional funds provided in fiscal year 1995 will both expand the services provided to individuals who need child care in order to work or attend job training or education and allow States to continue funding the activities previously provided under the consolidated programs.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 1995	$405,772,001
Budget estimate, 1996	414,199,000
House allowance	411,781,000
Committee recommendation	397,172,000

The Committee recommends $397,172,000 for refugee and entrant assistance, a decrease of $2,600,000 below the level appropriated for fiscal year 1995, and $17,027,000 less than the budget request.

Based on an estimated refugee admission ceiling of 110,000, this appropriation, together with bill language allowing prior-year funds of an estimated $10,590,000 to be available for 1996 costs, will enable States to continue to provide at least 8 months of cash and medical assistance to needy refugees.

The Refugee Assistance Program is designed to assist States in their efforts to assimilate refugees into American society as quickly and effectively as possible. The program funds State-administered cash and medical assistance, the voluntary agency matching grant program, employment services, targeted assistance, and preventive health.

In order to carry out the program, the Committee recommends $258,273,000 for transitional and medical assistance, including State administration and the voluntary agency program; $80,802,000 for social services; $5,300,000 for preventive health; and $52,797,000 for targeted assistance.

The Committee agrees that $19,000,000 is available for targeted assistance to serve communities affected by the Cuban and Haitian entrants and refugees whose arrivals in recent years have increased.

The Committee notes with interest service providers offering treatment for persons who have suffered mental and physical torture by foreign governments. The Committee recommends that special consideration be given to supporting such efforts.

The Committee is concerned that refugees entering the United States may have medical conditions that require treatment. Over 30 percent of the reported TB cases in this country are diagnosed in foreign-born individuals, including refugees. Since 1980, the CDC has carried out the public health functions as mandated by the Refugee Health Act of 1980. The Committee disagrees with the proposed transfer of these functions to the Office of Refugee Resettlement [ORR] and further expects ORR to continue funding $2,600,000 for refugee health screening activities that take place predominately overseas. The Committee is convinced that it is essential that the CDC continues to monitor and assess the quality of refugee medical screening and other health services prior to the resettlement in this country. Furthermore, the Committee expects ORR to continue funding $2,700,000 in refugee health assessment grants through the CDC to the appropriate State and local health departments. CDC is the agency responsible for infectious disease surveillance and prevention and is best suited to ensure that the funds are efficiently and effectively utilize.

COMMUNITY SERVICES BLOCK GRANT

Appropriations, 1995	$457,633,000
Budget estimate, 1996	417,252,000
House allowance	428,604,000
Committee recommendation	431,483,000

The Committee recommends an appropriation of $431,483,000 for the community services programs, an decrease of $26,150,000 below the 1995 appropriation, $14,231,000 over the 1996 budget request, and $2,879,000 over the House allowance.

The community services block grant [CSBG] makes 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 majority of CSBG funds go to community action agencies who administer these activities. A funding level of $389,600,000 is recommended for the community services block grant, the same as the House allowance and the 1995 enacted level.

Several discretionary programs are funded from this account. Funding for these discretionary programs is recommended at the following levels for fiscal year 1996: community economic development, $21,834,000; rural community facilities, $3,009,000; national youth sports, $11,040,000; and community food and nutrition, $6,000,000. No funding is included for rural housing, farmworker assistance, and demonstration partnership activities. The Committee did not recommend line-item funding for technical assistance since new authorizing legislation permits such funding at the discretion of the administration.

The Committee has not recommended separate line-item funding for the Community Services Homeless Program, these activities can be funded from the block grant.

For the National Youth Sports Program, the Committee recommends $11,040,000. The Committee expects national youth sports funds to be awarded competitively.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 1995	$2,800,000,000
Budget estimate, 1996	2,800,000,000
House allowance	2,800,000,000
Committee recommendation	2,520,000,000

The Committee recommends an appropriation of $2,520,000,000 for the social services block grant. The recommendation is $280,000,000 below the House allowance, the budget request, and fiscal year 1995 enacted level. Bill language has been included to reduce the amount of this capped entitlement program. Many of the social services discretionary programs are facing reductions in this year's appropriations legislation, due to severe budgetary constraints, and the title XX Social Services Block Grant Program should not be exempt from such reductions, as it has in past years. Without this reduction, it would be necessary to further curtail spending for such programs as low-income home energy assistance, or cut the existing level of Head Start and child care activities.

Social services block grant funds are used by States to funds a wide variety of social services for the purpose of preventing or re-

ducing dependency, and assisting individuals to achieve self-sufficiency. Activities include child and adult day care, child and adult abuse and neglect prevention, home-based services, and independent living services. States are entitled to their full share of the appropriated funds, and may use these funds to best suit the needs of the individuals residing within the State.

FAMILY SUPPORT AND PRESERVATION

Appropriations, 1995	$150,000,000
Budget estimate, 1996	225,000,000
House allowance	225,000,000
Committee recommendation	225,000,000

The Committee recommends $225,000,000 for fiscal year 1996, the same amount requested by the administration and allowed by the House for this mandatory account. These funds will support (1) community-based family support services to assist families before a crisis arises and (2) innovative child welfare services such as family preservation, family reunification, and other services for families in crisis.

These funds include resources to help with the operation of shelters for abused and neglected children, giving them a safe haven, and providing a centralized location for counseling.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 1995	$3,597,371,000
Budget estimate, 1996	4,307,842,000
House allowance	4,307,842,000
Committee recommendation	4,322,238,000

The Committee recommends $4,322,238,000 for this account, which is $14,396,000 more than the budget request and the House allowance and $724,867,000 more than the 1995 comparable level.

The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster chidren, 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 Committee has updated the administration's budget estimates to refect midsession review reestimates of the needs for these entitlement programs.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 1995	$4,433,038,000
Budget estimate, 1996	4,831,965,000
House allowance	4,116,039,000
Committee recommendation	4,129,169,000

The Committee recommends an appropriation of $4,129,169,000 for the "Children and families services programs" account, which is $702,796,000 less than the administration request and $303,869,000 less than the fiscal year 1995 appropriation.

The ACF service programs appropriation consists of programs for children, youth, and families, the developmentally disabled, and native Americans, as well as Federal administrative costs.

Head Start

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 recommends $3,401,675,000 for the Head Start Program, an increase of $4,246,000 above the House. Although this reduction is necessitated by severe budgetary constraints, funding for Head Start had increased significantly in recent years, and the amount recommended is still more than double the 1990 level.

The Committee has included $250,000 to continue a demonstration program to train Head Start teachers in the basic concepts and scientific principles. With proper teacher training, a lifelong interest in math and science can be created for preschool students.

The Committee recognizes that homeless families represent the fastest growing portion of the homeless population. The Committee also recognizes that most early childhood programs do not have the specialized training and outreach necessary to serve homeless preschoolers and their families. The Head Start Program has supported a number of innovative and high-quality demonstration programs to serve homeless preschoolers and their families. The Head Start Program has supported a number of innovative and high-quality demonstration programs to serve rural and urban homeless children, and substantial startup costs. The Committee recognizes that this demonstration program will expire at the end of 1995, and believes that allowing these slots to expire would squander the Federal investment made in these programs. Therefore, the Committee urges the Department to convert the positions currently be used for the homeless preschool demonstration program to permanent Head Start positions to serve homeless children.

The Committee applauds the recent efforts of the administration to implement Indian preference at the American Indian programs branch of the Head Start Bureau. The Committee further notes the administration's commitment to ensuring tribal consultation in the development of regulations to implement the 1994 amendments to the Head Start Act and to ensuring that these regulations accurately reflect the intent of the Congress.

The fiscal year 1995 report included $1,000,000 for a training program based on the emerging learning concept that preparing preschool children for reading ensures school readiness. The children's library initiative in Philadelphia would be especially well suited to conduct such a national training program. In addition, the Committee included $3,000,000 to establish a preschool education

program at Head Start sites utilizing the "Sesame Street" program as a means to encourage and initiate reading skills, train providers in the educational use of visual arts and media, and to assist parents in becoming actively involved in their children's preschool education. To implement this program, the Committee urged the Secretary to contract with an independent nonprofit entity that had demonstrated effectiveness in developing and administering such a program. The Committee urges the Secretary to comply with the 1995 Committee report and establish these programs on an expedited basis.

Runaway and homeless youth

The Committee recommendation is $46,767,000 for this program, an increase of $6,309,000 over the House allowance and the fiscal year 1995 level. This increase partially offsets the elimination of the separate line item for runaway youth activities-drugs. The Committee did not approve the budget request to consolidate this program and transitional living into a single line item. The Committee has also provided an additional $7,000,000 from the crime prevention trust fund for runaway youth activities.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. The Runaway and Homeless Youth Act requires that 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent funds networking and research and demonstration activities including the National Toll-Free Communications Center.

Transitional living for homeless youth

The Committee recommends an appropriation of $12,557,000 for transitional living, which is $2,392,000 less than the House allowance, and $1,092,000 below the 1995 level.

This program awards grants to public and private nonprofit entities to address the shelter and service needs of homeless youth. Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services.

Youth gang substance abuse

The Committee concurs with the House in not recommending line-item funding for youth gang substance abuse, for which $10,520,000 was requested. Funds for substance abuse prevention and treatment activities are included under the Substance Abuse and Mental Health Services Administration.

Child abuse prevention programs

The Committee has included $35,445,000 for child abuse and neglect prevention and treatment activities, including $21,026,000 for

State grants, $14,154,000 for discretionary activities, and $265,000 for the Advisory Board on Child Abuse and Neglect.

These programs 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.

Temporary child care and crisis nurseries

The Committee recommends $9,835,000 for temporary child care and crisis nurseries, the same as the House allowance, and $2,000,000 less than the budget request and the fiscal year 1995 level. Grants are made to States which apply to support demonstration projects by local governments and private nonprofit agencies. This program is intended to demonstrate the effectiveness of assisting States to provide temporary, nonmedical care for children with special needs, and children that are abused and neglected or at risk of abuse and neglect.

Family violence prevention programs

For programs authorized by the Family Violence Prevention and Treatment Act, the Committee recommends $50,000,000, which is $17,355,000 more than the House allowance and the fiscal year 1995 appropriation. This program makes formula grants to States and Indian tribes to assist in supporting programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents. The amount recommended includes $18,100,000 for crime prevention trust funds activities, for which the administration requested $15,000,000. The House provides no funds from the crime prevention trust fund. The amount recommended is the full amount authorized in 1996.

Abandoned infants assistance

The Committee concurs with the House in recommending an appropriation of $12,406,000 for abandoned infants assistance, $2,000,000 less than the fiscal year 1995 appropriation and the administration request.

This program provides financial support to public and private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children. Grants provide additional services such as identifying and addressing the needs of abandoned infants, especially those who are drug-exposed or HIV-positive; providing respite care for families and caregivers; and assisting abandoned infants and children to reside with their natural families or in foster care.

Child welfare

The Committee recommends an appropriation of $268,629,000 for child welfare services, $23,360,000 less than the fiscal year 1995 appropriation and the administration request and $23,360,000 less than the House allowance.

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 if at all possible; and development of alternative placements like foster care or adoption if children cannot remain at home.

For child welfare training, to ensure the availability of adequate numbers of professionally trained social workers to provide child protection, family preservation, family support, foster care, and adoption services, the Committee has provided $2,000,000, the same amount recommended by the House. The Committee directs the Secretary to continue to make child welfare training funds available to schools of social work, with priority given to minority students, and public human service agencies to train students for careers in child welfare.

The Committee recognizes that child abuse and neglect is a serious and escalating problem in our country. In 1994, over 3 million children in the United States were reported physically, emotionally, or sexually abused or neglected. The need for trained, skilled, and qualified child welfare protection personnel is essential. Yet, according to the National Commission on Children, only 24 percent of child welfare case workers have social work training, and 50 percent have no previous experience working with children and families. To ensure that there is available an adequate supply of professionally trained social workers to provide child protection, family preservation, family support, foster care, and adoption services, the Committee directs the Secretary to continue to make child welfare training funds available to schools of social work, with priority given to minority students, to train students for careers in child welfare.

Under section 426, title IV–B 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. To ensure that there is available an adequate supply of professionally trained social workers to provide child protection, family preservation, family support, foster care, and adoption services, the Committee directs the Secretary to continue to make child welfare training funds available, to schools of social work, with priority given to minority students, to train students for careers in child welfare.

The Committee concurs with the House in providing no funds for child welfare research, for which $6,395,000 was requested.

The Committee reiterates its interest in the work of the University of Hawaii Center on the Family and supports continued use of Hawaii's ethnically diverse population to devise policies and implement programs to strengthen the family, particularly since the results are transferable to other U.S. populations. The Committee further endorses work directed to policy analysis and outreach programs relating to family caregiving and other long-term intergenerational issues. The Committee is especially interested in the development of programs that are self-help in nature and that contribute to containment of social program costs.

The Committee has previously recommended that the Department utilize CAPTA resources for community-based child abuse prevention through Parents Anonymous, Inc. This year, the Senate

authorizing committee has included in the reauthorization of the Child Abuse Prevention and Treatment Act both bill language and report language urging the Secretary to award a grant to a nonprofit organization such as Parents Anonymous to assist in the maintenance of a national network of mutual support and self-help programs to strengthen families and their communities in the fight against child abuse. The Committee strongly urges the Department to implement this recommendation.

Adoption opportunities

The Committee recommends $11,000,000 for adoption opportunities, the same as the fiscal year 1995 level, $2,000,000 less than the administration request, and the same as the House allowance.

This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs. Since the Committee recommendation exceeds $5,000,000, grants for placement of minority children and postlegal adoption services, as well as grants for improving State efforts to increase placement of foster children legally free for adoption, should be made, as required by law. This program also funds the national adoption clearinghouse, a national adoption information exchange system.

The Committee concurs with the House in providing no funding for social services research, family support centers, and community-based resource centers.

Developmental disabilities

The Committee recommends $112,103,080 for developmental disabilities programs, which is $34,947,000 more than the House allowance, and $9,747,000 less than the request and fiscal year 1995 appropriation.

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.

Included in the amount provided is $1,500,000 to fund the fifth year of a 5-year demonstration project known as transition and natural supports in the workplace. This project operates in six different States. It seeks to identify the kinds of school preparation persons with moderate and severe disabilities need to succeed in the work force, and the types of consultative support business require to hire those with moderate and severe disabilities. The initiative focuses on developing cost-effective methods to address the 85 percent unemployment rate of persons with disabilities and the growing awareness within the business community of the anti-discrimination mandates of the Americans With Disabilities Act.

Basic State grants

For State grants the Committee recommends $64,803,000, compared to the $40,438,000 House allowance and $70,438,000 request and fiscal year 1995 level. In 1987, the Developmental Disabilities Act changed the focus of State councils from services provision and

demonstration to planning and services coordination directed to effecting systems change. Since that time, the States have been shifting away from their original role of services provision to their current mission to effect system change on behalf of persons with developmental disabilities. The decrease in funding for State grants reflects the adjustment of the councils from services provision to their current mission.

Protection and advocacy grants

For protection and advocacy grants, the Committee recommends $24,581,000, which is $2,137,000 below the request and fiscal year 1995 appropriation. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of person with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

Projects of national significance

The Committee recommends $5,258,000, which is $457,000 below the request and fiscal year 1995 appropriation. 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.

University-affiliated programs

For university-affiliated programs, the Committee recommends $17,461,000, which is $1,518,000 below the request and the fiscal year 1995. This program provides operational and administrative support for a national network if university-affiliated programs and satellite centers. Grants are made annually to university affiliated programs and satellite centers for interdisciplinary training, exemplary services, technical assistance, and information dissemination activities.

Native American programs

The Committee concurs with the House in recommending $35,000,000 for native American programs, for which $38,461,000 was available in fiscal year 1995.

The Committee commends the administration for providing funds to Indian tribes and native American organizations to plan and implement long-term strategies for social and economic development and supports funding for the native Hawaiian revolving loan fund, the Native American Languages Grant Program, and the grants for tribal environmental quality. The Committee further notes that the National Indian Policy Center at George Washington University has expanded its policy information services and that important benefits are accruing to tribal governments. Accordingly, the Committee supports continued maximum funding of such services.

Program administration

The Committee recommends $150,117,000 for program administration, a decrease of $13,054,000 below the fiscal year 1995 appropriation. No funds are included for the electronic benefit transfer

task force, for which the House allowed the $2,000,000 budget request.

This "Program administration" account funds Federal administration costs for the Administration for Children and Families. The Committee is mindful of the many changes taking place among the programs administered by the Administration for Children and Families [ACF]. The Committee has included what it believes are sufficient funds to permit ACF to carry out its important mission of improving the lives of America's children and families. The Committee recognizes that ACF will have to reallocate administrative resources within its budget to accommodate its changing workload and program mix. In particular, the Committee encourages ACF to utilize resources no longer needed to administer programs which the Congress has reduced, eliminated, or reformed to carry out its increased responsibilities in other important programmatic areas, such as child support enforcement, and in expanded activities to ensure program accountability, promote effective practices, and measure the effectiveness of new approaches to assisting families in need.

Crime reduction programs

The Committee recommends $25,900,000 for violent crime reduction programs, consisting of: $7,000,000 for runaway youth prevention; $400,000 for the domestic violence hotline; $18,100,000 for battered women's shelters; and $400,000 for youth education demonstration activities. The House allowance consisted of $400,000 for the domestic violence hotline, and $400,000 for youth education demonstrations, for a total of $800,000.

ADMINISTRATION ON AGING

Appropriations, 1995	$876,095,000
Budget estimate, 1996	897,148,000
House allowance	778,246,000
Committee recommendation	836,027,000

The Committee recommends an appropriation of $836,027,000 for aging programs, $57,781,000 more than recommended by the House, $40,068,000 less than the 1995 appropriation, and $61,121,000 below the amount requested by the administration.

The Committee urges the AOA to continue to fund national aging organizations with a proven track record in providing representation and services to low-income-aged minorities. This is crucial to implementing the provisions of the Older Americans Act, as amended, to promote participation by older individuals with the greatest economic or social needs, and with particular attention to low-income-aged minorities.

Supportive services and senior centers

The Committee recommends an appropriation of $291,375,000 for supportive services and senior centers, a decrease of $15,336,000 below the 1995 appropriation and the budget request. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers and ombudsman activities. State agencies on aging make awards to area agencies on

aging on the basis of State-approved area plans and intrastate funding formulas.

Ombudsman/elder abuse

The Committee recommends an appropriation of $4,449,000 for the ombudsman program, that same level as the fiscal year 1995 enacted level and the President's budget request; and $4,732,000 for the prevention of elder abuse, the same amount appropriated in 1995 and $1,500,000 below the amount requested by the President. The House did not recommend funding for either program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

Pension counseling

The Committee agrees with the House and provides no funding for the public benefit and insurance counseling program. The 1995 appropriation and the administration request was $1,976,000. These funds are distributed to States according to formula. The Committee feels that it is more cost effective to provide this counseling for the elderly under the Health Care Financing Administration and has provided $4,500,000 for that purpose.

Preventive health services

The Committee recommends $15,623,000 for preventive health services, a decrease of $1,359,000 below the 1995 level and the budget request. The House provided no funds for this purpose. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need.

Congregate and home-delivered nutrition services

The Committee recommends an appropriation of $474,874,000, the same amount appropriated in 1995 and requested by the administration, and an increase of $28,493,000 over the amount recommended by the House and $5,000,000 below the administration's request and the 1995 level. Of this total, $364,535,000 is for congregate meals, and $110,339,000 is for home-delivered meals. This program funds nutrition services projects for the elderly. 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 30 percent of funds between these programs. The Committee is concerned with recent reports stating that approximately 41 percent of home-delivered programs maintain waiting lists of over 2.5 months. To focus resources in areas of the greatest need, the Committee has included an increase of $16,274,000 above the 1995 appropriation for the home-delivered meals program.

In-home services for frail elderly

The Committee recommends $9,263,000 for in-home services for the frail elderly, the same level as the fiscal year 1995 enacted level, the budget request, and the amount recommended by the House. In-home services include homemaker and home health aides, visiting and telephone reassurance, chore maintenance, in-home respite care for families, and minor home modifications.

Aging grants to Indian tribes and native Hawaiian organizations

The Committee recommends $15,550,000 for grants to Indian tribes, a decrease of $1,352,000 below the 1995 appropriation, $2,852,000 below the 1996 budget request, and $507,000 below the amount appropriated by the House. 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 Indians or Alaskan Natives 60 years of age or older to provide a broad range of services and assure that nutrition services and information and assistance services are available.

Aging research and training

The Committee recommends $4,991,000 for aging research, training, and discretionary programs, $20,639,000 less than the fiscal year 1995 enacted level and $40,143,000 below the budget request. The House bill provided no funding for this purpose. These funds support activities designed to expand public understanding of aging and the aging process, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies who administer the Older Americans Act. Current activities include elder abuse, long-term care ombudsman programs, and minority aging. Of the funds provided, the Committee directs the Department to use $1,500,000 to fund the legal services hotlines and $600,000 to continue the Family Friends Program. The Committee directs the Secretary to provide level funding for the elder care locator program.

Federal Council on Aging

The Committee agrees with the House and has provided no funding for the Federal Council on Aging. The administration requested $226,000 for this program. In 1995, $176,000 was appropriated.

White House Conference on Aging

The Committee agrees with the House and provides no funding for the White House Conference on Aging, which was authorized under the 1992 amendments to the Older Americans Act. This will enable for the writing, reviewing, commenting, and filing of the final report. The administration had requested $500,000.

Program administration

The Committee recommends $15,170,000 to support Federal staff that administer the programs in the Administration on Aging, the same amount recommended by the House, $1,230,000 below the 1995 appropriation, and $2,229,000 below the budget request.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 1995	$107,343,000
Budget estimate, 1996	93,366,000
House allowance	123,639,000
Committee recommendation	140,350,000

The Committee recommends an appropriation of $133,722,000 for general departmental management. This is $47,560,000 more than the administration request, $16,896,000 more than the House allowance, and $45,356,000 more than the fiscal year 1995 level.

The Committee also recommends the transfer of $6,628,000 from the Medicare trust funds, which is $576,000 less than the administration request, $185,000 less than the House allowance, and $12,349,000 less than the fiscal year 1995 level. The numbers reflect the budget amendment submitted by the President which reflects the transfer of FTE to the newly independent Social Security Agency on April 1, 1995.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It also supports several offices formally located in the Office of the Assistant Secretary of Health.

Departmental management

The Committee recommends an appropriation of $92,439,000 for general departmental management. This is $6,277,000 more than the administration request, $10,000,000 more than the House allowance, and $4,073,000 more than the fiscal year 1995 level.

The Committee also recommends the transfer of $6,628,000 from the Medicare trust funds, which is $576,000 less than the administration request, $185,000 less than the House allowance, and $738,000 less than the fiscal year 1995 level. The numbers reflect the budget amendment submitted by the President which reflects the transfer of FTE to the newly independent Social Security Agency.

The Committee has eliminated funding for the Office of the Assistant Secretary for Health [OASH]. The Committee understands that the Secretary has decided to replace the OASH with a smaller office which would serve as the senior advisor for health and science policy. This account includes sufficient funding for the establishment of this office in the Office of the Secretary, as well as funds for the orderly phaseout of the OASH.

The Committee recognizes that this account is the successor account to OASH and, as such, may inherit liabilities for some related transition costs. The Committee also understands that the Secretary may transfer certain current OASH functions to agencies within the Department, and is given discretion to also transfer the associated funding provided in this account for those functions.

The appropriation supports activities associated with the Secretary's role as policy officer and departmental manager. GDM funds support the Department's centralized services carried out by 8 of the 10 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. It will also support certain health activities that were performed in the Office of the Assistant Secretary of Health, including the Office of the Surgeon General.

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 is aware of a memorandum of understanding which has been executed between the State of Oregon and nine Federal partners including the Department of Health and Human Services. The purpose of this partnership is to encourage and facilitate cooperation among Federal, State, and local entities to redesign and test an outcomes-oriented approach to intergovernmental service delivery. The Oregon Option experiment is focused on three areas of human investment: healthy children, stable families, and a highly developed and prepared work force. In working with the State of Oregon to reduce Federal barriers to service delivery, the Committee urges the Department to streamline and expedite regulatory processes where possible in order to help the State meet its performance outcomes.

The State of New Hampshire is also reengineering their Department of Health and Human Services to integrate all health and social services at the local level. We urge the Federal Government to remove any regulatory barriers which could prevent the development of a comprehensive managed approach to health care and health-related support services.

New Hampshire's efforts will be targeted to children and families along with the elderly and disabled; these efforts will include individuals who are duly eligible for Medicare and Medicaid. This Committee additionally encourages the relevant Federal agencies to assist the State of New Hampshire in their efforts to replace AFDC with a comprehensive performance-based employment program.

The Committee has provided $500,000 from this account for continuation of the existing elements of the human services transportation technical assistance program. In many cases, particularly in rural areas, human services transportation providers are the only source of public transportation. The technical assistance program provides assistance to these organizations on coordination and management, and on meeting requirements of the Americans with Disabilities Act.

The Committee notes that the administration is moving closer to establishing a National Bioethics Advisory Commission to debate and make recommendations on issues concerning the ethical implications of research on human biology and behavior, and the applications of that research. With the increasing developments in biomedicine and the moral and ethical questions that arise as a result, the Nation is in need of a standing commission of ethics experts. The Committee urges the prompt consideration of nominations for membership and establishment of this Commission with the designation by the Secretary of dedicated staff by January 1, 1996.

The Committee requests that the Department of Health and Human Services Chronic Fatigue Syndrome Interagency Coordinating Committee [DHHS CFSICC] be formally chartered. Formal representation on the CFSICC must continue to include NIH, CDC, SSA, and FDA, as well as patient advocates an private sector researchers. In addition, the Committee strongly recommends the addition of a representative from HRSA.

Adolescent family life

The Committee has provided $6,144,000 for the Adolescent Family Life Program [AFL]. This is the same as the administration request, and $554,000 less than the fiscal year 1995 appropriation and the House allowance.

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.

Disease prevention and health promotion

The Committee recommends $4,236,000 to support the Office of Disease Prevention and Health Promotion [ODPHP], statutorily established under title XVII of the Public Health Service Act. This is $368,000 less than the fiscal year 1995 amount, $365,000 less than the President's request, and $4,236,000 less than the House allowance.

The Office of Disease Prevention and Health Promotion manages Healthy People 2000, a national effort to improving the health status of all Americans. Other ODPHP efforts include operation of the National Health Information Center, directing the Put Prevention into Practice national education program, working with the U.S. Department of Agriculture in implementing the 1995 dietary guidelines for Americans, initiating the development of the third Surgeon General's "Report on Nutrition and Health," and strengthening interdepartmental coordination of school health education and services.

Physical fitness and sports

The Committee recommends $1,000,000 for the Federal staff which supports the President's Council on Physical Fitness and Sports. This is $406,000 less than the administration request, the same as the House allowance, and $407,000 less than the fiscal year 1995 appropriation.

The President's Council on Physical Fitness and Sports serves a catalyst, promoting increased physical activity/fitness and sports participation for Americans of all ages and abilities, in accordance with Executive Order 12345, as amended. The programs sponsored by PCPFS are supported largely through private sector partnerships.

Minority health

The Committee recommends $18,981,000 for the Office of Minority Health. This is $1,650,000 below the fiscal year 1995 appropria-

tion and the House allowance, $1,611,000 less than the administration request, and $1,650,000 less than the House allowance.

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 notes the importance of primary care health centers associated with minority health profession institutions. In particular, the Committee is aware of a proposal from the Morehouse School of Medicine for support for its national center for primary health care. The Committee believes this is a meritorious project and encourages the Office of Minority Health to give this proposal serious consideration.

The Committee has provided adequate funding for the continuation and growth of a variety of competitive programs throughout the Public Health Service that emphasize improving the health status of disadvantaged populations, including racial and ethnic minorities. The need for strong support and continued emphasis on these programs is embodied in the mission of the Department of Health and Human Services.

National Vaccine Program

The Committee did not provide funding for the National Vaccine Program Office. The Committee understands that the National Vaccine Program Office has been transferred to the Centers for Disease Control and Prevention.

Office of Research Integrity

The Committee recommends $3,554,000 for the Office of Research Integrity [ORI]. This is $309,000 less than the fiscal year 1995 appropriation, $304,000 less than the House allowance and the administration request.

The National Institutes of Health Revitalization Act of 1993 established ORI as an independent entity in the Department. ORI oversees and directs all PHS research integrity efforts with the exception of the regulatory research activities of the Food and Drug Administration. ORI is responsible for assuring that institutions receiving PHS funds have appropriate mechanisms in place to deal with allegations of misconduct and to protect whistleblowers. It also investigates such allegations in the PHS intramural program.

Office on Women's Health

The Committee recommends $5,362,000 for the Office on Women's Health. This is $2,810,000 more than the administration request, $2,800,000 more than the fiscal year 1995 amount, and $3,162,000 more than the House allowance.

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, with other Government agencies, and with private industry, health care organizations, and consumer groups. 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.

The Committee directs that the Office of Women's Health should continue to direct the implementation of the National Action Plan on Breast Cancer. This plan, which unites the efforts of all HHS and other Federal agencies, is a critical element in the fight against breast cancer which will affect one out of eight women over a lifetime. The Committee supports the President's request to expand this action plan to $14,475,000 and directs the National Cancer Institute to designate such funds for this important project.

HHS has undertaken a study of the current curricula used by medical schools to train medical students in women's health and to begin to develop a model women's health curricula to aid medical schools in improving their educational programs regarding the conditions, disease, and health needs of women. The Committee commends the National Institutes of Health, the Health Resources and Services Administration, and the Office of Women's Health for their addressing this important aspect of medical training, which has been overlooked for too long. The Committee encourages these three entities to work together to continue this program and expand it to other appropriate health professions.

The Committee commends the Office of Women's Health for its commitment to the women's health education and the training of women health professionals. Therefore, the Committee has also included funding to support leadership training for women and curriculum development to include the unique health needs of women. The Committee encourages the Office of Women's Health to give strong consideration to developing a public/private partnership with the Institute for Women's Health at the Medical College of Pennsylvania for the development of curricula that recognizes the unique health needs of women and that provides a model leadership training program to women health professionals.

The Committee is aware the Office of Women's Health is developing plans to establish a national women's clearinghouse. This clearinghouse, which would operate through a well-publicized 800 toll-free number, would provide a single point of entry by the public and health care professionals to the broad range of women's health-related information that has been developed across the HHS agencies.

Currently, women facing health problems, their families, women's health organizations, and health care providers must walk through a maze of HHS agencies to find appropriate information on women's health. While a great deal of information is available through the Department, in many instances it remains quite difficult to find or access. The clearinghouse, which can rely on new computer technology to place orders for publications directly with each agency, will dramatically increase the access of the public and health care providers to critical information on the latest research, drugs and devices, public education messages, treatment options,

and health service programs for women. In addition, women across the country will be able to speak to women's health information specialists about their health concerns and be directed to resources available in their communities. Finally, by compiling this information into a single data base, the identification of the gaps in information will be facilitated, allowing the Office of Women's Health to develop any new materials when needed.

The Committee directs that the Public Health Service agencies contribute a total of $1,400,000 with a proportionate share from each agency to the Office of Women's Health to carry out the development and implementation of the national women's health clearinghouse.

The Committee has provided funding for the Office of Women's Health over the fiscal year 1995 amount to enable the Office to support innovative demonstrations for the comprehensive and coordinated delivery of health care to women. The Committee understands that McGee-Women's Hospital in Pittsburgh has developed a comprehensive health care model that would meet the educational, research, and clinical needs of women of all ages. Special attention would be paid to the needs of low-income and older women. The Committee believes it is important for women to be able to receive comprehensive care throughout their life cycle and encourages this Office to give strong consideration to supporting this demonstration program and other model programs.

Office of Emergency Preparedness

The Committee provides $2,006,000 for the Office of Emergency Preparedness [OEP]. This is $368,000 less than the administration request, $2,006,000 more than the House allowance, and $174,000 less than the fiscal year 1995 appropriation. This Office is the sole Office for meeting the responsibility of the Secretary in continuity of Government, continuity of operations and coordinating the response to major emergencies and catastrophic disasters, including domestic terrorism.

OEP coordinates the readiness, response, and recovery efforts for all health, medical, and health-related social services for the Federal Government under the Federal response plan. Additionally, OEP directs the national disaster medical system [NDMS] of which the medical component is composed of approximately 5,000 private sector health professionals in 60 disaster medical assistance teams that provide medical assistance when State and local resources are exhausted. OEP maintains a hospital bed emergency availability list and through partnership with the Department of Defense [DOD] and the Department of Veterans Affairs, coordinates the evacuation of patients and in hospital care within the NDMS.

National AIDS Policy Office [NAPO]

The Committee has not provided funding for NAPO; however, the Committee encourages the Secretary to ensure that the coordination of departmental cross-cutting issues, such as HIV/AIDS, is addressed in the plan to consolidate the Office of the Assistant Secretary of Health and the Office of the Secretary and that the office responsible for such coordination should report directly to the Secretary.

OFFICE OF INSPECTOR GENERAL

Appropriations, 1995	$89,608,000
Budget estimate, 1996	79,937,000
House allowance	73,956,000
Committee recommendation	75,941,000

The Committee recommends an appropriation of $55,945,00 for the Office of Inspector General. This is $2,944,000 less than the administration request, $388,000 less than the House allowance, and $4,955,000 less than the fiscal year 1995 level.

The Committee also recommends the transfer of $19,996,000 from the Medicare trust funds, which is $1,052,000 less than the administration request, $2,373,000 more than the House allowance, and $850,000 less than the fiscal year 1995 level.

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.

Pursuant to Public Law 103–296, 259 FTE's and $10,446,000 were transferred from OIG to the independent Social Security Administration on March 31, 1995; this included $8,038,000 from Social Security trust fund transfers and $2,408,000 from appropriated funds.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1995	$22,011,000
Budget estimate, 1996	21,160,000
House allowance	13,500,000
Committee recommendation	19,467,000

The Committee recommends an appropriation of $16,153,000 for the Office for Civil Rights. This is $1,405,000 less than the administration request, $5,904,000 more than the House allowance, and $2,078,000 less than the fiscal year 1995 level.

The Committee also recommends the transfer of $3,314,000 from the Medicare trust funds, which is $288,000 less than the administration request, $63,000 less than the House allowance, and $466,000 less than the fiscal year 1995 level.

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.

Pursuant to Public Law 103–296, two FTE's and $85,000 were transferred from OIG to the independent Social Security Administration on March 31, 1995; this included $49,000 from Social Security trust fund transfers and $36,000 from appropriated funds.

POLICY RESEARCH

Appropriations, 1995	$9,417,000
Budget estimate, 1996	12,278,000
House allowance	9,000,000
Committee recommendation	14,500,000

The Committee recommends an appropriation of $14,500,000 for policy research. This is $3,278,000 less than the administration request, the same as the House allowance, and $417,000 less than the fiscal year 1995 amount.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agency and subject lines, as well as new policy approaches outside the context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

Pursuant to Public Law 103–296, one FTE and $122,000 were transferred from policy research to the independent Social Security Administration on March 31, 1995.

Because welfare reform must emphasize moving people into private sector jobs, the Committee has included $5,500,000 from within this account for the job creation demonstration authorized under section 505 of the Family Support Act of 1988. Under this program, welfare recipients and those at risk for welfare are given training and financial assistance by nonprofit community development organizations to help them start their own small businesses or gain private sector employment. This program has been very successful in moving people off welfare and into work. As in past years, the Committee directs that this program be administered by the Office of Community Services and that a priority be given to community development corporations.

GENERAL PROVISIONS

The Committee concurs with the House in recommending a $37,000 ceiling on official representation expenses (sec. 201), the same as existing law.

The Committee concurs with the House in retaining language from last year's bill limiting assignment of certain public health service personnel (sec. 202).

The Committee has modified House language limiting use of health funds for certain activities (sec. 203).

The Committee concurs with the House in retaining provisions carried in last year's bill to ensure that States continue to receive child abuse prevention and training grants (sec. 204); limit use of grant funds to pay individuals no more than an annual rate of $125,000 (sec. 205); and provide for transfer of funds to the inspector general's office for provision of security protection for the Secretary of Health and Human Services (sec. 207).

The Committee has deleted House provisions prohibiting use of funds for the Federal Council on Aging and Advisory Board on Child Abuse (sec. 208) and the position of Surgeon General of the Public Health Services (sec. 209).

The Committee has included a new provision (sec. 208) that reduces administrative expenses of the National Institutes of Health by $41,665,000.

The Committee has modified House language limiting the use of taps (sec. 206) which addresses, in part, evaluation funds. Section 241 of the Public Health Service Act authorizes the Secretary to redirect up to 1 percent of the appropriations provided for programs authorized under the act for program evaluation activities.

The Committee has specifically provided for use of a portion of these funds by the Agency for Health Care Policy and by the National Center for Health Statistics. The Committee has included a provision restricting the use of the balance of these funds by the Secretary prior to submitting a report on the proposed use of the funds to the Appropriations Committees.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION REFORM

Appropriations, 1995	$494,370,000
Budget estimate, 1996	950,000,000
House allowance	95,000,000
Committee recommendation	432,500,000

The Committee has provided $432,500,000 in this account for two administration reform initiatives: $310,000,000 for education reform activities authorized by the recently enacted Goals 2000: Educate America Act (Public Law 103–227), and $122,500,000 to continue implementation of school-to-work transition systems authorized by the School-to-Work Opportunities Act (Public Law 103–239).

Goals 2000 State grants

The Committee bill includes $300,000,000 for State and local systemic education improvement grants authorized by title III of the Goals 2000: Educate America Act. This amount is $61,870,000 below the 1995 appropriation, $393,500,000 below the administration request, and $300,000,000 more than the House allowance.

Goals 2000 funds provide incentives for States to devise their own strategies for comprehensive reform of elementary and secondary education. Grants are distributed to States through a formula based on relative shares each State received in the previous year under titles I and VI of the Elementary and Secondary Education Act. Of the total, 1 percent is reserved for the outlying areas, schools supported by the Bureau of Indian Affairs, and the Alaska Federation of Natives. Participating States must develop comprehensive, statewide education reform strategies involving high standards for all students, assessments tied to the high standards, and teacher training activities. Beginning in the second year a State must pass through at least 90 percent of its Goals 2000 funds to local educational agencies for the development and implementation of local reform plans and the improvement of both preservice and inservice professional development.

The Committee has added a proviso permitting the Secretary to authorize up to six additional State education agencies authority to waive Federal statutory or regulatory requirements for fiscal year 1996 and succeeding fiscal years.

Parental assistance

The Committee emphasizes the importance of the eighth national education goal relating to parental involvement and participation in promoting the social, emotional, and academic growth of children, and urges the Department to encourage parental involvement in every level of education. Assisting States in developing policies to aid schools in strengthening partnerships with parents and fami-

lies is an important objective which will ensure that the remaining seven national education goals are met.

To further the goal of increased parental involvement, the Committee bill includes $10,000,000 for title IV of the Goals 2000: Educate America Act, which authorizes a variety of activities designed to improve parenting skills and strengthen the partnership between parents and professionals in meeting the education needs of their school-age children, including those aged birth through 5. The recommendation is the same as the administration request. The House bill provided no funds for this purpose. These funds will support the expansion of voluntary parent education activities such as the Parents as Teachers Program and the Home Instruction for Parents of Preschool Youngsters Program.

Goals 2000 national programs

The Committee has not approved the $46,500,000 requested by the administration for Goals 2000: national programs. The House also provided no funds for this purpose. Funds appropriated in 1995 for this activity were rescinded in Public Law 104–19. The purpose of this program is to provide support and guidance to States and local school districts in their reform efforts.

School-to-work opportunities

The Committee supports funds for the School-to-Work Opportunities Act, and has recommended $122,500,000 for the Department of Education share of program funding. The amount recommended is the same as the 1995 appropriation, $77,500,000 less than the administration request, and $27,500,000 more than House allowance. Together with $122,500,000 recommended for the Labor Department, $245,000,000 in direct funding is provided to help States implement their plans for creating systems to improve the transition from school to work.

Within the $122,500,000 provided, the Committee recommends $6,875,000 for national programs. The amount recommended is the same as the 1995 appropriation, $8,125,000 below the budget request, and $6,875,000 more than the amount recommended by the House.

Local school-to-work programs will include a combination of work-based learning involving job training and school-based learning tied to both occupational skill standards and the academic standards States establish under Goals 2000. Students who complete a school-to-work program will receive a high school diploma, a certificate recognizing 1 or 2 years of postsecondary education if appropriate, and a portable, industry-recognized skill certificate.

By 1996, a total of 28 States will have started full implementation of comprehensive statewide systems.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 1995	$7,228,116,000
Budget estimate, 1996	7,441,292,000
House allowance	6,014,499,000
Committee recommendation	6,517,166,000

The Committee recommends an appropriation of $6,517,166,000 for education for the disadvantaged. This is $710,950,000 less than

the fiscal year 1995 comparable level, $710,950,000 less than the administration request, and $502,667,000 more than House allowance.

Programs financed under this account are authorized under title I (formerly chapter 1) of the Elementary and Secondary Education Act [ESEA] and section 418A of the Higher Education Act. ESEA title I programs provide financial assistance to State and local educational agencies [LEA's] to meet the special educational needs of educationally disadvantaged children, migrant children, neglected and delinquent children in State institutions, and juveniles in adult correctional institutions. In addition, the Even Start Program supports projects that integrate early childhood education with parenting and adult literacy training. Funds for each of these programs, except for Even Start, are allocated according to formulas that include the number of eligible children and each State's average per-pupil expenditure. Even Start funds are allocated according to each State's proportion of title I grants to LEA's.

The High School Equivalency Program [HEP] and College Assistance Migrant Program [CAMP], authorized by section 418A of the Higher Education Act, provide grants to institutions of higher education to assist migrant and seasonal farmworkers past the age of compulsory school attendance to complete the courses necessary to receive a high school diploma or its equivalent, and to assist migrant students enrolled in their first undergraduate year at a college or university.

The HEP and CAMP programs and title I evaluation activities are current-funded programs with fiscal year 1996 funds available for obligation from October 1, 1995, to September 30, 1996. All other programs in this account are forward funded, with funds appropriated for fiscal year 1996 becoming available for obligation on July 1, 1996, and remaining available through September 30, 1997. These forward-funded programs will generally support projects in the 1996–97 school year.

Grants to local educational agencies

Title I grants to local educational agencies provide supplemental education funding to LEA's and schools, especially in high-poverty areas, to help low-income, low-achieving students learn to the same high standards as other children. The formula for basic grants is based on the number of children from low-income families in each county, weighted by per-pupil expenditures for education in the State. States in turn make suballocations from the county to the LEA level using the best data available on the number of poor children. States are also required to reserve funds generated by counts of children in correctional institutions to make awards to LEA's for dropout prevention programs involving youth from correctional facilities and other at-risk children.

For title I basic grants, the Committee recommends an appropriation of $5,266,863,000. This is $701,372,000 less than the 1995 appropriation, the same as the budget request, and $317,358,000 more than recommended by the House.

The Committee recommends $692,341,000 for concentration grants, an increase of $29,204,000 above the 1995 appropriation and the budget request, and $142,396,000 more than the amount

provided by the House. The funds are distributed according to the basic grants formula, except that they only go to counties and LEA's where the number of poor children equals at least 6,500 or 15 percent of the total school-aged population. Approximately 66 percent of counties nationally receive funds. The statute requires that, each year, concentration grants receive an amount equal the 1995 appropriation for this program.

The Committee recommends $60,194,000 for the Bureau of Indian Affairs and the outlying areas. This amount is $6,790,000 below the 1995 level, $9,806,000 below the budget request, and $4,644,000 above the amount recommended by the House. From the amount for the outlying areas, $5,000,000 is reserved for a program of discretionary grants to LEA's in Palau, the Federated States of Micronesia, and the Marshall Islands; this program is administered by the Pacific Regional Educational Laboratory.

Capital expenses for private school students

The Committee recommends $38,119,000 for the Capital Expenses Program, a decrease of $3,315,000 below the 1995 appropriation, $18,119,000 above the budget request and the amount recommended by the House.

The ESEA requires districts to provide equitable title I instruction to private school students, but the Supreme Court's 1985 *Aguilar* v. *Felton* decision prohibits districts from sending public school teachers or other employees to private sectarian schools for the purpose of providing title I services. The Capital Expenses Program helps districts comply with *Felton* by paying a portion of the additional capital costs associated with serving religious school students outside school premises. Funds may be used by districts for noninstructional goods and services such as renting classroom space in neutral sites, renting or purchasing mobile vans for title I instruction, or transporting private schoolchildren to the place of title I instruction.

Funds are allocated to States according to the proportion of nonpublic school students served under title I LEA Grants Program in the most recent year for which satisfactory data are available.

Even Start

For the Even Start Program, the Committee agrees with the House and recommends $102,024,000, the same amount appropriated in the 1995 appropriation. The administration requested no funds for this purpose because Even Start activities were to be carried out through a broader adult education activity.

The Even Start Program provides grants to school districts and nonprofit organizations to operate educational programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education Act. Programs combine early childhood education, adult literacy, and parenting education.

States receive funds on the basis of their proportion of title I LEA grant allocations and make competitive 4-year grants to local educational agencies and community-based organizations. Grant funds must be equitably distributed among urban and rural areas

and the local share of program costs increases from 10 percent in the first year to 40 percent in the fourth year.

Migrant

For the State Agency Migrant Program, the Committee agrees with the House and provides $305,475,000. The amount recommended is the same amount appropriated in 1995 and $4,525,000 below the administration's request.

The title I migrant 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 counts of migratory children aged 3 through 21 residing with the States. Under the reauthorization, only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program. Currently, this program serves approximately 541,000 migrant students.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs.

Neglected and delinquent

The Committee recommends $39,311,000 for the title I Neglected and Delinquent Program, the same amount appropriated in 1995, $689,000 below the administration request, and $7,311,000 more than the amount recommended by the House.

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 and 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 up to 10 percent of their neglected and delinquent funds to help students in State-operated institutions to make the transition into locally operated programs. Transition activities are designed to address the high failure and dropout rate of institutionalized students and may include alternative classes, counseling and supervisory services, or educational activities in State-supported group homes.

State school improvement grants

The Committee agrees with the House and provides no funds for State school improvement grants. The recommendation is $35,146,000 below the administration request and $27,560,000 below the amount appropriated in 1995. This program helps States stimulate school-base change and hold local education agencies accountable for making significant progress in the education of disadvantaged children. Funds for this purpose can be sustained through administrative set-asides in the title I program and other State and local funding sources.

Demonstrations of innovative practices

The Committee agrees with the House and provides no funding for demonstration and innovative practices. The administration had requested $25,146,000 for this purpose. This program provides discretionary grants to selected sites to design and implement innovative strategies and practices that show the most promise of helping title I children achieve to high standards. This activity could be funded under the Office of Education, Research and Improvement.

Evaluation

The Committee bill includes $3,370,000 for title I evaluation activities, $7,630,000 below the administration request. The House recommended no funding for this purpose.

The Committee has provided funds in order for the Department to fund a national assessment of the effectiveness of title I programs, and a longitudinal survey of the educational progress of educationally disadvantaged children.

High School Equivalency Program

The Committee bill includes $7,441,000 for the High School Equivalency Program [HEP], $647,000 less than the 1995 level. Neither the House nor the administration recommended funding for this program.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students aged 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. HEP will serve about 3,050 migrants in 1995.

College Assistance Migrant Program

For the College Assistance Migrant Program [CAMP], the Committee bill includes $2,028,000, which is $176,000 below the 1995 appropriation. Neither the House nor the administration recommended funding for this program.

This program provides 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 followup services after students have completed their first year of college, including assistance in obtaining student financial aid. CAMP will serve about 360 students in 1995.

IMPACT AID

Appropriations, 1995	$728,000,000
Budget estimate, 1996	619,000,000
House allowance	645,000,000
Committee recommendation	677,959,000

The Committee recommends an appropriation of $677,959,000 for impact aid for the Department of Education. This amount is

$50,041,000 below the 1995 amount, $58,959,000 above the administration request, and $32,959,000 above the amount recommended by the House.

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. In school year 1995–96 approximately 2,700 school districts will receive payments of behalf of 1.8 million eligible children.

The Committee believes the reforms to the impact aid program as provided for in the Improving America's Schools Act of 1994, greatly improved the impact aid program. The Committee wishes to reaffirm Congress's commitment as contained in the impact aid reforms of 1994 in meeting the needs of all school districts impacted by a Federal presence. This includes those school districts with high concentrations of children residing off of Federal property, including the students of our military personnel residing off base. The Committee is aware that due to base consolidation, some districts are seeing increased enrollments of military dependent students residing offbase due to inadequate onbase housing facilities. The impact aid program should continue to recognize the needs of these school districts, and the funds provided herein will continue to address the needs of these school districts.

Basic support payments.—The Committee recommends $581,170,000 for basic support payments, a decrease of $50,537,000 below the 1995 level, and $31,170,000 more than budget request and the House allowance. Under statutory formula, payments are made on behalf of all categories of federally connected children.

Payments for children with disabilities.—Under this program additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act. The Committee bill includes $40,000,000 for this purpose, the same amount as the 1995 level, the budget request, and the House.

Payments for heavily impacted districts.—These payments provide additional assistance to certain local education agencies that enroll large numbers or proportions of federally connected children. The Committee recommends $36,800,000, a decrease of $3,200,000 from the 1995 level, $16,800,000 more than requested by the administration, and $13,200,000 less than recommended by the House.

Facilities maintenance.—This activity provides funding for maintaining certain school facilities owned by the Department of Education. The Committee agrees with the House and recommends no funding for this program. The administration had requested $2,000,000 for this purpose in fiscal year 1996. No appropriation was provided in 1995.

Payments for increases in military dependents.—Funds are used to provide immediate financial assistance to local educational agencies faced with a sudden increase in enrollments due to the consolidation of military bases. The Committee agrees with the House and provides no funds for this newly authorized activity. The administration had requested $2,000,000 for this program in fiscal year 1996. The Committee has provided sufficient funds within basic support payments to provide relief to school districts experiencing expanded enrollments due to military base consolidations.

Construction.—Payments are made to eligible LEA's to be used for construction and renovation of school facilities, or for debt service related to the construction of school facilities. The Committee recommends $5,000,000 for this program, the same amount requested by the administration and recommended by the House. No funds were provided for this purpose in 1995.

The Committee is concerned about an impending situation affecting children of military personnel at Bangor Submarine Base. The school district which serves these dependents, the Central Kitsap School District, and the State of Washington, have consistently supported the needs of children of military families. However, because of the influx of hundreds of military dependent students due to base realignment actions, the school district is unable to provide appropriate facilities for the education of these children.

The problem is particularly acute for special education dependents. Bangor has been designated as a preferred assignment for military personnel with special needs children, including children with severe handicapping conditions. The school district must transport these children to facilities some distance from the base, as there are no facilities on-base to meet these educational demands caused by these additional students.

The Committee urges the Department, in conjunction with the Department of Navy, to initiate discussions with the Central Kitsap School District concerning the feasibility, construction and design of a facility to accommodate educational requirements of military special needs children and other elementary aged military dependents. This effort should be coordinated with the Central Kitsap School District and the State of Washington and the results should be reported to this Committee in a timely fashion.

Payments for Federal property.—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 LEA's 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. The Committee recommends $14,989,000 for this activity in 1996, a decrease of $1,304,000 from the amount appropriated in 1995. No funds were requested by the administration nor provided by the House.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 1995	$1,328,037,000
Budget estimate, 1996	1,554,331,000
House allowance	892,000,000
Committee recommendation	1,157,623,000

The Committee recommends an appropriation of $1,157,623,000 for school improvement programs. This amount is $170,384,000 less than the 1995 appropriation, $396,708,000 less than the administration's request, and $265,623,000 more than the House allowance.

Professional development and program innovation

The Committee recommends a total of $550,000,000 for the Eisenhower professional development State grants ($275,000,000) and innovative education program strategies State grants ($275,000,000). The administration requested $735,000,000 for Eisenhower professional development State grants, and proposed to eliminate all funding for the Innovative Education Strategies Program. The House, in anticipation of the passage of an education reform block grant which is currently under consideration by the House Economic and Educational Opportunities Committee, recommended $550,000,000 and consolidated funding for the professional development and innovative grants program.

The Committee reiterates its support for the Eisenhower professional development State grant program and recognizes that this activity is the major program within the Department of Education supporting improvement in math and science education. This program is of vital interest to the Committee as it works to ensure that the tools are in place to reach national educational goal No. 5—that by the year 2000, U.S. students will be the first in the world in science and mathematics achievement.

Eisenhower professional development State grants.—The Committee recommends $275,000,000 for Eisenhower professional development State grants, an incease of $23,702,000 over the 1995 appropriation. This program provides formula grants to States to support sustained and intensive high-quality professional development activities in the core academic subjects at the State and local levels. Professional development in the areas of mathematics and science receives a priority in funding, with the first $250,000,000 of the total appropriation for this program designated for those subjects.

Innovative education program strategies State grants.—The Committee recommends $275,000,000 for innovative education program strategies State grants, a decrease of $72,250,000 below the 1995 appropriation. The purpose of this program is to make grants to State and local educational agencies for activities intended to help meet the national education goals and assist in their reform of elementary and secondary education. Funds are awarded to States by a formula based on school-aged population and then to local districts under a State-determined formula. State and local funds may be used for acquisition of instructional materials such as library books, curricular materials, and computer software and hardware; improving educational services to disadvantaged children and dropout prevention; combating illiteracy among children and adults; programs for gifted and talented children; reform activities consistent with Goals 2000; and teacher training and other related activities in support of any of these purposes also is authorized.

Safe and drug-free schools and communities

State grant program.—The Committee bill provides $400,000,000 for the safe and drug free schools and communities programs State grant program. The amount recommended is $65,981,000 below the 1995 level, $100,000,000 less than the budget request, and $200,000,000 more than the House allowance.

The Committee has included bill language which would transfer $200,000,000 of the amount appropriated to the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services to fund substance abuse prevention demonstration programs for youth. The Committee has taken this action to better target resources to those programs with a proven track record in educating youth in the prevention of substance abuse.

National programs.—The Committee agrees with the House and recommends no funding for the national programs portion of the safe and drug free schools program. The administration had requested $35,000,000 for 1996.

Education infrastructure

The Committee agrees with the House and recommends no funding for the education infrastructure program, a decrease of $35,000,000 below the administration request. No funding was provided for this program in 1995. The purpose of this program is to assist local educational agencies in the repair and renovation or rebuilding of school facilities. The administration has proposed legislation to expand the authority of the College Construction Loan Insurance Association to make loans available to local educational agencies for construction and renovation.

Inexpensive book distribution

For the inexpensive book distribution program, the Committee provides $10,300,000 the same as the 1995 appropriation and the administration request, and $1,300,000 more than the House allowance. This program is operated by Reading Is Fundamental [RIF], a private nonprofit organization associated with the Smithsonian Institution. RIF works with more than 4,500 local volunteer groups to distribute books to children from low-income families to help motivate them to read. In 1996, an estimated 7.2 million books will be distributed to 2.2 million children. This program has been successful in motivating children to read, increasing the use of libraries, increasing parental involvement in schools, and contributing to improved reading achievement.

Arts in education

The Committee bill includes $9,000,000 for the arts in education program, $1,500,000 less than the 1995 appropriation, $1,000,000 less than the administration request, and the same as the House allowance. The amount recommended will support two awards: $5,000,000 for a grant to Very Special Arts [VSA], which supports the development of programs to integrate the arts into the lives of children and adults with disabilities; and $4,000,000 for a grant to the John F. Kennedy Center for the Performing Arts, which sup-

ports a variety of activities through its education department that promote the arts throughout the Nation.

Instruction in civics, government, and the law

The Committee recommends no funding for instruction in civics, government, and the law. Neither the administration nor the House recommended funding for this program. In 1995, after the rescission was enacted, $4,500,000 remained in the program. The purpose of this program is to equip students with knowledge and skills pertaining to the law, the legal process and the legal system and the fundamental principles and values of U.S. citizenship. This program has received support for over 15 years and should now be able to continue without further Federal assistance.

Christa McAuliffe fellowships

The Committee recommends no funding for the Christa McAuliffe fellowship program, which is $1,946,000 less than the 1995 level. Neither the administration nor the House recommended funding for this program. Funds are provided for fellowships to teachers for projects to improve education through sabbaticals for study, research, or academic improvement. The Committee has provided funding under the Eisenhower professional development State grant program for States to use for professional development.

Magnet schools assistance

For the magnet schools assistance program, the Committee bill provides $95,000,000, which is the same amount recommended by the House, and $16,519,000 below the administration's request and the 1995 appropriation.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of an approved desegregation plan and are designed to attract substantial numbers of students of different social, economic, ethnic, and racial backgrounds. Grantees may use funds for teacher salaries, purchase of computers, and other educational materials and equipment.

The Committee directs the Department to use up to 5 percent, but no less than $3,000,000 of the magnet school appropriation for innovative programs as described in section 5111 of title V of the Elementary and Secondary Education Act.

Education for homeless children and youth

For carrying out education activities authorized by the Stewart B. McKinney Homeless Assistance Act, the Committee recommends $23,000,000, the same as the House recommendation, $7,000,000 less than the budget request, and $5,811,000 below the 1995 level.

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 carry out other activities to ensure that all homeless children and youth in the State have access to the same free, appropriate public education including a public preschool education as provided to other children and youth. Grants are made to States based on the total that each States receives under the title I program.

Women's educational equity

The Committee agrees with the House and recommends no funding for the women's educational equity program. The recommendation is $3,967,000 below the 1995 appropriation and $4,000,000 less than the budget request.

Training and advisory services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee recommends $14,000,000, the same as the budget request, and $7,412,000 below the 1995 appropriation. The House eliminated all funding for this program.

The funds provided will fund 10 regional desegregation assistance centers. These centers provide technical assistance, training, and advisory services to assist school districts in addressing problems associated with desegregation on the basis of race, color, sex, or national origin. No funds are included for civil rights units in State education agencies.

Dropout assistance

The Committee agrees with the House and the administration and recommends no funding for the dropout prevention program. This activity was funded at $12,000,000 in 1995. This activity provides grants to local educational agencies, community-based organizations, and educational partnerships to support demonstration projects to reduce the number of students who do not complete elementary and secondary education.

Ellender fellowships

For Ellender fellowships, the Committee bill includes $2,760,000, a decrease of $240,000 below the 1995 level. Neither the administration nor the House recommended funds for this activity.

The Ellender fellowship program makes an award to the Close Up Foundation of Washington, DC, to provide fellowships to students from low-income families and their teachers to enable them to participate with other students and teachers for a week of seminars on Government and meetings with representatives of the three branches of the Federal Government.

Education for native Hawaiians

For programs for the education of native Hawaiians, the Committee bill includes $12,000,000, which is $3,000,000 above the 1995 appropriation and the budget request. The House bill eliminated funding for this purpose.

The Committee has included this increase because of the lack of educational opportunities for native Hawaiians who continue to have an extraordinarily high dropout rate which leads to unemployment and contributes to the incidence of incarceration, teen pregnancy, alcoholism, and suicide.

Of the funds appropriated within this activity, the Committee recommends the following funding levels for native Hawaiian programs: $1,500,000 for the curricula development, teacher training, and recruitment program; $800,000 for the community-based education learning centers; $1,400,000 for the Hawaiian higher education program; $1,200,000 for the gifted and talented program;

$1,200,000 for special education programs; $300,000 for the native Hawaiian Education Council and island councils; and $5,600,000 for family-based education centers.

Foreign language assistance

The Committee has included $10,039,000 for the Foreign Language Assistance Program, $873,000 below the 1995 appropriation and the budget request. The House eliminated all funding for this activity.

The Foreign Language Assistance Program provides 3-year discretionary grants to State and local educational agencies to cover one-half the cost of operating innovative model programs of foreign language study in elementary and secondary schools.

Due to budget constraints the Committee was unable to provide sufficient funds to make incentive payments on the basis of the number of students enrolled in elementary school foreign language programs and has, therefore, included language, requested by the administration, which will clarify that all funds will be used for discretionary grants to LEA's.

The Committee directs the Department to give priority in awarding funds to projects that begin teaching foreign languages in the elementary grades, with the primary focus on the less commonly taught languages of Japanese, Chinese, Russian, Arabic, and Korean.

Training in early childhood education and violence counseling

The Committee agrees with the House and recommends no funding for training in early childhood education and violence counseling. The administration had requested $9,600,000 for this program in 1996. This demonstration program has enabled institutions of higher education to establish innovative programs to recruit and train students for careers in early childhood development and care and counseling of young children from birth to 6 years of age who have been affected by violence.

Charter schools

The Committee recommends $10,000,000 for support of charter schools, which is $4,000,000 more than the 1995 level and the House allowance, and $10,000,000 below the budget request.

Under this program, authorized under title X, part C of the Elementary and Secondary Act of 1965, as amended, the Secretary makes awards to State educational agencies, which, in turn, make subgrants to partnerships of developers and local education agencies or other public entities that can authorize or approve a charter school. Grants are limited to 3 years in duration, of which not more than 18 months my be used for planning and program design, and not more than 2 years for the initial implementation of a charter school.

Unlike traditional public schools, charter schools operate under charters or contracts with school districts, State education agencies, or other public institutions. They are designed by groups of parents, teachers, school administrators, other members of the community, and private corporations and are held accountable for student performance under the terms of their contracts. Also, char-

ter schools can operate with considerable autonomy from external controls such as district, State, and union requirements.

The Committee believes that charter schools offer great promise in reforming public education because they link the important factors of school-site autonomy, parental choice, regulatory flexibility, private sector initiative, accountability, and community participation.

Technical assistance for improving ESEA programs

The Committee recommends $21,524,000 for the comprehensive regional technical assistance centers. This recommendation is $8,117,000 below the 1995 appropriation and $33,476,000 below the administration request. The House recommended no funding for this purpose. This program supports 15 regional centers that provide support, training, and assistance to Department of Education grantees.

Violent Crime Reduction Program

Due to budget constraints the Committee recommends no funding for the family and community endeavor schools program authorized by section D, title III of the Violent Crime Control and Law Enforcement Act of 1994. The administration requested $31,000,000 for this program in 1996. No funds were provided for this purpose by the House or appropriated for this purpose in 1995. Funds support competitive grants to community-based organizations and local educational agencies to improve educational and social development for at-risk youth living in high-poverty and high-crime areas.

BILINGUAL AND IMMIGRANT EDUCATION

Appropriations, 1995	$206,700,000
Budget estimate, 1996	300,000,000
House allowance	103,000,000
Committee recommendation	172,959,000

The Committee recommends an appropriation of $172,959,000 for bilingual and immigrant education. This is $33,741,000 less than the 1995 appropriation, $127,041,000 below the administration request, and $69,959,000 above the House allowance.

The bilingual programs authorized by title VII of ESEA are designed to increase the capacity of States and school districts to provide special instruction to limited English-proficient students.

Instructional services

The Committee bill includes $107,815,000 for bilingual instructional programs, a decrease of $9,375,000 below the 1995 level, $47,875,000 below the President's budget, and $54,815,000 above the amount recommended by the House.

This activity provides competitive grants, primarily to school districts, to improve the quality of instructional programs for limited English proficient students. Schools are permitted to select the instructional approach best suited to their students, except that no more than 25 percent of program funds may be used to support instruction that does not make use of the students native language.

Funds may also be used to provide services for preschool children and parents to assist in the education of their children.

Support services

The Committee bill recommends no funding for support services. The House also provided no funding for this purpose. The recommendation is $15,330,000 below the budget request and $14,330,000 below the amount appropriated in 1995. This program provides discretionary grants and contracts in four specific areas: research and evaluation, dissemination of effective instructional models; data collection and technical assistance; and a national clearinghouse to support the collection, analysis, and dissemination of information about programs for limited English proficient students.

Professional development

The Committee recommends $15,144,000 for professional development, $10,036,000 below the 1995 level, and $13,836,000 below the budget request. The House provided no funds for this purpose.

These funds support the training and retraining of bilingual education teachers and teacher aides, graduate fellowships related to fields of bilingual education, and grants to institutions of higher education to improve bilingual teacher training programs.

Immigrant education

The Committee recommends $50,000,000 for immigrant education, the same amount appropriated in 1995 and the amount recommended by the House. The administration requested $100,000,000 for this activity.

The Immigrant Education Program provides financial support to offset the additional costs of educating recently arrived immigrant students who often lack proficiency in English and need special services to make the transition to the American education system. Federal dollars flow through State educational agencies to school districts enrolling a minimum of 500 eligible immigrant students or where eligible immigrant children represent at least 3 percent of the enrollment. The Committee agrees with the administration and has included bill language to permit States to allocate all or any part of the funds to LEA's on a discretionary basis.

SPECIAL EDUCATION

Appropriations, 1995	$3,252,846,000
Budget estimate, 1996	3,342,126,000
House allowance	3,092,491,000
Committee recommendation	3,245,447,000

The Committee recommends an appropriation of $3,245,447,000 for special education. This is $7,399,000 less than the 1995 appropriation, $96,679,000 below the administration request, and $152,956,000 over the House allowance.

These programs, which are authorized by the Individuals with Disabilities Education Act [IDEA], provide assistance to ensure that all children with disabilities have access to a free appropriate public education, and that all infants and toddlers with disabilities have access to early intervention services. This assistance is pro-

vided through State grants which offset a portion of the costs incurred by State and local educational agencies in educating children with disabilities and developing and implementing statewide systems of early intervention services, and through a variety of discretionary programs that provide funds to meet designated Federal priorities.

Grants to States

The Committee bill provides $2,323,837,000 for special education grants to States, the same amount recommended by the House, and $922,000 more than 1995 appropriation. This program supports formula grants to States to finance a portion of the cost of providing special education and related services for children with infants and toddlers with disabilities.

The Committee's recommended funding level represents approximately 7 percent of the estimated average per-pupil expenditure and would provide an estimated $413 per child for the 5.6 million children expected to receive special education.

The Committee has included bill language to restore to eligibility of the Republic of the Marshall Islands and the Federated States of Micronesia for funding under part B of the IDEA. The Committee notes that the Compact of Free Association with the Republic of the Marshall Islands and with the Federated States of Micronesia authorizes their continued participation in Federal education programs. The Committee reiterates its intention that Federal education moneys should continue to be made available to the Freely Associated States for the duration of their respective contracts.

Preschool grants

The Committee recommends $360,409,000 for preschool grants, an increase of $144,000 over the 1995 appropriation, and the same as the House allowance. The preschool grant program provides formula grants to States based on the number of preschool children with disabilities, aged 3 through 5 years, who are served. The statute limits the share per child served to a maximum of $1,500.

The amount provided by the Committee is approximately $660 per child for the 546,000 preschoolers expected to receive special education and related services in the next school year.

States must distribute at least 75 percent of their grant to local educational agencies and intermediate educational units. Twenty percent may be retained for development of a comprehensive delivery system for children from birth through 5 years; for direct and support services for 3- through 5-year-olds; and, at a State's discretion, to serve 2-year-olds with disabilities who will turn 3 during the school year.

The administration requested $2,772,460,000 for the grants to States and preschool grants programs, an increase of $89,280,000 over the combined funding for the current programs. Separate estimates are not provided for these two programs.

Grants for infants and families

The Committee bill provides $315,754,000 for the part H grants for infants and families program, the same amount recommended by the House, and $122,000 more than 1995 amount and the budg-

et request. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to provide early intervention services to all children with disabilities, aged 0 through 2, and their families.

The Committee reiterates its strong commitment to this program as the principal component of the Federal strategy to ensure that infants and toddlers with disabilities have access to services needed to maximize their potential for success in their school-age years and beyond.

Program support and improvement

For program support and improvement, the administration proposed $254,034,000, the same amount appropriated for 1995 for the 14 special purpose fund programs expiring in 1995. The Committee recommends no funding for the President's request, which was based on proposed legislation, and continues funding for these programs under separate line items. The House also provided no funding for program support and improvement.

Deaf-blindness

The Committee has included $12,832,000 for deaf-blind projects, the same as the 1995 appropriation and the House allowance.

Deaf-blindness funds are used for technical assistance, research, and model demonstration projects for children who are both deaf and blind. The amount provided will support about 6 new and 53 continuation awards.

Serious emotional disturbance

The Committee bill provides $4,147,000 for the serious emotional disturbance program, the same as the 1995 level and the House allowance.

This program supports projects to improve special education and related services for children and youth with serious emotional disturbance. These children remain significantly unserved or underserved by special education. The Committee level will support 19 awards focused on addressing the needs of children with serious emotional disturbance as well as preventing the development of serious emotional disturbance among children and youth with emotional and behavioral problems.

Severe disabilities

The Committee bill provides $10,030,000 for the severe disabilities program, the same amount as appropriated in 1995 and the House allowance. This program awards grants and contracts for projects to improve special education and early intervention services for children with severe disabilities. The amount recommended by the Committee will support approximately 40 awards for research, demonstration, and systems change activities.

Early childhood education

The Committee recommends $25,167,000, the same appropriated in 1995. The House recommended no funding for this purpose.

This program funds demonstration projects, technical assistance, and research to support States as they provide special education and early intervention services to infants, toddlers, and children with disabilities from birth through 8 years of age. Special emphasis is placed on helping States implement the grants for infants and families and the preschool grants programs.

Secondary and transitional services

The Committee bill includes $23,966,000 for secondary and transitional services, the same amount as appropriated in 1995 and the House allowance.

About two-thirds of these funds support joint efforts between State vocational rehabilitation agencies and State educational agencies to develop, implement, and improve systems to provide transition services for youth with disabilities from age 14 through the age they exit schools. Other activities include research, model demonstrations, and special projects. The amount provided would support up to 12 new grants for joint efforts of State vocational rehabilitation and educational agencies.

Postsecondary education

The Committee recommends $8,839,000 for postsecondary education programs, the same as the 1995 level and the House allowance.

This program supports efforts to improve postsecondary programs for persons with disabilities. The Committee level would support new and continuation funding for demonstration projects designed to improve educational outcomes of postsecondary education for individuals with disabilities.

The Committee directs the Department to continue the current four centers for the deaf which are funded under section 625(a)(2) through fiscal year 1996.

Innovation and development

The Committee recommends an appropriation of $14,000,000, a decrease of $6,635,000 from the 1995 appropriation. The House recommended no funding for this purpose. These funds support research and related activities to assist parents, professionals, and others providing early intervention, special education, and related services to children with disabilities, and to conduct research, surveys, and demonstrations related to the provision of services to children with disabilities.

The Committee recognizes that the Hispanic population is the fastest growing minority population in the United States. Increasingly, students from this population are being diagnosed as having disabilities, particularly communicative and language disorders. The Committee directs the Department to support research and demonstration initiatives which support the development of culturally and linguistically sensitive normative and diagnostic data, assessment instruments, service procedures, and intervention programs for Hispanic youth.

Media and captioning services

The Committee recommends $19,142,000 for media and captioning services, the same as the 1995 appropriation and the amount recommended by the House.

The primary focus of this program is the captioning of commercial films and the closed captioning of television. In addition, funds are awarded to the National Theater of the Deaf and Recording for the Blind, Inc. [RFB].

The amount recommended includes $3,600,000 for RFB and $1,500,000 for descriptive video.

It has been brought to the Committee's attention that the delay in the most recent funding cycle for Recordings for the Blind has resulted in a gap in the funding. The Committee directs the Department to review the funding cycle and determine if RFB could be reimbursed for services provided during the funding delay.

Technology applications

The Committee bill includes $9,993,000 for special education technology, a decrease of $869,000 below the 1995 appropriation. The House provided no funding for this purpose.

This program promotes expansion of the use of technology in the education of children with disabilities by supporting research, dissemination, and technical assistance related to the development, production, and marketing of technology for the education of children with disabilities.

Special studies

The Committee provides $3,827,000, a decrease of $333,000 below the 1995 appropriation. The House provided no funding for this activity.

Special studies funds support grants and contracts to assess progress in implementing IDEA programs, as well as the effectiveness of State and local efforts to provide early intervention services and free and appropriate public education to children with disabilities. These activities help inform congressional policymaking and support program improvement efforts by State, local, and Federal agencies.

Personnel development

The Committee recommends an appropriation of $91,339,000 for personnel development, which is the same as the 1995 level. The House eliminated funding for this program.

Personnel development funds are used to award grants to institutions of higher education, State educational agencies, and other nonprofit agencies to assist them in training personnel for careers in special education and early intervention services and to develop new teaching approaches.

The Committee also encourages the Secretary, pursuant to the authority provided under section 631(c) of IDEA, to consider making career development awards for elementary and secondary general education faculty at schools and colleges of education, to better prepare the next generation of teachers to serve students with disabilities who spend some or all of their school day in a regular class.

Children whose primary language is Spanish often have special needs with regard to the delivery of educational, related, and early intervention services. However, there are relatively few teachers, related services personnel, and early intervention personnel who are able to deal with the communication and cultural needs of these children. The Committee urges the Department to work more closely with Hispanic serving institutions of higher education to increase the number of Hispanic education personnel. Attention should be given to communicative disorders and other disabilities.

Parent training

The Committee provides $13,535,000 for the parent training program, the same amount as appropriated in 1995 and the amount recommended by the House.

Parent training grants are made to projects to train parents of children with disabilities to participate more effectively in meeting the educational needs of such children.

Clearinghouses

The Committee recommends $1,989,000, a decrease of $173,000 from the 1995 appropriation. The House bill eliminated funding for this purpose.

This program supports the activities of three clearinghouses—the National Clearinghouse on the Education of Children With Disabilities, the National Clearinghouse on Postsecondary Education for Individuals With Disabilities, and the National Clearinghouse on Careers and Employment in Special Education.

Regional resource centers

The Committee bill provides $6,641,000 for regional resource centers, a decrease of $577,000 from the 1995 appropriation. The House terminated funding for this activity.

This program supports six regional centers and one national coordinating center that provide technical assistance and training to States to improve their capacity to serve children with disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 1995	$2,393,352,000
Budget estimate, 1996	2,456,937,000
House allowance	2,455,760,000
Committee recommendation	2,452,620,000

The Committee recommends $2,452,620,000 for rehabilitation services and disability research, $59,268,000 more than the 1995 appropriation, $3,140,000 below the House bill, and $4,317,000 below the administration request

Basic State grants

The Committee provides $2,118,834,000 for vocational rehabilitation grants to States, which is the same as the administration request and the House allowance, and $64,689,000 more than the 1995 appropriation.

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 severe disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income, and States must provide a 21.3-percent match of Federal funds. Beginning in 1994, States must use 1.5 percent of their allotments for innovation and expansion activities.

Technical assistance to States

The Committee recommends $1,000,000 for technical assistance to States, the same amount recommended by the House and the administration. No funds were provided for this purpose in 1995. Funds support technical assistance activities of national scope and the provision of technical assistance to State vocational rehabilitation agencies in their efforts to improve the efficiency and effectiveness of programs.

Client assistance

The Committee bill recommends $10,119,000 for the Client Assistance Program, the same amount recommended by the House, the administration, and $295,000 more than appropriated in 1995.

The Client Assistance Program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except each State is guaranteed a minimum grant of $100,000 if the appropriation exceeds $7,500,000. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

Training

The Committee provides $39,629,000 for training rehabilitation personnel, the same as the 1995 appropriation, the administration request, and the House allowance.

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 part of the cost of conducting training programs. Long-term, inservice, 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 and deaf-blind.

Special demonstration programs

The Committee bill includes $23,942,000 for special demonstration programs for persons with disabilities, the same as the House allowance and the budget request, and $6,616,000 less than appropriated in 1995.

This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfac-

tory vocational outcomes. Special demonstration programs support projects for individuals with a wide array of disabilities.

Migratory workers

The Committee recommends $1,421,000 for migratory workers, the same level appropriated in 1995, the budget request, and the House allowance.

This program provides a 90-percent Federal match for comprehensive rehabilitation services to migrant and seasonal farmworkers with disabilities and their families. Some 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 $2,596,000 for recreational programs, the same as the 1995 appropriation, the administration request, and the House allowance.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the 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. The amount provided will fund approximately 29 projects in 1996.

Protection and advocacy of individual rights

The Committee recommends $7,456,000 for protection and advocacy of individual rights, the same as the 1995 appropriation, the budget request, and the House allowance.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities.

Projects with industry

The Committee bill includes $22,071,000 for projects with industry, the same as the 1995 appropriation, the administration request, and the House bill.

The Projects With Industry [PWI] Program is the primary Federal vehicle for promoting 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 makes 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 bill includes $38,152,000 for the Supported Employment State Grant Program, $1,616,000 more than the 1995 ap-

propriation and the same as the budget request and the House allowance.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services 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. In 1996 an estimated 35,000 individuals will receive services and it is estimated that of that number approximately 9,500 will be rehabilitated.

Independent living State grants

The Committee recommends $21,859,000 for independent living State grants, which is the same amount appropriated in 1995, the budget request, and the House allowance.

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 analyses, and provide training and outreach.

Independent living centers

For independent living centers, the Committee bill includes $41,749,000, which is $1,216,000 above the 1995 level, and the same as the budget request and the House bill.

These funds support consumer-controlled, cross-disability, nonresidential, 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 $8,952,000 for independent living services to older blind individuals, the same amount appropriated in 1995, the administration request, and the House allowance.

This program provides discretionary grants on a competitive basis to State vocational rehabilitation agencies to assist persons aged 55 or older to adjust to their blindness by increasing their ability to care for their individual needs. Services may include the provision of eyeglasses or other visual aids, mobility training, braille instruction, guide services, reader services, and transportation.

Evaluation

The Committee recommends $1,587,000 for evaluation activities, the same as the 1995 appropriation, the administration request, and the House allowance.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. 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 bill includes $7,144,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, $208,000 more than appropriated in 1995, and the same as the budget request and the House allowance.

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 37 agencies. At the recommended level the center would serve approximately 80 persons with deaf-blindness at its headquarters facility and provide field services to approximately 2,600 persons.

National Institute on Disability and Rehabilitation Research

The Committee recommends $70,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR], the same amount appropriated in 1995, the same as the budget request and the House allowance.

NIDRR develops and implements a comprehensive and coordinated approach to the administration and conduct of research, demonstration projects, and related activities concerning the rehabilitation of disabled persons, 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 amount provided includes $7,000,000 to continue the spinal cord injury centers initiated in fiscal year 1995.

The Committee directs the Department to use $1,000,000 to enable the two active regional head injury centers to begin serving as national resources in order to assist States in improving the quality and cost effectiveness of services for victims of traumatic brain injury [TBI] the fastest growing cause of disability in the United States. The Committee directs the Rehabilitation Service Administration to work with the staffs of these regional centers to develop approved plans of operation, including appropriate evaluation measures, for demonstrating methods of organizing and coordinating State, private provider, and victim support resources to improve the quality of TBI services and for disseminating this information on a national basis.

The Committee urges the Department to utilize funding to sustain the current levels and foci of NIDRR programs, with a clear emphasis upon those research initiatives most directly targeted to employment of persons with disabilities.

The Committee believes that techniques such as state-of-the-art electronic technology can be used to develop new assisted living programs in neighborhood settings. Computers and other electronic features could provide the disabled consumer with the maximum amount of individual freedom, safety, and productive work stations

for private sector employment. Within the funds provided, the Committee urges the Department to provide support for new assisted living programs that develop and demonstrate state-of-the-art electronic technology. The Good Shephard Rehabilitation Hospital in Lehigh County, PA, would be especially suited to conduct a model demonstration in this area.

Technology assistance

The Committee bill provides $36,109,000 for technology assistance, a decrease of $4,317,000 below the administration request, and $3,140,000 below the amount recommended by the House and the 1995 appropriation.

The Technology Assistance Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities. It provides competitive grants to States to develop comprehensive, consumer responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 1995	$6,680,000
Budget estimate, 1996	6,680,000
House allowance	4,000,000
Committee recommendation	6,680,000

The Committee recommends $6,680,000 for the American Printing House for the Blind [APH], the same as the budget request and the 1995 appropriation, and $2,680,000 more than the amount recommended by the House.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to legally blind students below the college level. The Federal subsidy provides about 40 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 blind students. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 1995	$43,191,000
Budget estimate, 1996	43,041,000
House allowance	39,737,000
Committee recommendation	43,041,000

The Committee recommends an appropriation of $43,041,000 for the National Technical Institute for the Deaf [NTID]. This amount is $150,000 less than appropriated in 1995, $3,304,000 more than recommended by the House, and the same amount requested by the administration. Both the House and the administration recommended funding for this activity under a consolidated account.

Operations.—The Committee recommends $42,705,000 for operations, the same as the 1995 level.

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 deaf students. NTID also provides support services for deaf students, trains professionals in the field of deafness, and conducts applied research.

Endowment grant.—The Committee bill includes $336,000 for the endowment matching fund, the same as the 1995 level.

The Committee continues to believe that the endowment matching fund is an important mechanism for generating private contributions that reduce NTID's dependence on Federal funding and strengthen its long-term financial security.

Construction.—The Committee bill includes no funds for construction. In 1995, $150,000 was provided for this purpose.

GALLAUDET UNIVERSITY

Appropriations, 1995	$80,030,000
Budget estimate, 1996	80,030,000
House allowance	72,028,000
Committee recommendation	80,030,000

The Committee recommends $80,030,000 for Gallaudet University, the same amount appropriated in 1995 and the amount requested by the administration, and $8,002,000 more than recommended by the House. Both the House and the administration recommended funding for this activity under a consolidated account.

University operations.—The Committee bill includes $54,244,000 for program operations, the same amount appropriated in 1995.

Gallaudet University is a private, nonprofit institution offering college preparatory, undergraduate, and continuing education programs for deaf students, as well as graduate programs in fields related to deafness for hearing-impaired and hearing students. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf.

Precollege programs.—The Committee recommends $24,786,000 for the Model Secondary School for the Deaf and the Kendall Demonstration Elementary School, the same amount appropriated in 1995.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for the deaf, and prepares deaf adolescents for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

Endowment grant.—The Committee bill also provides $1,000,000 for the Gallaudet University endowment matching fund, the same as the 1995 appropriation.

The Committee believes that the endowment is an important means of generating more private assistance for Gallaudet and reducing the university's dependence on Federal funding.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 1995	$1,382,561,000
Budget estimate, 1996	1,668,575,000
House allowance	1,162,788,000
Committee recommendation	1,273,627,000

The Committee recommendation includes a total of $1,273,627,000 for vocational and adult education, consisting of $1,002,349,000 for vocational education, and $271,278,000 for adult education.

VOCATIONAL EDUCATION

The Committee recommendation of $1,002,349,000 for vocational education is $175,739,000 less than the administration's request, $101,269,000 less than the fiscal year 1995 amount, and $98,430,000 above the House allowance.

Basic grants.—The Committee has included $890,000,000 for basic grants, a decrease of $82,750,000 below the 1995 appropriation, and $90,000,000 more than the House allowance. The administration request of $1,141,088,000 reflects proposed legislation for a new consolidated State grant program.

Funds provided under the State grant program assist States, localities, and outlying areas in expanding and improving their programs of vocational education and providing 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.

Tech-prep education.—The Committee recommends $100,000,000 for tech-prep programs. This is $8,000,000 below the 1995 appropriation, and the same amount recommended by the House. The administration requested no funding for this purpose. 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. The Committee has included bill language permitting $350,000, within the funds provided for tech-prep, for completion of the national evaluation of this program.

Tribally controlled postsecondary vocational institutions.—The Committee has provided $2,919,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. This is the same as the funding provided by the House and the 1995 appropriation. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanded educational opportunities for Indian students. Grantee institutions may use the funds for costs connected with training teachers, providing instructional services, purchasing equipment, administration, and operating and maintaining the institution.

State councils.—The Committee recommends no funding for State councils on vocational education, a decrease of $8,848,000 below the 1995 appropriation. The House also provided no funding for this purpose. The administration requests no funding for this activity. Under this activity grants are allocated to States based on a modification of the basic formula grant. Each State must establish a State council that reviews and comments on its State vocational education plan, analyzes and reports on the allocation of funds and the availability of vocational education programs in the State, and evaluates State vocational education programs every 2 years. States may use a portion of their basic grants funding for State councils.

National programs, research.—The Committee recommends $5,520,000 for national research programs, an increase of $4,520,000 over the amount recommended by the House, and $1,331,000 below the 1995 appropriation. The administration recommended $37,000,000 under a consolidated account. Of the funds provided, the Committee directs the Department to use $5,000,000 to support the National Center for Research in Vocational Education and the six curriculum coordination centers.

The Center is the only federally funded center charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by the Center are converted into technical assistance to reform and improve vocational education instruction in our schools and colleges. The Committee believes that the work of the Center is critically important to provide state-of-the-art job-related instruction that, in turn, will strengthen our Nation's economy.

National programs, demonstrations.—The Committee recommends no funding for this program, the same amount recommended by the House. No funds were provided for this purpose in 1995.

National Occupational Information Coordinating Committee [NOICC].—The Committee recommends $3,910,000, which is $340,000 less than the 1995 appropriation for NOICC. The House recommended no funds for this purpose. This recommendation would continue funding for NOICC. NOICC and its affiliated State occupational information coordinating committees assist students, educators, and occupational planners in assessing current and future labor market conditions by assembling and disseminating occupational information.

ADULT EDUCATION

The Committee has included $271,278,000 for adult education, $7,672,000 less than the fiscal year 1995 appropriation, $219,209,000 less than the administration request, and $12,409,000 more than recommended by the House.

Adult education State programs.—For adult education State programs the Committee provides $250,000,000, which is $2,345,000 less than the 1995 appropriation, and the same amount recommended by the House. The administration's request of $479,487,000 reflects proposed legislation for a new adult education and family literacy State grant program.

Funds are allocated to the States and outlying areas through formula grants to support programs that assist educationally disadvantaged adults in developing basic skills, including literacy, and in achieving certification of high school equivalency and the Secretary may also reserve funds under section 313(d). Direct and equitable access to Federal funds must be provided to all types of eligible institutions that have the ability to provide literacy services to adults and families. In addition, States must provide grants to public housing authorities for literacy programs and must develop a system of indicators of program quality.

The grant formula is based, in part, on the number of persons aged 16 and over in a State who do not have a high school diploma and who are not required to be enrolled in school. For fiscal year 1995, Federal funds may support up to 75 percent of each State's program. No more than 20 percent of a State's funds may be used for high school equivalency programs and no more than 5 percent may be used for administration. Within this framework, a State must use at least 10 percent of its grant to serve the incarcerated and institutionalized, must set aside at least 15 percent for experimental demonstrations and teacher training projects, and must give special attention to the needs of persons of limited English-speaking ability.

Adult education national programs.—The administration recommended $11,000,000 under a consolidated request for national programs. The Committee concurs with the House in recommending $4,869,000, with these funds used only for the National Institute for Literacy. In past years funds have also supported a broad spectrum of program evaluations and State technical assistance activities.

National Institute for Literacy.—The Committee agrees with the House and includes $4,869,000 for the National Institute for Literacy, authorized under section 384(c) of the Adult Education Act, the same amount appropriated in 1995 for this purpose. The Institute provides leadership and coordination for the national literacy effort by conducting research and demonstrations on literacy, providing technical assistance through a State capacity building grant program, 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.

State literacy resource centers.—The Committee bill includes no funding for the State literacy resource centers. No funds were pro-

vided in 1995 or recommended by the administration or the House. Grants have been made to States or groups of States to establish and maintain a network of State or regional adult literacy resource centers to assist public and private agencies in providing and coordinating literacy services. Each State or group of States receives an amount that is proportionate to the amount received under the Adult Education Basic State Grant Program.

Workplace literacy partnerships.—The Committee provides $11,717,000 for workplace literacy partnerships grants, which is $1,019,000 less than the 1995 level, and $11,717,000 more than the House recommendation and the administration request. Funds provided will support competitive demonstration grants for exemplary education partnerships that provide literacy training to meet workplace needs. These demonstration projects are designed and operated by partnerships between a business, industry, labor organization, or private industry council, and a State education agency, local education agency, institution of higher education, school, employment and training agency, or community-based organization. Programs are designed to improve the productivity of the work force through improvement of workers' literacy skills. Services may include: providing adult secondary education, adult literacy and basic skills training, and literacy training for limited English-proficient adults; updating basic skills to reflect the changing needs of the workplace; improving the competency of adult workers in speaking, listening, reading, and problem solving; and providing educational counseling, transportation, and child-care services. Federal funds may support up to 70 percent of the cost of each program.

Literacy training for homeless adults.—The Committee provides no funding for literacy training for homeless adults. No funds were provided for this purpose in 1995 and neither the House nor the administration recommended funding for this program. Under this program discretionary grants have been made to State education agencies to carry out, either directly or through grants or contracts with local recipients, programs of literacy training and basic skills remediation for homeless adults. Programs are required to develop cooperative relationships with other service agencies to provide an integrated package of support services addressing the most pressing needs of homeless adults. In making awards to State education agencies, consideration is given to the States' estimates of the number of homeless adults expected to be served.

Literacy programs for prisoners.—The Committee provides $4,692,000 for literacy programs for prisoners, a decrease of $408,000 below the 1995 appropriation, and an increase of $692,000 above the amount recommended by the House. The administration requested no funding for this purpose. This program provides funds to State and local correctional agencies to establish programs that, to the extent possible, use advanced technologies to assist persons incarcerated in prison, jail, or detention centers to achieve functional literacy and life skills.

The Committee also urges the Department to take comments from practicing corrections educators to ensure that activities carried out under this authority address the most urgent needs of incarcerated individuals.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 1995	$7,617,970,000
Budget estimate, 1996	7,651,415,000
House allowance	6,916,915,000
Committee recommendation	6,751,290,000

The Committee recommends an appropriation of $6,751,290,000 for student financial assistance. In combination with $715,000,000 in Pell grants carryover funding which was provided in previous appropriations, the Committee makes available $7,466,290,000 for student financial assistance.

Federal Pell Grant Program

For Pell grant awards in the 1996–97 academic year, the Committee recommends $6,115,000,000.

Pell grants provide need-based financial assistance that helps low- and middle-income students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a national need analysis formula that takes into account a student's family income and assets, household size, and the number of family members attending postsecondary institutions. Pell grants are considered the foundation of the Federal postsecondary student aid system and students must apply for a Pell grant before receiving a Federal family education loan.

This funding amount, when coupled with carryover funding and additional program changes in the bill, is sufficient to raise the maximum Pell grant to $2,440, the highest level in the program's history and an increase of $100 over the maximum grant for 1995.

The Committee has limited Pell grant recipients to 3,768,000 in the 1995–96 award year. This cap will not deny awards to any eligible students and has been imposed to better reflect the actual number of students receiving grants and program costs.

The Committee does not agree with the House in eliminating assistance to those students who currently qualify for grants of less than $600. Nor does the Committee eliminate the transition bump under which students who qualified for Pell grants in the range of $200 to $400 prior to 1992 now receive the minimum Pell award of $400.

Federal supplemental educational opportunity grants

The Committee recommends $583,407,000 for Federal supplemental educational opportunity grants [SEOG], the same as the 1995 level, the budget request, and the House allowance.

This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent of 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 $616,508,000 for the Federal Work-Study Program, the same as the 1995 level, the House allowance, and the administration request.

This program provides grants to approximately 3,700 institutions to help more than 700,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. The average award is about $1,065. Work-study jobs must pay at least the minimum wage and institutions must provide 25 percent of student earnings. Institutions also must use at least 5 percent of their grants for community-service jobs.

The Committee also notes that the 5-percent requirement may be waived by the Secretary if enforcing it would create a hardship for students at the institution requesting the waiver.

The Committee also recommends that the Department use $1,500,000 of the work-study funds to carry out the provisions of section 448(f) of the Higher Education Act for work colleges.

Federal Perkins loans

The Committee bill includes $100,000,000 for Federal Perkins loans capital contributions, which is $58,000,000 less than the 1995 appropriation and budget request, and an increase of $100,000,000 above the House allowance.

The Federal Perkins Loan Program supports about $6,000,000,000 in student loan revolving funds built up with capital contributions to about 2,700 participating institutions over the past 30 years. Institutions use these revolving funds, which also include a 25-percent institutional match and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee bill also includes $20,000,000 for loan cancellations, $2,000,000 more than the 1995 level, and the same as the administration request and the House allowance. These funds reimburse institutional revolving funds on behalf of borrowers who perform statutorily specified types of public or military service, such as working in a Head Start Program, serving in the Peace Corps or VISTA, or teaching in a low-income school.

State student incentive grants

For the State Student Incentive Grant Program [SSIG], the Committee provides $31,375,000, which is $32,000,000 below the 1995 appropriation, $31,375,000 more than the House allowance, and the same as the budget request.

The SSIG Program is intended to encourage and expand need-based State financial assistance to postsecondary students. States match SSIG appropriations dollar for dollar to provide State-based grant and work-study assistance to more than 650,000 financially needy postsecondary students. States may use up to 20 percent of their SSIG allotment to support campus-based work-learning jobs.

State Postsecondary Review Program

The Committee recommends no funding for the State Postsecondary Review Program authorized by the Higher Education Amendments of 1992. This is consistent with Public Law 104–19 which rescinds all 1995 funding for the program. The budget includes $25,000,000 for the program in 1996, a $5,000,000 increase over

the original 1995 appropriation. The program reimburses States for activities that supplement existing institutional licensing and review functions conducted by States as part of the process of establishing the eligibility of postsecondary institutions to participate in Federal student aid programs.

FEDERAL FAMILY EDUCATION LOAN PROGRAM

Appropriations, 1995	$62,096,000
Budget estimate, 1996	30,066,000
House allowance	30,066,000
Committee recommendation	30,066,000

The Committee recommends $30,066,000 for discretionary Federal administrative expenses related to the Federal Family Education Loan [FFEL] Program, formerly known as the Guaranteed Student Loan Program.

Funds appropriated for Federal administrative expenses will cover the fiscal year 1996 salaries and benefits, travel, printing, contracts, and other expenses associated with the program, including payment and claims processing, reducing loan default costs, and program monitoring. This discretionary administrative funding is included in the "Federal family education loans" appropriation account rather than under the Department's "Salaries and expenses" account pursuant to a requirement of the Federal Credit Reform Act of 1990.

The FFEL Program is administered through State and private nonprofit guarantee agencies that insure loans directly, collect defaulted loans, and provide various services to lenders. The Federal Government supports the guarantee agencies by providing loan advances and reinsurance payments for borrower default, death, disability, and bankruptcy.

The Federal Government also pays an interest subsidy to lenders, based on the borrower's interest rate, on behalf of Stafford loan student borrowers while they are in school and during certain grace and deferment periods. To be eligible for this subsidy, students must demonstrate financial need. Federal Stafford loans may be borrowed by eligible students, regardless of their schoolyear or dependency status. Borrowing limits are tied to the extent of need the cost of attendance minus expected family contribution and other aid as determined by an approved need analysis system.

Under the HEA reauthorization of 1992, a new unsubsidized Stafford Loan Program for middle-income borrowers provides federally reinsured loans to borrowers who do not qualify for Federal interest subsidy payments under the need-based Stafford Loan Program. Except for the interest benefit, all other terms and conditions of the Federal Stafford Loan Program apply to the unsubsidized Stafford loans.

Federal PLUS loans are made to parents of dependent undergraduate students. Interest rates for PLUS loans are usually higher than those for Federal Stafford loans, and the Federal Government does not pay the interest during in-school, grace, and deferment periods. No need analysis is required, but borrowing cannot exceed cost of attendance minus other aid.

FEDERAL DIRECT STUDENT LOAN PROGRAM

Appropriations, 1995	$283,565,000
Budget estimate, 1996	550,000,000
House allowance	320,000,000
Committee recommendation	378,000,000

The Committee has included language to limit the overall amount available for section 458 of the Higher Education Act to $378,000,000, including $160,000,000 for payment of administrative cost allowances [ACA] to guaranty agencies. The Committee expects that the budget reconciliation process will establish a formula for payment of ACA, and directs the Department to make such payments in accordance with that formula. However, should such a formula not be enacted prior to March 31, 1996, the Committee directs the Department to submit a plan for payment of ACA on that date to the chairs of the Senate Committee on Labor and Human Resources and the House Committee on Economic and Educational Opportunities for their review and approval.

Because the Committee's action will substantially reduce the amount available for administrative expenses associated with the William D. Ford Federal Direct Loan Program, the Committee has included language which prohibits the Department from spending limited resources for marketing, advertising, or promotion of the direct loan program, either directly or through contractual arrangements. The Committee is also aware that, through the budget reconciliation process, the administrative fees paid to institutions of higher education for participation in the direct loan program will likely be eliminated, and, therefore, directs that no funds be made available for that purpose.

The Committee also supports an indefinite appropriation currently estimated at $1,038,453,000 to pay for loan subsidies in fiscal year 1996 associated with expanding the Federal Direct Student Loan Program to 50 percent of total loan volume in the 1996–97 academic year, as required by the Student Loan Reform Act of 1993. This amount is $216,797,000 more than the 1995 level, and $460,057,000 less than the estimate provided in the administration's budget request submitted in February.

In general, the same terms and conditions that apply to Federal Stafford, SLS, and PLUS loans under the Federal Family Education Loan Program, will also apply to direct loans.

HIGHER EDUCATION

Appropriations, 1995	$919,370,000
Budget estimate, 1996	820,772,000
House allowance	757,700,000
Committee recommendation	850,325,000

The Committee recommends an appropriation of $850,325,000 for higher education programs, a decrease of $69,045,000 less than the 1995 amount, $29,553,000 more than the budget request, and $92,625,000 above the House.

Aid for institutional development

The Committee recommends $194,846,000 for aid for institutional development authorized by title III of the Higher Education Act, $34,810,000 less than the 1995 appropriation, $12,235,000

more than the budget request, and $22,860,000 above the House allowance.

Strengthening institutions.—The Committee bill includes $55,450,000 for the part A Strengthening Institutions Program, $24,550,000 below the 1995 level, $15,450,000 more than the budget request, and $22,860,000 more than the House allowance.

The part A program supports competitive, 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. Twenty-five percent of part A funds in excess of $61,000,000 must be allocated to eligible institutions with over 60 percent minority enrollment. The Committee disagrees with the House on restricting part A funds to nonpublic institutions. The Committee directs the Department to continue all multiyear grants, but at a lower rate, so that no institution is eliminated from this program.

Hispanic-serving institutions.—The Committee recommends $10,800,000 for the section 316 set-aside for institutions at which Hispanic students make up at least 25 percent of enrollment, $1,200,000 less than the 1995 level and the administration request, and the same as the House allowance. Institutions applying for section 316 funds must meet the regular part A requirements and show (1) that at least one-half of their Hispanic students are low-income, first-generation college students, and (2) that another one-quarter of their Hispanic enrollments are either low-income or first-generation college students. In addition to the regular part A purposes, funds may be used for acquisition of scientific or laboratory equipment, renovation of instructional facilities, and purchase of educational materials.

Strengthening historically black colleges and universities.—The Committee provides $108,990,000 for part B grants, the same as the 1995 level, the budget request, and the House allowance.

The part B Strengthening Historically Black Colleges and Universities [HBCU] Program makes formula grants to HBCU's 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 bill includes $19,606,000 for the part B, section 326 program, the same as the 1995 level, the administration request, and the House allowance.

The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGI's]. The Higher Education Amendments of 1992 increased the number of recipients to 16 named institutions, but reserved the first $12,000,000 appropriated each year to the first five institutions included in the original authorization. Grants may be used for any part B purpose and to establish an endowment.

Endowment challenge grants.—The Committee bill does not provide funding for part C endowment challenge grants, $8,060,000 less than the 1995 appropriation, and the same as the House allowance. The administration proposes to terminate the regular endowment challenge grant program and to change the underlying law to permit funding the HBCU set-aside at the 1995 level without funding the underlying program.

Fund for the improvement of postsecondary education

The Committee recommends $15,000,000 for the fund for the improvement of postsecondary education [FIPSE], which is $2,543,000 less than the 1995 appropriation and the administration request, and the same as the House allowance.

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 an independent board that 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 institutions and organizations concerned with education beyond high school.

The Committee believes that an exemplary program is needed to encourage women and minorities to enter nontraditional careers in the fields of computer, architectural, civil, and mechanical engineering technologies, engineering graphics and design, computer-aided drafting and allied health technology. Many business and industrial communities have established relationships with postsecondary institutions to provide the type of career-oriented technical education programs described above. The Committee encourages the fund to conduct a competition to encourage postsecondary institutions to enhance their management, professional development, and academic programs to meet the technical education needs of the business and industrial communities and to foster strong relationships with these communities. An institution such as the Pennsylvania Institute of Technology would be especially suited in providing career-oriented technical education in the areas described above.

Dwight D. Eisenhower Leadership Program

The Committee recommends no funding for the Dwight D. Eisenhower Leadership Program, $1,080,000 less than the 1995 appropriation, and the same as the administration request and the House allowance.

The Eisenhower leadership program was authorized by the Higher Education Amendments of 1992 to provide competitive grants to institutions of higher education and other organizations for the promotion of leadership skills in the areas of national and international affairs.

Minority teacher recruitment

The Committee recommends $2,212,000 for the Minority Teacher Recruitment Program, which is $246,000 less than the 1995 appro-

priation, $788,000 below the budget request, and the same as the House allowance.

This program, authorized by the Higher Education Amendments of 1992, is designed to increase the numbers of African-Americans, Hispanics, native Americans, and other minorities in the teaching profession. Partnership projects identify students with an interest in entering the teaching profession and provide support services such as scholarship funds, tutoring, and academic counseling. Teacher placement projects prepare minority students to become elementary and secondary schoolteachers and help place these students in schools with at least 50 percent minority enrollment.

Minority science improvement

The Committee recommends $5,255,000 for the Minority Science Improvement Program [MSIP], $584,000 below the 1995 level and the administration request, and the same as the House allowance.

This program provides 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 education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Of the funds appropriated, $1,000,000 shall be for grants to consortia of institutions of higher education with substantial enrollments of African-Americans, Latinos, and other minority groups, who enter into cooperative agreements, grants, and contracts with Federal agencies, and memoranda of understanding among such institutions, which result in proposals which engage public, private, and institutional resources in instructional and academic program grants to consortia.

Innovative projects for community service

The Committee recommends no funding for innovative projects for community service, $1,423,000 below the 1995 appropriation, and the same as the administration request and the House allowance.

Under this program, grants and contracts were awarded to institutions of higher education and other public agencies and nonprofit private organizations to support innovative projects to encourage student participation in community service projects, including literacy projects.

International education and foreign language studies

The bill includes a total of $55,100,000 for international education programs, $3,973,000 less than the 1995 level and the budget request, and $1,183,000 below the House allowance.

Domestic programs.—The Committee recommends $48,680,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA. This is $3,603,000 less than the 1995 appropriation, the administration request, and the House allowance.

Domestic programs include national resource centers, undergraduate international studies and foreign language programs,

international studies and research projects, international business education projects and centers, language resource centers, foreign periodicals program, and foreign language and area studies fellowships. The Committee has included sufficient funds to continue support for the American overseas research centers, which first received Federal funding in 1994.

Overseas programs.—The bill includes $5,500,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. This is $290,000 below the 1995 level and the budget request, and $1,500,000 above the House allowance.

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 U.S. Information Agency, these Department of Education programs focus on training American instructors in order to improve foreign language and area studies education in the United States.

Institute for International Public Policy.—The Committee bill recommends $920,000 for the Institute for International Public Policy, a decrease of $80,000 below the 1995 level and the administration request. The House provided no funding for this purpose.

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 graduate level foreign language and international studies. An institutional match of 25 percent is required.

Cooperative education

The Committee recommends no funding for the Cooperative Education Program, the same as the administration request and the House allowance. Congress provided $6,927,000 for phase out costs for the program in 1995.

Law school clinical experience

The Committee includes $5,500,000 for law school clinical experience, which is $7,722,000 less than the 1995 level, and $5,500,000 above the House allowance and the administration request. This program, funded since 1978, supports discretionary grants to accredited law schools for paying up to 90 percent of the costs of continuing, expanding, or establishing programs that provide students with clinical experience in the practice of law. These funds will provide the final year of funding for this program.

Urban community service

The Committee recommends $9,200,000 for urban community service, $800,000 less than the 1995 appropriation, and $9,200,000 above the administration request and the House allowance. This program provides grants to urban universities to encourage community involvement in solving the social and economic problems of the urban area which they serve. Funds may be used to support cooperative projects that provide urban areas with applied research, planning services and specialized training, and other services that address high-priority needs of the urban area.

Student financial aid data base and information line

The Committee bill includes no funding for the student financial aid data base and information line, the same as the House allowance and the budget request, and $496,000 less than was originally appropriated in 1995. H.R. 1944 contains a rescission of the entire 1995 appropriation.

The Committee appropriated $500,000 in fiscal year 1994, and $496,000 in fiscal year 1995, for the development of a student financial aid data base to gather and disseminate information regarding financial resources available for higher education. The Committee looks forward to reviewing this study along with a progress report. Currently no comprehensive guide to financial resources exists. Some take advantage of this void by promising to help students, for a fee, but then not providing worthwhile information. Although the administration has not requested any new funds for a public data base, the Committee expects the Department to continue efforts to make such information widely available to students.

Interest subsidy grants

The Committee recommends $16,712,000 for interest subsidy grants, $800,000 less than the 1995 level, and the same as the budget request and the House allowance.

This appropriation is required to meet the Federal commitment to pay interest subsidies on approximately 340 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.

Federal TRIO programs

The Committee bill includes $463,000,000 for Federal TRIO programs, the same as the 1995 appropriation, the administration request, and the House allowance.

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 and counseling to disadvantaged college students to help them complete their postsecondary education; talent search identifies and counsels individuals between ages 12 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; educational opportunity centers provide information and counseling on available financial and academic assistance to adults who are low-income and 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 postgraduate programs.

The Committee agrees with the House on the importance of the ongoing evaluation of the TRIO programs and directs the Secretary to use $1,500,000 to fully fund the ongoing evaluation.

The Committee urges the Department to provide outreach and support services to encourage Alaska Native students to seek a higher education and increase the college retention and graduation rates.

National early intervention scholarships and partnerships

The Committee bill includes $3,108,000 for this program of grants to States for projects that provide mentoring, outreach, counseling, and academic support for students at risk of dropping out of school. This amount is the same as the 1995 level and $3,108,000 above the House allowance and the administration request.

This program is intended to provide incentives for States to combine TRIO-type outreach activities with a State guarantee of college tuition assistance that will encourage low-income elementary and secondary school students to stay in school, earn their high school diplomas, and pursue postsecondary education.

Bethune Memorial Fine Arts Center

The Committee recommends $3,680,000 for the Bethune Memorial Fine Arts Center. This is $320,000 less than the 1995 level and $3,680,000 above the administration request and House allowance.

Byrd honors scholarships

The Committee recommends $29,117,000 for the Byrd Honors Scholarship Program, the same as the 1995 appropriation, $9,000,000 below the administration request, and $29,117,000 above the House allowance.

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 Higher Education Amendments of 1992 expanded the program from 1 to 4 years of scholarship support, and the amount provided will fund continuation awards to recipients who received their first-year awards in 1993, 1994, and 1995. The Committee has no objection to funding a new cohort of freshmen within existing resources.

National science scholars

The Committee recommends an appropriation of $1,750,000 for national science scholars, $1,553,000 below the 1995 appropriation and $1,750,000 above the administration request and the House allowance.

This program provides up to 4 years of scholarship support intended to recognize student excellence and achievement in science, mathematics, and engineering and to encourage students to continue their studies in these fields at the postsecondary level. Two recipients, including at least one female, are selected from each congressional district.

The amount recommended is sufficient for continuation costs in fiscal year 1996 for 1,769 grantees which received awards prior to fiscal year 1995.

Douglas teacher scholarships

The Committee bill includes no funding for Douglas teacher scholarships, $299,000 less than the 1995 level, and the same as the House allowance and the administration request.

Olympic scholarships

The Committee recommends no funding for the Olympic Scholarships Program authorized by section 1543 of the Higher Education Amendments of 1992, the same as the budget request and House allowance, and $1,000,000 less than the original 1995 appropriation. Public Law 104–19 rescinds all 1995 funding for the program consistent with the President's request. This program would make funds available to U.S. Olympic education and training centers to provide need-based postsecondary student aid to athletes. The Committee believes that student athletes have sufficient access to need-based financial assistance through the wide variety of grant and loan programs funded by the Committee under title IV of the Higher Education Act.

Teacher Opportunity Corps

The Committee does not recommend funding for the Teacher Corps Program, the same as the budget request and House allowance, and $1,875,000 below the original 1995 appropriation. Public Law 104–19 rescinds all 1995 funding for the program consistent with the President's request.

This program would provide competitive grants to State education agencies for programs designed to recruit teachers for schools with the highest levels of poverty and the lowest levels of student achievement. Teacher Corps members would receive up to 3 years of scholarship support and priority would be given to individuals from disadvantaged backgrounds and those who intend to teach special populations.

Harris graduate fellowships

The Committee recommends $9,332,000 for the Harris graduate fellowships, $812,000 below the 1995 level, and $9,332,000 above the budget request and the House allowance.

This program provides competitive grants to postsecondary institutions to assist minority individuals and women who are underrepresented in master's, professional, and doctoral education programs. Funds for this program must be equally divided between doctoral and master's/professional students.

Javits fellowships

The Committee includes $6,297,000 for Javits fellowships, which is $548,000 less than the 1995 appropriation and $6,297,000 above the administration request and the House allowance.

This program provides fellowships to students of superior ability for doctoral study in the arts, humanities, and social sciences. The

fellowships are awarded through a national competition and recipients pursue graduate study at the institutions of their choice.

Graduate assistance in areas of national need

The Committee recommends $27,252,000 for graduate assistance in areas of national need, the same as the 1995 level, the House allowance, and the budget request.

This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. The program is currently supporting study in mathematics, physics, biology, chemistry, engineering, and computer and information sciences. Recipients must demonstrate financial need and academic excellence, seek the highest degree in their fields, and plan teaching or research careers.

Faculty development fellowships

The Committee recommends no funding for the Faculty Development Fellowships Program, which is $212,000 less than the 1995 appropriation, $3,732,000 below the administration request, and the same as the House allowance.

The Faculty Development Fellowships Program provides grants to institutions of higher education to support two types of fellowships: experienced faculty development fellowships for talented college faculty from underrepresented groups who want to pursue doctoral degrees; and faculty professional development fellowships for faculty from underrepresented groups who want to participate in short-term professional development activities.

School, college, and university partnerships

The Committee recommends no funding for the School, College, and University Partnerships Program, the same as the House allowance, and $3,893,000 less than the 1995 appropriation and the budget request.

The School, College, and University Partnerships Program promotes joint projects between institutions of higher education and high schools serving low-income students that will increase students' academic skills and enhance their prospects for postsecondary education or employment.

Legal training for the disadvantaged

The Committee bill includes $2,964,000 for legal training for the disadvantaged, the same as the 1995 level, and $2,964,000 above the House level and budget request.

Legal training for the disadvantaged supports pre-law school training and provides stipends for minority, low-income, or educationally disadvantaged college graduates to enter and complete law school. The program is administered through a noncompetitive grant to the Council on Legal Education Opportunity [CLEO].

HOWARD UNIVERSITY

Appropriations, 1995	$204,663,000
Budget estimate, 1996	195,963,000
House allowance	170,366,000
Committee recommendation	182,348,000

The Committee recommends an appropriation of $182,348,000 for Howard University, which is $22,315,000 less than the 1995 appropriation, a decrease of $13,615,000 below the budget request, and $11,982,000 more than recommended by the House allowance.

Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through the 17 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 about 55 percent of the university's educational and general costs, excluding the hospital.

Academic program.—The Committee bill provides $149,487,000 for Howard's academic program, which is $7,043,000 below the 1995 level, $8,843,000 below the budget request, and $8,610,000 above the amount recommended by the House allowance.

Endowment.—The Committee recommends $3,372,000 for the endowment program, $158,000 less than the 1995 appropriation and the budget request, and $3,372,000 above the amount recommended by the House.

The Endowment Grant Program is designed to increase the financial strength of the university by stimulating private contributions. Federal funds must be matched by non-Federal contributions, and up to 50 percent of the income earned each year through the endowment may be used to cover operating expenses. Howard's Federal endowment has grown to approximately $130,000,000 since the program's inception in 1985.

Research.—The Committee agrees with the House and recommended no funding for the Howard University research program. The administration had requested the $4,614,000 for this program, the same amount appropriated in 1995. This program funds postdoctoral fellowships and the purchase of equipment to improve the university's ability to acquire research grants.

Howard University Hospital.—The Committee recommends $29,489,000 for the Howard University Hospital, the same as the 1995 appropriation, the administration request, and the House allowance.

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 that trains physicians in 19 specialty areas. The Federal appropriation provides partial funding for the hospital's operations.

Construction.—The Committee has not provided funding for construction projects at Howard University. Neither the House nor the administration recommended funding for this program. In 1995 the appropriation was $5,000,000.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 1995	$757,000
Budget estimate, 1996	1,027,000
House allowance	700,000
Committee recommendation	700,000

New loan subsidies.—The Committee agrees with the House and the administration and recommends no funding for new loan subsidies. No funds were provided for this purpose in 1995.

This program makes loans directly to institutions of higher education for the construction, reconstruction, or renovation of housing and academic facilities. Interest rates are capped at 5.5 percent, and loans must be repaid within 30 years. Institutions must pay 20 percent of project costs with non-Federal funds. No more than 12.5 percent of loan funds may be provided to educational institutions in any one State, and the statute requires the Secretary to give priority to projects involving the renovation or reconstruction of academic facilities that have not previously been renovated for an extended period of time.

Federal administration.—The Committee bill includes $700,000 for Federal administration of the CHAFL program. The amount recommended is $57,000 less than the 1995 appropriation, $327,000 less than the administration request, and the same as the amount recommended by the House.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 1996. 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, 1995	$346,000
Budget estimate, 1996	166,000
House allowance	166,000
Committee recommendation	166,000

Federal administration.—The Committee recommends $166,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program, the same as the administration request and the House allowance, and $180,000 less than the 1995 level.

The HBCU Capital Financing Program will make capital available to HBCU's for 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.

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Appropriations, 1995	$323,962,000
Budget estimate, 1996	433,064,000
House allowance	250,238,000
Committee recommendation	322,601,000

The bill includes $322,601,000 for educational research, statistics, assessment, and improvement programs. This amount is

$1,361,000 below the 1995 appropriation, $110,463,000 below the administration request, and $72,363,000 over the House allowance. This account supports education research, statistics, and assessment activities, as well as a variety of other discretionary programs for educational improvement.

Throughout the Department the Committee has recommended the elimination of many of the research and demonstration programs. The Committee has consolidated the research and demonstration funds within this account. This action has been taken in order to avoid duplication of research efforts and provide a more focused and coordinated approach to ensure that scarce Federal dollars are used in the most effective manner possible.

The Committee acknowledges the importance of creating priorities and coordinating research efforts across the Department and encourages the Assistant Secretary of OERI and the Policy Board to expedite these activities.

Research

The Committee recommends $90,000,000 for educational research, an increase of $3,800,000 over the 1995 appropriation, $7,600,000 below the budget request, and $11,578,000 below the House allowance. Research activities are conducted by the Office of Educational Research and Improvement [OERI], which was reauthorized by the Educational Research, Development, Dissemination, and Improvement Act of 1994.

These funds support research, development, dissemination, and technical assistance activities which 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 has included $41,000,000 for regional educational laboratories. This amount is the same as the 1995 level. Of the amount provided, not less than 25 percent is to be used by the laboratories for the rural program. The Committee expects that all funds for the regional laboratories be released to the laboratories by December 1, 1995.

The Committee has included $28,500,000 for national research centers. This amount is $4,500,000 less than the 1995 level. These funds will support two existing centers—on reading and on the education of at-risk students—and eight new centers for which competition has already been announced. The priority research topics to be addressed by these centers were developed with the assistance of the National Research Policy and Priorities Board. The Committee is very concerned about the funding gap that is projected for the new research centers and instructs the Department to maintain groups of qualified researchers in current centers who are being consolidated into the larger centers as established in the new authorizing law.

Within the total provided, the Committee has included $9,000,000 for the Educational Resources Information Center. This national information system is designed to provide users with ready access to an extensive body of education-related literature and material.

The Committee is pleased that the Office of Education Research and Improvement is considering supporting research to quantify the degree to which involvement in mentoring programs contributes to the academic performance of at-risk children. The Committee urges the Department to place a high priority on this research and demonstration initiative, particularly the National Mentoring Coalition's R&D agenda.

Statistics

The Committee recommends $44,301,000 for the data gathering and statistical analysis activities of the National Center for Education Statistics [NCES], $3,852,000 below the 1995 appropriation, $12,699,000 below the budget request, and $3,852,000 less than the amount provided by the House.

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. Technical assistance to State and local education agencies and postsecondary institutions is also provided by the Center.

Assessment

The Committee recommends $32,517,000 for assessment, a decrease of $235,000 below the 1995 level, $240,000 below the House recommendation, and $5,483,000 less than the budget request. Of the funds recommended, $2,760,000 is for the National Assessment Governing Board.

The National Center for Education Statistics uses these funds to administer the national assessment of educational progress [NAEP], a 20-year-old 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. NAEP has been expanded in recent years to include State representative assessments as well.

Fund for the improvement of education

The Committee bill provides $44,497,000 for the fund for the improvement of education [FIE], which is $10,747,000 above the 1995 appropriation, the administration request, and the House allowance. This program provides the Secretary with broad authority to support nationally significant programs and projects to improve the quality of education, help all students meet high academic standards, and contribute to the achievement of the national education goals. The statute also authorizes support for specific activities, such as counseling and mentoring, comprehensive health education, and environmental education.

The Committee is aware of research demonstrating that music training improves spatial reasoning skills among preschool children. Therefore, the Committee urges the Department to fund demonstration grants to establish public-private partnerships between institutions of higher education and industry to support programs utilizing innovative technologies and practices for the professional

development and retraining of teachers in music education. In awarding these grants, special emphasis should be given to institutions demonstrating a proficiency in working with local educational agencies to disseminate and use the highest quality research and knowledge about effective teaching practices.

The Committee is concerned that many elementary and secondary schools lack the resources to obtain adequate scientific equipment. Some schools report having no equipment at all. If the United States is to remain competitive in the global market, it must continue to produce a technologically literate work force. Within the funds recommended, the Committee directs the Department to provide $3,000,000 for a discretionary program to carry out activities such as those that could be carried out as authorized by part E of title III of the Elementary and Secondary Education Act. These funds will provide for the purchase of equipment and materials necessary for hands-on instruction in mathematics and science.

The Committee urges the Department to continue activities that promote gender-equity, leadership training, and school-to-work programs that encourage women and girls to prepare to enter careers in which they have been underrepresented.

The Committee urges the Secretary of Education to allow experimentation with same gender classes for low-income, educationally disadvantaged students. The limited information available suggests that same gender classes may make a difference in educational achievement levels for disadvantaged students.

The Committee recognizes that the Hispanic population is the fastest growing population in the Nation. Many of these students are not performing at high levels. The Committee urges the Department to support research and demonstration initiatives which support the development of culturally and linguistically sensitive diagnostic data, assessment instruments, service procedures, and intervention programs for Hispanic youth.

In keeping with the Department's research priority for early childhood development and education, the Committee urges the Department to provide $1,000,000 for an integrated delivery system of early childhood education, development, and related services. Funds would support a districtwide program which would coordinate existing title I, local education programs and Head Start services. The Jefferson County Public School system's Project Jump Start would be especially suited for a project such as the one described above.

The Committee has provided $6,000,000 for the International Education Exchange Program authorized by section 601(c) of Public Law 103–227, an increase of $3,000,000 above the 1995 level and the administration request. No funds were provided by the House for this activity. This program will provide grants or contracts to support educational exchanges between the United States and the countries of central and Eastern Europe. The exchanges will be focused on improving curriculum and teacher training in the areas of civics and government education and economic education. The Secretary is required to work closely with the Director of the U.S. Information Agency in designing and implementing the program.

The increased funding will enhance the capacity of leading educators, scholars, and policymakers throughout the United States to assist leaders in the participating nations to develop the civic culture required for democracy and free market economies to flourish. It will also assist in the development and implementation of educational programs to broaden both student perceptions of civics, government, and economics.

The Committee has included $2,000,000 for the extended time and learning and longer school year program authorized by title X, part L of the Elementary and Secondary Education Act. Funds will be used to study the feasibility of extending learning time within or beyond the school day or school year.

The Committee further encourages the Secretary to support mobile technology demonstration programs in rural areas.

Civic education

The Committee recommends $4,106,000 for the Center for Civic Education, a decrease of $357,000 below the 1995 appropriation and the budget request, and $1,106,000 above the amount recommended by the House. This program provides a course of instruction at the elementary and secondary level on the basic principles of our constitutional democracy and the history of the Constitution and the Bill of Rights. Funds also may be used to provide advanced training for teachers concerning the Constitution and the Bill of Rights.

Eisenhower professional development Federal activities

The Committee recommends $18,000,000 for the Eisenhower Professional Development Federal Activities Program, $3,356,000 below the 1995 appropriation, and $17,000,000 below the budget request. The House recommended no funding for this program.

This program supports activities of national significance contributing to the development and implementation of high-quality professional development in the core academic subjects. Projects may be designed to develop teacher training programs, or disseminate information about exemplary programs of math and science instruction.

Within the funds recommended, the Committee directs the Department to provide $5,000,000 for the National Board for Professional Teaching Standards.

The Committee directs the Department to provide $5,472,000 for the National Clearinghouse for Science, Mathematics, and Technology Education Materials, which maintains a permanent repository of mathematics and science education instructional materials and programs for elementary and secondary schools; disseminates information, programs, and instructional materials to the public, information networks, and regional consortiums; and coordinates with existing data bases containing mathematics and science curriculum and instructional materials.

Eisenhower regional mathematics and science education consortia

The Committee has included $13,800,000 for the Eisenhower regional mathematics and science education consortia, $1,200,000 less than the 1995 level and the budget request. The House pro-

vided no funds for this purpose. This program supports grants to establish and operate regional consortia to disseminate exemplary mathematics and science instructional materials and provide technical assistance in the use of improved teaching methods and assessment tools to benefit elementary and secondary school students, teachers, and administrators.

21st century community learning centers

The Committee has included $750,000 for the 21st century community learning centers, the same amount appropriated in 1995. Neither the House nor the administration requested funding for this purpose. This program supports grants to rural and inner-city public elementary or secondary schools, or consortia of such schools, to enable them to plan, implement, or expand projects that benefit the educational, health, social service, cultural, and recreational needs of a rural or inner-city community.

Javits gifted and talented students education

The Committee has included $3,000,000 for the Javits Gifted and Talented Students Education Program, the same amount recommended by the House, $1,921,000 below the 1995 appropriation, and $6,521,000 below the administration request.

This program authorizes awards to State and local education agencies, institutions of higher education, and 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. Priority is given to projects that identify and serve gifted and talented students who are economically disadvantaged, limited English proficient, or students with disabilities. Some funds are set aside for a national center for research and development in the education of gifted and talented children and youth, which researches methods and techniques for identifying and teaching gifted and talented students.

Star schools

For the Star Schools Program, the Committee recommends $25,000,000, the same amount appropriated in 1995, and a decrease of $5,000,000 below the budget request. The House provided no funds for this purpose.

This program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, primarily by means of telecommunications technologies. The program supports eligible telecommunications partnerships organized on a statewide or multistate basis to develop and acquire telecommunications equipment, instructional programming, and technical assistance.

The Committee urges the Department to provide funding for the most recent star school competition designed to advance adult literacy and the completion of requirements for a high school diploma or its equivalent. Funding of this competition will provide students nationwide, particularly adults, geographically isolated and or disadvantaged students with online access to interactive, accredited high school courses in support of continuing education and curricu-

lum requirements relevant to achieving a secondary school diploma or its recognized equivalent.

National writing project

The Committee bill provides $2,955,000 for the national writing project, $257,0000 below the 1995 appropriation. Neither the administration nor the House recommended funding for this program.

These funds are awarded to the national writing project in Berkeley, CA, which in turn funds projects in 45 States to train teachers of all subjects how to teach effective writing.

The Committee remains strongly supportive of the efforts of the national writing project [NWP] to improve the skills of our Nation's teachers. The NWP trained more than 166,000 teachers across the country at a cost of less than $20 per teacher. The Committee believes that funds for the NWP represent an important investment in our Nation's teachers and students.

National diffusion network

The Committee bill includes $10,000,000 for the national diffusion network, which is $1,870,000 less than the 1995 appropriation, and $4,480,000 below the budget request. The House provided no funding for this program.

NDN facilitates school improvement by identifying and disseminating information about programs that work, bringing alternatives to the attention of educators throughout the Nation who are interested in improving their education programs, and providing training and followup technical assistance for those who decide to adopt a particular program. A program effectiveness panel reviews programs seeking inclusion in the NDN. The review focuses solely on the efficacy and transferability of the program.

The Committee expects the Department to use a portion of the funds appropriated for the dissemination of exemplary mathematics and science education programs.

Ready to learn television

The Committee recommends an appropriation of $6,440,000 for the Ready to Learn Television Program, a decrease of $560,000 below the 1995 amount and the budget request. The House provided no funds for this purpose.

This program would support the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school, consistent with the first national education goal that all children should start school ready to learn. The program also would support the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming.

Educational technology

The Committee recommends $25,000,000 for the technology program authorized as part A of title III of the ESEA. The amount recommended is the same amount provided by the House,

$2,000,000 below the 1995 appropriation, and $68,000,000 below the administration's budget request.

This activity supports the use of technology and technology-enhanced curricula and instruction to improve educational services.

The Committee has included $15,000,000 for national challenge grants for technology. The purpose of this program is to develop first-class learner-based content that improves learner productivity through the use of quality courseware. The program would also support a small number of significant public-private partnerships to develop and deploy uses of technology so that direct benefits to students are demonstrated and marketable products are developed and tested.

The Committee has also included $10,000,000 to continue the regional consortia. These consortia assist States and local educational agencies in the identification and procurement of resources necessary to implement technology plans, develop training resources for both elementary and secondary and adult education, provide referrals to sources of technical assistance and professional development, and assist institutions of higher education to establish preservice training programs in the appropriate use of educational technology.

In recent years, much progress has been made in promoting gender-equitable learning, leadership training for women and girls, school-to-work programs helping women and girls enter careers in which they have been underrepresented, and the development, evaluation, and dissemination of educational materials that are gender-equitable. The Committee urges the Secretary to continue activities that promote educational equity for women and girls.

Telecommunications demonstration project for mathematics

The Committee recommends $1,035,000 for the telecommunications demonstration project for mathematics, a decrease of $90,000 below the 1995 appropriation and a decrease of $1,215,000 below the administration's request. The House provided no funding for this purpose. Funds are used to carry out a national telecommunication-based demonstration project designed to train elementary and secondary schoolteachers in preparing all students for achieving State content standards in mathematics.

LIBRARIES

Appropriations, 1995	$144,161,000
Budget estimate, 1996	106,927,000
House allowance	101,227,000
Committee recommendation	131,503,000

The Committee recommends an appropriation of $131,503,000 for library programs, a decrease of $12,658,000 below the 1995 appropriation, $24,576,000 above the administration's request, and $30,276,000 above the amount recommended by the House.

Public library services

The Committee bill includes $83,227,000 for public library services under title I of the Library Services and Construction Act [LSCA], the same as the 1995 appropriation and the House

amount, and $5,908,000 below the amount recommended by the administration.

This program provides population-based formula grants to assist States in extending and improving public library services. Grants are also used to make library services more accessible to persons who, because of barriers such as age, residence, or physical disability, have had limited or no access to library services.

Public library construction

The Committee recommends $16,369,000 for public library construction under title II of LSCA, a decrease of $1,423,000 below the 1995 appropriation and the budget request. The House provided no funds for this purpose. This program provides population-based formula grants to States for public library construction, modification of existing library facilities, and purchase of equipment to improve access to library resources. Projects to remove architectural barriers and to reduce energy consumption are also permitted.

Interlibrary cooperation

The Committee recommends $18,000,000 for interlibrary cooperation authorized by title III of LSCA, the same amount recommended by the House and a decrease of $5,700,000 below the amount appropriated in 1995. The administration requested no funding for this purpose.

This program makes formula grants based on population to States to stimulate interlibrary cooperation and resource sharing among all types of libraries: school, academic, public, and other special libraries. Grants fund projects such as linking libraries to data bases through telecommunications systems, resource sharing projects not linked to automation, training of library personnel in new technologies, and preserving endangered library resources.

Library literacy programs

The Committee bill includes $7,384,000 for library literacy programs, a decrease of $642,000 below the 1995 appropriation. Neither the House nor the administration requested funding for this program. Under this activity, grants are made to State library administrative agencies and local public libraries to promote adult literacy training in public libraries.

Library education and training

The Committee provides $4,523,000 for library career training programs, a decrease of $393,000 below the 1995 level. The House and the administration recommends elimination of this program.

The Library Education and Training Program, authorized under title II, part B, of the Higher Education Act, supports grants to institutions of higher education and library organizations to train or retrain individuals for service in all types of libraries.

Research and demonstrations

The Committee bill includes $2,000,000 for library research and demonstrations, which is $4,500,000 less than the 1995 appropriation. Neither the administration request nor the House bill provided funds for this program.

This program provides discretionary grants and contracts to support projects to improve libraries and information technologies and to disseminate the results of these projects.

The Committee has included bill language providing $1,000,000 to the Survivors of the Shoah Visual History Foundation for a project to document Holocaust survivor testimony. This nonprofit foundation plans to compile a multimedia archive that will encompass over 40,000 interviews and statements by Holocaust survivors.

The Committee has also included bill language providing $1,000,000 for the final phase of the Portals demonstration project. The final phase of the project will provide for the upgrade of network capacity, allowing additional regional partners to join the consortia, and will permit the system to be expanded to maintain and improve efficiency and effectiveness of information delivery.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 1995	$355,476,000
Budget estimate, 1996	370,844,000
House allowance	327,319,000
Committee recommendation	327,319,000

The Committee recommends $327,319,000 for program administration, a decrease of $28,157,000 below the 1995 appropriation, $43,525,000 below the budget request, and the same as the amount recommended by the House.

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 an estimated 230 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

Liaison for community and junior colleges

Pursuant to the Higher Education Amendments of 1992, the Department appointed a liaison for community and junior colleges to serve as an advisor to the Secretary on matters affecting community and junior colleges. The Committee believes this position has enhanced the visibility and efforts of community colleges at the national level. The Committee urges the Secretary to fill the current vacancy by no later than January 1, 1996. The Committee also urges the Secretary to relocate this position from the Office of Vocational and Adult Education to the Office of the Secretary.

The Committee is aware of a memorandum of understanding which has been executed between the State of Oregon and nine Federal partners including the Department of Education. The purpose of this partnership is to encourage and facilitate cooperation among Federal, State, and local entities to redesign and test an outcomes-oriented approach to intergovernmental service delivery. The Oregon Option experiment is focused on three areas of human investment: healthy children, stable families, and a highly developed and prepared work force. In working with the State of Oregon to reduce Federal barriers to service delivery, the Committee urges the Department to streamline and expedite regulatory processes

where possible in order to help the State meet its performance outcomes.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1995	$58,236,000
Budget estimate, 1996	62,784,000
House allowance	53,951,000
Committee recommendation	55,451,000

The Committee bill includes $55,451,000 for the Office for Civil Rights [OCR], $2,785,000 below the 1995 appropriation, $7,333,000 below the budget request, and $1,500,000 above the amount recommended by the House.

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. Without the funds for staff and travel, OCR will be unable to investigate civil rights complaints from over 4,000 individuals.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1995	$30,390,000
Budget estimate, 1996	34,066,000
House allowance	28,154,000
Committee recommendation	28,654,000

The Committee recommends $28,654,000 for the Office of the Inspector General, $1,736,000 below the 1995 appropriation, $5,412,000 less than the 1996 budget request, and $500,000 over the amount recommended by the House. Congress passed legislation providing a special pay raise in 1996 for law enforcement personnel. The inspector general investigators involved in gathering data for prosecution of fraud in the student aid program received the same raise as other law enforcement officers. The additional funds provided by the Senate is necessary to cover the cost of complying with the new law.

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 regulations, efficiency of operations, and effectiveness in achieving program goals.

HEADQUARTERS RENOVATION

The bill provides $7,000,000 for headquarters renovation, $13,000,000 below the amount requested by the administration. The House bill recommended no funds for this purpose and no appropriation was provided in 1995. The Committee has provided these funds to allow the General Services Administration to con-

tinue its long-range plan to move Federal agencies such as the Department of Education out of several expensive commercially leased buildings. By 1997, the Department of Education's headquarters located in FOB–6, will be renovated and nearly 1,000 employees, currently working in temporarily leased Federal and commercial space will reoccupy the building. The Committee recommends funding for the building renovation because the consolidation into one building will save over $2,000,000 a year in the Department's rental costs and $152,000,000 in other agencies rental costs over a 12-year period.

GENERAL PROVISIONS

The Committee concurs with the House and includes a provision (sec. 301), 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.

The Committee concurs with the House and includes a provision (sec. 302), which has been included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the students home.

The Committee concurs with the House and includes a provision (sec. 303), 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.

The Committee has deleted a provision included by the House regarding opportunity to learn standards (sec. 304).

The Committee has modified a provision included in the House bill (sec. 305) regarding prohibiting administrative costs and prohibition of certain funds for direct lending.

The Committee has deleted a provision included in the House bill (sec. 306) prohibiting the use of funds for certain committees and councils.

The Committee has deleted a provision included in the House bill (sec. 307) regarding reporting or disclosure of student records from the juvenile justice system.

The Committee has deleted a provision included in the House bill (sec. 308) prohibiting the Office for Civil Rights from using funds to enforce title IX regarding gender equity.

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

Appropriations, 1995	$59,317,000
Budget estimate, 1996	59,120,000
House allowance	58,186,000
Committee recommendation	53,755,000

The Committee recommends authority to expend $53,755,000 from the Armed Forces Retirement Home trust fund for operation and construction activities at the U.S. Soldiers' and Airmen's Home and the U.S. Naval Home, $5,562,000 less than the 1995 appropriation, $5,365,000 less than the budget request, and $3,614,000 less than the House allowance.

The Committee recommends one single appropriation for the Armed Forces Retirement Home trust fund as requested by the Agency and as authorized in law, instead of separate appropriations for the U.S. Soldiers's and Airmen's Home and the U.S. Naval Home, as recommended by the House.

The Committee concurs with the House recommendation that the Armed Forces Retirement Home Board base its fiscal year 1997 budget request on the findings of the Board's long-term strategic study.

Operation and maintenance

The Committee recommends $51,898,000 for the operation and maintenance of the Soldiers' and Airmen's Home and the U.S. Naval Home, $4,513,000 less than the 1995 appropriation, $5,171,000 less than the budget request, and $4,237,000 less than the House allowance.

Capital outlay

The Committee recommends $1,857,000 for capital projects at the Soldiers' and Airmen's Home and the U.S. Naval Home, $1,049,000 below the fiscal year 1995 appropriation and $194,000 below the budget request and House allowance.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

Appropriations, 1995	$214,624,000
Budget estimate, 1996	262,900,000
House allowance	182,767,000
Committee recommendation	200,892,000

The Committee recommends an appropriation of $200,892,000 for the domestic volunteer service programs of the Corporation for National and Community Service, $13,732,000 less than the 1995 ap-

propriation, $62,008,000 less than the budget request, and $18,125,000 more than the House allowance.

VISTA

The Committee bill provides $43,884,000 for the Volunteers in Service to America [VISTA] Program, $3,816,000 less than the 1995 level, $16,116,000 less than the budget request, and $18,281,000 more than the House allowance.

VISTA is a 30-year-old program which 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.

VISTA Literacy Corps

The Committee bill includes $4,622,000 for the VISTA Literacy Corps, $402,000 less than the 1995 level, $1,578 less than the budget request, and $4,622,000. The House did not include funding for this program.

This Committee has included funding to continue this program and encourages the Literacy Corps to continue to focus on workplace literacy.

National Senior Volunteer Corps

The Committee bill provides $128,341,000 for the National Senior Volunteer Corps programs, $7,423,000 less than the 1995 level, $40,059,000 less than the budget request, and the same as the House allowance.

Foster Grandparent Program

The Committee recommends $62,237,000 for the Foster Grandparent Program, $5,575,000 less than the 1995 level, $16,573,000 less than the budget request, and the same as the House allowance.

This program enables seniors age 60 and over to provide services to communities that they otherwise could not afford. The Foster Grandparent Program creates incentives for older Americans who work with at-risk youth.

Senior Companion Program

For the Senior Companion Program, the Committee bill includes $31,155,000, $89,000 more than the 1995 level, $11,935,000 less than the budget request, and the same as the House allowance.

This program enables low-income senior citizens to provide personal assistance and companionship primarily to adults, particularly the frail, homebound elderly. Senior Companions provide vital services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve caregivers.

Retired and Senior Volunteer Program

The Committee bill provides $34,949,000 for the Retired and Senior Volunteer Program [RSVP], $759,000 less than the 1995

level, $9,551,000 less than the budget request, and the same as the House allowance.

This program involves persons age 55 and over in volunteer opportunities in their communities.

Senior Demonstration Program

The Committee concurs with the House and does not provide separate funding for the Senior Demonstration Program.

Program support

The Committee bill includes $28,667,000 for program support, $2,493,000 less than the 1995 level, $5,833 less than the budget request, and $156,000 less than the House allowance.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 1996	$275,000,000
Appropriations, 1997	260,000,000
Budget estimate, 1998	296,400,000
House allowance	240,000,000
Committee recommendation	260,000,000

The Committee recommends an appropriation of $260,000,000 for the Corporation for Public Broadcasting, an advance appropriation for fiscal year 1998. This amount is the same as the fiscal year 1997 appropriation, $36,400,000 less than the budget request, and $20,000,000 more than the House allowance.

The Committee directs CPB in allocating reduced funding to consider the impact on rural radio and TV studios, especially sole service providers, stations with minimal donor bases or service areas with limited video programming alternatives, and community radio stations. The Committee directs CBP to give priority to stations which serve rural, underserved, and unserved areas and sole service providers.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 1995	$31,344,000
Budget estimate, 1996	33,290,000
House allowance	31,898,000
Committee recommendation	31,898,000

The Committee recommends an appropriation of $31,898,000 for the Federal Mediation and Conciliation Service [FMCS], $554,000 more than the 1995 appropriation, $1,392,000 less than the budget request, and the same as the House allowance.

The Committee directs the FMCS to study the consolidation of the Service with the National Mediation Board. The study should include an analysis of the different functions of the two agencies, and the additional costs or cost savings associated with the suggested consolidation. The Commission should be prepared to report on its findings by the regular hearings on the fiscal year 1997 budget.

The Committee has included gift language authority for the Director of the Federal Mediation and Conciliation Service as requested in the Agency's justification. The House did not include this consideration.

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.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1995	$6,200,000
Budget estimate, 1996	6,467,000
House allowance	6,467,000
Committee recommendation	6,200,000

The Committee recommends an appropriation of $6,200,000 for the Federal Mine Safety and Health Review Commission, the same as the fiscal year 1995 appropriation, and $267,000 less than the budget request and House allowance.

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 administrative appellate review of the Commission's administrative law judges decisions.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

Appropriations, 1995	$901,000
Budget estimate, 1996	962,000
House allowance	450,000
Committee recommendation	829,000

The Committee recommends an appropriation of $829,000 for the National Commission on Libraries and Information Science, $72,000 less than the fiscal year 1995 appropriation, $133,000 less than the budget request, and $370,000 more than the House allowance.

In keeping with the rest of the bill, the Committee has reduced funding for the National Commission on Libraries and Information Science by 8 percent. 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 the library and information field. The Commission is studying the role of libraries in the emerging information infrastructure.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 1995	$1,793,000
Budget estimate, 1996	1,830,000
House allowance	1,397,000
Committee recommendation	1,793,000

The Committee recommends an appropriation of $1,793,000 for the National Council on Disability, the same as the fiscal year 1995 appropriation, $37,000 less than the budget request, and $396,000 more than the House allowance.

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 public issues of concern to individuals with disabilities. The Council monitors existing civil rights legislation and looks at emerging pol-

icy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's work force and to live independently.

NATIONAL EDUCATION GOALS PANEL

Appropriations, 1995	.....
Budget estimate, 1996	$2,785,000
House allowance	.....
Committee recommendation	1,000,000

The Committee recommends $1,000,000 for the National Education Goals Panel, $1,000,000 more than the 1995 appropriation, $1,785,000 less than the budget request, and $1,000,000 more than the House allowance.

Following the 1989 education summit in Charlottesville, the Governors and President Bush agreed on education goals for the Nation and created the National Education Goals Panel as an accountability mechanism to monitor and report on the Nation's progress toward reaching the goals. To date, the goals panel has issued four annual reports delineating national and State progress toward the national education goals. The goals panel members have recently initiated new efforts to collect and distribute information on the development of world class academic standards and the assessment of student achievement at the State level.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 1995	$176,047,000
Budget estimate, 1996	181,134,000
House allowance	123,233,000
Committee recommendation	176,047,000

The Committee recommends an appropriation of $176,047,000 for the National Labor Relations Board [NLRB], the same as the fiscal year 1995 appropriation, $5,087,000 less than the budget request, and $52,814,000 more than the House allowance.

The NLRB is a law enforcement agency which resolves disputes under the National Labor Relations Act. The Committee has restored funding to the fiscal year 1995 level due to the uncontrollable number of cases which must be investigated, argued, and adjudicated in a timely manner by the NLRB.

The Committee has deleted without prejucide House bill language that is legislative in nature and that should be addressed by the authorizing committee.

The Committee is aware of concerns raised about the use of funds by the National Labor Relations Board for the investigation or prosecution of alleged unfair labor practices under section 8 of the National Labor Relations Act, where such charges are based, in whole or in part, on an employer's taking any adverse action against an individual who is an employee or agent or is otherwise working under the control and supervision of a labor organization. The Committee urges the NLRB to withhold action relating to such individuals or employers until such time as the U.S. Supreme Court has ruled on pending cases relating to these matters.

NATIONAL MEDIATION BOARD

Appropriations, 1995	$8,519,000
Budget estimate, 1996	8,933,000
House allowance	8,000,000
Committee recommendation	7,837,000

The Committee recommends an appropriation of $7,837,000 for the National Mediation Board, $682,000 less than the fiscal year 1995 appropriation, $1,096,000 less than the budget request, and $163,000 less than the House allowance.

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 directs the NMB to study the consolidation of the Service with the Federal Mediation and Conciliation Service. The study should include an analysis of the different functions of the two agencies, and the additional costs or cost savings associated with the suggested consolidation. The Board should be prepared to report on its findings by the regular hearings on the fiscal year 1997 budget.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1995	$7,595,000
Budget estimate, 1996	8,127,000
House allowance	8,200,000
Committee recommendation	7,595,000

The Committee recommends an appropriation of $7,595,000 for the Occupational Safety and Health Review Commission, the same as the fiscal year 1995 appropriation, $532,000 less than the budget request, and $605,000 less than the House allowance.

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.

PHYSICIAN PAYMENT REVIEW COMMISSION

Appropriations, 1995	$4,176,000
Budget estimate, 1996	4,100,000
House allowance	2,923,000
Committee recommendation	3,842,000

The Committee recommends the transfer of $3,842,000 from the Medicare trust funds to support operations of the Physician Payment Review Commission, $334,000 less than the fiscal year 1995 level, $258,000 less than the budget request, and $919,000 more than the House allowance. The Committee recommendation represents an 8-percent reduction below the fiscal year 1995 enacted level, due to severe budgetary constraints.

Established in 1986, the Physician Payment Review Commission is mandated to make recommendations to the Secretary of Health and Human Services and Congress, regarding Medicare payments for health services provided by physicians and other practitioners.

The Commission is also mandated to consider policies related to controlling health costs. The Committee does not concur with the reduction as proposed by the House in anticipation of a merger of the Commission with the Prospective Payment Assessment Commission, but leaves that action to be addressed by the authorizing committee.

PROSPECTIVE PAYMENT ASSESSMENT COMMISSION

Appropriations, 1995	$6,667,000
Budget estimate, 1996	4,656,000
House allowance	3,267,000
Committee recommendation	4,294,000

The Committee recommends the transfer of $4,294,000 from the Medicare trust funds for the operation of the Prospective Payment Assessment Commission [ProPAC], $373,000 less than the fiscal year 1995 level, $362,000 less than ProPAC's request, and $1,027,000 more than the House allowance.

ProPAC provides objective analysis of the Medicare hospital prospective payment system, Medicare inpatient and outpatient payments to hospitals and excluded facilities, skilled nursing facilities, renal disease services, home health services, inpatient Medicaid payments, and Medicare's managed care programs. The Committee does not concur with the reduction as proposed by the House in anticipation of a merger of the Commission with the Physician Payment Review Commission, but leaves that action to be addressed by the authorizing committee.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 1995	$25,094,000
Budget estimate, 1996	32,641,000
House allowance	32,641,000
Committee recommendation	32,641,000

The Committee recommends $32,641,000 for payments to Social Security trust funds, the same as the administration request and the House allowance.

This amount includes $22,641,000 to reimburse the old age and survivors insurance 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.

The fiscal year 1996 request for these mandatory payments decreases primarily because special payments for certain uninsured persons declines due to a declining beneficiary population.

In addition, the Committee recommends $10,000,000 for mandatory administrative expenses, the same as the administration request and the House allowance, to reimburse the trust funds for costs the Social Security Administration incurs in continuing administrative activities required by the Coal Industry Retiree Health Benefits Program. Section 19141 of the Energy Policy Act

of 1992 established the program which the Social Security Administration administers. These funds are available until expended.

SPECIAL BENEFITS FOR COAL MINERS

Appropriations, 1995	$527,184,000
Budget estimate, 1996	485,396,000
House allowance	485,396,000
Committee recommendation	485,396,000

The Committee recommends an appropriation of $485,396,000 for special benefits for disabled coal miners. This is in addition to the $180,000,000 appropriated last year as an advance for the first quarter of fiscal year 1995. The recommendation is the same as the administration request and the 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.

Social Security's major responsibility is for claims filed before July 1973, with the Department of Labor having responsibility for claims filed after that date. By law, increases in black lung benefit levels 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 of $170,000,000 for the first quarter of fiscal year 1997, the same as the administration request and the House allowance. These funds will ensure uninterrupted benefit payments to coal miners, their widows and dependents.

SUPPLEMENTAL SECURITY INCOME

Appropriations, 1995	$21,226,620,000
Budget estimate, 1996	18,803,993,000
House allowance	18,753,834,000
Committee recommendation	18,601,012,000

The Committee recommends an appropriation of $18,601,012,000 for supplemental security income. This is in addition to the $7,060,000,000 appropriated last year as an advance for the first quarter of fiscal year 1996. The recommendation is $202,981,000 less than the administration request and is $152,822,000 less than the House allowance.

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 6.5 million persons will receive SSI benefits each month during fiscal year 1996. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year required by law, support the referral and monitoring of certain disabled SSI recipients who are drug addicts or alcoholics and to reimburse State vocational rehabilitation services for successful rehabilitation of SSI recipients.

Beneficiary services.—The Committee recommendation includes $176,400,000 for beneficiary services, the same as the administration request and the House allowance. This includes $142,000,000

to support the review and monitoring of SSI disabled recipients who are drug addicts or alcoholics. These funds will pay for referral and monitoring costs for recipients who are drug addicts and alcoholics and allow the Social Security Administration to suspend benefits to recipients who do not comply with treatment requirements.

Research and demonstration projects.—The Committee recommendation includes $14,200,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. This is $13,500,000 less than fiscal year 1995 and $7,500,000 more than the administration request and the House allowance. This level maintains the Outreach Program at its current level, which helps make many low-income elderly persons aware of their eligibility for benefits.

This initiative provides grants to public and private organizations to assist poor individuals, particularly the elderly, who are not receiving benefits for which they are eligible because they are unaware of their eligibility or lack access to a Social Security office. These funds target low-income populations with high levels of nonparticipation in the Supplemental Security Income Program, people with limited access due to rural location or physical frailty, and sites such as veterans' hospitals which efficiently use the resources of cooperating agencies. The Committee encourages the agency to make new grants promptly, and to contract for grantmaking services where feasible to economize on use of regular staff.

The Committee recommendation includes $1,500,000 for a demonstration program to foster economic independence among people with disabilities through disability sport, in connection with the Tenth Paralympic Games.

The Committee recommends an advance of $9,260,000,000 for the first quarter of fiscal year 1997 to ensure uninterrupted benefit payments to these economically disadvantaged recipients.

Investment proposals.—For the SSI portion of the automation investment, the Committee recommends $55,000,000, a reduction of $83,159,000 from the request and $12,000,000 less than the fiscal year 1995 appropriation. Total funding of $167,000,000 for this initiative is explained in the limitation on administrative expenses portion of this report.

For the SSI portion of the disability investment initiative, the Committee recommends $147,678,000, which is $119,322,000 less than the request and $132,322,000 less than the 1995 level. Total funding of $407,000,000 for this initiative, as explained in the "Limitation" account, is $87,000,000 more than the 1995 enacted level.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 1995	$5,553,337,000
Budget estimate, 1996	6,209,402,000
House allowance	5,910,268,000
Committee recommendation	5,845,183,000

The Committee recommends a program funding level of $5,845,183,000 for the limitation on administrative expenses, which is $364,219,000 less than the administration request and $65,085,000 less than the House allowance.

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 disability determinations on behalf of the Social Security Administration.

The amount recommended is adequate to support a staffing level of approximately 66,126 work-years and 65,070 FTE's, which is approximately 388 FTE's below the 1995 current estimate, and is the same as the President's amended FTE request. Additionally, the limitation provides funding for computer support, resources for State disability agencies which make initial and continuing disability determinations, and other administrative costs. In 1996, about 51 million beneficiaries will receive a Social Security or supplemental security income check each month and cash payments are expected to exceed $375,000,000,000 during fiscal year 1996.

The limitation includes $5,271,183,000 for routine operating expenses of the agency, which is $4,085,000 less than the House allowance, $47,219,000 less than the amount requested by the President, and $126,129,000 over the 1995 comparable amount. This increase is smaller than the $254,453,000 increase for 1995 over 1994, reflecting planned staffing reductions. These funds cover the mandatory costs of maintaining equipment and facilities, as well as staffing. The Committee expects that every effort will be made to reduce administrative overhead staffs in order to avoid further reductions to frontline field office personnel. The Commissioner should be prepared to discuss reductions made in administrative and central processing staff at the Committee's fiscal year 1997 appropriations hearings next spring.

Software development.—The Committee remains concerned that SSA's long-term operational and service delivery needs are fully addressed through proper software development. The Committee has, therefore, included $2,000,000 for this purpose and directs that SSA work with an industry-based consortium dedicated to improving software productivity, and with experience institutionalizing software processes and methods.

Disability initiative.—The total limitation includes an additional $407,000,000 for the disability initiative to continue to reduce the volume of pending disability cases, which is an increase of $87,000,000 over the 1995 level. This is $127,000,000 less than the amount requested by the President and is the same as the House allowance. Significant productivity gains coupled with disability investment funds made available beginning in fiscal year 1994 have enabled SSA to reduce pending disability cases and improve processing times. In addition, this year's investment fund will be used to increase the level of continuing disability reviews.

The Committee is supportive of SSA's efforts to redesign the disability process and urges the agency to move ahead with implementation of the disability reengineering program as soon as possible, to improve the process and reduce its cost.

Automation initiative.—An additional $167,000,000 has been included within the limitation amount to fund the third year of the 5-year automation initiative requested by the President. This is an increase of $78,717,000 over fiscal year 1995, but is $190,000,000 less then the request and $61,000,000 less than the House allowance.

The Committee recognizes the criticality of automation investments to maintain SSA's exemplary track record of productivity gains and service improvements. Together with unspent carryover funds, nearly $400,000,000 will be available for these activities in fiscal 1996. The reduction from the budget request recommended by the Committee is necessitated by severe budgetary constraints.

The Committee directs the Social Security Administration to provide a summary of its current chronic fatigue and immune dysfunction syndrome surveillance projects to the Chronic Fatigue Syndrome Interagency Coordinating Committee within 90 days. This data should be used to investigate obstacles to benefits for persons with CFIDS [CFS] and keep medical information updated. Last year, this Committee recommended that SSA establish a CFIDS [CFS] advisory committee to review current medical standards and investigate the training and information resource needs of regional SSA offices. Since SSA has not met this critical need voluntarily, the Committee directs SSA to do so within the next year. SSA can further serve CFIDS [CFS] claimants by including medically accurate, up-to-date information on CFIDS [CFS] in the listing of impairments and POMS manuals and reviewing this information biannually

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1995	$10,446,000
Budget estimate, 1996	27,217,000
House allowance	25,892,000
Senate allowance	25,892,000

The Committee recommends $25,892,000 for activities of the Office of the Inspector General. This is $1,325,000 less than the amount requested by the administration and the same as the House allowance. This includes a general fund appropriation of $6,790,000 together with an obligation limitation of $21,076,000 from the Federal old age and survivors insurance trust fund and the Federal disability insurance trust fund. The Committee notes that this represents an increase of $5,000,000 over the 1995 adjusted level of $20,892,000, which is the annualized amount for the actual 6 months of funding provided for this new agency in fiscal 1995.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 1995	$254,000,000
Budget estimate, 1996	239,000,000
House allowance	239,000,000
Committee recommendation	239,000,000

The Committee has provided a total of $239,000,000 for dual benefits, including $17,000,000 in income tax receipts on dual benefits as authorized by law. The Committee recommendation is the same as the budget request and the House allowance.

The bill includes a contingency reserve of 2 percent which becomes available if the product of the number of recipients times the average benefit exceeds $239,000,000.

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, 1995	$300,000
Budget estimate, 1996	300,000
House allowance	300,000
Committee recommendation	300,000

The Committee recommends $300,000 for interest earned on unnegotiated checks. This is the same as the fiscal year 1995 appropriation, the budget request, and House allowance.

LIMITATION ON ADMINISTRATION

Appropriations, 1995	$90,912,000
Budget estimate, 1996	92,700,000
House allowance	90,912,000
Committee recommendation	83,639,000

The Committee recommends an appropriation of $83,639,000 for administration of railroad retirement/survivor benefit programs. This amount is $7,273,000 below the fiscal year 1995 appropriation, $1,788,000 below the budget request, and $7,273,000 below the House allowance.

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.

SPECIAL MANAGEMENT IMPROVEMENT FUND

Appropriations, 1995	$1,640,000
Budget estimate, 1996	659,000
House allowance	659,000
Committee recommendation	659,000

The Committee recommends $659,000 for the special management improvement fund, $981,000 below the fiscal year 1995 appropriation, and the same as the budget request and House allowance.

The Board and OMB entered into an agreement to establish the special management improvement fund in 1990 to address noted deficiencies in six key areas of Board operation. The Committee acknowledges the Board's particular success in the areas of fraud control and claims backlog. The Committee recommendation provides funding for the last year of the management improvement initiative.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1995	$6,682,000
Budget estimate, 1996	6,700,000
House allowance	5,100,000
Committee recommendation	6,147,000

The Committee recommends $6,147,000 for the Office of the Inspector General, $535,000 less than the 1995 appropriation, $553,000 less than the budget request, and $1,047,000 more than the House allowance.

The Office of the Inspector General conducts audits and investigations, and reviews the progress of the management improvement initiative. The funds are derived from the railroad retirement and railroad unemployment insurance trust funds.

The Committee urges the inspector general of the Railroad Retirement Board to focus greater resources on ensuring the integrity of the railroad unemployment and retirement trust funds.

U.S. Institute of Peace

Appropriations, 1995	$11,500,000
Budget estimate, 1996	11,500,000
House allowance	6,500,000
Committee recommendation	11,500,000

The Committee recommends an appropriation of $11,500,000 for the U.S. Institute of Peace, the same as the fiscal year 1995 appropriation and the budget request, and $5,000 more than the House allowance.

The Institute was established by the U.S. Institute of Peace Act (Public Law 98–525) in 1984. The Institute is an independent, nonprofit, national organization whose primary mission is to promote, through scholarship and education, international peace, and the resolution of conflicts without recourse to violence.

TITLE V—GENERAL PROVISIONS

The Committee concurs with the House in retaining 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 unless the Secretary of HHS determines such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of state and local grant funds (sec. 507); and limit use of funds for abortion (sec. 508).

The Committee recommends deletion of the House provision regarding state discretion on funding of abortion (sec. 509).

The Committee agrees with the House in retaining provisions carried in last year's bill relating to transfer authority, obligation and expenditure of appropriations, and detail of employees (sec. 510).

The Committee recommends deletion of a House provision prohibiting use of funds for human embryo research (sec. 511).

The Committee recommends deletion of House language relating to accrediting agencies to establish standards which require that such accredited schools train obstetricians/gynecologists in performance of abortions (sec. 512); and appropriate minimum length of stay for routine deliveries (sec. 513). The Committee recommendation retains the prohibition on use of funds for an electronic benefit transfer task force (sec. 514). The Committee recommendation deletes the House provision pertaining to the consumer price index (sec. 515).

The Committee concurs with the House general provision which prohibits funds made available in this Act to be used to enforce the requirements of the Higher Education Act of 1965 with respect to any lender that has a loan portfolio that is equal to or less than $5,000,000 (sec. 516). It also concurs with House language which prohibits use of funds under the Pell Grant program as a result of certain default rate determinations specified by law (sec. 517).

The Committee has deleted House provisions adjusting funding levels for certain accounts in the bill, which the Committee has incorporated directly into recommendations for the effected accounts (secs. 518 and 519).

The Committee has included a provision, carried in last year's bill but not considered by the House, stipulating that no more than 1 percent of appropriations for salaries may be used to pay employee bonuses (sec. 520).

The Committee has included language directing that OMB allocate this reduction among the agencies funded in this bill. The

Committee expects that the allocation will be based on salaries and benefits appropriated in this act.

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 First Concurrent Resolution for 1996: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies:				
Defense discretionary	.....	.....	.....	.....
Nondefense discretionary	62,744	62,744	68,680	[1] 68,680
Violent crime reduction fund	65	65	50	29
Mandatory	205,210	200,961	205,680	192,039
Projections of outlays associated with the recommendation:				
1996	.....	.....	.....	[2] 178,099
1997	.....	.....	.....	31,590
1998	.....	.....	.....	6,912
1999	.....	.....	.....	1,100
2000 and future year	.....	.....	.....	65
Financial assistance to State and local governments for 1996 in bill	NA	27,227	NA	6,855

[1] Includes outlays from prior-year budget authority.
[2] 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:

Community service employment for older Americans, $350,000,000;

Health centers cluster, $756,518,000;

Primary care medicine and related training cluster, $70,298,000;

Minority/disadvantaged health professions cluster, $44,411,000;

Area health education centers and other education centers cluster, $28,363,000;
Health professions work force cluster, $12,774,000;
Nursing workforce development cluster, $52,776,000;
Consolidated scholarships and loans cluster, $135,213;
Organ transplantation, $2,400,000;
Health teaching facilities interest subsidy, $411,000;
Bone Marrow Program, $15,360,000;
Alzheimer demonstration grants, $4,000,000;
Pacific basin initiative, $2,000,000;
AIDS programs, $662,847,000;
Family planning, $193,349,000;
HEAL loan limitation, $210,000,000;
Vaccine injury compensation program trust fund, $3,000,000;
Childhood immunization, $465,497,000;
Substance abuse and mental health programs, $1,669,928,000;
Adolescent family life, $6,144,000;
Minority health, $18,981,000;
Health services research, $69,284,000;
Medical treatment effectiveness, $55,796,000;
Child care development block grant, $934,642,000;
Temporary childcare/crisis nurseries, $9,835,000;
Abandoned infants assistance, $12,406,000;
Native American programs, $35,000,000;
Administration on Aging, $836,027,000;
National Institute on Alcohol Abuse and Alcoholism, $193,730,000;
National Institute on Drug Abuse, $446,800.000;
National Institute on Mental Health, $645,411,000; and
HCFA research, demonstration, and evaluation, $60,677,000.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, the accompanying bill was ordered reported from the Committee, subject to amendment and subject to the subcommittee allocation, by recorded vote of 24–3, a quorum being present.

Yeas	Nays
Chairman Hatfield	Mr. Gramm
Mr. Stevens	Mr. Gregg
Mr. Cochran	Mr. Lautenberg
Mr. Specter	
Mr. Domenici	
Mr. Bond	
Mr. Gorton	
Mr. Mack	
Mr. Burns	
Mr. Shelby	
Mr. Jeffords	
Mr. Bennett	
Mr. Byrd	
Mr. Inouye	

Mr. Hollings
Mr. Johnston
Mr. Leahy
Mr. Bumpers
Mr. Harkin
Ms. Mikulski
Mr. Reid
Mr. Kerrey
Mr. Kohl
Mrs. Murray

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."

In compliance with this rule, the following changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

The Committee has no items to report under rule XXVI.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 1996 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177), as amended, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. The term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act 1996, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference.

TITLE VI—POLITICAL ADVOCACY

The Committee recommends deletion of House bill language relating to political advocacy; this is authorizing legislation that should not be included in this appropriations bill.

TITLE VII—DEFICIT REDUCTION LOCK-BOX

The Committee recommends deletion of House bill language relating to creation of a deficit reduction lock-box; this is authorizing legislation that should not be included in this appropriations bill.

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
TITLE I—DEPARTMENT OF LABOR							
EMPLOYMENT AND TRAINING ADMINISTRATION							
TRAINING AND EMPLOYMENT SERVICES [2]							
Grants to States:							
Adult training	996,813	1,054,813	830,000	830,000	−166,813	−224,813	.....
Dislocated worker assistance	1,228,550	1,396,000	850,000	884,000	−344,550	−512,000	+34,000
Proposed leg: Dislocated workers (non-add)	.....	(660,000)	.....	.....	.....	(−660,000)	.....
Proposed leg: Adult Training (non-add) transfer to Department of Education (Adult Literacy)	.....	(−84,161)	.....	.....	.....	(+84,161)	.....
Subtotal, Adults (non-add)	2,225,363	2,450,813	1,680,000	1,714,000	−511,363	−736,813	+34,000
Youth training	126,672	288,979	126,672	311,460	+184,788	+22,481	+184,788
Summer youth employment and training program	184,788	958,540	.....	.....	−184,788	−958,540	.....
(Summer of 1995) (non-add) [3]	(184,788)	.....	.....	.....	(−184,788)	.....	.....
(Carryover) (non-add)	.....	.....	(200,000)	(200,000)	(+200,000)	(+200,000)	.....
Job Corps (non-add)	(1,089,460)	(1,227,714)	(1,121,010)	(1,093,942)	(+4,482)	(−133,772)	(−27,068)
School-to-work (non-add)	(122,500)	(200,000)	(95,000)	(122,500)	.....	(−77,500)	(+27,500)
Subtotal, Youth (non-add)	1,523,420	2,675,233	1,542,682	1,727,902	+204,482	−947,331	+185,220
Proposed leg: Skill Grants (Pell xfer) (non-add)	(1,827,102)	(2,129,366)	.....	.....	(−1,827,102)	(−2,129,366)	.....
Federally administered programs:							
Native Americans	59,787	61,871	50,000	55,004	−4,783	−6,867	+5,004
Migrants and seasonal farmworkers	79,967	78,303	65,000	73,570	−6,397	−4,733	+8,570
Job Corps:							
Operations	957,431	1,029,632	972,475	972,475	+15,044	−57,157	.....
Construction and renovation	132,029	198,082	148,535	121,467	−10,562	−76,615	−27,068
Subtotal, Job Corps	1,089,460	1,227,714	1,121,010	1,093,942	+4,482	−133,772	−27,068
Youth Fair Chance	.....	49,785	.....	.....	.....	−49,785	.....
Veterans' employment	8,880	8,880	7,300	.....	−8,880	−8,880	−7,300

National activities:							
Pilots and demonstrations	33,186	35,522	19,022	35,258	+2,072	−264	+16,236
Research, demonstration and evaluation	9,196	12,596	6,196	6,196	−3,000	−6,400	.....
Other	10,989	73,584	5,489	10,549	−440	−63,035	+5,060
Subtotal, National activities	53,371	121,702	30,707	52,003	−1,368	−69,699	+21,296
Subtotal, Federal activities	1,291,465	1,548,255	1,274,017	1,274,519	−16,946	−273,736	+502
Total, Job Training Partnership Act	3,828,288	5,246,587	3,080,689	3,299,979	−528,309	−1,946,608	+219,290
Veterans homeless program [4]	.....	5,011	.....	.....	.....	−5,011	.....
Glass Ceiling Commission [4]	738	142	142	142	−596	.....	.....
Women in apprenticeship [4]	744	744	610	684	−60	−60	+74
National Center for the Workplace [4]	.....	.....	.....	.....	.....	.....	.....
Skills Standards	4,500	12,000	4,000	4,000	−500	−8,000	.....
Total, National activities, TES (non-add)	(59,353)	(139,599)	(35,459)	(56,829)	(−2,524)	(−82,770)	(+21,370)
School-to-work	122,500	200,000	95,000	122,500	.....	−77,500	+27,500
Total, Training and Employment Services	3,956,770	5,464,484	3,180,441	3,427,305	−529,465	−2,037,179	+246,864
Subtotal, forward funded	(3,955,288)	(5,458,587)	(3,179,689)	(3,426,479)	(−528,809)	(−2,032,108)	(+246,790)
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS [5]	396,060	410,500	350,000	273,000	−123,060	−137,500	−77,000
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES							
Trade adjustment	274,400	279,600	279,600	279,600	+5,200	.....	.....
NAFTA activities	.....	66,500	66,500	66,500	+66,500	.....	.....
Total	274,400	346,100	346,100	346,100	+71,700	.....	.....
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS							
Unemployment Compensation (Trust Funds):							
State Operations	(1,756,626)	(2,206,136)	(2,080,520)	(2,080,520)	(+323,894)	(−125,616)	.....
State integrity activities [6]	(367,169)	.....	.....	.....	(−367,169)	.....	.....
National Activities [7]	(17,328)	(17,824)	(10,000)	(10,000)	(−7,328)	(−7,824)	.....
Contingency	(172,137)	(245,983)	(216,333)	(216,333)	(+44,196)	(−29,650)	.....
Contingency bill language (OMB estimate)	(67,900)	.....	.....	.....	(−67,900)	.....	.....
Portion treated as budget authority [8]	(812)	.....	.....	.....	(−812)	.....	.....
Subtotal, Unemployment Comp (trust funds)	(2,314,072)	(2,469,943)	(2,306,853)	(2,306,853)	(−7,219)	(−163,090)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Employment Service:							
Allotments to States:							
Federal funds	25,254	24,177	23,452	23,452	−1,802	−725	.....
Trust funds	(813,658)	(781,735)	(738,283)	(738,283)	(−75,375)	(−43,452)	.....
Subtotal	838,912	805,912	761,735	761,735	−77,177	−44,177	.....
National Activities:							
Federal funds	1,934	1,934	1,876	1,876	−58	−58	.....
Trust funds	(64,194)	(64,194)	(62,268)	(59,058)	(−5,136)	(−5,136)	(−3,210)
Targeted jobs tax credit	(10,250)	.....	.....	.....	(−10,250)	.....	.....
Subtotal	76,378	66,128	64,144	60,934	−15,444	−5,194	−3,210
Subtotal, Employment Service	915,290	872,040	825,879	822,669	−92,621	−49,371	−3,210
Federal funds	27,188	26,111	25,328	25,328	−1,860	−783	.....
Trust funds	(888,102)	(845,929)	(800,551)	(797,341)	(−90,761)	(−48,588)	(−3,210)
One-stop Career Centers	100,000	200,000	100,000	92,000	−8,000	−108,000	−8,000
Total, State Unemployment	3,329,362	3,541,983	3,232,732	3,221,522	−107,840	−320,461	−11,210
Federal Funds	127,188	226,111	125,328	117,328	−9,860	−108,783	−8,000
Trust Funds	(3,202,174)	(3,315,872)	(3,107,404)	(3,104,194)	(−97,980)	−211,678)	(−3,210)
ADVANCES TO UNEMPLOYMENT TRUST FUND AND OTHER FUNDS [9]	1,004,485	369,000	369,000	369,000	−635,485	.....	.....
ADVANCES TO THE ESA ACCOUNT OF THE UNEMPLOYMENT TRUST FUND	.....	.....	.....	−56,300	−56,300	−56,300	−56,300
PROGRAM ADMINISTRATION							
Adult employment and training	27,847	31,144	25,758	25,619	−2,228	−5,525	−139
Trust funds	(2,481)	(2,637)	(2,295)	(2,283)	(−198)	(−354)	(−12)
Youth employment and training	32,001	35,170	29,601	29,441	−2,560	−5,729	−160
Employment security	6,584	3,913	6,090	6,057	−527	+2,144	−33
Trust funds	(40,399)	,378)	(37,369)	(37,167)	(−3,232)	(−10,211)	(−202)
Apprenticeship services	17,531	18,681	16,216	16,129	−1,402	−2,552	−87

Executive direction	6,313	6,605	5,840	5,808	−505	−797	−32
Trust funds	(1,416)	(1,887)	(1,310)	(1,343)	(−73)	(−544)	(+33)
Total, Program Administration	134,572	147,415	124,479	123,847	−10,725	−23,568	−632
Federal funds	90,276	95,513	83,505	83,054	−7,222	−12,459	−451
Trust funds [10]	(44,296)	(51,902)	(40,974)	(40,793)	(−3,503)	(−11,109)	(−181)
Total, Employment and Training Administration	9,095,649	10,279,482	7,602,752	7,704,474	−1,391,175	−2,575,008	+101,722
Federal funds	5,849,179	6,911,708	4,454,374	4,559,487	−1,289,692	−2,352,221	+105,113
Trust funds	(3,246,470)	(3,367,774)	(3,148,378)	(3,144,987)	(−101,483)	(−222,787)	(−3,391)
OFFICE OF THE AMERICAN WORKPLACE							
SALARIES AND EXPENSES							
Office of the Workplace Programs	7,197	10,770	.....	.....	−7,197	−10,770	.....
PENSION AND WELFARE BENEFITS ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement and compliance	53,672	65,163	49,647	50,988	−2,684	−14,175	+1,341
Policy, regulation and public service	12,154	12,412	11,242	11,546	−608	−866	+304
Program oversight	3,485	3,607	3,224	3,206	−279	−401	−18
Total, PWBA	69,311	81,182	64,113	65,740	−3,571	−15,442	+1,627
PENSION BENEFIT GUARANTY CORPORATION							
Program Administration subject to limitation (Trust Funds)	(11,463)	(12,043)	(10,603)	(10,603)	(−860)	(−1,440)	.....
Services related to terminations not subject to limitations (non-add)	(126,258)	(128,496)	(128,496)	(128,496)	(+2,238)	.....	.....
Total, PBGC	(137,721)	(140,539)	(139,099)	(139,099)	(+1,378)	(−1,440)	.....
EMPLOYMENT STANDARDS ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement of wage and hour standards	101,071	116,943	88,921	96,017	−5,054	−20,926	+7,096
Office of Labor-Management Standards	23,997	31,075	22,197	23,997	.....	−7,078	+1,800
Federal contractor EEO standards enforcement	58,928	63,831	54,508	55,982	−2,946	−7,849	+1,474
Federal programs for workers' compensation	76,425	82,937	70,693	72,604	−3,821	−10,333	+1,911
Trust funds	(1,057)	(1,669)	(978)	(978)	(−79)	(−691)	.....
Program direction and support	11,511	11,690	10,648	10,590	−921	−1,100	−58
Total, salaries and expenses	272,989	308,145	247,945	260,168	−12,821	−47,977	+12,223
Federal funds	271,932	306,476	246,967	259,190	−12,742	−47,286	+12,223
Trust funds	(1,057)	(1,669)	(978)	(978)	(−79)	(−691)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
SPECIAL BENEFITS							
Federal employees compensation benefits	254,000	214,000	214,000	214,000	−40,000	.....	.....
Longshore and harbor workers' benefits	4,000	4,000	4,000	4,000	.....	.....	.....
Total, Special Benefits	258,000	218,000	218,000	218,000	−40,000	.....	.....
BLACK LUNG DISABILITY TRUST FUND							
Benefit payments and interest on advances	923,005	949,494	949,494	949,494	+26,489	.....	.....
Employment Standards Admin., salaries and expenses	28,157	28,655	26,045	28,655	+498	.....	+2,610
Departmental Management, salaries and expenses	23,333	19,621	19,621	19,621	−3,712	.....	.....
Departmental Management, inspector general	310	310	287	310	.....	.....	+23
Subtotal, Black Lung Disability Trust Fund, apprn	974,805	998,080	995,447	998,080	+23,275	.....	+2,633
Treasury administrative costs (indefinite)	756	756	756	756	.....	.....	.....
Total, Black Lung Disability Trust Fund	975,561	998,836	996,203	998,836	+23,275	.....	+2,633
Total, Employment Standards Administration	1,506,550	1,524,981	1,462,148	1,477,004	−29,546	−47,977	+14,856
Federal funds	1,505,493	1,523,312	1,461,170	1,476,026	−29,467	−47,286	+14,856
Trust funds	(1,057)	(1,669)	(978)	(978)	(−79)	(−691)	.....
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Safety and health standards	9,031	9,471	8,354	8,579	−452	−892	+225
Enforcement:							
Federal Enforcement	145,834	155,854	98,000	138,542	−7,292	−17,312	+40,542
State programs	70,615	75,915	65,319	67,084	−3,531	−8,831	+1,765
Technical Support	18,883	21,668	17,467	17,939	−944	−3,729	+472
Compliance Assistance	44,974	55,332	53,601	42,725	−2,249	−12,607	−10,876
Safety and health statistics	15,900	20,669	14,707	15,105	−795	−5,564	+398

Executive direction and administration	7,263	7,594	6,537	6,682	−581	−912	+145
Total, OSHA	312,500	346,503	263,985	296,656	−15,844	−49,847	+32,671
MINE SAFETY AND HEALTH ADMINISTRATION							
SALARIES AND EXPENSES							
Enforcement:							
Coal	107,550	112,957	99,484	107,550	.....	−5,407	+8,066
Metal/nonmetal	42,296	46,862	39,124	42,296	.....	−4,566	+3,172
Standards development	1,339	1,008	1,008	1,339	.....	+331	+331
Assessments	3,781	3,712	3,497	3,781	.....	+69	+284
Educational policy and development	15,064	14,865	13,934	15,064	.....	+199	+1,130
Technical support	22,097	23,575	20,440	22,097	.....	−1,478	+1,657
Program administration	8,519	9,127	7,667	8,519	.....	−608	+852
Total, Mine Safety and Health Administration	200,646	212,106	185,154	200,646	.....	−11,460	+15,492
BUREAU OF LABOR STATISTICS							
SALARIES AND EXPENSES							
Employment and Unemployment Statistics	100,315	107,955	102,885	92,290	−8,025	−15,665	−10,595
Labor Market Information (Trust Funds)	(54,102)	(56,350)	(50,220)	(49,774)	(−4,328)	(−6,576)	(−446)
Prices and cost of living	93,066	99,224	93,956	85,621	−7,445	−13,603	−8,335
Compensation and working conditions	61,189	63,855	54,625	56,294	−4,895	−7,561	+1,669
Productivity and technology	6,971	7,419	7,419	6,413	−558	−1,006	−1,006
Economic growth and employment projections	4,181	4,487	4,487	3,847	−334	−640	−640
Executive direction and staff services	26,723	25,842	22,072	24,585	−2,138	−1,257	+2,513
Consumer Price Index Revision	5,127	11,549	11,549	11,549	+6,422	.....	.....
Total, Bureau of Labor Statistics	351,674	376,681	347,213	330,373	−21,301	−46,308	−16,840
Federal Funds	297,572	320,331	296,993	280,599	−16,973	−39,732	−16,394
Trust Funds	(54,102)	(56,350)	(50,220)	(49,774)	(−4,328)	(−6,576)	(−446)
DEPARTMENTAL MANAGEMENT							
SALARIES AND EXPENSES							
Executive direction	21,034	26,232	17,931	19,351	−1,683	−6,881	+1,420
Legal services	61,954	69,570	57,307	58,838	−3,116	−10,732	+1,531
Trust funds	(328)	(342)	(303)	(303)	(−25)	(−39)	.....
International labor affairs	12,272	12,950	5,850	11,290	−982	−1,660	+5,440
Administration and management	15,031	15,503	13,904	13,904	−1,127	−1,599	.....
Adjudication	20,000	24,589	18,500	18,500	−1,500	−6,089	.....
Promoting employment of people with disabilities	4,385	4,772	4,056	4,385	.....	−387	+329

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Women's Bureau	8,371	8,973	7,743	7,743	−628	−1,230	.....
Civil Rights Activities	4,903	5,038	4,535	4,535	−368	−503	.....
Chief Financial Officer	4,750	5,120	4,394	4,394	−356	−726	.....
Enforcement Automation	2,000	.....	.....	.....	−2,000	.....	.....
Total, Salaries and expenses	155,028	173,089	134,523	143,243	−11,785	−29,846	+8,720
Federal funds	154,700	172,747	134,220	142,940	−11,760	−29,807	+8,720
Trust funds	(328)	(342)	(303)	(303)	(−25)	(−39)	.....
VETERANS EMPLOYMENT AND TRAINING							
State Administration:							
Disabled Veterans Outreach Program	(83,601)	(83,643)	(79,682)	(76,913)	(−6,688)	(−6,730)	(−2,769)
Local Veterans Employment Program	(77,593)	(77,632)	(73,854)	(71,386)	(−6,207)	(−6,246)	(−2,468)
Subtotal, State Administration	(161,194)	(161,275)	(153,536)	(148,299)	(−12,895)	(−12,976)	(−5,237)
Federal Administration	(21,108)	(23,017)	(19,525)	(19,419)	(−1,689)	(−3,598)	(−106)
National Veterans Training Institute	(2,904)	(2,822)	(2,822)	(2,672)	(−232)	(−150)	(−150)
Total, Trust Funds	(185,206)	(187,114)	(175,883)	(170,390)	(−14,816)	(−16,724)	(−5,493)
REINVENTION INVESTMENT FUND	.....	3,900	.....	.....	.....	−3,900	.....
OFFICE OF THE INSPECTOR GENERAL							
Program activities	40,672	41,657	37,622	37,622	−3,050	−4,035	.....
Trust funds	(3,908)	(3,908)	(3,615)	(3,615)	(−293)	(−293)	.....
Executive Direction and Management	7,356	7,595	6,804	6,804	−552	−791	.....
Total, Office of the Inspector General	51,936	53,160	48,041	48,041	−3,895	−5,119	.....
Federal funds	48,028	49,252	44,426	44,426	−3,602	−4,826	.....
Trust funds	(3,908)	(3,908)	(3,615)	(3,615)	(−293)	(−293)	.....
Total, Departmental Management	392,170	417,263	358,447	361,674	−30,496	−55,589	+3,227
Federal funds	202,728	225,899	178,646	187,366	−15,362	−38,533	+8,720

Trust funds	(189,442)	(191,364)	(179,801)	(174,308)	(−15,134)	(−17,056)	(−5,493)
Total, Labor Department [11]	11,947,160	13,261,011	10,294,415	10,447,170	−1,499,990	−2,813,841	+152,755
Federal funds	8,444,626	9,631,811	6,904,435	7,066,520	−1,378,106	−2,565,291	+162,085
Trust funds	(3,502,534)	(3,629,200)	(3,389,980)	(3,380,650)	(−121,884)	(−248,550)	(−9,330)
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES [12]							
HEALTH RESOURCES AND SERVICES ADMINISTRATION							
HEALTH RESOURCES AND SERVICES							
Consolidated health centers			756,518	756,518	+756,518	+756,518	
Community health centers	616,555				−616,555		
Migrant health centers	65,000				−65,000		
Health care for the homeless	65,445				−65,445		
Public housing health service grants	9,518				−9,518		
Health Centers Cluster (proposed legislation)		756,399				−756,399	
Subtotal, Health Centers Activities	756,518	756,399	756,518	756,518		+119	
National Health Service Corps:							
Field placements	41,979		41,979		−41,979		−41,979
Recruitment	78,206		78,206		−78,206		−78,206
Subtotal, National Health Service Corps [13]	120,185		120,185		−120,185		−120,185
Health Professions [14]							
Consolidated Health Professions Education and Training			278,977				−278,977
Finan. Assist. Cluster				135,213	+135,213	+135,213	+135,213
Primary Care Cluster				70,298	+70,298	+70,298	+70,298
Minority/Disadvantage Cluster				44,411	+44,411	+44,411	+44,411
Area Health Education Cluster				28,363	+28,363	+28,363	+28,363
H.P. Workforce Dev. Cluster				12,774	+12,774	+12,774	+12,774
Nursing Cluster				52,776	+52,776	+52,776	+52,776
Grants to communities for scholarships	474				−474		
Health professions data system	548				−548		
Nurse loan repayment for shortage area service	2,044				−2,044		
Research on health professions issues	600				−600		
Workforce Development Cluster (proposed leg) [15]		127,218				−127,218	
Centers of excellence	23,040				−23,040		
Health careers opportunity program	25,350				−25,350		
Exceptional financial need scholarships	10,542				−10,542		
Faculty loan repayment	955				−955		
Fin assistance for disadvantaged HP students	5,895				−5,895		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
HPSL recapitalization	8,017				−8,017		
Scholarships for disadvantaged students	17,376				−17,376		
Minority/Disadvantaged Cluster (proposed leg)		89,450				−89,450	
Family medicine training/departments	46,057				−46,057		
General internal medicine and pediatrics	16,503				−16,503		
Physician assistants	5,964				−5,964		
Public health and preventive medicine	7,546				−7,546		
Health administration traineeships/projects	978				−978		
Primary Care Medicine and Public Health Cluster (proposed legislation)		76,055				−76,055	
Area health education centers	24,125				−24,125		
Border health training centers	3,509				−3,509		
General dentistry residencies	3,530				−3,530		
Allied health special projects	3,580				−3,580		
Geriatric education centers and training	8,273				−8,273		
Interdisciplinary traineeships	3,880				−3,880		
Podiatric medicine	615				−615		
Chiropractic demonstration grants	936				−936		
Enhanced Area Health Education Cluster (proposed legislation)		38,783				−38,783	
Advanced nurse education	11,642				−11,642		
Nurse practitioners/nurse midwives	16,140				−16,140		
Special projects	9,848				−9,848		
Nurse disadvantaged assistance	3,606				−3,606		
Professional nurse traineeships	14,830				−14,830		
Nurse anesthetists	2,574				−2,574		
Nurse Education/Practice Initiatives Cluster (proposed legislation)		56,750				−56,750	
Subtotal, Health professions	278,977	388,256	278,977	343,835	+64,858	−44,421	+64,858
Other HRSA Programs:							
Hansen's disease services	20,826	20,826	17,500	17,500	−3,326	−3,326	
Maternal and child health block grant	683,950	678,866	683,950	678,866	−5,084		−5,084

Healthy start	105,000	100,000	50,000	100,000	−5,000		+50,000
Organ transplantation	2,629	2,629	2,400	2,400	−229	−229	
Health teaching facilities interest subsidies	411	411	411	411			
Bone marrow program [16]	15,360	15,360	15,360	15,360			
Rural outreach grants	26,091		26,091	28,500	+2,409	+28,500	+2,409
State Offices of Rural Health							
Rural Health Cluster (proposed legislation)		29,029				−29,029	
Trauma care	293				−293		
Emergency medical services for children	10,000		10,000	11,000	+1,000	+11,000	+1,000
Emergency Medical Services (EMS) Cluster (proposed legislation)		14,784				−14,784	
Black lung clinics	4,142			3,811	−331	+3,811	+3,811
Alzheimers demonstration grants	4,959		4,000	4,000	−959	+4,000	
Payment to Hawaii, treatment of Hansen's Disease	2,976			2,738	−238	+2,738	+2,738
Pacific Basin initiative	1,500			2,000	+500	+2,000	+2,000
Native Hawaiian health care	4,336			4,140	−196	+4,140	+4,140
Special Populations Cluster (proposed legislation)		17,259				−17,259	
Acquired Immune Deficiency Syndrome (AIDS):							
Education and training centers	16,287	16,287		8,000	−8,287	−8,287	+8,000
AIDS dental services	6,937	6,937	6,937		−6,937	−6,937	−6,937
Ryan White AIDS Programs:							
Emergency assistance	356,500	407,000	379,500	379,500	+23,000	−27,500	
Comprehensive care programs	198,147	221,897	198,147	198,147		−23,750	
Early intervention program	52,318	62,568	52,318	52,318		−10,250	
Pediatric demonstrations	26,000	32,000	26,000	26,500	+500	−5,500	+500
Subtotal, Ryan White AIDS programs	632,965	723,465	655,965	656,465	+23,500	−67,000	+500
Subtotal, AIDS	656,189	746,689	662,902	664,465	+8,276	−82,224	+1,563
Family planning	193,349	198,982	193,349	193,349		−5,633	
Rural health research	9,426	9,426		10,172	+746	+746	+10,172
Health care facilities	10,000	2,000			−10,000	−2,000	
Buildings and facilities	933	933	933	858	−75	−75	−75
National practitioner data bank	9,000	6,000	6,000	6,000	−3,000		
User fees	−9,000	−6,000	−6,000	−6,000	+3,000		
Program management [17]	120,909	120,546	120,546	111,236	−9,673	−9,310	−9,310
Savings attributable to legislative proposal		(6,000)	(6,000)			(−6,000)	(−6,000)
Undistributed administrative reduction			−16,000				+16,000
Total, Health resources and services	3,028,959	3,102,395	2,927,122	2,951,159	−77,800	−151,236	+24,037
MEDICAL FACILITIES GUARANTEE AND LOAN FUND: Interest subsidy program	9,000	8,000	8,000	8,000	−1,000		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM (HEAL):							
New loan subsidies	22,050	18,044	13,500	13,500	−8,550	−4,544	.....
Liquidating account (non-add)	(17,990)	(42,000)	(42,000)	(42,000)	(+24,010)	.....	.....
HEAL loan limitation (non-add)	(375,000)	(280,000)	(210,000)	(210,000)	(−165,000)	(−70,000)	.....
Program management	2,922	2,922	2,703	2,688	−234	−234	−15
Total, HEAL	24,972	20,966	16,203	16,188	−8,784	−4,778	−15
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:							
Post-fiscal year 1988 claims (trust fund)	54,476	56,721	56,721	56,721	+2,245	.....	.....
HRSA administration (trust fund)	3,000	3,000	3,000	3,000	.....	.....	.....
Subtotal, Vaccine injury compensation trust fund	57,476	59,721	59,721	59,721	+2,245	.....	.....
VACCINE INJURY COMPENSATION: Pre-fiscal year 1989 claims (appropriation)	110,000	110,000	110,000	110,000	.....	.....	.....
Total, Vaccine injury	167,476	169,721	169,721	169,721	+2,245	.....	.....
Total, Health Resources and Services Admin	3,230,407	3,301,082	3,121,046	3,145,068	−85,339	−156,014	+24,022
CENTERS FOR DISEASE CONTROL							
DISEASE CONTROL, RESEARCH AND TRAINING							
Preventive Health Services Block Grant	157,918	154,338	157,918	132,918	−25,000	−21,420	−25,000
Rape Prevention and Education (Non-Add)	.....	.....	(35,000)	(35,000)	(+35,000)	(+35,000)	.....
Subtotal, Preventive Health Services Block Grant	157,918	154,338	192,918	167,918	+10,000	+13,580	−25,000
Prevention centers	7,724	7,724	7,724	8,224	+500	+500	+500
Data initiative	.....	6,000	.....	.....	.....	−6,000	.....
1 percent evaluation funds (non-add)	.....	(14,000)	.....	.....	.....	(−14,000)	.....
Immunization partnership grant (proposed legislation)	.....	502,818	.....	.....	.....	−502,818	.....
Proposed legislation: Vaccine tax cut (non-add)	.....	(−25,000)	.....	.....	.....	(+25,000)	.....
Childhood immunization	465,497	.....	475,497	465,497	.....	+465,497	−10,000

HCFA vaccine purchase	(376,000)	(408,307)	(408,307)	(408,307)	(+32,307)	.....	.....
Subtotal, CDC/HCFA vaccine program	(841,497)	(408,307)	(883,804)	(873,804)	(+32,307)	(+465,497)	(−10,000)
1995 Vaccine rescission (non-add)	.....	.....	.....	(−53,000)	(−53,000)	(−53,000)	(−53,000)
HIV/STD/TB partnership grant (proposed legislation)	.....	848,331	.....	.....	.....	−848,331	.....
Acquired Immune Deficiency Syndrome (AIDS)	589,962	.....	589,962	589,962	.....	+589,962	.....
Tuberculosis	119,582	.....	119,582	119,582	.....	+119,582	.....
Sexually transmitted diseases	105,242	.....	110,242	106,242	+1,000	+106,242	−4,000
Subtotal, Communicable diseases	814,786	848,331	819,786	815,786	+1,000	−32,545	−4,000
Chronic diseases partnership grant (proposed leg)	.....	243,498	.....	.....	.....	−243,498	.....
Chronic and environmental disease prevention	139,754	.....	150,000	139,754	.....	+139,754	−10,246
Breast and cervical cancer screening	100,000	.....	125,000	125,000	+25,000	+125,000	.....
Subtotal, Chronic diseases	239,754	243,498	275,000	264,754	+25,000	+21,256	−10,246
Infectious disease	54,402	63,191	67,276	58,402	+4,000	−4,789	−8,874
Lead poisoning prevention	36,409	36,391	36,409	36,409	.....	+18	.....
Injury control	43,679	44,661	43,679	43,679	.....	−982	.....
Occupational Safety and Health (NIOSH):							
Research	119,222	124,186	99,222	124,186	+4,964	.....	+24,964
Training	12,898	12,898	.....	12,898	.....	.....	+12,898
Subtotal, NIOSH	132,120	137,084	99,222	137,084	+4,964	.....	+37,862
Epidemic services	73,325	73,318	73,325	73,325	.....	+7	.....
National Center for Health Statistics:							
Program operations	53,575	53,564	53,575	40,063	−13,512	−13,501	−13,512
1 percent evaluation funds (non-add)	(27,862)	(27,862)	(27,862)	(40,063)	(+12,201)	(+12,201)	(+12,201)
Subtotal, health statistics	53,575	53,564	53,575	40,063	−13,512	−13,501	−13,512
Buildings and facilities	3,575	3,575	4,353	4,575	+1,000	+1,000	+222
Program management	3,067	3,067	3,067	3,067	.....	.....	.....
Savings attributable to legislative proposal	.....	6,000	.....	.....	.....	−6,000	.....
Undistributed administrative reduction	.....	.....	−31,000	−31,000	−31,000	−31,000	.....
Subtotal, Disease Control	2,085,831	2,183,560	2,085,831	2,052,783	−33,048	−130,777	−33,048
Crime Bill Activities:							
Rape prevention and education	.....	35,000	35,000	35,000	+35,000	.....	.....
Domestic violence community demonstrations	.....	4,000	4,000	4,000	+4,000	.....	.....
Crime victim study	.....	100	100	100	+100	.....	.....
Subtotal, Crime bill activities	.....	39,100	39,100	39,100	+39,100	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Total, Disease Control	2,085,831	2,222,660	2,124,931	2,091,883	+6,052	−130,777	−33,048
NATIONAL INSTITUTES OF HEALTH							
National Cancer Institute	1,917,904	1,994,007	2,251,084	1,972,757	+54,853	−21,250	−278,327
Transfer, Office of AIDS Research	(218,504)	(225,790)	.....	(222,719)	(+4,215)	(−3,071)	(+222,719)
Subtotal	(2,136,408)	(2,219,797)	(2,251,084)	(2,195,476)	(+59,068)	(−24,321)	(−55,608)
National Heart, Lung, and Blood Institute [18]	1,241,547	1,279,096	1,355,866	1,266,465	+24,918	−12,631	−89,401
Transfer, Office of AIDS Research	(55,485)	(57,925)	.....	(57,137)	(+1,652)	(−788)	(+57,137)
Subtotal	(1,297,032)	(1,337,021)	(1,355,866)	(1,323,602)	(+26,570)	(−13,419)	(−32,264)
National Institute of Dental Research	163,468	168,341	183,196	166,547	+3,079	−1,794	−16,649
Transfer, Office of AIDS Research	(11,745)	(12,309)	.....	(12,142)	(+397)	(−167)	(+12,142)
Subtotal	(175,213)	(180,650)	(183,196)	(178,689)	(+3,476)	(−1,961)	(−4,507)
National Institute of Diabetes and Digestive and Kidney Diseases	726,274	748,798	771,252	740,818	+14,544	−7,980	−30,434
Transfer, Office of AIDS Research	(10,752)	(11,735)	.....	(11,575)	(+823)	(−160)	(+11,575)
Subtotal	(737,026)	(760,533)	(771,252)	(752,393)	(+15,367)	(−8,140)	(−18,859)
National Institute of Neurological Disorders and Stroke	629,463	648,255	681,534	641,347	+11,884	−6,908	−40,187
Transfer, Office of AIDS Research	(22,741)	(23,807)	.....	(23,483)	(+742)	(−324)	(+23,483)
Subtotal	(652,204)	(672,062)	(681,534)	(664,830)	(+12,626)	(−7,232)	(−16,704)
National Institute of Allergy and Infectious Diseases	538,046	557,354	1,169,628	551,414	+13,368	−5,940	−618,214
Transfer, Office of AIDS Research	(558,411)	(596,018)	.....	(587,912)	(+29,501)	(−8,106)	(+587,912)
Subtotal	(1,096,457)	(1,153,372)	(1,169,628)	(1,139,326)	(+42,869)	(−14,046)	(−30,302)
National Institute of General Medical Sciences	880,261	907,674	946,971	898,001	+17,740	−9,673	−48,970
Transfer, Office of AIDS Research	(24,664)	(26,135)	.....	(25,780)	(+1,116)	(−355)	(+25,780)
Subtotal	(904,925)	(933,809)	(946,971)	(923,781)	(+18,856)	(−10,028)	(−23,190)
National Institute of Child Health and Human Development	510,156	526,177	595,162	520,570	+10,414	−5,607	−74,592

Transfer, Office of AIDS Research	(58,667)	(60,713)	.....	(59,887)	(+1,220)	(−826)	(+59,887)
Subtotal	(568,823)	(586,890)	(595,162)	(580,457)	(+11,634)	(−6,433)	(−14,705)
National Eye Institute	291,957	300,693	314,185	297,489	+5,532	−3,204	−16,696
Transfer, Office of AIDS Research	(8,633)	(9,125)	.....	(9,001)	(+368)	(−124)	(+9,001)
Subtotal	(300,590)	(309,818)	(314,185)	(306,490)	(+5,900)	(−3,328)	(−7,695)
National Institute of Environmental Health Sciences	266,988	278,832	288,898	275,861	+8,873	−2,971	−13,037
Transfer, Office of AIDS Research	(5,745)	(6,051)	.....	(5,969)	(+224)	(−82)	(+5,969)
Subtotal	(272,733)	(284,883)	(288,898)	(281,830)	(+9,097)	(−3,053)	(−7,068)
National Institute on Aging	432,865	445,823	453,917	441,072	+8,207	−4,751	−12,845
Transfer, Office of AIDS Research	(1,715)	(1,785)	.....	(1,761)	(+46)	(−24)	(+1,761)
Subtotal	(434,580)	(447,608)	(453,917)	(442,833)	(+8,253)	(−4,775)	(−11,084)
National Institute of Arthritis and Musculoskeletal and Skin Diseases	228,520	235,428	241,828	232,919	+4,399	−2,509	−8,909
Transfer, Office of AIDS Research	(2,879)	(3,039)	.....	(2,998)	(+119)	(−41)	(+2,998)
Subtotal	(231,399)	(238,467)	(241,828)	(235,917)	(+4,518)	(−2,550)	(−5,911)
National Institute on Deafness and Other Communication Disorders	167,381	172,399	176,502	170,562	+3,181	−1,837	−5,940
Transfer, Office of AIDS Research	(1,552)	(1,650)	.....	(1,628)	(+76)	(−22)	(+1,628)
Subtotal	(168,933)	(174,049)	(176,502)	(172,190)	(+3,257)	(−1,859)	(−4,312)
National Institute of Nursing Research	48,180	50,159	55,831	49,624	+1,444	−535	−6,207
Transfer, Office of AIDS Research	(4,577)	(4,896)	.....	(4,829)	(+252)	(−67)	(+4,829)
Subtotal	(52,757)	(55,055)	(55,831)	(54,453)	(+1,696)	(−602)	(−1,378)
National Institute on Alcohol Abuse and Alcoholism	180,326	185,712	198,607	183,733	+3,407	−1,979	−14,874
Transfer, Office of AIDS Research	(9,741)	(10,135)	.....	(9,997)	(+256)	(−138)	(+9,997)
Subtotal	(190,067)	(195,847)	(198,607)	(193,730)	(+3,663)	(−2,117)	(−4,877)
National Institute on Drug Abuse	290,041	298,738	458,441	295,554	+5,513	−3,184	−162,887
Transfer, Office of AIDS Research	(147,402)	(153,331)	.....	(151,246)	(+3,844)	(−2,085)	(+151,246)
Subtotal	(437,443)	(452,069)	(458,441)	(446,800)	(+9,357)	(−5,269)	(−11,641)
National Institute of Mental Health	541,840	558,580	661,328	553,127	+11,287	−5,453	−108,201
Transfer, Office of AIDS Research	(89,435)	(93,556)	.....	(92,284)	(+2,849)	(−1,272)	(+92,284)
Subtotal	(631,275)	(652,136)	(661,328)	(645,411)	(+14,136)	(−6,725)	(−15,917)
National Center for Research Resources [19]	284,737	307,544	390,339	304,267	+19,530	−3,277	−86,072
Transfer, Office of AIDS Research	(64,630)	(68,370)	.....	(67,440)	(+2,810)	(−930)	(+67,440)
Subtotal	(349,367)	(375,914)	(390,339)	(371,707)	(+22,340)	(−4,207)	(−18,632)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
National Center for Human Genome Research	151,866	166,678	170,041	164,902	+13,036	−1,776	−5,139
Transfer, Office of AIDS Research	(1,000)	(1,000)	.....	(986)	(−14)	(−14)	(+986)
Subtotal	(152,866)	(167,678)	(170,041)	(165,888)	(+13,022)	(−1,790)	(−4,153)
John E. Fogarty International Center	14,667	15,267	25,313	15,104	+437	−163	−10,209
Transfer, Office of AIDS Research	(9,108)	(9,694)	.....	(9,562)	(+454)	(−132)	(+9,562)
Subtotal	(23,775)	(24,961)	(25,313)	(24,666)	(+891)	(−295)	(−647)
National Library of Medicine	125,748	136,311	141,439	134,858	+9,110	−1,453	−6,581
Transfer, Office of AIDS Research	(2,946)	(3,162)	.....	(3,119)	(+173)	(−43)	(+3,119)
Subtotal	(128,694)	(139,473)	(141,439)	(137,977)	(+9,283)	(−1,496)	(−3,462)
Office of the Director	214,465	230,256	261,488	233,151	+18,686	+2,895	−28,337
Transfer, Office of AIDS Research	(25,394)	(27,598)	.....	(27,223)	(+1,829)	(−375)	(+27,223)
Subtotal	(239,859)	(257,854)	(261,488)	(260,374)	(+20,515)	(+2,520)	(−1,114)
Buildings and facilities	114,120	144,120	146,151	140,384	+26,264	−3,736	−5,767
Office of AIDS Research	1,335,726	1,407,824	.....	1,388,678	+52,952	−19,146	+1,388,678
Subtotal, N.I.H	11,296,546	11,764,066	11,939,001	11,639,204	+342,658	−124,862	−299,797
Administrative reduction	.....	.....	.....	−41,665	−41,665	−41,665	−41,665
Total N.I.H	11,296,546	11,764,066	11,939,001	11,597,539	+300,993	−166,527	−341,462
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION							
Consolidated mental health and substance abuse demos	.....	.....	141,889	.....	.....	.....	−141,889
Center for Mental Health Services:							
Proposed legis: Mental Health Demonstrations	.....	53,092	.....	.....	.....	−53,092	.....
Mental Health Block Grant	275,420	304,617	275,420	226,281	−49,139	−78,336	−49,139
Children's mental health	60,000	60,000	60,000	58,326	−1,674	−1,674	−1,674
Clinical training/AIDS training	5,394	.....	.....	.....	−5,394	.....	.....
Community support demonstrations	24,184	.....	.....	.....	−24,184	.....	.....

Grants to States for the homeless (PATH)	29,462			27,105	−2,357	+27,105	+27,105
Homeless services demonstrations	21,227				−21,227		
Protection and advocacy	21,957	21,760	19,500	20,200	−1,757	−1,560	+700
AIDS demonstrations	1,487		1,487		−1,487		−1,487
Consolidated Mental Health Demos				38,100	+38,100	+38,100	+38,100
Subtotal, mental health	439,131	439,469	356,407	370,012	−69,119	−69,457	+13,605
Center for Substance Abuse Treatment:							
Proposed legis: Consolidated Demos/Treatment		236,694				−236,694	
Consolidated Demos				108,300	+108,300	+108,300	+108,300
Substance abuse block grant [20]	1,234,107	1,294,107	1,234,107	1,125,807	−108,300	−168,300	−108,300
Treatment grants to crisis areas	35,520				−35,520		
Treatment improvement demos:							
Pregnant/post partum women and children	54,228				−54,228		
Transfer from forfeiture fund (non-add)	(10,000)				(−10,000)		
Criminal justice program	37,502				−37,502		
Designated populations	23,561				−23,561		
Comprehensive community treatment program	27,277				−27,277		
Transfer from forfeiture fund (non-add)	(4,000)				(−4,000)		
Training	5,590				−5,590		
AIDS demonstration and training:							
Training	2,787				−2,787		
Linkage	7,739				−7,739		
Outreach	7,500				−7,500		
Treatment capacity expansion program [20]	6,701				−6,701		
Subtotal, Substance Abuse Treatment	1,442,512	1,530,801	1,234,107	1,234,107	−208,405	−296,694	
Center for Substance Abuse Prevention:							
Proposed legis: Consolidated Demos/Prevention		216,080		9,571	+9,571	−206,509	+9,571
(Transfer from DOE) [21] (non-add)				(200,000)	(+200,000)	(+200,000)	(+200,000)
Prevention demonstrations:							
High risk youth	65,160				−65,160		
Pregnant women and infants	22,501				−22,501		
Other programs	6,643				−6,643		
Community partnership	114,741				−114,741		
Prevention education/dissemination	13,465				−13,465		
Training	16,049				−16,049		
Consolidated Demos							
Subtotal, Substance Abuse Prevention	238,559	216,080		9,571	−228,988	−206,509	+9,571

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Subtotal, Abuse Prevention program level	(238,559)	(216,080)	.....	(209,571)	(−28,988)	(−6,509)	(+209,571)
Program management	61,128	58,042	56,543	56,238	−4,890	−1,804	−305
Savings attributable to legislative proposal	.....	3,000	.....	.....	.....	−3,000	.....
Total, Substance Abuse and Mental Health	2,181,330	2,247,392	1,788,946	1,669,928	−511,402	−577,464	−119,018
ASSISTANT SECRETARY FOR HEALTH [22]							
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH							
Population affairs: Adolescent family life	6,698	6,144	.....	.....	−6,698	−6,144	.....
Health Initiatives:							
Office of Disease Prevention and Health Promotion	4,604	4,601	.....	.....	−4,604	−4,601	.....
Physical fitness and sports [22]	1,407	1,406	.....	.....	−1,407	−1,406	.....
Minority health [22]	20,631	20,592	.....	.....	−20,631	−20,592	.....
National vaccine program	996	995	.....	.....	−996	−995	.....
Office of research integrity [22]	3,863	3,858	.....	.....	−3,863	−3,858	.....
Office of Women's Health [22]	2,562	2,552	.....	.....	−2,562	−2,552	.....
Emergency preparedness [23]	2,180	2,374	.....	.....	−2,180	−2,374	.....
Health care reform data analysis	1,344	.....	.....	.....	−1,344	.....	.....
Data development program [24]	.....	3,856	.....	.....	.....	−3,856	.....
Health Service Management [22, 25]	18,432	17,304	.....	.....	−18,432	−17,304	.....
Streamlining costs	1,500	785	.....	.....	−1,500	−785	.....
National AIDS program office	1,742	1,739	.....	.....	−1,742	−1,739	.....
Total, OASH	65,959	66,206	.....	.....	−65,959	−66,206	.....
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS							
Retirement payments	124,213	129,808	129,808	129,808	+5,595	.....	.....
Survivors benefits	8,826	9,208	9,208	9,208	+382	.....	.....
Dependent's medical care	23,844	25,108	25,108	25,108	+1,264	.....	.....
Military Services Credits	2,438	2,801	2,801	2,801	+363	.....	.....
Total, Retirement pay and medical benefits	159,321	166,925	166,925	166,925	+7,604	.....	.....

AGENCY FOR HEALTH CARE POLICY AND RESEARCH							
Health services research:							
Research	57,345	63,433	12,681	35,000	−22,345	−28,433	+22,319
1 percent evaluation funding (non-add)	(18,300)	(39,284)	(34,284)	(34,284)	(+15,984)	(−5,000)	.....
Subtotal including trust funds and 1 percent funds	(75,645)	(102,717)	(46,965)	(69,284)	(−6,361)	(−33,433)	(+22,319)
Medical treatment effectiveness:							
Federal funds	75,640	76,568	18,115	25,000	−50,640	−51,568	+6,885
Trust funds	(5,796)	(5,796)	.....	(5,796)	.....	.....	(+5,796)
1 percent evaluation funding (non-add)	.....	(6,000)	.....	(25,000)	(+25,000)	(+19,000)	(+25,000)
Subtotal, Medical treatment effectiveness	(81,436)	(88,364)	(18,115)	(55,796)	(−25,640)	(−32,568)	(+37,681)
Program support	2,424	2,423	2,423	2,230	−194	−193	−193
Administrative reduction	.....	.....	−2,000	.....	.....	.....	+2,000
Total, Health Care Policy and Research:							
Federal Funds	135,409	142,424	31,219	62,230	−73,179	−80,194	+31,011
Trust funds	(5,796)	(5,796)	.....	(5,796)	.....	.....	(+5,796)
Total, 1 percent evaluation funding (non-add)	(18,300)	(45,284)	(34,284)	(59,284)	(+40,984)	(+14,000)	(+25,000)
Total, Health Care Policy and Research (non-add)	(159,505)	(193,504)	(65,503)	(127,310)	(−32,195)	(−66,194)	(+61,807)
Total, Public Health Service:							
Federal Funds	19,154,803	19,910,755	19,172,068	18,733,573	−421,230	−1,177,182	−438,495
Trust funds	(5,796)	(5,796)	.....	(5,796)	.....	.....	(+5,796)
HEALTH CARE FINANCING ADMINISTRATION							
GRANTS TO STATES FOR MEDICAID							
Medicaid current law benefits	84,835,700	92,235,200	92,235,200	92,235,200	+7,399,500	.....	.....
Excess benefit budget authority	7,657,598	.....	.....	.....	−7,657,598	.....	.....
State and local administration	3,602,660	3,742,000	3,742,000	3,742,000	+139,340	.....	.....
Excess admin budget authority	294,891	.....	.....	.....	−294,891	.....	.....
Proposed legislation: Vaccine tax cut (non-add)	.....	(−46,800)	.....	.....	.....	(+46,800)	.....
Subtotal, Medicaid program level, fiscal year 1996	96,390,849	95,977,200	95,977,200	95,977,200	−413,649	.....	.....
Carryover balance	−7,150,074	−13,835,128	−13,835,128	−13,835,128	−6,685,054	.....	.....
Less funds advanced in prior year	−26,600,000	−27,047,717	−27,047,717	−27,047,717	−447,717	.....	.....
Total, request, fiscal year 1996	62,640,775	55,094,355	55,094,355	55,094,355	−7,546,420	.....	.....
New advance, 1st quarter, fiscal year 1997	27,047,717	26,155,350	26,155,350	26,155,350	−892,367	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
PAYMENTS TO HEALTH CARE TRUST FUNDS							
Supplemental medical insurance	36,955,000	55,385,000	55,385,000	55,385,000	+18,430,000	.....	.....
Hospital insurance for the uninsured	406,000	358,000	358,000	358,000	−48,000	.....	.....
Federal uninsured payment	56,000	63,000	63,000	63,000	+7,000	.....	.....
DOD adjustment	.....	625,000	625,000	625,000	+625,000	.....	.....
SMI lapses	.....	6,737,000	6,737,000	6,737,000	+6,737,000	.....	.....
Program management	129,758	145,000	145,000	145,000	+15,242	.....	.....
Total, Payment to Trust Funds, current law	37,546,758	63,313,000	63,313,000	63,313,000	+25,766,242	.....	.....
PROGRAM MANAGEMENT							
Research, demonstration, and evaluation:							
Regular program, trust funds	(45,146)	(58,000)	(40,000)	(40,000)	(−5,146)	(−18,000)	.....
Counseling program	(4,536)	(4,500)	.....	(4,500)	(−36)	.....	(+4,500)
Rural hospital transition demonstrations, trust funds	(17,584)	.....	(10,000)	(16,177)	(−1,407)	(+16,177)	(+6,177)
Essential access community hospitals, trust funds	(2,000)	.....	.....	.....	(−2,000)	.....	.....
New rural health grants	(37)	(2,000)	.....	.....	(−37)	(−2,000)	.....
Subtotal, research, demonstration, and evaluation	(69,303)	(64,500)	(50,000)	(60,677)	(−8,626)	(−3,823)	(+10,677)
Medicare Contractors (Trust Funds)	(1,609,671)	(1,631,100)	(1,604,767)	(1,584,767)	(−24,904)	(−46,333)	(−20,000)
State Survey and Certification:							
Medicare certification, trust funds	(145,800)	(162,100)	(152,000)	(134,500)	(−11,300)	(−27,600)	(−17,500)
Proposed legislation	.....	(−8,800)	.....	.....	.....	(+8,800)	.....
Federal Administration:							
Trust funds	(354,394)	(396,222)	(354,394)	(354,394)	.....	(−41,828)	.....
Less current law user fees	(−124)	(−128)	(−128)	(−128)	(−4)	.....	.....
Subtotal, Federal Administration	(354,270)	(396,094)	(354,266)	(354,266)	(−4)	(−41,828)	.....
Undistributed administrative reduction	.....	.....	(−26,500)	(−28,341)	(−28,341)	(−28,341)	(−1,841)

Total, Program management	(2,179,044)	(2,253,794)	(2,134,533)	(2,105,869)	(−73,175)	(−147,925)	(−28,664)
PROPOSED LEG: UNDOCUMENTED ALIENS ASSISTANCE (NON-ADD) [26]		(150,000)				(−150,000)	
HMO LOAN AND LOAN GUARANTEE FUND	15,000				−15,000		
Total, Health Care Financing Administration:							
Federal funds	127,250,250	144,562,705	144,562,705	144,562,705	+17,312,455		
Current year, fiscal year 1995/1996	(100,202,533)	(118,407,355)	(118,407,355)	(118,407,355)	(+18,204,822)		
New advance, 1st quarter, fiscal year 1996/1997	(27,047,717)	(26,155,350)	(26,155,350)	(26,155,350)	(−892,367)		
Trust funds	(2,179,044)	(2,253,794)	(2,134,533)	(2,105,869)	(−73,175)	(−147,925)	(−28,664)
ADMINISTRATION FOR CHILDREN AND FAMILIES							
FAMILY SUPPORT PAYMENTS TO STATES							
Aid to Families with Dependent Children (AFDC)	12,424,136	12,999,000	12,999,000	12,999,000	+574,864		
Quality control liabilities	−40,867	−71,121	−71,121	−71,121	−30,254		
Payments to territories	19,428	19,428	19,428	19,428			
Emergency assistance	864,000	974,000	974,000	974,000	+110,000		
Repatriation	1,000	1,000	1,000	1,000			
Demonstrations (AFDC Benefit Payment)							
State and local welfare administration	1,716,000	1,770,000	1,770,000	1,770,000	+54,000		
Work activities child care	666,000	734,000	734,000	734,000	+68,000		
Transitional child care	199,000	220,000	220,000	220,000	+21,000		
At risk child care	357,000	300,000	300,000	300,000	−57,000		
Subtotal, Welfare payments	16,205,697	16,946,307	16,946,307	16,946,307	+740,610		
Child Support Enforcement:							
State and local administration	1,966,000	1,943,000	1,943,000	1,943,000	−23,000		
Federal incentive payments	402,000	439,000	439,000	439,000	+37,000		
Less federal share collections	−1,213,000	−1,314,000	−1,314,000	−1,314,000	−101,000		
Subtotal, Child support	1,155,000	1,068,000	1,068,000	1,068,000	−87,000		
Total, Payments, fiscal year 1995/1996 program level	17,360,697	18,014,307	18,014,307	18,014,307	+653,610		
Less funds advanced in previous years	−4,200,000	−4,400,000	−4,400,000	−4,400,000	−200,000		
Total, Payments, current request, fiscal year 1995/1996	13,160,697	13,614,307	13,614,307	13,614,307	+453,610		
New advance, 1st quarter, fiscal year 1996/1997	4,400,000	4,800,000	4,800,000	4,800,000	+400,000		
JOB OPPORTUNITIES AND BASIC SKILLS (JOBS)	970,000	1,000,000	1,000,000	1,000,000	+30,000		
LOW INCOME HOME ENERGY ASSISTANCE							
Advance from prior year (non-add)	(1,474,998)	(1,319,204)	(1,000,000)	(1,000,000)	(−474,998)	(−319,204)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Rescission	−474,998		−1,000,000	−100,000	+374,998	−100,000	+900,000
Fiscal year 1996 program level	(1,000,000)	(1,319,204)		(900,000)	(−100,000)	(−419,204)	(+900,000)
Emergency allocation (non-add) [27]	(600,000)			(600,000)		(+600,000)	(+600,000)
Advance funding (fiscal year 1996/1997)	1,319,204	1,319,204		1,000,000	−319,204	−319,204	+1,000,000
REFUGEE AND ENTRANT ASSISTANCE							
Transitional and medical services [28]	258,273	278,529	278,882	258,273		−20,256	−20,609
Social services	80,802	80,802	80,802	80,802			
Preventive health	5,300	5,471	2,700	5,300		−171	+2,600
Targeted assistance [28]	55,397	49,397	49,397	52,797	−2,600	+3,400	+3,400
Carryover (non-add)	(7,000)		(10,590)	(10,590)	(+3,590)	(+10,590)	
Total, Refugee and entrant assistance	399,772	414,199	411,781	397,172	−2,600	−17,027	−14,609
STATE LEGALIZATION IMPACT ASSISTANCE GRANTS:							
SLIAG rescission	−75,000				+75,000		
Civics and English education grants	4,000				−4,000		
Total, SLIAG	−71,000				+71,000		
COMMUNITY SERVICES BLOCK GRANT							
Community Services Block Grants	389,600	391,500	389,600	389,600		−1,900	
Homeless services grants	19,752	19,752			−19,752	−19,752	
Discretionary funds:							
Community initiative program:							
Economic development	23,733		23,733	21,834	−1,899	+21,834	−1,899
Rural housing							
Rural community facilities	3,271		3,271	3,009	−262	+3,009	−262
Farmworker assistance							
Subtotal, discretionary funds	27,004		27,004	24,843	−2,161	+24,843	−2,161

National youth sports	12,000	.....	12,000	11,040	−960	+11,040	−960
Demonstration Partnerships	601	.....	.....	.....	−601	.....	.....
Community Food and Nutrition	8,676	6,000	.....	6,000	−2,676	.....	+6,000
Total, Community Services	457,633	417,252	428,604	431,483	−26,150	+14,231	+2,879
CHILD CARE AND DEVELOPMENT BLOCK GRANT (delay obligation until Sept. 30, 1996)	934,642	1,048,825	934,642	934,642	.....	−114,183	.....
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	2,800,000	2,800,000	2,800,000	2,800,000	.....	.....	.....
REDUCTION OF TITLE XX CAP	.....	.....	.....	−280,000	−280,000	−280,000	−280,000
CHILDREN AND FAMILIES SERVICES PROGRAMS							
Programs for Children, Youth, and Families:							
Head start	3,534,429	3,934,728	3,397,429	3,401,675	−132,754	−533,053	+4,246
Child development associate scholarships	1,360	.....	.....	.....	−1,360	.....	.....
Consolidated runaway, homeless youth program	.....	68,572	.....	.....	.....	−68,572	.....
Runaway and homeless youth	40,458	.....	40,458	46,767	+6,309	+46,767	+6,309
Runaway youth—transitional living	13,649	.....	14,949	12,557	−1,092	+12,557	−2,392
Runaway youth activities—drugs	14,466	.....	.....	.....	−14,466	.....	.....
Crime prevention trust fund (non-add)	.....	(7,000)	.....	(7,000)	(+7,000)	.....	(+7,000)
Subtotal, runaway	68,573	68,572	55,407	59,324	−9,249	−9,248	+3,917
Total, Runaway youth (non-add)	(68,573)	(75,572)	(55,407)	(66,324)	(−2,249)	(−9,248)	(+10,917)
Youth gang substance abuse	10,520	10,520	.....	.....	−10,520	−10,520	.....
Child abuse state grants	22,854	22,854	22,854	21,026	−1,828	−1,828	−1,828
Child abuse discretionary activities	15,385	15,385	15,385	14,154	−1,231	−1,231	−1,231
ABCAN	288	288	.....	.....	−288	−288	.....
Temporary childcare/crisis nurseries	11,835	11,835	9,835	9,835	−2,000	−2,000	.....
Abandoned infants assistance	14,406	14,406	12,406	12,406	−2,000	−2,000	.....
Dependent care planning and development	12,823	.....	.....	.....	−12,823	.....	.....
Child welfare services	291,989	291,989	291,989	268,629	−23,360	−23,360	−23,360
Child welfare training	4,398	4,398	2,000	2,000	−2,398	−2,398	.....
Child welfare research	6,395	6,395	.....	.....	−6,395	−6,395	.....
Adoption opportunities	13,000	13,000	11,000	11,000	−2,000	−2,000	.....
Family violence	32,645	32,645	32,645	31,900	−745	−745	−745
Crime prevention Trust fund	.....	(15,000)	.....	(18,100)	(+18,100)	(+3,100)	(+18,100)
Subtotal, Family violence (non-add)	(32,645)	(47,645)	(32,645)	(50,000)	(+17,355)	(+2,355)	(+17,355)
Social services research	14,961	14,961	.....	.....	−14,961	−14,961	.....
Family support centers	7,371	.....	.....	.....	−7,371	.....	.....
Community Based Resource Centers	31,363	38,734	.....	.....	−31,363	−38,734	.....
Developmental disabilities program:							
State councils	70,438	70,438	40,438	64,803	−5,635	−5,635	+24,365

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Protection and advocacy	26,718	26,718	26,718	24,581	−2,137	−2,137	−2,137
Developmental disabilities special projects	5,715	5,715	.....	5,258	−457	−457	+5,258
Developmental disabilities university affiliated programs	18,979	18,979	10,000	17,461	−1,518	−1,518	+7,461
Subtotal, Developmental disabilities	121,850	121,850	77,156	112,103	−9,747	−9,747	+34,947
Native American Programs	38,461	38,461	35,000	35,000	−3,461	−3,461	.....
Program direction	163,171	173,983	150,933	150,117	−13,054	−23,866	−816
EBT task force [29]	.....	2,000	2,000	.....	.....	−2,000	−2,000
Total, Children and Families Services Programs	4,433,038	4,831,965	4,116,039	4,129,169	−303,869	−702,796	+13,130
VIOLENT CRIME REDUCTION PROGRAMS:							
Community schools	10,000	72,500	.....	.....	−10,000	−72,500	.....
Community economic partnership	.....	10,000	.....	.....	.....	−10,000	.....
Runaway Youth Prevention	.....	7,000	.....	7,000	+7,000	.....	+7,000
Domestic violence hotline	1,000	400	400	400	−600	.....	.....
Battered women's shelters	.....	15,000	.....	18,100	+18,100	+3,100	+18,100
Youth education demonstration	400	400	400	+400	.....	.....	
Total, Violent crime reduction programs	11,000	105,300	800	25,900	+14,900	−79,400	+25,100
FAMILY SUPPORT AND PRESERVATION	150,000	225,000	225,000	225,000	+75,000	.....	.....
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE							
Foster care	3,128,023	3,749,825	3,749,825	3,742,338	+614,315	−7,487	−7,487
Adoption assistance	399,348	488,017	488,017	509,900	+110,552	+21,883	+21,883
Independent living	70,000	70,000	70,000	70,000	.....	.....	.....
Total, Payment to States [30]	3,597,371	4,307,842	4,307,842	4,322,238	+724,867	+14,396	+14,396
Total, Administration for Children and Families	32,087,359	34,883,894	31,639,015	33,299,911	+1,212,552	−1,583,983	+1,660,896
Current year, fiscal year 1995/1996	(26,338,233)	(28,734,768)	(26,839,015)	(27,499,911)	(+1,161,678)	(−1,234,857)	(+660,896)
Fiscal year 1996/1997	(5,719,204)	(6,119,204)	(4,800,000)	(5,800,000)	(+80,796)	(−319,204)	(+1,000,000)

ADMINISTRATION ON AGING							
AGING SERVICES PROGRAMS							
Grants to States:							
Supportive services and centers	306,711	306,711	291,375	291,375	−15,336	−15,336	.....
Ombudsman services	4,449	4,449	.....	4,449	.....	.....	+4,449
Prevention of elder abuse	4,732	6,232	.....	4,732	.....	−1,500	+4,732
Pension counseling	1,976	1,976	.....	.....	−1,976	−1,976	.....
Preventive health	16,982	16,982	.....	15,623	−1,359	−1,359	+15,623
Nutrition:							
Congregate meals	375,809	375,809	357,019	364,535	−11,274	−11,274	+7,516
Home-delivered meals	94,065	94,065	89,362	110,339	+16,274	+16,274	+20,977
Frail elderly in-home services	9,263	9,263	9,263	9,263	.....	.....	.....
Grants to Indians	16,902	18,402	16,057	15,550	−1,352	−2,852	−507
Aging research, training and special projects	25,630	45,134	.....	4,991	−20,639	−40,143	+4,991
Federal Council on Aging	176	226	.....	.....	−176	−226	.....
White House Conference on Aging	3,000	500	.....	.....	−3,000	−500	.....
Program administration	16,400	17,399	15,170	15,170	−1,230	−2,229	.....
Total, Administration on Aging	876,095	897,148	778,246	836,027	−40,068	−61,121	+57,781
OFFICE OF THE SECRETARY [31]							
GENERAL DEPARTMENTAL MANAGEMENT:							
Federal funds	88,366	86,162	82,439	92,439	+4,073	+6,277	+10,000
Trust funds	(11,611)	.....	.....	.....	(−11,611)	.....	.....
Portion treated as budget authority	(7,366)	(7,204)	(6,813)	(6,628)	(−738)	(−576)	(−185)
Emergency preparedness	2,180	2,374	.....	2,006	−174	−368	+2,006
Population affairs: Adolescent family life	6,698	6,144	6,698	6,144	−554	.....	−554
Physical fitness and sports	1,407	1,406	1,000	1,000	−407	−406	.....
Minority health	20,631	20,592	20,631	18,981	−1,650	−1,611	−1,650
Office of research integrity	3,863	3,858	3,858	3,554	−309	−304	−304
Office of women's health	2,562	2,552	2,200	5,362	+2,800	+2,810	+3,162
Offset for amounts proposed in OASH	−41,945	−41,527	.....	.....	+41,945	+41,527	.....
Office of Disease Prevention	4,604	4,601	.....	4,236	−368	−365	+4,236
Total, General Departmental Management:							
Federal funds	88,366	86,162	116,826	133,722	+45,356	+47,560	+16,896
Trust funds	(18,977)	(7,204)	(6,813)	(6,628)	(−12,349)	(−576)	(−185)
Total	(107,343)	(93,366)	(123,639)	(140,350)	(+33,007)	(+46,984)	(+16,711)
OFFICE OF THE INSPECTOR GENERAL:							
Federal funds	60,900	58,889	56,333	55,945	−4,955	−2,944	−388

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Trust funds	(7,862)	.....	.....	.....	(−7,862)	.....	.....
Portion treated as budget authority	(20,846)	(21,048)	(17,623)	(19,996)	(−850)	(−1,052)	(+2,373)
Subtotal, direct funding	(89,608)	(79,937)	(73,956)	(75,941)	(−13,667)	(−3,996)	(+1,985)
Total, Office of the Inspector General:							
Federal funds	60,900	58,889	56,333	55,945	−4,955	−2,944	−388
Trust funds	(28,708)	(21,048)	(17,623)	(19,996)	(−8,712)	(−1,052)	(+2,373)
Health Care Anti-fraud project (non-add)	(1,200)	(2,800)	(2,800)	(2,800)	(+1,600)	.....	.....
Total	(90,808)	(82,737)	(76,756)	(78,741)	(−12,067)	(−3,996)	(+1,985)
OFFICE FOR CIVIL RIGHTS:							
Federal funds	18,231	17,558	10,249	16,153	−2,078	−1,405	+5,904
Trust funds	(4)	.....	.....	.....	(−4)	.....	.....
Portion treated as budget authority	(3,776)	(3,602)	(3,251)	(3,314)	(−462)	(−288)	(+63)
Total, Office for Civil Rights:							
Federal funds	18,231	17,558	10,249	16,153	−2,078	−1,405	+5,904
Trust funds	(3,780)	(3,602)	(3,251)	(3,314)	(−466)	(−288)	(+63)
Total	(22,011)	(21,160)	(13,500)	(19,467)	(−2,544)	(−1,693)	(+5,967)
POLICY RESEARCH	9,417	12,278	9,000	14,500	+5,083	+2,222	+5,500
Total, Office of the Secretary:							
Federal funds	176,914	174,887	192,408	220,320	+43,406	+45,433	+27,912
Trust funds	(51,465)	(31,854)	(27,687)	(29,938)	(−21,527)	(−1,916)	(+2,251)
Total	(228,379)	(206,741)	(220,095)	(250,258)	(+21,879)	(+43,517)	(+30,163)
PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND [32]	35,000	9,000	.....	.....	−35,000	−9,000	.....

Total, Department of Health and Human Services:							
Federal Funds	179,550,499	200,408,467	196,344,442	197,652,536	+18,102,037	−2,755,931	+1,308,094
Current year, fiscal year 1996/1997	(146,783,578)	(168,133,913)	(165,389,092)	(165,697,186)	(+18,913,608)	(−2,436,727)	(+308,094)
Fiscal year 1996/1997	(32,766,921)	(32,274,554)	(30,955,350)	(31,955,350)	(−811,571)	(−319,204)	(+1,000,000)
Trust funds	(2,236,305)	(2,291,444)	(2,162,220)	(2,141,603)	(−94,702)	(−149,841)	(−20,617)
TITLE III—DEPARTMENT OF EDUCATION							
EDUCATION REFORM							
Goals 2000: Educate America Act:							
State and local educ systemic improvement grants	361,870	693,500	.....	300,000	−61,870	−393,500	+300,000
National programs	.....	46,500	.....	.....	.....	−46,500	.....
Parental assistance	10,000	10,000	.....	10,000	.....	.....	+10,000
Subtotal, Goals 2000	371,870	750,000	.....	310,000	−61,870	−440,000	+310,000
School-to-work opportunities:							
State grants and local partnerships	115,625	185,000	95,000	115,625	.....	−69,375	+20,625
National programs	6,875	15,000	.....	6,875	.....	−8,125	+6,875
Subtotal	122,500	200,000	95,000	122,500	.....	−77,500	+27,500
Total	494,370	950,000	95,000	432,500	−61,870	−517,500	+337,500
EDUCATION FOR THE DISADVANTAGED							
Grants to local education agencies:							
Basic grants, forward funded	5,968,235	5,263,363	4,946,005	5,263,363	−704,872	.....	+317,358
Basic grants, current funded [33]	.....	3,500	3,500	3,500	+3,500	.....	.....
Subtotal, Basic grants	5,968,235	5,266,863	4,949,505	5,266,863	−701,372	.....	+317,358
Concentration grants	663,137	663,137	549,945	692,341	+29,204	+29,204	+142,396
Targeted grants	.....	1,000,000	.....	.....	.....	−1,000,000	.....
Setaside for BIA/outlying areas	66,984	70,000	55,550	60,194	−6,790	−9,806	+4,644
Subtotal	6,698,356	7,000,000	5,555,000	6,019,398	−678,958	−980,602	+464,398
Capital expenses for private school children	41,434	20,000	20,000	38,119	−3,315	+18,119	+18,119
Even start	102,024	.....	102,024	102,024	.....	+102,024	.....
State agency programs:							
Migrant	305,475	310,000	305,475	305,475	.....	−4,525	.....
Neglected and delinquent/high risk youth	39,311	40,000	32,000	39,311	.....	−689	+7,311
State school improvement	27,560	35,146	.....	.....	−27,560	−35,146	.....
Demonstration of innovative practices	.....	25,146	.....	.....	.....	−25,146	.....
Evaluation [33]	3,664	11,000	.....	3,370	−294	−7,630	+3,370

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Total, ESEA	7,217,824	7,441,292	6,014,499	6,507,697	−710,127	−933,595	+493,198
Migrant education:							
High school equivalency program [33]	8,088	.....	.....	7,441	−647	+7,441	+7,441
College assistance migrant program [33]	2,204	.....	.....	2,028	−176	+2,028	+2,028
Subtotal, migrant education	10,292	.....	.....	9,469	−823	+9,469	+9,469
Total, Compensatory education programs	7,228,116	7,441,292	6,014,499	6,517,166	−710,950	−924,126	+502,667
Subtotal, forward funded	(7,214,160)	(7,426,792)	(6,010,999)	(6,500,827)	(−713,333)	(−925,965)	(+489,828)
IMPACT AID							
Basic support payments	631,707	550,000	550,000	581,170	−50,537	+31,170	+31,170
Payments for children with disabilities	40,000	40,000	40,000	40,000	.....	.....	.....
Payments for heavily impacted districts (sec. f)	40,000	20,000	50,000	36,800	−3,200	+16,800	−13,200
Subtotal	711,707	610,000	640,000	657,970	−53,737	+47,970	+17,970
Facilities maintenance (sec. 8008)	.....	2,000	.....	.....	.....	−2,000	.....
Payments for increases in military dep (sec. 8006)	.....	2,000	.....	.....	.....	−2,000	.....
Construction (sec. 8007)	.....	5,000	5,000	5,000	+5,000	.....	.....
Payments for Federal property (Sec. 8002)	16,293	.....	.....	14,989	−1,304	+14,989	+14,989
Total, Impact aid	728,000	619,000	645,000	677,959	−50,041	+58,959	+32,959
SCHOOL IMPROVEMENT PROGRAMS							
Professional development/program innovation and innovation education program strategies [34]	598,548	735,000	550,000	550,000	−48,548	−185,000	.....
Professional development [34]	.....	.....	.....	(275,000)	(+275,000)	(+275,000)	(+275,000)
Program innovation [34]	.....	.....	.....	(275,000)	(+275,000)	(+275,000)	(+275,000)
Safe and drug-free schools and communities:							
State grants	440,981	465,000	200,000	400,000	−40,981	−65,000	+200,000
National programs	25,000	35,000	.....	.....	−25,000	−35,000	.....

Subtotal, Safe and drug-free schools and communities	465,981	500,000	200,000	400,000	−65,981	−100,000	+200,000
Education infrastructure [34] [35]	.....	35,000	.....	.....	.....	−35,000	.....
Inexpensive book distribution (RIF)	10,300	10,300	9,000	10,300	.....	.....	+1,300
Arts in education	10,500	10,000	9,000	9,000	−1,500	−1,000	.....
Law-Related Education	4,500	.....	.....	.....	−4,500	.....	.....
Christa McAuliffe fellowships	1,946	.....	.....	.....	−1,946	.....	.....
Other school improvement programs:							
Magnet schools assistance	111,519	111,519	95,000	95,000	−16,519	−16,519	.....
Educational support services for homeless children and youth [34]	28,811	30,000	23,000	23,000	−5,811	−7,000	.....
Women's educational equity	3,967	4,000	.....	.....	−3,967	−4,000	.....
Training and advisory services (Civil Rights IV–A)	21,412	14,000	.....	14,000	−7,412	.....	+14,000
Dropout prevention demonstrations	12,000	.....	.....	.....	−12,000	.....	.....
Ellender fellowships/Close up [34]	3,000	.....	.....	2,760	−240	+2,760	+2,760
Education for native Hawaiians [36]	9,000	9,000	.....	12,000	+3,000	+3,000	+12,000
Foreign language assistance	10,912	10,912	.....	10,039	−873	−873	+10,039
Training in early childhood education and violence counseling (HEA V–F)	.....	9,600	.....	.....	.....	−9,600	.....
Charter schools	6,000	20,000	6,000	10,000	+4,000	−10,000	+4,000
Subtotal, other school improvement programs	206,621	209,031	124,000	166,799	−39,822	−42,232	+42,799
Technical assistance for improving ESEA programs: Comprehensive regional assistance centers	29,641	55,000	.....	21,554	−8,087	−33,446	+21,554
Total, School improvement programs	1,328,037	1,554,331	892,000	1,157,653	−170,384	−396,678	+265,653
Subtotal, forward funded	(1,082,252)	(1,275,912)	(773,000)	(985,799)	(−96,453)	(−290,113)	(+212,799)
VIOLENT CRIME REDUCTION PROGRAM FAMILY AND COMMUNITY ENDEAVOR SCHOOLS	.....	31,000	.....	.....	.....	−31,000	.....
BILINGUAL AND IMMIGRANT EDUCATION							
Bilingual education:							
Instructional services	117,190	155,690	53,000	107,815	−9,375	−47,875	+54,815
Support services	14,330	15,330	.....	.....	−14,330	−15,330	.....
Professional development	25,180	28,980	.....	15,144	−10,036	−13,836	+15,144
Immigrant education	50,000	100,000	50,000	50,000	.....	−50,000	.....
Total	206,700	300,000	103,000	172,959	−33,741	−127,041	+69,959
SPECIAL EDUCATION							
State grants:							
Proposed legis: Grants for Special Education	.....	2,772,460	.....	.....	.....	−2,772,460	.....
Grants to States part "b" [37]	2,322,915	.....	2,323,837	2,323,837	+922	+2,323,837	.....
Preschool grants	360,265	.....	360,409	360,409	+144	+360,409	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Grants for infants and families [37]	315,632	315,632	315,754	315,754	+122	+122	
Subtotal, State grants [34]	2,998,812	3,088,092	3,000,000	3,000,000	+1,188	−88,092	
Proposed legis: Program Support and Improvement:							
Research and demonstrations		63,000				−63,000	
Technical assistance and systems change		50,000				−50,000	
Professional development		97,000				−97,000	
Parent training		14,534				−14,534	
Technology development and support		29,500				−29,500	
Subtotal, Proposed legislation		254,034				−254,034	
Special purpose funds:							
Deaf-blindness	12,832		12,832	12,832		+12,832	
Serious emotional disturbance	4,147		4,147	4,147		+4,147	
Severe disabilities	10,030		10,030	10,030		+10,030	
Early childhood education	25,167			25,167		+25,167	+25,167
Secondary and transitional services	23,966		23,966	23,966		+23,966	
Postsecondary education	8,839		8,839	8,839		+8,839	
Innovation and development	20,635			14,000	−6,635	+14,000	+14,000
Media and captioning services	19,142		19,142	19,142		+19,142	
Technology applications	10,862			9,993	−869	+9,993	+9,993
Special studies	4,160			3,827	−333	+3,827	+3,827
Personnel development	91,339			91,339		+91,339	+91,339
Parent training	13,535		13,535	13,535		+13,535	
Clearinghouses	2,162			1,989	−173	+1,989	+1,989
Regional resource centers	7,218			6,641	−577	+6,641	+6,641
Subtotal, Special purpose funds	254,034		92,491	245,447	−8,587	+245,447	+152,956
Total, Special education	3,252,846	3,342,126	3,092,491	3,245,447	−7,399	−96,679	+152,956

REHABILITATION SERVICES AND DISABILITY RESEARCH							
Vocational rehabilitation State grants	2,054,145	2,118,834	2,118,834	2,118,834	+64,689		
Tech assistance to States		1,000	1,000	1,000	+1,000		
Client assistance State grants	9,824	10,119	10,119	10,119	+295		
Training	39,629	39,629	39,629	39,629			
Special demonstration programs	30,558	23,942	23,942	23,942	−6,616		
Migratory workers	1,421	1,421	1,421	1,421			
Recreational programs	2,596	2,596	2,596	2,596			
Protection and advocacy of individual rights	7,456	7,456	7,456	7,456			
Projects with industry	22,071	22,071	22,071	22,071			
Supported employment State grants	36,536	38,152	38,152	38,152	+1,616		
Independent living:							
State grants	21,859	21,859	21,859	21,859			
Centers	40,533	41,749	41,749	41,749	+1,216		
Services for older blind individuals	8,952	8,952	8,952	8,952			
Subtotal, Independent living	71,344	72,560	72,560	72,560	+1,216		
Evaluation	1,587	1,587	1,587	1,587			
Helen Keller National Center for Deaf-Blind Youths and Adults	6,936	7,144	7,144	7,144	+208		
National Institute on Disability and Rehabilitation Research	70,000	70,000	70,000	70,000			
Subtotal, mandatory programs	2,354,103	2,416,511	2,416,511	2,416,511	+62,408		
Assistive technology	39,249	40,426	39,249	36,109	−3,140	−4,317	−3,140
Total, Rehabilitation services	2,393,352	2,456,937	2,455,760	2,452,620	+59,268	−4,317	−3,140
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES							
AMERICAN PRINTING HOUSE FOR THE BLIND	6,680	6,680	4,000	6,680			+2,680
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF:							
Consolidated account		43,041	39,737			−43,041	−39,737
Operations	42,705			42,705		+42,705	+42,705
Endowment grant	336			336		+336	+336
Construction	150				−150		
Subtotal	43,191	43,041	39,737	43,041	−150		+3,304
GALLAUDET UNIVERSITY:							
Consolidated account		80,030	72,028			−80,030	−72,028
University programs	54,244			54,244		+54,244	+54,244
Elementary and secondary education programs	24,786			24,786		+24,786	+24,786
Endowment grant	1,000			1,000		+1,000	+1,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Subtotal	80,030	80,030	72,028	80,030			+8,002
Total, Special institutions for persons with disabilities	129,901	129,751	115,765	129,751	−150		+13,986
VOCATIONAL AND ADULT EDUCATION							
Vocational education:							
Proposed legis: State grants		1,141,088				−1,141,088	
Basic State grants	972,750		800,000	890,000	−82,750	+890,000	+90,000
Community-based organizations							
Consumer and homemaking education							
Tech-Prep education	108,000		100,000	100,000	−8,000	+100,000	
Tribally controlled postsecondary vocational institutions	2,919		2,919	2,919		+2,919	
State councils	8,848				−8,848		
National programs:							
Proposed legis: National programs		37,000				−37,000	
Research	6,851		1,000	5,520	−1,331	+5,520	+4,520
Demonstrations							
National occupational information coordinating committee	4,250			3,910	−340	+3,910	+3,910
Subtotal, national programs	11,101	37,000	1,000	9,430	−1,671	−27,570	+8,430
Subtotal, Vocational education [38]	1,103,618	1,178,088	903,919	1,002,349	−101,269	−175,739	+98,430
Adult education:							
State activities:							
Proposed legislation: State grants		479,487				−479,487	
State programs	252,345		250,000	250,000	−2,345	+250,000	
Subtotal, State activities	252,345	479,487	250,000	250,000	−2,345	−229,487	
National programs:							
Proposed legislation: National programs		11,000				−11,000	
Evaluation and technical assistance	3,900				−3,900		

National Institute for Literacy	4,862	.....	4,869	4,869	+7	+4,869	.....
Subtotal, National programs	8,762	11,000	4,869	4,869	−3,893	−6,131	.....
State literacy resource centers	.....	.....	.....	.....	.....	.....	.....
Workplace literacy partnerships	12,736	.....	.....	11,717	−1,019	+11,717	+11,717
Literacy training for homeless adults	.....	.....	.....	.....	.....	.....	.....
Literacy programs for prisoners	5,100	.....	4,000	4,692	−408	+4,692	+692
Subtotal, adult education [39]	278,943	490,487	258,869	271,278	−7,665	−219,209	+12,409
Total, Vocational and adult education	1,382,561	1,668,575	1,162,788	1,273,627	−108,934	−394,948	+110,839
STUDENT FINANCIAL ASSISTANCE							
Federal Pell Grants: Regular program [40]	6,178,680	6,217,125	5,697,000	5,400,000	−778,680	−817,125	−297,000
Unobligated balances from 1995	.....	(372,025)	(280,000)	(715,000)	(+715,000)	(+342,975)	(+435,000)
Total, Pell Grants	6,178,680	6,589,150	5,977,000	6,115,000	−63,680	−474,150	+138,000
Memo (non-add): Maximum grant	(2,340)	(2,500)	(2,440)	(2,440)	(+100)	(−60)	.....
Memo (non-add): Outlay effect for fiscal year 1996	.....	(1,302,517)	(1,256,000)	(1,256,000)	(+1,256,000)	(−46,517)	.....
Benefits for participants in Operation Desert Storm (non-add) [41]	(3,165)	.....	.....	.....	(−3,165)	.....	.....
Subtotal, Pell Grants—Current law	6,178,680	6,217,125	5,697,000	5,400,000	−778,680	−817,125	−297,000
Proposed legislation: Pell Grants (non-add):							
Base grants, degree candidates	(4,351,578)	(4,087,759)	.....	.....	(−4,351,578)	(−4,087,759)	.....
Increment for increase in max from $2,500 to $2,620	.....	(384,378)	.....	.....	.....	(−384,378)	.....
Skill grants, non-degree candidates [42]	(1,827,102)	(2,129,366)	.....	.....	(−1,827,102)	(−2,129,366)	.....
Unobligated balances from 1995 [43]	.....	.....	.....	.....	.....	.....	.....
Subtotal, Proposed legis (non-add)	(6,178,680)	(6,601,503)	.....	.....	(−6,178,680)	(−6,601,503)	.....
Federal supplemental educational opportunity grants	583,407	583,407	583,407	583,407	.....	.....	.....
Federal work-study	616,508	616,508	616,508	616,508	.....	.....	.....
Federal Perkins loans:							
Capital contributions	158,000	158,000	.....	100,000	−58,000	−58,000	+100,000
Loan cancellations	18,000	20,000	20,000	20,000	+2,000	.....	.....
Subtotal, Federal Perkins loans	176,000	178,000	20,000	120,000	−56,000	−58,000	+100,000
State student incentive grants	63,375	31,375	.....	31,375	−32,000	.....	+31,375
State postsecondary review program	.....	25,000	.....	.....	.....	−25,000	.....
Total, Student financial assistance	7,617,970	7,651,415	6,916,915	6,751,290	−866,680	−900,125	−165,625
FEDERAL FAMILY EDUCATION LOANS PROGRAM [44]							
(EXISTING GUARANTEED STUDENT LOANS PROGRAM)							
Federal education loans: Federal administration	62,096	30,066	30,066	30,066	−32,030	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Total Outstanding Loan Volume (Current Law) (non-add)	(85,274,999)	(89,413,915)	(85,274,999)	(85,274,999)	.....	(−4,138,916)	.....
Total Outstanding Loan Volume (Adm Proposal) (non-add)	(85,274,999)	(85,928,408)	(85,274,999)	(85,274,999)	.....	(−653,409)	.....
FEDERAL DIRECT STUDENT LOAN PROGRAM [44]							
Mandatory administrative costs (indefinite)	(283,565)	(550,000)	)	(378,000)	(+94,435)	(−172,000)	(+58,000)
Permanent authority (direct loan administration)	−61,000	.....	.....	.....	+61,000	.....	.....
Total Outstanding Loan Volume (Current Law) (non-add)	(5,385,699)	(17,710,285)	(17,710,285)	(17,710,285)	(+12,324,586)	.....	.....
Total Outstanding Loan Volume (Adm Proposal) (non-add)	(5,385,699)	(21,195,791)	.....	.....	(−5,385,699)	(−21,195,791)	.....
HIGHER EDUCATION							
Aid for institutional development:							
Strengthening institutions	80,000	40,000	32,590	55,450	−24,550	+15,450	+22,860
Hispanic serving institutions [45]	12,000	12,000	10,800	10,800	−1,200	−1,200	.....
Strengthening historically black colleges and univ	108,990	108,990	108,990	108,990	.....	.....	.....
Strengthening historically black grad institutions	19,606	19,606	19,606	19,606	.....	.....	.....
Endowment challenge grants:							
Endowment grants	6,045	.....	.....	.....	−6,045	.....	.....
HBCU set-aside	2,015	2,015	.....	.....	−2,015	−2,015	.....
Evaluation	1,000	.....	.....	.....	−1,000	.....	.....
Subtotal, Institutional development	229,656	182,611	171,986	194,846	−34,810	+12,235	+22,860
Program development:							
Fund for the Improvement of Postsecondary Ed	17,543	17,543	15,000	15,000	−2,543	−2,543	.....
Native Hawaiian and Alaska Native Culture Arts Development	500	.....	.....	.....	−500	.....	.....
Eisenhower leadership program	1,080	.....	.....	.....	−1,080	.....	.....
Minority teacher recruitment	2,458	3,000	2,212	2,212	−246	−788	.....
Minority science improvement	5,839	5,839	5,255	5,255	−584	−584	.....
Community service projects	1,423	.....	.....	.....	−1,423	.....	.....
International educ and foreign language studies:							
Domestic programs	52,283	52,283	52,283	48,680	−3,603	−3,603	−3,603
Overseas programs	5,790	5,790	4,000	5,500	−290	−290	+1,500

Institute for International Public Policy	1,000	1,000		920	−80	−80	+920
Subtotal, International education	59,073	59,073	56,283	55,100	−3,973	−3,973	−1,183
Cooperative education	6,927				−6,927		
Law school clinical experience	13,222			5,500	−7,722	+5,500	+5,500
Urban community service	10,000			9,200	−800	+9,200	+9,200
Student financial aid database and information line							
Subtotal, Program development	118,065	85,455	78,750	92,267	−25,798	+6,812	+13,517
Construction: Interest subsidy grants, prior year construction	17,512	16,712	16,712	16,712	−800		
Special grants:							
Bethune Cookman College Fine Arts Center	4,000			3,680	−320	+3,680	+3,680
Federal TRIO programs	463,000	463,000	463,000	463,000			
Early intervention scholarships and partnerships	3,108			3,108		+3,108	+3,108
Scholarships:							
Byrd honors scholarships	29,117	38,117		29,117		−9,000	+29,117
National science scholars	3,303			1,750	−1,553	+1,750	+1,750
National academy of science, space and technology							
Douglas teacher scholarships	299				−299		
Olympic scholarships							
Teacher corps							
Subtotal, Scholarships	32,719	38,117		30,867	−1,852	−7,250	+30,867
Graduate fellowships:							
Harris fellowships	10,144			9,332	−812	+9,332	+9,332
Javits fellowships	6,845			6,297	−548	+6,297	+6,297
Graduate assistance in areas of national need	27,252	27,252	27,252	27,252			
Faculty development fellowships	212	3,732			−212	−3,732	
Subtotal, Graduate fellowships	44,453	30,984	27,252	42,881	−1,572	+11,897	+15,629
School, college and university partnerships	3,893	3,893			−3,893	−3,893	
Legal training for the disadvantaged (CLEO)	2,964			2,964		+2,964	+2,964
Total, Higher education	919,370	820,772	757,700	850,325	−69,045	+29,553	+92,625
HOWARD UNIVERSITY							
Academic program	156,530	158,330	140,877	149,487	−7,043	−8,843	+8,610
Endowment program:							
Regular program	3,530	3,530		3,372	−158	−158	+3,372
Clinical law center (includes construction)	5,500				−5,500		
Research	4,614	4,614			−4,614	−4,614	
Howard University Hospital	29,489	29,489	29,489	29,489			

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Construction	5,000				−5,000		
Total, Howard University	204,663	195,963	170,366	182,348	−22,315	−13,615	+11,982
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROG: [46].							
Federal administration	757	1,027	700	700	−57	−327	
Loan subsidies							
HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM							
Federal insurance limitation (non-add)							
Letter of credit limitation (non-add)							
Federal administration	346	166	166	166	−180		
Total	346	166	166	166	−180		
EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT							
Research and statistics:							
Research	86,200	97,600	101,578	90,000	+3,800	−7,600	−11,578
Statistics	48,153	57,000	48,153	44,301	−3,852	−12,699	−3,852
Assessment:							
National assessment	29,757	34,500	29,757	29,757		−4,743	
National assessment governing board	2,995	3,500	3,000	2,760	−235	−740	−240
Subtotal, Assessment	32,752	38,000	32,757	32,517	−235	−5,483	−240
Subtotal, Research and statistics	167,105	192,600	182,488	166,818	−287	−25,782	−15,670
Fund for the Improvement of Education [46]	39,750	39,750	36,750	44,497	+4,747	+4,747	+7,747
21st century community learning centers	750			750		+750	+750
Civic Education	4,463	4,463	3,000	4,106	−357	−357	+1,106
Eisenhower professional development national activities	21,356	35,000		18,000	−3,356	−17,000	+18,000
Eisenhower regional mathematics and science education consortia [47]	15,000	15,000		15,000			+15,000
Javits gifted and talented education	4,921	9,521	3,000	3,000	−1,921	−6,521	
National writing project	3,212			2,955	−257	+2,955	+2,955

National Diffusion Network	11,780	14,480	.....	10,000	−1,780	−4,480	+10,000
Education technology:							
Technology for education:							
K–12 technology learning challenge	27,000	50,000	25,000	15,000	−12,000	−35,000	−10,000
Adult technology learning challenge	.....	20,000	.....	.....	.....	−20,000	.....
National activities	13,000	13,000	.....	10,000	−3,000	−3,000	+10,000
Undistributed reduction	−17,500	.....	.....	.....	+17,500	.....	.....
Subtotal, Technology for education	22,500	83,000	25,000	25,000	+2,500	−58,000	.....
Star schools	25,000	30,000	.....	25,000	.....	−5,000	+25,000
Ready to learn television	7,000	7,000	.....	6,440	−560	−560	+6,440
Telecommunications demo project for mathematics	1,125	2,250	.....	1,035	−90	−1,215	+1,035
Subtotal, Education technology	55,625	122,250	25,000	57,475	+1,850	−64,775	+32,475
Total, ERSI	323,962	433,064	250,238	322,601	−1,361	−110,463	+72,363
LIBRARIES[48]							
Public libraries:							
Services	83,227	89,135	83,227	83,227	.....	−5,908	.....
Construction	17,792	17,792	.....	16,369	−1,423	−1,423	+16,369
Interlibrary cooperation	23,700	.....	18,000	18,000	−5,700	+18,000	.....
Library literacy programs	8,026	.....	.....	7,384	−642	+7,384	+7,384
Library education and training	4,916	.....	.....	4,523	−393	+4,523	+4,523
Research and demonstrations	6,500	.....	.....	2,000	−4,500	+2,000	+2,000
Total, Libraries	144,161	106,927	101,227	131,503	−12,658	+24,576	+30,276
DEPARTMENTAL MANAGEMENT							
PROGRAM ADMINISTRATION	355,476	370,844	327,319	327,319	−28,157	−43,525	.....
Proposed leg: GI Bill savings (non-add)	.....	(−1,729)	.....	.....	.....	(+1,729)	.....
HEADQUARTERS RENOVATION[48]	.....	20,000	.....	7,000	+7,000	−13,000	+7,000
OFFICE FOR CIVIL RIGHTS	58,236	62,784	53,951	55,451	−2,785	−7,333	+1,500
OFFICE OF THE INSPECTOR GENERAL	30,390	34,066	28,154	28,654	−1,736	−5,412	+500
Total, Departmental management	444,102	487,694	409,424	418,424	−25,678	−69,270	+9,000
Total, Department of Education	26,800,310	28,220,106	23,213,105	24,747,105	−2,053,205	−3,473,001	+1,534,000
TITLE IV—RELATED AGENCIES							
ARMED FORCES RETIREMENT HOME							
Operation and maintenance (trust fund limitation):							
Soldiers' and Airmen's Home	45,366	45,090	45,090	.....	−45,366	−45,090	−45,090

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
United States Naval Home	11,045	11,979	11,045	.....	−11,045	−11,979	−11,045
Consolidated account	.....	.....	.....	51,898	+51,898	+51,898	+51,898
Subtotal, O&M	56,411	57,069	56,135	51,898	−4,513	−5,171	−4,237
Capital program (trust fund limitation):							
Soldiers' and Airmen's Home	2,500	1,483	1,483	.....	−2,500	−1,483	−1,483
United States Naval Home	406	568	568	.....	−406	−568	−568
Consolidated account	.....	.....	.....	1,857	+1,857	+1,857	+1,857
Subtotal, capital	2,906	2,051	2,051	1,857	−1,049	−194	−194
Total, AFRH	59,317	59,120	58,186	53,755	−5,562	−5,365	−4,431
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE							
Domestic Volunteer Service Programs (formerly Action):							
Volunteers in Service to America:							
VISTA operations	42,676	53,800	25,603	39,262	−3,414	−14,538	+13,659
VISTA Literacy Corps	5,024	6,200	.....	4,622	−402	−1,578	+4,622
Subtotal, VISTA	47,700	60,000	25,603	43,884	−3,816	−16,116	+18,281
National Senior Volunteer Corps:							
Foster Grandparents Program	67,812	78,810	62,237	62,237	−5,575	−16,573	.....
Senior Companion Program	31,244	43,090	31,155	31,155	−89	−11,935	.....
Retired Senior Volunteer Program	35,708	44,500	34,949	34,949	−759	−9,551	.....
Senior Demonstration Programs	1,000	2,000	.....	.....	−1,000	−2,000	.....
Subtotal, Senior Volunteers	135,764	168,400	128,341	128,341	−7,423	−40,059	.....
Program Administration	31,160	34,500	28,823	28,667	−2,493	−5,833	−156
Total, Domestic Volunteer Service Programs	214,624	262,900	182,767	200,892	−13,732	−62,008	+18,125
Corporation for Public Broadcasting: Fiscal year 1998 (current request) [49]	315,000	296,400	240,000	260,000	−55,000	−36,400	+20,000
1997 advance (non-add)	(260,000)	(315,000)	(260,000)	(260,000)	.....	(−55,000)	.....

1996 advance (non-add)	(275,000)	(312,000)	(275,000)	(275,000)	.....	(−37,000)	.....
Rescissions:							
1995 funding	−7,000	.....	.....	.....	+7,000	.....	.....
1996 advance funding (non-add) [50]	(−37,000)	.....	.....	.....	(+37,000)	.....	.....
1997 advance funding (non-add) [50]	(−55,000)	.....	.....	.....	(+55,000)	.....	.....
Federal Mediation and Conciliation Service [51]	31,344	33,290	31,896	31,896	+552	−1,394	.....
Federal Mine Safety and Health Review Commission	6,200	6,467	6,467	6,200	.....	−267	−267
National Commission on Libraries and Information Science	901	962	450	829	−72	−133	+379
National Council on Disability	1,793	1,830	1,397	1,793	.....	−37	+396
National Education Goals Panel [52]	.....	2,785	.....	1,000	+1,000	−1,785	+1,000
National Education Standards and Improvement Council [52]	.....	3,000	.....	.....	.....	−3,000	.....
National Labor Relations Board	176,047	181,134	123,233	176,047	.....	−5,087	+52,814
National Mediation Board	8,519	8,933	8,000	7,837	−682	−1,096	−163
Occupational Safety and Health Review Commission	7,595	8,127	8,200	7,595	.....	−532	−605
Physician Payment Review Commission (trust funds)	(4,176)	(4,100)	(2,923)	(3,842)	(−334)	(−258)	(+919)
Prospective Payment Assessment Commission (trust funds)	(4,667)	(4,656)	(3,267)	(4,294)	(−373)	(−362)	(+1,027)
SOCIAL SECURITY ADMINISTRATION							
PAYMENTS TO SOCIAL SECURITY TRUST FUNDS	25,094	22,641	22,641	22,641	−2,453	.....	.....
ADDITIONAL ADMINISTRATIVE EXPENSES [53]	.....	10,000	10,000	10,000	+10,000	.....	.....
SPECIAL BENEFITS FOR DISABLED COAL MINERS							
Benefit payments	712,693	660,215	660,215	660,215	−52,478	.....	.....
Administration	5,181	5,181	5,181	5,181	.....	.....	.....
Subtotal, Black Lung, fiscal year 1996 program level	717,874	665,396	665,396	665,396	−52,478	.....	.....
Less funds advanced in prior year	−190,000	−180,000	−180,000	−180,000	+10,000	.....	.....
Total, Black Lung, current request, fiscal year 1996	527,874	485,396	485,396	485,396	−42,478	.....	.....
New advances, 1st quarter fiscal year 1996/1997	180,000	170,000	170,000	170,000	−10,000	.....	.....
SUPPLEMENTAL SECURITY INCOME							
Federal benefit payments	25,435,739	23,548,636	23,548,636	23,548,636	−1,887,103	.....	.....
Beneficiary services	143,400	176,400	176,400	176,400	+33,000	.....	.....
Research and demonstration	27,700	6,700	6,700	14,200	−13,500	+7,500	+7,500
Administration	2,042,781	1,727,098	1,727,098	1,719,098	−323,683	−8,000	−8,000
Investment proposals:							
Automation investment initiative	67,000	138,159	103,000	55,000	−12,000	−83,159	−48,000
Disability investment initiative	280,000	267,000	252,000	147,678	−132,322	−119,322	−104,322
Subtotal, SSI fiscal year 1996 program level	27,996,620	25,863,993	25,813,834	25,661,012	−2,335,608	−202,981	−152,822

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[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Less funds advanced in prior year	−6,770,000	−7,060,000	−7,060,000	−7,060,000	−290,000	.....	.....
Total, SSI, current request, fiscal year 1995/1996	21,226,620	18,803,993	18,753,834	18,601,012	−2,625,608	−202,981	−152,822
New advance, 1st quarter, fiscal year 1996/1997	7,060,000	9,260,000	9,260,000	9,260,000	+2,200,000	.....	.....
LIMITATION ON ADMINISTRATIVE EXPENSES							
OASDI trust funds	(2,366,698)	(2,689,071)	(2,684,071)	(2,687,986)	(+321,288)	(−1,085)	(+3,915)
HI/SMI trust funds	(735,575)	(902,233)	(864,099)	(864,099)	(+128,524)	(−38,134)	.....
SSI	(2,042,781)	(1,727,098)	(1,727,098)	(1,719,098)	(−323,683)	(−8,000)	(−8,000)
Subtotal, regular LAE	(5,145,054)	(5,318,402)	(5,275,268)	(5,271,183)	(+126,129)	(−47,219)	(−4,085)
DI disability initiative	(40,000)	(267,000)	(155,000)	(259,322)	(+219,322)	(−7,678)	(+104,322)
SSI disability initiative	(280,000)	(267,000)	(252,000)	(147,678)	(−132,322)	(−119,322)	(−104,322)
Subtotal, Disability initiative	(320,000)	(534,000)	(407,000)	(407,000)	(+87,000)	(−127,000)	.....
OASDI automation	(21,283)	(218,841)	(125,000)	(112,000)	(+90,717)	(−106,841)	(−13,000)
SSI automation	(67,000)	(138,159)	(103,000)	(55,000)	(−12,000)	(−83,159)	(−48,000)
Subtotal, automation initiative	(88,283)	(357,000)	(228,000)	(167,000)	(+78,717)	(−190,000)	(−61,000)
Total, LAE	(5,553,337)	(6,209,402)	(5,910,268)	(5,845,183)	(+291,846)	(−364,219)	(−65,085)
(Subtotal, Budget authority) (non-add)	(3,125,356)	(3,034,490)	(2,946,197)	(2,785,875)	(−339,481)	(−248,615)	(−160,322)
OFFICE OF INSPECTOR GENERAL							
Federal funds	2,408	6,964	4,816	4,816	+2,408	−2,148	.....
Trust funds	(3,851)	(9,704)	(10,099)	(10,099)	(+6,248)	(+395)	.....
Portion treated as budget authority	(4,187)	(10,549)	(10,977)	(10,977)	(+6,790)	(+428)	.....
Total, Office of the Inspector General:							
Federal funds	2,408	6,964	4,816	4,816	+2,408	−2,148	.....
Trust funds	(8,038)	(20,253)	(21,076)	(21,076)	(+13,038)	(+823)	.....

Total	(10,446)	(27,217)	(25,892)	(25,892)	(+15,446)	(−1,325)	.....
Total, Social Security Administration:							
Federal funds	29,021,996	28,758,994	28,706,687	28,553,865	−468,131	−205,129	−152,822
Current year fiscal year 1995/1996	(21,781,996)	(19,328,994)	(19,276,687)	(19,123,865)	(−2,658,131)	(−205,129)	(−152,822)
New advances, 1st quarter fiscal year 1996/1997	(7,240,000)	(9,430,000)	(9,430,000)	(9,430,000)	(+2,190,000)	.....	.....
Trust funds	(5,561,375)	(6,229,655)	(5,931,344)	(5,866,259)	(+304,884)	(−363,396)	(−65,085)
Railroad Retirement Board:							
Dual benefits payments account[54]	254,000	239,000	239,000	239,000	−15,000	.....	.....
Less income tax receipts on dual benefits	−19,000	−17,000	−17,000	−17,000	+2,000	.....	.....
Subtotal, dual benefits	235,000	222,000	222,000	222,000	−13,000	.....	.....
Federal payment to the Railroad Retirement Account	300	300	300	300	.....	.....	.....
Limitation on administration:							
(Consolidated account)	.....	(92,700)	(90,912)	(83,639)	(+83,639)	(−9,061)	(−7,273)
(Retirement)	(73,881)	.....	.....	.....	(−73,881)	.....	.....
(Unemployment)	(17,031)	.....	.....	.....	(−17,031)	.....	.....
Subtotal, administration	(90,912)	(92,700)	(90,912)	(83,639)	(−7,273)	(−9,061)	(−7,273)
(Special Management Improvement Fund)	(1,640)	(659)	(659)	(659)	(−981)	.....	.....
Total, limitation on administration	(92,552)	(93,359)	(91,571)	(84,298)	(−8,254)	(−9,061)	(−7,273)
(Inspector General)	(6,682)	(6,700)	(5,100)	(6,147)	(−535)	(−553)	(+1,047)
United States Institute of Peace	11,500	11,500	6,500	11,500	.....	.....	+5,000
Total, Title IV, Related Agencies:							
Federal Funds (all years)	30,083,136	29,857,742	29,596,083	29,535,509	−547,627	−322,233	−60,574
Current year, fiscal year 1995/1996	(22,528,136)	(20,131,342)	(19,926,083)	(19,845,509)	(−2,682,627)	(−285,833)	(−80,574)
Fiscal year 1996/1997	(7,240,000)	(9,430,000)	(9,430,000)	(9,430,000)	(+2,190,000)	.....	.....
Fiscal year 1997/1998	(315,000)	(296,400)	(240,000)	(260,000)	(−55,000)	(−36,400)	(+20,000)
Trust funds	(5,669,452)	(6,338,470)	(6,034,205)	(5,964,840)	(+295,388)	(−373,630)	(−69,365)
SUMMARY							
Title I—Department of Labor:							
Federal Funds	8,444,626	9,631,811	6,904,435	7,066,520	−1,378,106	−2,565,291	+162,085
Trust Funds	(3,502,534)	(3,629,200)	(3,389,980)	(3,380,650)	(−121,884)	(−248,550)	(−9,330)
Title II—Department of Health and Human Services:							
Federal Funds	179,550,499	200,408,467	196,344,442	197,652,536	+18,102,037	−2,755,931	+1,308,094
Current year	(146,783,578)	(168,133,913)	(165,389,092)	(165,697,186)	(+18,913,608)	(−2,436,727)	(+308,094)
1997 advance	(32,766,921)	(32,274,554)	(30,955,350)	(31,955,350)	(−811,571)	(−319,204)	(+1,000,000)
Trust Funds	(2,236,305)	(2,291,444)	(2,162,220)	(2,141,603)	(−94,702)	(−149,841)	(−20,617)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1995 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 1996—Continued

[In thousands of dollars]

Item	1995 appropriation [1]	Budget estimate	House allowance	Committee recommendation	Senate Committee recommendation compared with (+ or −)		
					1995 appropriation	Budget estimate	House allowance
Title III—Department of Education: Federal Funds	26,800,310	28,220,106	23,213,105	24,747,105	−2,053,205	−3,473,001	+1,534,000
Title IV—Related Agencies:							
Federal Funds	30,083,136	29,857,742	29,596,083	29,535,509	−547,627	−322,233	−60,574
Current year	(22,528,136)	(20,131,342)	(19,926,083)	(19,845,509)	(−2,682,627)	(−285,833)	(−80,574)
1997 advance	(7,240,000)	(9,430,000)	(9,430,000)	(9,430,000)	(+2,190,000)	.....	.....
1998 advance	(315,000)	(296,400)	(240,000)	(260,000)	(−55,000)	(−36,400)	(+20,000)
Trust Funds	(5,669,452)	(6,338,470)	(6,034,205)	(5,964,840)	(+295,388)	(−373,630)	(−69,365)
Total, all titles:							
Federal Funds	244,878,571	268,118,126	256,058,065	259,001,670	+14,123,099	−9,116,456	+2,943,605
Current year	(204,556,650)	(226,117,172)	(215,432,715)	(217,356,320)	(+12,799,670)	(−8,760,852)	(+1,923,605)
1997 advance	(40,006,921)	(41,704,554)	(40,385,350)	(41,385,350)	(+1,378,429)	(−319,204)	(+1,000,000)
1998 advance	(315,000)	(296,400)	(240,000)	260,000)	(−55,000)	(−36,400)	(+20,000)
Trust Funds	(11,408,291)	(12,259,114)	(11,586,405)	(11,487,093)	(+78,802)	(−772,021)	(−99,312)
BUDGET ENFORCEMENT ACT RECAP							
Federal Funds (all years)	244,878,571	268,118,126	256,058,065	259,001,670	+14,123,099	−9,116,456	+2,943,605
Mandatory, total in bill	184,182,821	202,641,064	202,633,887	202,658,416	+18,475,595	+17,352	+24,529
Less advances for subsequent years	−38,687,717	−40,385,350	−40,385,350	−40,385,350	−1,697,633	.....	.....
Plus advances provided in prior years	37,760,000	38,687,717	38,687,717	38,687,717	+927,717	.....	.....
Total, mandatory, current year	183,255,104	200,943,431	200,936,254	200,960,783	+17,705,679	+17,352	+24,529
Discretionary, total in bill	60,710,711	65,492,023	53,424,178	56,343,254	−4,367,457	−9,148,769	+2,919,076
Less advances for subsequent years	−1,634,204	−1,615,604	−240,000	−1,260,000	+374,204	+355,604	−1,020,000
Plus advances provided in prior years	1,770,805	1,631,204	1,631,204	1,631,204	−139,601	.....	.....
Scorekeeping adjustments:							
Trust funds considered budget authority	6,554,681	6,928,529	6,518,556	6,484,329	−70,352	−444,200	−34,227
Black lung benefit cola	12,900	.....	.....	.....	−12,900	.....	.....
Adjustment to balance with fiscal year 1995 bill	−42,666	.....	.....	.....	+42,666	.....	.....
Pell grants, rescission of fiscal year 1994 funds	−35,000	.....	.....	.....	+35,000	.....	.....

Youth training rescission (fiscal year 1994)	−50,000				+50,000		
NIH buildings and facilities resc (fiscal year 1994)	−60,000				+60,000		
Emergency funding	−35,000				+35,000		
Retirement fraud	−410				+410		
Effect of fiscal year 1995 supplemental		−356,204	−356,204	−356,204	−356,204		
Resc of admin and travel expenses (H.R. 1944)	−37,000				+37,000		
HEAL loan limitation			−6,983	−6,983	−6,983	−6,983	
Dept of Labor working capital fund			3,900	3,900	+3,900	+3,900	
Cap on bonuses				−30,500	−30,500	−30,500	−30,500
Total, discretionary, current year	67,154,817	72,079,948	60,974,651	62,809,000	−4,345,817	−9,270,948	+1,834,349
Crime trust fund	11,000	175,400	39,900	65,000	+54,000	−110,400	+25,100
General purposes	67,143,817	71,904,548	60,934,751	62,744,000	−4,399,817	−9,160,548	+1,809,249
Grand total, current year	250,409,921	273,023,379	261,910,905	263,769,783	+13,359,862	−9,253,596	+1,858,878

[1] Fiscal year 1995 comparable reflects rescissions enacted in Public Law 104–6 and Public Law 104–19.
[2] Forward funded except where noted.
[3] Funds available on July 1, 1995.
[4] Current funded.
[5] Senate recommendation excludes $77,000,000 included in Training and Employment Services account for States.
[6] Administration request integrates this activity into the State Operations line.
[7] Fiscal year 1995 comparable reflects transfer of $777,000 from Program Administration Trust Funds.
[8] OMB scores the 1996 request as $67,800,000.
[9] 1995 comparable includes $318,485,000 based on economic assumptions authorized by "such sums" language.
[10] Fiscal year 1995 comparable reflects transfer of $777,000 to SUIESO National Programs.
[11] Includes Federal and Trust funds.
[12] All HHS accounts are current funded unless otherwise noted.
[13] Request includes NHSC in workforce development cluster and reflects proposal to transfer $750,000 to OASH Health Service Management for activities previously performed by the Health Service Corps.
[14] Includes funding for the Grants to Communities for Scholarships not previously included in the Health Professions subtotal.
[15] Administration proposal includes National Health Service Corps.
[16] This function is transferred from the National Heart, Lung and Blood Institute and is presented consistent with the budget justification. The Appendix to the President's budget presents this function as a component of the NHLBI budget.
[17] Reflects 1995 transfer of $750,000 to OASH for Health Policy, Planning and Evaluation.
[18] Reflects a transfer of $15.36 million to HRSA for administration of the Bone Marrow program. The Administration request is presented as it appears in the budget justification. The Appendix to the President's budget presents the Bone Marrow program as a function of the NHLBI.
[19] Request reflects budget amendment transfer of $9 million to Public Health Service Emergency Fund.
[20] Budget proposal adds Treatment Capacity Expansion as a component of the Substance Abuse Block Grant.
[21] Bill language transfers $200,000,000 from the Safe and Drug Free Schools Act program of the Department of Education for youth substance abuse prevention programs in schools and communities.
[22] Funding for Adolescent Family Life, Physical Fitness and Sports, Minority Health, Office of Research Integrity, Office of Women's Health, and Health Services Management has been transferred to the Office of the Secretary.
[23] Includes $103,000 transferred from Office of the Secretary for telecommunications activities.
[24] Request includes $2,744,000 transferred from Health Care Reform Data Analysis and $1,112,000 transferred from Health Service Management.
[25] Request reflects transfer of $1,112,000 to Health Policy, Planning, and Evaluation. Request and 1995 comparable reflect transfer of $750,000 from HRSA program management.
[26] Discretionary BA, proposed for later transmittal.
[27] For fiscal year 1994—Available only upon submission of a formal request designating the need for funds as an emergency as defined by the BEA. $300,000,000 was released in Feb. 1994. The 1996 request makes the remaining $300,000,000 available until expended.
[28] Reflects reprogramming of $6,000,000 in fiscal year 1995 from Transitional and Medical Services to Targeted Assistance.
[29] Bill contains language prohibiting expenditure of these funds for the EBT task force.
[30] Senate recommendation reflects Administration mid-session review of entitlement spending.
[31] Adjusted to reflect the transition of the Social Security Administration to independent status.

[32] Request reflects budget amendment transfer of $9 million from National Center for Research Resources.
[33] All Title I ESEA programs are forward funded except Evaluation and Migrant Education. In addition the bill language makes an additional $3,500,000 in basic grants available on October 1, 1995.
[34] Forward funded.
[35] Original budget request indicated no 1996 funding.
[36] Budget amendment of 6–2–95 changes the original request for no funding in 1996 to $9,000,000.
[37] Includes amounts previously reflected as ''Chapter 1 Handicapped Offset''.
[38] All vocational programs are forward funded except Tribally controlled postsecondary vocational institutions.
[39] All Adult education programs are forward funded.
[40] Public Law 104–6 contained a rescission of $35,000,000 from funding appropriated in the fiscal year 1994 Appropriations Bill. The President's budget amendment of 6–2–95 changes the original request for $6,225,125,000 to $6,217,125,000.
[41] Appropriated by transfer from the DOD pursuant to the Dire Emergency Sup Appropriations Act of 1991.
[42] Requested by the Dept. of Labor in 1996.
[43] Unobligated balances of $372,025,000 from 1995 funds.
[44] Does not included $1,038,453,000 in fiscal year 1996 for new direct student loan program provided under permanent authority or $2,817,276,000 in 1995 for Federal Family Education Loans provided under permanent authority for both program and liquidating accounts.
[45] Fiscal year 1995 and fiscal year 1996 request amounts shown for comparability. Actually included under strengthening institutions.
[46] Includes amounts for International education exchange.
[47] Previously reflected in Eisenhower professional development national activities.
[48] Request 3-year availability of funds.
[49] Fiscal year 1995 approp. adv. in fiscal year 1993 is $292,640,000; fiscal year 1996 approp. adv. in fiscal year 1994 is $312,000,000; and fiscal year 1997 approp. adv. in fiscal year 1995 is $315,000,000.
[50] Rescission for advance funding counted in the fiscal year that the funds are available.
[51] See appendix: Language item.
[52] Currently funded with 1994 Education Reform funding.
[53] Request no-year availability for these funds related to sections 9704 and 9706 of the Internal Revenue Code of 1986.
[54] The President's budget amendment of 6–2–95 changes the original request for this account from $240,000,000 to $239,000,000.

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