Calendar No. 547

106TH CONGRESS
2d Session

SENATE

REPORT
106–293

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATION BILL, 2001

R E P O R T

TO ACCOMPANY

S. 2553

MAY 12, 2000.—Ordered to be printed

Filed under authority of the order of the Senate of January 6, 1999

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

REPORT

[To accompany S. 2553]

The Committee on Appropriations reports the bill (S. 2553) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2001, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amount of budget authority

Total bill as reported to Senate	$352,185,874,000
Amount of adjusted appropriations, 2000	329,763,462,000
Budget estimates, 2001	356,183,602,000
The bill as reported to the Senate:	
Over the adjusted appropriations for 2000	+22,422,412,000
Under the budget estimates for 2001	−3,997,728,000

64–331 cc

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2001, the Committee recommends total budget authority of $352,185,874,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, which includes subsequent year advances, $97,820,000,000 is current year discretionary funding.

ALLOCATION CEILING

Consistent with Congressional Budget Office scorekeeping, the recommendations result in full use of the $97,350,000,000 in discretionary budget authority pursuant to section 302(b) of the Congressional Budget Act of 1974, as amended. In addition, the recommendations include $450,000,000 in budget authority for the Social Security Administration to conduct continuing disability reviews provided consistent with Public Law 104–124 and Public Law 104–193 and $20,000,000 for adoption incentive programs conducted by the Administration on Children and Families, provided consistent with Public Law 95–266.

OVERVIEW AND BILL HIGHLIGHTS

The Labor, HHS and Education and Related Agencies bill constitutes the largest of the 13 federal appropriations bills being considered by Congress this year. It is the product of extensive deliberations, driven by the realization that no task before Congress is more important than safeguarding and improving the health and well-being of all Americans. This bill is made up of over 300 programs, spanning three federal Departments and numerous related agencies. But the bill is more than its component parts. Virtually every element of this bill reflects the traditional ideal of democracy: That every citizen deserves protection from illness and want; the right to a basic education and job skills training; and an equal opportunity to reach one's highest potential.

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

HIGHLIGHTS OF THE BILL

Drug demand reduction initiative.—A total of $3,715,000,000 is recommended for currently authorized programs throughout the bill that promote activities aimed at reducing the demand for drugs.

Youth violence prevention initiative.—Building on last year's efforts, the Committee bill includes $1,173,700,000 for currently authorized programs within the Departments of Labor, HHS and Education. The initiative will focus resources on activities that identify, prevent and help cope with violence among youth.

Women's health initiative.—The Committee is recommending $4,175,200,000 for programs specifically addressing women's health and well-being.

Youth employment and training.—The Committee bill provides $1,280,965,000 for programs to provide training and work experience to youths. This amount includes $1,000,965,000 for youth activities, $30,000,000 for a new youthful offender program, and $250,000,000 for youth opportunity grants.

Job Corps.—The Committee recommendation includes $1,363,783,000 for the Job Corps, an increase of $6,007,000 over the 2000 level.

Worker protection.—The Committee bill includes $1,343,274,000 to ensure the health and safety of workers, including $425,983,000 for the Occupational Safety and Health Administration and $244,747,000 for the Mine Safety and Health Administration. The recommendation is an increase of $90,176,000 over the 2000 level.

National Institutes of Health.—A total of $20,512,735,000 is recommended to fund biomedical research at the 25 Institutes and centers that comprise the NIH. This represents an increase of $2,700,000,000 over the fiscal year 2000 level.

AIDS.—The Committee bill includes $2,472,036,000 for AIDS research, prevention, and services. This includes $1,650,000,000 for Ryan White programs, an increase of $55,450,000, $762,036,000 for AIDS prevention programs at the Centers for Disease Control and Prevention, and $60,000,000 for global and minority AIDS activities within the Public Health and Social Services Fund. The Committee recommendation includes $85,000,000 for benefit payments authorized by the Ricky Ray Hemophilia Trust Fund Act.

Bioterrorism initiative.—The Committee bill includes $249,333,000 to fund efforts to address bioterrorism threats.

Medical Error Reduction.—The Committee recommendation includes $50,000,000 for activities of the Agency for Healthcare Research and Quality to reduce medical errors, an increase of $30,000,000 over the administration's request.

Health Centers.—The recommendation includes $1,118,700,000 for health centers, an increase of $50,000,000 over the budget request, and $100,000,000 over the fiscal 2000 enacted level.

Infectious diseases.—The Committee bill provides $186,000,000 within the Centers for Disease Control and Prevention to combat the growing threat of infectious disease. The amount recommended is an increase of $10,390,000 over the fiscal year 2000 amount.

Family planning.—The Committee bill recommends $253,932,000 for the family planning program, an increase of $15,000,000 over last year's appropriation. These funds support primary health care services at over 4,000 clinics nationwide.

Child care and development block grant.—The Committee recommendation provides an additional $817,328,000 for child care services, for a total fiscal year 2001 funding level of $2,000,000,000.

Community services block grant.—The Committee bill includes $550,000,000, an increase of $22,300,000 over the 2000 enacted level.

Head Start.—The Committee recommendation includes $4,867,000,000 for the Head Start Program. This represents an increase of $1,000,000,000 over the 2000 enacted level.

Low-income home energy assistance.—The Committee recommends $1,100,000,000 for heating and cooling assistance for low-income individuals and families as an advance appropriation for fiscal year 2001. Also included is bill language permitting up to $300,000,000 in funding to provide additional energy assistance during weather emergencies.

Crime reduction.—The bill recommends $184,299,000 for violent crime reduction activities, including $116,918,000 for battered women's shelters.

Grants for disadvantaged children.—The Committee bill provides $7,113,403,000 for grants to disadvantaged children, $330,403,000 more than the 2000 level.

Student financial aid.—The Committee recommends $10,624,000,000 for student financial assistance, including $1,011,000,000 for the Federal Work Study Program. The amount provided for the Pell Grant Program will allow the maximum grant to be raised to $3,650, an increase of $350 over the 2000 amount.

Higher education initiatives.—The Committee bill provides $1,694,520,000 for initiatives to provide greater opportunities for higher education, including $225,000,000 for GEAR UP, $30,000,000 for Learning Anytime Anywhere partnership grants, $736,500,000 for Federal TRIO programs, and $98,000,000 to improve teacher quality training.

Education for individuals with disabilities.—The Committee bill provides $7,352,341,000 to ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of $1,316,145,000 over the 2000 level.

Rehabilitation services.—The bill recommends $2,799,519,000 for rehabilitation services, an increase of $92,530,000 above the amount provided in 2000. These funds are essential for families with disabilities seeking employment.

Services for older Americans.—For programs serving older Americans, the Committee recommendation totals $2,281,086,000 including $187,330,000 for senior volunteer programs, $440,200,000 for community service employment for older Americans, $325,082,000 for supportive services and centers, and $521,412,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends $792,062,000. The Committee recommendation includes $15,000,000 for the Medicare insurance counseling program.

Public broadcasting.—The Committee bill provides $365,000,000 to support public radio and television, an increase of $15,000,000 over the previous year's appropriation.

Social Security Administration.—The Committee bill recommends $7,010,800,000, an increase of $438,764,000 over the 2000 level.

REDUCING MEDICAL ERRORS

The Committee recently held hearings to explore the findings of the Institute of Medicine's (IOM) report "To Err is Human: Building a Safer Health System," which describes how each year, millions of Americans are at risk of serious injury or death when they seek medical attention. IOM found that deaths due to medical errors are considered to be the 5th leading cause of death in this country. Aside from the enormous personal cost, medical errors are estimated to cost the nation between $17,000,000,000 and $29,000,000,000 annually in additional health care costs, lost income, lost household production, and disability expenses.

The Committee believes that the IOM findings are startling and beg for national attention to determine ways to reduce the number of medical errors, as these preventable mistakes erode the trust Americans have in the nation's health care system. This problem is complex and must be addressed with comprehensive solutions and rigorous changes that will prevent medical errors from happening in the future.

The Committee is taking some critical first steps to reduce the incidence of deaths and injuries related to medical errors. The Committee has provided $50,000,000 to explore opportunities for a better understanding of the systemic problems in health care, in the hope that we can dramatically reduce the incidence of medical errors. The research initiatives include a focus on developing guidance to assist in States' development of data collection systems so that national trends can be determined and analyzed. Also, the Committee encourages health care providers to explore the use of technologies and other methods in reducing medical errors. Research and education efforts will undoubtedly help healthcare providers, and patients themselves, improve safety. The Committee believes that there should be zero tolerance for preventable medical mistakes and that we should work together to prevent further unnecessary deaths and injuries.

WOMEN'S HEALTH INITIATIVE

As we enter the 21st century, the Committee is pleased to note the tremendous progress achieved by women over the past 100 years. But there is yet more progress to be made.

In the past century, women have seen a 30 year gain in life expectancy, from 48.3 years in 1900 to 79.4 years in 1997. Women currently represent 51 percent of the total United States population, 59 percent of the over-65 population and 71 percent of Americans older than 85. Within the next 30 years, we can expect that 1 in 4 women in the U.S. will be 65 or older.

As women live longer, our nation has made tremendous advances to delay or avoid the onset of the chronic conditions once thought to be the inevitable consequence of aging. Yet too many of these conditions continue to reduce the quality of life for millions of women. These conditions include osteoporosis, arthritis, cancer, heart failure, hypertension, urinary incontinence and diabetes. Among women aged 65–85, at least 27 percent suffer from two chronic diseases, and 24 percent suffer from three or more. These debilitating conditions often result in activity limitations, loss of

work and productivity, economic consequences as a result of needing supportive services for daily tasks, and increased risks to personal safety.

In past years, the Committee has placed a high priority on women's health, emphasizing the prevention, detection, treatment and cure of diseases and conditions prevalent in female populations. The Committee has has included $4,175,200,000 to better understand and treat conditions such as cardiovascular disease, stroke, cancers of the breast, cervix, ovary and uterus, osteoporosis, lupus and other autoimmune diseases, sexually transmitted diseases, chronic fatigue syndrome, depression, incontinence, irritable bowel syndrome, temporomandibular joint (TMJ) disorders, vulvadynia, and conditions related to reproduction and contraception and other issues specifically affecting women.

Other areas addressed by this Committee relate to environmental, social, cultural, racial, ethnic and lifestyle issues important to women and their families. These include initiatives that combat violence against women, reduce health disparities, eliminate tobacco addiction and substance abuse, provide for child care needs and early childhood education, and address conditions related to diet, exercise and nutrition.

In the 1980's, public health leaders and this Committee drew attention to inequities in the health research agenda and the fact that women and minorities were being excluded from research studies. Many of the major research studies the National Institutes of Health funded included only men, making it uncertain whether the studies' results applied also to women. In 1990, the U.S. General Accounting Office (GAO) found that the NIH had been slow and ineffective in implementing a policy to include women in research study populations. At the urging of this Committee, and in response to passage of the NIH Revitalization Act of 1993, the NIH began to take more comprehensive measures to increase research on health problems affecting women.

The GAO has now published a report assessing the NIH's progress on conducting research on women's health in the past decade. The GAO's report found that NIH has made significant progress in implementing a strengthened policy on including women in clinical research. However, the Committee is deeply concerned to learn that NIH has made little progress in implementing the requirement that clinical trials be designed and carried out to permit valid analysis by sex, which could reveal whether interventions affect women and men differently. In addition, the report found that NIH's data tracking system for monitoring the inclusion policy is inaccurate and inconsistent.

The Committee is pleased to note that the budget for the Office of Research on Women's Health has more than doubled since 1993. While the Committee recognizes the central role played by ORWH in the implementation of NIH's 1994 guidelines, it is concerned that ORWH has not provided regular training and education of NIH staff and researchers on the inclusion policy and the data tracking system.

In light of the GAO report's disturbing findings, the Committee urges NIH to adopt GAO's recommendations to implement the requirement that phase III clinical trials be designed and carried out

to allow for the valid analysis of differences between women and men. To improve the accuracy of NIH's tracking data system on the inclusion of women and minorities, the Committee urges NIH to ensure their staff receive ongoing training on the requirements and purpose of the system.

Unfortunately, women often face a fragmentation of health care services to meet their reproductive and other health needs. Women are also highly interested and informed about health care issues, but reliable health information needed to make informed choices has not been widely available.

A number of recent studies describe a health care system that treats women like second-class citizens. In many cases, health care providers treat women differently than men by giving women less thorough evaluations for similar complaints, minimizing their symptoms, providing fewer interventions for the same diagnoses, prescribing some types of medications more often, such as anti-anxiety drugs, or providing less explanation in response to questions.

The Committee wishes to address inequities in our national research agenda and our health care delivery system. Progress has been made to improve women's health status because of public pressure and Congressional attention, but more must be done. The Committee has therefore provided level or increased funding for existing programs for a women's health initiative.

1. *National Institutes of Health*.—The Committee has provided a $2,700,000,000 increase for the NIH, the largest increase in history. Funds are therefore available for implementation of the recommendations detailed in the GAO Report of May 2000 titled "Women's Health: NIH Has Increased Its Efforts to Include Women in Research" and to expand research into a range of women's health concerns, including cardiovascular disease, stroke, cancers of the breast, cervix, ovary and uterus, osteoporosis, lupus and other autoimmune diseases, sexually transmitted diseases, chronic fatigue syndrome, depression, incontinence, irritable bowel syndrome, temporomandibular joint (TMJ) disorders, vulvadynia, and conditions related to reproduction and contraception.

2. *Breast and cervical cancer*.—The Committee has provided $164,016,000, an increase of $8,000,000, for CDC's National Breast and Cervical Cancer Early Detection Program, which guides public health programs in formulating an aggressive response to these cancers. CDC further supports the delivery of screening services to underserved women, quality assurance, referral and follow-up services, surveillance and partnership development.

3. *Wisewoman*.—The Committee is pleased with the progress of CDC's Wisewoman Program. This demonstration program provides low-income women participating in the national breast and cervical cancer early detection program with additional preventive screenings and medical referrals. The Committee has provided sufficient funds for a continued expansion of the program to additional States.

4. *Osteoporosis*.—The Committee recommends the commitment of the Office on Women's Health to the National Bone Health Campaign aimed at adolescent girls. The Committee also recognizes that eating disorders and autoimmune diseases impact bone health

and encourages the Office of Women's Health to develop information and outreach activities on these conditions.

5. *Maternal and child health*.—The Committee recommends $704,130,000 for the maternal and child health (MCH) block grant. The MCH block grant funds are provided to States to support health care for mothers and children.

6. *Ryan White—pediatric AIDS*.—The Committee recommends $58,450,000 for title IV pediatric AIDS. 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.

7. *Family planning*.—The Committee recommends $253,932,000 for the title X family planning program. The title X grants support primary health services at more than 4,000 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level.

8. *Substance abuse prevention and treatment for pregnant and post-partum women*.—The Committee has provided funding to combat the tragic results of drug abuse among pregnant women. The Committee encourages continued funding for new and existing residential treatment facilities for pregnant and post-partum women and continues to be supportive of efforts to prevent and treat mothers with substance abuse problems.

9. *Child care*.—The Committee recommends an increase of $817,328,000 for the Child Care and Development Block Grant in fiscal year 2001. This brings the total funding level to $2,000,000,000.

10. *Violence Against Women*.—The Committee has provided $116,918,000 for Battered Women's Shelters, an increase of $15,800,000 over last year's appropriation. The Committee also recommends $2,157,000 for the Domestic Violence Hotline.

DRUG DEMAND REDUCTION INITIATIVE

Substance abuse is a critical and persistent problem facing this country's major cities and smallest communities. The effects of drug use are devastating: it destroys families, robs promising individuals of potential, and leads to crime in our neighborhoods. It is estimated that the social costs of illicit drug abuse add up to $110,000,000,000 each year. Nevertheless, the demand for drugs in this country continues.

After a dramatic decline in illicit drug use between 1985 and 1992, usage levels have remained more or less steady over the past 8 years. According to information provided by the Office of National Drug Control Policy (ONDCP), children most often begin to use drugs at the age of 12 or 13, moving from illicit use of legal substances, such as tobacco and alcohol, to the use of illegal drugs. Marijuana is usually the first illicit drug used. Recent studies indicate that by the time children turn 17, more than half of them have seen drugs sold on their school grounds, nearly two-thirds report they can buy marijuana within a day, and three-fourths know someone who has used LSD, cocaine, or heroin. In one survey cited by the ONDCP, over 50 percent of high school seniors had tried an illicit drug, and more than one in four was a current user.

The U.S. Government now spends about $18,000,000,000 a year on drug control. Two-thirds of that amount, or about $12,000,000,000, is directed to activities such as interdiction and to fighting street crime. While the Committee believes this effort is important and must continue, it still addresses only one side of the problem. Until we become more successful in decreasing the demand for drugs in our own country, our drug control policy will not succeed.

The Committee believes we must make an all-out effort to reduce the demand for drugs in this country. We must increase funding for drug education in the United States, teaching children and adults not only the dangers of drug use, but how to deal with life's challenges without turning to substances that numb the mind and reduce self-control. This calls for continuing innovation and a unswerving commitment to the future of our youth. We have to do everything in our power to ensure they are equipped to avoid the lure of drugs and the temporary solutions drugs seem to offer.

For those who have already begun the downward spiral and who believe that drug use is a solution to their problems, we must continue to present options for rehabilitation. We must finds ways to restore hope and equip them to become productive, healthy members of society. It is an economic and moral imperative. The costs to the individual and to our nation are too great to do otherwise. Therefore, the Committee has included $3,715,276,000 for a number of programs in this bill that can help reduce the demand for drugs in this country.

Responsible Reintegration for Young Offenders.—The Committee provided $30,000,000 for this program, an increase of $16,093,000 over fiscal year 2000. This program will link youthful offenders under age 35 with essential services to help them reintegrate into the mainstream economy. One of the major problems these youth face is substance abuse. Until these young offenders can overcome their dependency on illegal drugs, they will inevitably land back in the criminal justice system. This program will provide young offenders with the necessary drug counseling and other services they need to move on with their lives and gain productive employment.

Safe Schools/Healthy Students.—The Safe Schools/Healthy Students program is a collaboration between the Departments of Labor, Health and Human Services and Education. The purpose of the program is to promote healthy childhood development, prevent school violence, and reduce drug demand though a comprehensive, community-wide approach. This year, the Committee has initiated funding for the Department of Labor component of the program, which will allow the program to address out-of-school youth. The Committee has included $20,000,000 for the Department of Labor component of the program and $90,000,000 for the Department of Health and Human Service's component in fiscal year 2001.

National Institute on Drug Abuse.—The Committee has provided $790,038,000 for the National Institute on Drug Abuse (NIDA), an increase of $102,662,000 over the fiscal year 2000 level. Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. NIDA research identifies the most effective pharmacological and behavioral drug

abuse treatments. NIDA also identifies effective prevention strategies that replicated in other communities.

National Institute on Alcohol Abuse and Alcoholism.—The Committee has provided $336,848,000, an increase of $43,614,000 over last year's level. NIAAA provides leadership in the country's efforts to combat alcoholism and alcohol abuse and their associated morbidity and mortality.

Substance Abuse Treatment Demonstration Programs and Targeted Capacity Grants.—The Committee has included $249,566,000, an increase of $35,000,000 over fiscal year 2000, for substance abuse treatment demonstrations and grants to increase the capacity of State and local grantees to address emerging substance abuse treatment demands.

Substance Abuse Block Grant.—The Committee has provided $1,631,000,000 for the Substance Abuse Block Grant, an increase of $31,000,000 over fiscal year 2000. While substance abuse treatment has been shown effective in reducing drug use, there are waiting lists of individuals needing treatment. The block grant represents 40 percent of public funds expended for treatment and prevention.

Substance Abuse Prevention Demonstrations (SAMHSA).—The Committee has included $120,824,000 for fiscal year 2001, for substance abuse prevention activities at SAMHSA. Over the past few years, we have learned that some prevention approaches work, others don't. SAMHSA's activities are critical to the dissemination of effective prevention programs developed by SAMHSA and NIDA.

Safe and Drug-Free Schools.—The Committee has included $447,000,000 for Safe and Drug-Free Schools, an increase of $7,750,000 over the fiscal year 2000 level. Students cannot be expected to learn in an environment where they are threatened by drugs or violence. The Safe and Drug-Free Schools program is designed to maintain drug-free and safe environments for learning by supporting effective, research-based approaches to drug prevention.

YOUTH VIOLENCE PREVENTION INITIATIVE

An estimated 3 million crimes a year are committed in or near the nation's 85,000 public schools. During the 1996–97 school year alone, one-fifth of public high schools and middle schools reported at least one violent crime incident, such as murder, rape or robbery; more than half reported less serious crimes. Homicide is now the third leading cause of death for children age 10 to 14. For more than a decade it has been the leading cause of death among minority youth between the ages of 15 and 24. The trauma and anxiety that violence begets in our children most certainly interferes with their ability to learn and their teachers' ability to teach: an increasing number of school-aged children say they often fear for their own safety in and around their classroom.

The Gun-Free Schools Act of 1994 requires states to pass laws mandating school districts to expel any student who brings a firearm to school. A recent study indicates that the number of students carrying weapons to school dropped from 26.1 percent in 1991 to 18.3 percent in 1997. While this trend is encouraging, the prevalence of youth violence is still unacceptably high. Recent incidents clearly indicate that much more needs to be done. Some of the

funds provided in this initiative will help state and local authorities to purchase metal detectors and hire security officers to reduce or eliminate the number of weapons brought into educational settings.

Fault does not rest with one single factor. In another time, society might have turned to government for the answer. However, there is no easy solution, and total reliance on government would be a mistake. Youth violence has become a public health problem that requires a national effort. Certainly, our government at all levels—Federal, State and local—must play a role. But we must also enlist the energies and resources of private organizations, businesses, families and the children themselves.

The Committee is aware of the controversy regarding the media's role in influencing youth violence. The Committee recognizes that some members of the entertainment industry have challenged the methodology of studies conducted over the past 3 decades which have linked movies, television programs, song lyrics, and video games with violent behavior. The Committee believes that any studies that determine causative factors for youth violence should be based on sound methodology which yields statistically significant and replicable results. Despite disagreement over the media's role, the Committee is encouraged by historic efforts of various sectors of the entertainment industry to monitor and discipline themselves and to regulate content. The industry's self-imposed, voluntary ratings system is a step in the right direction.

Many familial, psychological, biological and environmental factors contribute to youths' propensity toward violence. The youth violence prevention initiative contained in this bill is built around these factors and seeks to be comprehensive and to eliminate the conditions which cultivate violence.

Based on those three meetings and staff follow up, the following action plan was developed.

The Committee has reallocated from existing programs $1,173,700,000 for a youth violence prevention initiative. These funds together with increases included for the National Institute of Mental Health, National Institute of Drug Abuse, and the National Institute of Alcohol Abuse and Alcoholism will provide resources to address school violence issues in a comprehensive way. This coordinated approach will improve research, prevention, education and treatment strategies to address youth violence.

White House Council on Youth Violence.—The Committee supports the efforts of the White House Council on Youth Violence in overseeing and coordinating Federal programs and interagency initiatives that reduce the incidence of youth violence and address the needs of youth who have engaged in violent behavior. The council works with all Federal agencies that deal with youth violence prevention, intervention and treatment and that foster positive youth development to ensure that: policies related to these youth are consistent; research and data collection efforts are not duplicated; and programs are coordinated. Additionally, the White House Council stimulates collaborative initiatives across Federal agencies and where possible ensures that resources are linked or joined together in the development of broad-based comprehensive prevention and intervention strategies. However, the Committee has been dis-

appointed in the slow progress in which funds have been awarded so that innovative projects can begin addressing this critical problem. Therefore, the Committee directs the Council to provide bimonthly reports explaining the progress of coordination efforts, the awarding of grants, and the status and results of demonstration projects that are aimed at preventing youth violence.

1. *Office of the United States Surgeon General*

The Committee has included $400,000 directly to the Office of the Surgeon General (OSG) for a Surgeon General's report on youth violence. This report, to be coordinated by the OSG should review the biological, psychosocial and environmental determinants of violence, including a comprehensive analysis of the effects of the media, the internet, and video games on violent behavior and the effectiveness of preventive interventions for violent behavior, homicide, and suicide. The OSG shall have lead responsibility for this report and its implementation activities.

B. *National Academic Centers of Excellence on Youth Violence Prevention*.—The Committee has included $10,000,000 to continue the 10 National Centers of Excellence at academic health centers that will serve as national models for the prevention of youth violence. These Centers should: (1) develop and implement a multidisciplinary research agenda on the risk and protective factors for youth violence, on the interaction of environmental and individual risk factors, and on preventive and therapeutic interventions; (2) develop and evaluate preventive interventions for youth violence, establishing strong linkages to the community, schools and with social service and health organizations; (3) develop a community response plan for youth violence, bringing together diverse perspectives including health and mental health professionals, educators, the media, parents, young people, police, legislators, public health specialists, and business leaders; and (4) develop a curriculum for the training of health care professionals on violent behavior identification, assessment and intervention with high risk youth, and integrate this curriculum into medical, nursing and other health professional training programs.

C. *National Youth Violence Prevention Resource Center*.—The Committee has included $2,500,000 to continue the National Resource Center on Youth Violence Prevention. This center has established a toll free number (in English and Spanish) and an internet website, in coordination with existing Federal web site resources, to provide accurate youth violence prevention and intervention information produced by the government and linked to private resources. Hundreds of resources are now available on this issue including statistics, brochures, monographs, descriptions of practices that work, and manuals about how to implement effective interventions. The Resource Center provides a single, user-friendly point of access to important, potentially life-saving information about youth violence, and an explanation about preventing youth violence and how to intervene. Additionally, technical assistance on how to establish programs in communities across the country by providing local resources would also be made available through the National Resource Center.

The Committee directs CDC to work with the White House Council on Youth Violence to design and implement the Center as a single point of access to Federal agency resources and information on youth violence prevention and intervention. The White House Council will provide oversight to ensure that the Center provides access to all Federal information.

D. *Health Care Professional Training*.—The Committee has included sufficient funds for the training of primary health care providers, pediatricians and obstetricians/gynecologists in detecting child and youth violence stemming from child abuse.

2. *National Institute of Mental Health*

A. *Zero to Five*.—Many risk factors are established early in a child's life (0 to 5 years), including child abuse and neglect. However, less dramatic problems that delay cognitive and social and emotional development may also lead to later serious conduct problems that are resistant to change. The Committee encourages NIMH to address both of these types of problems by supporting research to understand and prevent abuse and neglect, by encouraging research on how to best instruct parents and child care workers in appropriate interventions, and by supporting research that develops and evaluates interventions for early disruptive behavior in diverse preschool and community settings. In addition, the Institute should work to ensure that the goals of all interventions include effectiveness and sustainability.

B. *Five to twelve*.—Attention Deficit Hyperactivity Disorder (ADHD) and depression often emerge in the 5–12 year age range. Comprehensive research-based programs have been developed to provide such children with the mental health services and behavioral interactions they need. The Committee urges NIMH to continue its work toward the development and evaluation of programs aimed at prevention, early recognition, and intervention for depression and youth suicide in diverse school and community settings to determine their effectiveness and sustainability; to support the development and evaluation of behavioral interventions for home and classroom to manage ADHD; to identify through research the most cost-effective features of proven prevention programs for resource poor communities; and to support multi-site clinical trials to establish safe and effective treatment of acute and long-term depression and ADHD.

C. *12 to 18*.—Early adolescence is an important time to stop the progression of violent behavior and delinquency. Multisystemic therapy (MST), in which specially trained individuals work with the youth and family in their homes, schools and communities, have been found to reduce chronic violent or delinquent behavior. Research has shown sustained improvements for at least 4 years, and MST appears to be cost effective when compared to conventional community treatment programs in that it has proven to reduce hospitalization and incarceration.

D. *Behavioral and Psychosocial Therapies*.—Therapeutic Foster Care is an effective home based intervention for chronically offending delinquents. Key elements of the program include providing supervision, structure, consistency, discipline, and positive reinforcement. This intervention results in fewer runaways and program

failures than other placements and is less expensive. The Committee encourages NIMH to work in collaboration with CDC, SAMHSA, and the Department of Justice to implement effective model interventions for juvenile offenders with conduct disorders in diverse populations and settings. NIMH has initiated the nation's first large-scale multi-site clinical trial for treatment of adolescent depression, and the Committee supports additional research to improve recognition of adolescent depression.

E. *Public Health Research, Data Collection and Community-based Interventions*.—There are four cross-cutting areas in need of further research action across all agencies: community interventions, media, health provider training, and information dissemination. The Committee directs NIMH to ensure that research focuses on: examining the feasibility of public health programs combining individual, family and community level interventions to address violence and identify best practices; developing curricula for health care providers and educators to identify pediatric depression and other risk factors for violent behavior; studying the impact of the media, computer games, internet, etc., on violent behavior; disseminating information to families, schools, and communities to recognize childhood depression, suicide risk, substance abuse, and ADHD and decreasing the stigma associated with seeking mental health care. The Committee also encourages NIMH to work in collaboration with CDC and SAMHSA to create a system to provide technical assistance to schools and communities to provide public health information and best practices to schools and communities to work with high risk youth. The Committee has included sufficient funds to collect data on the number and percentage of students engaged in violent behavior, incidents of serious violent crime in schools, suicide attempts, and students suspended and/or expelled from school.

3. *National Institute of Drug Abuse*.—Drug abuse is a risk factor for violent behavior. The Committee encourages NIDA to support research on the contribution of drug abuse including methamphetamine use, its co-morbidity with mental illness, and treatment approaches to prevent violent behavior.

4. *National Institute of Alcohol Abuse and Alcoholism*.—The Committee encourages NIAAA to examine the relationship of alcohol and youth violence with other mental disorders and to test interventions to prevent alcohol abuse and its consequences.

5. *Safe Schools, Healthy students*

Mental Health Counselors/Community Support/Technical Assistance and Education and training.—The Committee has included $90,000,000, an increase of $11,793,000 over the fiscal year 2000 appropriation, to support the delivery and improvement of mental health services, including school-based counselors, in our nation's schools. These funds allow State and local mental health counselors to work closely with schools and communities to provide services to children with emotional, behavioral, or social disorders. Some of these funds also help train teachers, school administrators, and community groups that work with youths to identify children with emotional or behavioral disorders. The program is being administered collaboratively by the Substance Abuse and Mental Health

Services Administration within the Department of Health and Human Services and the Departments of Education and Justice, with the addition of the Department of Labor in fiscal year 2001. This initiative is designed to help school districts implement a wide range of early childhood development techniques, early intervention and prevention strategies, suicide prevention, and increased and improved mental health treatment services, and is being expanded to include out-of-school youth and linkages to the local employment and training partnerships. Some of the early childhood development services include effective parenting programs and home visitations.

6. *Parental responsibility/Early Intervention*.—Sociological and scientific studies show that the first 3 years of a child's cognitive development sets the foundation for life-long learning and can determine an individual's emotional capabilities. Parents, having the primary and strongest influence on their child, play a pivotal role at this stage of development. Scientists have found that parental relationships affect their child's brain in many ways. A secure, highly interactive, and warm bond can bolster the biological systems that help a child handle their emotions. Research further indicates that a secure connection with the parent will better equip a child to handle stressful events throughout life. Statistics show that the parental assistance program in particular has helped to lower the incidence of child abuse and neglect, reduces placement of children in special education programs, and involves parents more actively throughout their child's school years. The Committee recognizes that early intervention activities conducted through the Department of Education's parent information and resource centers program can make a critical difference in addressing the national epidemic of youth violence, and therefore includes an additional $7,000,000 to expand its services to educate parents to work with professionals in preventing and identifying violent behavioral tendencies.

7. *Safe and Drug-Free Schools*

A. *National Programs*.—The Committee remains extremely concerned about the frequent occurrence of violence in our Nation's schools. Last year, the Committee provided $110,750,000 within this account for a school violence prevention initiative. As part of an enhanced and more comprehensive effort, the Committee has provided $145,000,000 within the safe and drug-free schools and communities program to support activities that promote safe learning environments for students. Such activities should include: targeted assistance, through competitive grants, to local educational agencies for community-wide approaches to creating safe and drug free schools; and training for teachers and school security officers to help them identify students who exhibit signs of violent behavior, and respond to disruptive and violent behavior by students. The Committee also encourages the Department to coordinate its efforts with children's mental health programs.

B. *Coordinator Initiative*.—The Committee has included $50,000,000, the same amount provided in the fiscal year 2000. The Committee recommendation will enable the Department of Education to continue to provide assistance to local educational agen-

cies to recruit, hire, and train drug prevention and school safety program coordinators in middle schools with significant drug and school safety problems. These coordinators will be responsible for developing, conducting and analyzing assessments of their school's drug and crime problems, and identifying promising research-based drug and violence prevention strategies and programs to address these problems.

8. *21st Century Community Learning Centers*.—The Committee has included $600,000,000 for the 21st Century Community Learning Centers, an increase of $146,623,000 over the fiscal year 2000 level. These funds are intended to be used to reduce idleness and offer an alternative to children when they conclude their school day, at a time when they are typically unsupervised. Nationally, each week, nearly 5 million children ages 5–14 are home alone after school, which is when juvenile crime rates double. According to the Department of Justice, 50 percent of all juvenile crime occurs between the hours of 2 p.m. and 8 p.m. during the week. Therefore, the Committee has included funds to allow the Department of Education to support after-school programs that emphasize safety, crime awareness, and drug prevention.

9. *Teacher Quality Enhancement Grants*.—The Committee has included $98,000,000 for teacher quality enhancement grants, an increase of $18,000,000, for professional development of K–12 teachers, which is a necessary component to addressing the epidemic of youth violence. The Committee encourages the Department, in making these grants, to give priority to partnerships that will prepare new and existing teachers to identify students who are having difficulty adapting to the school environment and may be at-risk of violent behavior. Funds should also be used to train teachers on how to detect, manage, and monitor the warning signs of potentially destructive behavior in their classrooms.

10. *Character Education*.—The Committee recommends $12,300,000, an increase of $5,000,000 over the fiscal year 2000 level, for character education partnership grants. These funds will be used to encourage states and school districts to develop pilot projects that promote strong character, which is fundamental to violence prevention. Character education programs should be designed to equip young individuals with a greater sense of responsibility, respect, trustworthiness, caring, civic virtue, citizenship, justice and fairness, and a better understanding of the consequences of their actions.

11. *Elementary School Counseling*.—The Committee is concerned about the inaccessibility of school counselors for young children and therefore is providing $30,000,000, an increase of $10,000,000 over the fiscal year 2000 level, for the Elementary School Counseling Demonstration. Many students who are having a difficult time handling the pressures of social and academic demands could benefit from having mental health care readily available. The Committee believes that increasing the visibility of school counselors would legitimize their role as part of the school's administrative framework, thereby, encouraging students to seek assistance before resorting to violence.

12. *Civic education*.—Within the amounts provided, the Committee has included $1,500,000 to continue the violence prevention ini-

tiative begun in fiscal year 1999. The Committee encourages that funds be used to conduct a five State violence prevention demonstration program on public and private elementary, middle, and secondary schools involving students, parents, community leaders, volunteers, and public and private sector agencies, such as law enforcement, courts, bar associations, and community based organizations.

13. *Literacy programs*

A. The Committee has included $5,000,000, an increase of $3,000,000 over last year's level for the Reading is Fundamental program to promote literacy skills. Studies show that literacy promotion is one tool to prevent youth violence. The Committee believes that this program, which motivates children to read and increases parental involvement is another way to prevent youth violence at an early age.

B. The Committee has included $22,000,000, an increase of $3,000,000 over last year, for the State Grants for Incarcerated Youth Offenders/Prisoner Literacy Programs. This program, which assists states to encourage incarcerated youth to acquire functional literacy, life and job skills, can also play a role in reducing recidivism rates and violent behavior.

C. The Committee has included $50,000,000 for the Title I Neglected and Delinquent/High Risk Youth program, an increase of $8,000,000 over the fiscal year 2000 appropriation. These funds will assist states to strengthen programs for neglected and delinquent children to enhance youth violence prevention programs in state-run institutions and for juveniles in adult correctional facilities

These funds will be used to motivate youth to read and enhance their academic achievement. Literacy promotion encourages young individuals to pursue productive goals, such as continued education and gainful employment.

14. *Youth Service delivery systems*.—The Committee is aware that the Workforce Investment Act (WIA) brings new emphasis to the development of coherent, comprehensive youth services that address the needs of low-income youth over time. It believes that youth service delivery systems under WIA integrate academic and work-based learning opportunities, offer effective connections to the job market and employers, and have intensive private-sector involvement. Such effective systems can provide low-income, disadvantaged youth with opportunities in our strong economy as alternatives to youth violence and crime. The Committee further recognizes the potential of Youth Councils for creating the necessary collaboration of private and public groups to create community strategies that improve opportunities for youth to successfully transition to adulthood, postsecondary education and training. Thus, the Committee has included funds to continue investments in WIA formula-funded youth activities, the Youth Opportunities grant program, the Job Corps, and provides $30,000,000 for Responsible Reintegration for Young Offenders, which builds on the Committee's prior year's youth offender pilot projects.

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 justification.

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 $500,000, whichever is less, between programs, activities, or elements unless an alternate amount for the agency in question is specified elsewhere in this report. 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.

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 60 days of final enactment of this act.

TRANSFER AUTHORITY

The Committee has included bill language permitting transfers up to 1 percent between discretionary appropriations accounts, as long as no such appropriation is increased by more than 3 percent by such transfer; however, the Appropriations Committees of both Houses of Congress must be notified at least 15 days in advance of any transfer. Similar bill language was carried in last year's bill for all three Departments.

Prior Committee notification is also required for actions requiring the use of general transfer authority 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.

CLAIMS PROCESSING COSTS

Under the budget process Social Security, Medicare and unemployment benefits are classified as mandatory spending while the administrative costs to run the programs and pay the benefits are

considered discretionary spending. As a result of this structural anomaly, the operating funds for these systems must compete with other important discretionary programs in this bill. With insufficient funds to take care of the needs in the bill, the Committee has not been able to provide as high a level of support for these operations as it wished even though ample resources exist in the Social Security and Federal Unemployment Trust Funds to support higher funding levels. The committee would like to work with the relevant committees and the administration to seek a solution to this structural anomaly.

GOVERNMENT PERFORMANCE AND RESULTS ACT

Department of Labor

The Committee received the Labor Department's performance plans in a timely manner—at the same time as the fiscal year 2001 budget justification. In general, the Department's work is organized around three strategic goals: (1) A prepared workforce—enhance the opportunities for America's work force; (2) a secure work force—promote the economic security of workers and families; (3) quality workplaces—foster quality workplaces that are safe, healthy, and fair.

For each of the three strategic goals there are supporting outcome goals in the fiscal year 2001 performance plan that refine and further focus the strategic goals. For each outcome goal, there are supporting performance goals that set specific and measurable target levels of performance for the the Department's agency programs for the fiscal year. Linkage to the budget is provided in the Department's annual performance plan by cross-referencing the Department of Labor budget activities to the Department's three strategic goals. Specific linkages between individual agency performance measures and budget activities are provided in the individual agency performance plans.

With regard to the means for measuring performance, the Committee recognizes the significant progress made by the Department. Further, the Committee is encouraged by the analysis which the Department is implementing with this data. The Department will need to continue its work at developing performance measures that represent measures of the core work, test the measures, and implement reporting systems that capture the data in a timely and accurate manner. The Committee is also encouraged to see the Department's use of current performance goals as compared with fiscal year 1999 performance results and the relevent indicators and measures.

Department of Health and Human Services

The fiscal year 2001 annual performance plan for the Department of Health and Human Services includes valuable information about how HHS intends to accomplish its mission. The information included in the fiscal year 2001 HHS Performance Plan and Performance Report Summary is much improved over previous years. Many parts of the plan do fulfill the Results Act's purpose of ensuring that Congress has the necessary information to assess whether HHS programs are achieving intended results. In particular, the

HHS agencies have set measurable performance goals, provided information about how they will coordinate with each other and other performance partners to achieve related goals, identified the resources they need to accomplish their goals, and discussed how they intend to address problems with their performance data.

HHS should be commended for their efforts to fully incorporate annual GPRA performance planning and reporting into the budget process within the Department and into the budget documents submitted to OMB and the Congress. The annual Budget Review Boards, where senior Department and Operating Division management meet to discuss funding requests, also have become venues for addressing the linkage of program performance to the new program initiatives and budget requests of HHS components.

HHS is a large, decentralized Agency that administers approximately 300 program activities, with over 750 annual performance goals. In spite of the challenges this creates, HHS has done an excellent job satisfying the intent of the Results Act. The Committee hopes that HHS will work to build on these accomplishments and continue the strong commitment that was demonstrated in the fiscal year 2001 HHS Performance Plan.

Department of Education

The Committee is pleased to have received the Department's 1999 Performance Plan Report prior to the deadline set for this activity. The Committee also recognizes the significant progress that the Department has made in the 2001 Performance Plan. The 2001 Plan provides a clear framework of four goals and 22 objectives within which the Department will support strategies aligned with its mission to ensure equal access to education and to promote educational excellence throughout the nation.

The Committee remains interested in how the Department coordinates the administration of education programs with other related activities and Federal and non-Federal partners in order to improve program outcomes. While the Plan reflects improvements in identifying collaborative efforts with other Federal agencies, the specific activities cited for each objective vary greatly: some provide specific information about how the Department is cooperating with other Federal agencies, and others simply state that there is coordination. While the Committee acknowledges the efforts of the Department to identify challenges to achieving its objective, it also notes the lack of consistency in identifying activities or strategies planned or being undertaken to address these challenges.

The Committee continues to be concerned about the incomplete discussion of the amount of resources being directed to goals and objectives. For example, the objective related to the use of advanced technology for all students and teachers to improve education does not identify a total amount of resources allocated for this purpose. The Plan should be able to identify the amount of resources dedicated to goals and objectives for the current and/or budget year.

Finally, the Committee commends the Department for presenting fairly the limitations on the use of the performance data. The Department should continue to work on improving the reliability and validity of performance information and their relation to and affect on program outcomes.

Social Security Administration

The Social Security Administration's (SSA) annual performance plan for fiscal year 2001 was received at the same time as the fiscal year 2001 budget justification. SSA's performance plan is organized around five stategic goals: (1) To promote valued, strong and responsive social security programs and conduct effective policy development, research and program evaluation; (2) to deliver customer-responsive, world-class service; (3) to make SSA program management the best-in-business, with zero tolerance for fraud and abuse; (4) to be an employer that values and invests in each employee; and (5) to strengthen public understanding of the social security programs.

SSA has aligned strategic goals and performance goals by major functional responsibilities rather than by program or budget account. SSA does link funding amounts within the Limitation on Administrative Expenses, research and Office of Inspector General budgets to the four functional strategic goals: (1) Responsive programs; (2) world-class service; (3) program management; and (4) public understanding. For each strategic goal, there are strategic objectives to support the strategic goals. For each strategic objective, there are performance indicators and goals which are used to focus on the strategic objectives. From this data, SSA reports sets of strategies, called programs for objective achievement (POA).

The Committee recognizes the challenge facing SSA to comprehensively and effectively gather and analyze data, and is pleased with the progress which SSA has made in measuring and reporting strategic goals and performance. The Committee hopes that SSA will use past performance in achieving strategic objectives when evaluating current strategic performance. Furthermore, the Committee encourages SSA to continue to improve performance measures and use customer satisfaction surveys to formulate future goals.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2000	$5,436,424,000
Budget estimate, 2001	6,106,062,000
Committee recommendation	5,453,141,000

The Committee recommends $5,453,141,000 for this account in 2001 which provides funding authorized primarily by the Workforce Investment Act [WIA]. This is $16,717,000 more than the 2000 level.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. This appropriation is generally forward-funded on a July-to-June cycle. Funds provided for fiscal year 2001 will support the program from July 1, 2001, through June 30, 2002.

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

Fiscal year 2000 is the first full year of operations under the new Workforce Investment Act, beginning July 1, 2000. The new legislation is expected to significantly enhance employment and training services, consolidating, coordinating, and improving programs utilizing a local level one-stop delivery system.

The Committee is aware of the VIII Paralympic Winter Games in March 2002 and encourages the Department to consider funding for this effort.

Adult employment and training activities.—For Adult Employment and Training Activities, the Committee recommends $950,000,000. This is the same as the 2000 comparable level. This program is authorized by the Workforce Investment Act and is formula-funded to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, which will be available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

Fathers Work/Families Win.—The Administration requested $255,000,000 for a new initiative entitled Fathers Work/Families

Win. Due to severe budgetary constraints, the Committee has not recommended funding that initiative at this time. Funding was intended to support competitive grants to help custodial parents, mainly fathers, obtain or retain employment and progress up career ladders, including upgrading their skills so they can support their children. Funding would also support competitive grants to finance case management and skill training for low income families to help parents stay in jobs, move up career ladders, and stay off cash assistance. To the extent possible, the Committee encourages the use of existing resources to further these activities.

Dislocated worker employment and training activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends $1,589,025,000. This is the same as the 2000 comparable level. This increase is allowed as part of an overall initiative to begin providing reemployment services for all who need them. In this program, the effort is a major step toward providing all dislocated workers who want and need assistance the resources to train for or find new jobs. This program, authorized by WIA, is a State-operated effort which provides core services, intensive services, training, and supportive services to help permanently separated workers return to productive, unsubsidized employment. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. Eighty percent of funding is distributed by formula to the States. The remaining twenty percent is available to the Secretary for activities specified in WIA, primarily to respond to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects.

The Committee bill continues language authorizing the use of funds under the dislocated workers program for projects that provide assistance to new entrants in the workforce and incumbent workers. It also continues language modified to waive a 10 percent limitation in the Workforce Investment Act with respect to the use of discretionary funds to carry out demonstration and pilot projects, multiservice projects and multistate projects with regard to dislocated workers, and to waive certain other provisions in that Act.

The Committee recommendation includes funds to continue the following fiscal year 2000 projects and activities in the fiscal year 2000 conference agreement which will be awarded under the dislocated worker program:

—Hawaii Department of Labor/Kauai Cooperative Extension
—High Tech Training—Maui, Hawaii
—JobLinks Program
—PA Training Consortium
—Clayton College & State University GA–Virtual Ed & Training Project
—Bethel Native Corp.—Alaska
—Dislocated Farmer Training at the University of Idaho

These continuation grants are subject to project performance, demand for activities and services, and utilization of prior year funding.

The Committee is aware of the following projects that it encourages the Department to consider supporting:

—Workforce Training and Retraining for dislocated and incumbent workers in real manufacturing environment-University of Albany, NY
—Workforce Development project to retrain older incumbent workers for Montana workforce-Montana State University, Billings
—Multi-State (AL, CA, CT, NH, MI, OH, and VT) Pilot of National Institute for Metal Working Skills to retrain and certify dislocated workers and low wage workers as metalworkers
—University of Alaska/Ketchikan Shipyards training program for shipyard workers
—State of New Mexico-telecommunications job training for dislocated workers
—Clemson University, retraining of tobacco farmers

The Committee has been advised that in some remote areas of the country local personnel have received inadequate firefighting training and in some cases lack even basic skills such as operation of fire trucks and firefighting equipment. The Committee urges the agency to work with local communities to develop basic firefighting job training programs utilizing existing training facilities.

The Committee is aware of the severe worker dislocation brought on by the closure of one of three sugarcane plantations on the Hawaiian island of Kauai, and the likely closure of another plantation. To provide assistance to affected workers and communities, the Committee encourages the Department to support from National Emergency Grant funds a proposal from the Hawaii Department of Labor, the Kauai Cooperative Extension Service, and the Hawaii Small Business Development Center to provide agricultural and business training to dislocated sugarcane workers.

The Committee is aware of the severe worker dislocation brought on by the closure of open-pit mines and the trend toward underground mining. Three decades of decline in underground operations have caused the industry to lose much of the work force and skills of underground mining. Few, if any, underground mechanics are available that have adequate training in the technologies required by the industry. The Committee encourages the Department to support funding proposals in this area.

Incumbent workers.—The Committee includes $20,000,000 for a new program of employment and training assistance to Incumbent Workers under WIA pilot and demonstration authority. The effort is intended to address the major job losses in the manufacturing industry where half a million jobs have been lost since March, 1998. The initiative will boost skills and wages of non-management U.S. workers through competitive grants to States to train and upgrade the skills of incumbent workers and, through local partnerships, help firms with training, thereby preventing displacements before they occur. Applicants would be required to provide non-Federal matching resources, and employers that receive grant assistance for skill upgrading would be expected to demonstrate that training increased participants' earnings, while those receiving such assistance for layoff prevention would be expected to show evidence of worker retention. During the initial year of funding of this program, an estimated 20 grants serving an estimated 13,300 participants will be awarded.

Youth activities.—For Youth Activities, the Committee recommends $1,000,965,000, the same as the 2000 comparable level. Youth Activities, authorized by WIA, consolidates the Summer Youth Employment and Training Program under JTPA Title IIB, and Youth Training Grants under JTPA Title IIC. In addition to consolidating programs, WIA also requires Youth Activities to be connected to the One-Stop system as one way to link youth to all available community resources. The purpose of Youth Activities is to provide eligible youth with assistance in achieving academic and employment success through improving educational and skill competencies and providing connections to employers. Other activities include providing mentoring opportunities, opportunities for training, supportive services, summer employment opportunities that are directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service.

Youth opportunity grants.—For Youth Opportunity Grants, the Committee recommends $250,000,000, the same as the 2000 comparable level. Youth Opportunity Grants are newly-authorized in the Workforce Investment Act. These grants are aimed at increasing the long-term employment of youth who live in empowerment zones, enterprise communities, and other high-poverty areas. Recent surveys conducted by the Department of Labor have found employment rates for out-of-school youth as low as 24 percent in selected high-poverty neighborhoods. Youth Opportunity Grants will attempt to dramatically increase these employment rates, and thus improve all aspects of life for persons living in these communities.

Job Corps.—For Job Corps, the Committee recommends $1,363,783,000. This is $6,007,000 more than the 2000 comparable level, and includes funding for cost increases of operating Job Corps centers. The Committee applauds Job Corps for establishing partnerships with nine national employers, and encourages Job Corps to continue to work with both large employers and small businesses to ensure that student training meets current labor market needs. Job Corps should intensify its efforts to upgrade its vocational offerings and curricula to reflect industry standards and skill shortages. The Committee requests that the Department submit a report prior to the fiscal year 2002 hearing process on the progress of building or rehabilitating Head Start centers on Job Corps campuses, as mandated in the fiscal year 2000 report, and on the progress of bringing on line the four new Job Corps Centers initiated in 1998. Job Corps, authorized by WIA, is a nationwide network of residential facilities chartered by federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is voluntary and is open to economically disadvantaged young people in the 16–24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A lim-

ited number of opportunities are also available for non-residential participation.

The Committee encourages Job Corps to establish effective working relationships with work force development entities, including employers, that will enhance services to students and increase students' career opportunities. The Department is encouraged to intensify its efforts to meet industry standards in its occupational offerings by developing a multiyear process to review, upgrade, and modernize its vocational curricula, equipment, and programs in order to create career opportunities for students in appropriate growth industries. The Committee also encourages the Department of Labor's Employment and Training Administration to encourage Job Corps centers to coordinate with community-based organizations, such as substance abuse treatment centers, in innovative ways.

The Committee supports the goal of the Workforce Investment Act of 1998 to integrate our nation's many diverse job training programs, and its approach of retraining the national character of the Job Corps program within the new framework. The Committee encourages the Department to continue its work to develop national partnerships with major regional and national employers to increase employment opportunities for Job Corps graduates. The Department should also continue to establish connections between Job Corps and State workforce development programs, and between Job Corps and other national and community partners, to provide the most efficient, cost-effective services possible.

The Committee recognizes that compliance with the Workforce Investment Act of 1998 may require infrastructure and programmatic changes to the Job Corps program. The Committee is concerned, however, with changes that may threaten the existence of Joint Action in Community Services, which provides Job Corps students with counseling, referrals and information on transportation, education and training. The Committee urges the Department to support this program, which has been very beneficial to Job Corps students.

The Committee recognizes the importance of providing appropriate education and professional development to ensure future management leadership of the Job Corps, and encourages the Department to conduct a demonstration program which would address this concern.

Responsible Reintegration for Young Offenders.—The Committee provides $30,000,000 for Responsible Reintegration for Young Offenders to address youth offender issues. This is a new initiative and will build on work begun earlier by this Committee, including $13,907,000 provided in fiscal year 2000 demonstration funds. Building on lessons learned through smaller pilot projects in 1998 and 2000, this large scale WIA Pilot and Demonstration initiative will link youthful offenders under age 35 with essential services that can help make the difference in their choices in the future, such as education, training, job placement, drug counseling, drug demand reduction activities, and mentoring, in order to reintegrating them into the mainstream economy. Through local competitive grants, this program would establish partnerships between the criminal justice system and local workforce investment systems,

complementing a similar program in the Department of Justice (DOJ). To maximize the impact of these initiatives, the DOL and DOJ funds will be targeted to the same communities and populations. An estimated 7,500 youth will be served, and it is expected that 65 percent of program graduates will get jobs, reenroll in high school, or be enrolled in post-secondary education or training.

Safe Schools/Healthy Students.—The Committee includes $20,000,000 for the Department of Labor to participate in the next competitive round of Safe Schools/Healthy Students grants. This is an effort begun in fiscal year 1999 as a collaboration among the Departments of Education, Health and Human Services, and Justice to promote healthy childhood development and to prevent school violence, reduce drug demand, and alcohol and other drug abuse through a comprehensive, community-wide approach. With DOL's participation, the activities for the next round of grants can be expanded to serve out-of-school youth as well as provide connections among high schools, post-secondary schools, alternative schools, and work-based learning programs, in order to reduce violent behaviors. They will also help build local partnerships among Youth Councils, businesses, and community organizations, and schools to improve opportunities for at-risk youth. An estimated 12 communities' Youth Councils will build local Safe Schools/Healthy Students partnerships with business, community organizations, and schools to improve opportunities for at-risk youth.

Native Americans.—For Native Americans, the Committee recommends $55,000,000. This is $3,436,000 less than the 2000 comparable level. This program, authorized by WIA, is designed to improve the economic well-being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs. The Department of Labor allocates formula grants to Indian tribes and other Native American groups whose eligibility for such grants is established in accordance with Department's regulations.

Migrant and seasonal farmworkers.—For Migrant and Seasonal Farmworkers, the Committee recommends $76,770,000. This is $2,575,000 more than the 2000 comparable level. This program, authorized by WIA, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Through training and other employability development services, the program prepares eligible seasonal farmworkers and their family members for stable, year-round employment, both inside and outside of the agricultural industry. The program also provides health care, day care and other supportive services for farmworkers who choose to stay in agriculture. At least 94 percent of each year's appropriation is allocated to States according to a population-based formula. The remainder of each year's appropriation is set aside for technical assistance to grantees and for other special projects to benefit seasonal farmworkers such as the Migrant Farmworker Housing Program.

For migrant and seasonal farmworker housing, the Committee recommendation includes $4,000,000, an increase of $1,000,000 over the fiscal year 2000 level.

In its fiscal year 2000 appropriations report, the Committee provided an additional $2,928,000 to the Department because of the change in the formula used to allocate migrant and seasonal farmworkers funds to grantees. This formula change resulted in a number of States receiving reduced allocations, and the additional funds were to be used to restore funding to the 1998 level for those grantees. For fiscal year 2001, the Committee is adding $1,325,000 to the 2001 request to ensure that States impacted by the formula change are held harmless to their 1998 funding level. The Committee directs the Department to use this additional funding, along with the fiscal year 2000 additional funding, to fund grantees in those States impacted by the formula change at their 1998 levels.

National programs.—For National Programs, the Committee recommends $159,368,000. This is $4,712,000 more than the 2000 comparable level. This activity includes WIA-authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research, as well as the National Skills Standards Advisory Board. The Women in Apprenticeship program, previously funded in this account is now included under Program Administration, Apprenticeship Services, as requested by the Administration.

Technical Assistance/Incentive Grants.—The Committee recommends $15,000,000 for the provision of technical assistance, staff development, and replication of programs of demonstrated effectiveness; as well as incentive grants to each State that exceeds State adjusted levels of performance for WIA State programs.

Pilots, Demonstrations, and Research.—The Committee recommends $70,000,000 for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs.

The Committee acknowledges changes under the Workforce Investment Act to develop and implement techniques and approaches, and demonstrate the effectiveness of specialized methods, of addressing the employment and training needs of individuals. The Committee encourages the Department to ensure that these projects are coordinated with local boards. Appropriate time limits are established for projects. Grant applications for over $500,000 are subject to peer review. The Committee encourages the Department of Labor to ensure that project performance is adequately documented and evaluated.

The Committee recommendation includes funds to continue the following fiscal year 2000 projects and activities referenced in the fiscal year 2000 conference agreement which will be awarded under the pilot and demonstration program:

—Samoan/Asian Pacific Job Training—Hawaii
—Koahnic Broadcasting
—Yukon Kuskokwim Health Corporation
—Training and Education Opportunities—University of Hawaii at Maui
—Ilasagvik College—Barrow, Alaska

—Kawerak, Inc. Vocational Training for Alaska Natives—Nome, Alaska
—Alaska Federation of Natives Foundation
—Alaska Works, Construction Job Training—Fairbanks, Alaska
—Alaska Native Heritage Center, and Bishop Museum in Hawaii
—U of Missouri-St. Louis Regional Center for Ed and Work
—VT Tech College—Tech Training Initiative
—Hutchinson Career Center
—Des Moines Community College—SMART Partners, Iowa
—American Indian Science & Eng. Society—Rural Computer Utilization Training
—Maui Economic Development Board—Rural Computer Training
—South Dakota Intertribal Skill Training Cooperative
—University of Colorado Health Sciences Center—Telehealth Distance Learning
—Focus HOPE/Detroit—Info Tech
—Aviation Center of Excellence—Jacksonville, FL

These continuation grants are subject to project performance, demand for activities and services, and utilization of prior year funding.

The Committee is aware of the following projects that it encourages the Department to consider supporting:

—Odyssey Maritime, school to work initiative in Washington State
—Technology Tool Kit to train at-risk young people in occupations related to the use of automated identification technology—Mississippi Valley State University
—Creation of Southern NJ Regional Hospitality Workforce Development Consortium to coordinate training and develop career ladder structure in hospitality and gaming industry—Gloucester County College, NJ
—Dream Center to provide job and training skills for new labor market entrants or reentrants—LA, CA
—North Country Career Center model education and training program—Newport, VT
—Vermont Department of Employment and Training employer-led education and training partnerships initiative
—Vermont Information Technology Center model information technology training initiative—Champlain College, Burlington, VT
—Jobs for America's Graduates-School-to-work projects for at-risk young people
—LeHigh University Job Training for hard to serve disadvantaged youth in manufacturing sector—PA
—Workplace Acclimation Program for Ex-Offenders to provide pre-employment training and job placement assistance to former offenders—Safer Foundation, Chicago, Ill.
—Remote Rural Hawaii Job Training Project for low income youth and adults—Island of Oahu
—Remote Rural Alaska Job Training Project
—Model Community Jobs Initiative to train homeless persons, San Francisco, CA
—Collegiate Consortium for Workforce & Economic Development, Philadelphia Naval Business Center

—Kirkwood Community College and ACT, Inc. for workforce skills development in Iowa
—Community Self-Empowerment & Employment Program (CSEEP) (PA)—comprehensive employment readiness, job development, job place, and case management for area low-income residents
—Western Alaska workforce training initiative
—UNLV Center for Workforce Development and Occupational Research
—University of South Carolina College of Social Work, computer training for low-income unemployed workers
—South Sumter Resource Center, S.C.—comprehensive system of academic and skill training, leadership development, support services, case management, on-the-job training, and cultural enrichment for at-risk youth
—Green Thumb, Inc.—conduct program for rural, low-income elders to develop entrepreneurial skills that utilize e-commerce and IT
—Tlingit-Haida project—job training to unemployed natives in southeast Alaska
—Mott Community College Workforce Development Institute for Manufacturing Simulation-Access to electronic library of technology, developed as part of DOL's America's Learning Exchange
—Workforce training to support real time captioning initiatives for hearing disabled—Oxford, Miss.
—Greater Columbus Ohio Chamber of Commerce Career Academies program—project to design and test programs in partnership with workforce development system
—Public/Private Ventures workplace mentoring program
—Urban League of Hudson County, New Jersey, Workforce Development Center
—Allegheny County, Pennsylvania, training of information technology workers
—Waukesha, Wisconsin, workforce training for economically disadvantaged youth and adults at La Casa de Esperanza
—Skill training for low-income and disadvantaged workers at the Center for Employment Training in San Jose

The Committee is aware that even the best employment and training programs cannot serve those who lack the basic skills to enter such programs. The Committee understands that programs that help unskilled workers achieve the level of literacy necessary to participate in Employment and Training Programs improves their chances of successfully transitioning into full-time employment. The Committee encourages the Department to fund demonstration grants under Workforce Investment Act Title I National Programs to increase the capacity of national networks of volunteer adult literacy programs, library literacy programs and urban literacy coalitions to prepare the hardest-to-reach/hardest-to-teach adults and out of school youth for the workforce.

Evaluation.—The Committee recommends $9,098,000 to provide for the continuing evaluation of programs conducted under WIA, as well as of federally-funded employment-related activities under other provisions of law.

National Skills Standards Advisory Board.—The Committee recommends $3,500,000 for the Board a decrease of $3,500,000 below 2000 as the Board's work is completed.

Funding previously provided in this appropriation account for Veterans workforce investment programs and the Homeless veterans reintegration project is appropriated directly to the Veterans Employment and Training account in fiscal year 2001, and comparative amounts for fiscal year 2000 are reflected therein.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2000	$440,200,000
Budget estimate, 2001	440,200,000
Committee recommendation	440,200,000

The Committee recommends $440,200,000, the same as the budget request and the fiscal year 2000 appropriation for community service employment for older Americans. The Committee recommends 78 percent of the funds for national sponsors and 22 percent for State sponsors; this is the same percentage distribution as has been required by apropriations law for the past several years. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. It is forward-funded from July to June, and the 2001 appropriation will support the program from July 1, 2001, through June 30, 2002. These funds are to be distributed in the same manner as currently authorized under the Older Americans Act, unless this law is subsequently altered. Current law states that title V funds should be targeted to eligible individuals with the greatest economic need. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged minorities, limited English-speaking persons, and legal immigrants.

The Committee is concerned about alleged program irregularities reported by the Inspector General, attributed to a national sponsor, and notes a resolution is being pursued. Currently, grants are awarded annually to sponsoring organizations and agencies on a non-competitive basis. The Committee recommends that if satisfactory resolution of irregularities with a national sponsor is not accomplished, that consideration be given to awarding such grant funds, competitively or through other means, among the other national sponsors, taking into consideration performance and the difficulty in reaching target populations. Implementing such a modification must, however, be sensitive to the need to avoid disruption to program participants in the event of a change in grantee.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2000	$415,150,000
Budget estimate, 2001	406,550,000
Committee recommendation	406,550,000

The Committee recommends $406,550,000, the same as the budget request and a decrease of $8,600,000 below the 2000 enacted

level for Federal unemployment benefits and allowances. These are entitlement funds.

The trade adjustment line item has two activities totaling $342,400,000 in fiscal year 2000.

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 $248,000,000. This is the same as the budget request and a decrease of $7,000,000 below the 2000 comparable level. These funds will permit payment of benefits, averaging $224 per week, to 36,400 workers for 2000. Of these workers, 21,200 will participate in training programs, receiving benefits for an average of 30.5 weeks. The remaining 15,200 workers receiving benefits will receive training waivers and collect benefits.

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 $94,400,000 for this activity, the same as the budget request and an increase of $400,000 above the 2000 comparable level. These funds will provide services for an estimated 22,700 workers.

For NAFTA activities, $64,150,000 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 $27,000,000 for this activity. This is the same as the budget request and a decrease of $2,000,000 below the 2000 comparable level and represents the current services funding level.

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 fiscal year 2000 current services recommendation is $37,150,000, the same as the fiscal year 2000 enacted level and the budget request.

Resources related to the Administration's legislative proposals will be considered upon enactment of the requested legislation.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2000	$3,213,780,000
Budget estimate, 2001	3,389,198,000
Committee recommendation	3,249,430,000

The Committee recommends $3,249,430,000 for this account. This is $139,768,000 below the budget request and $35,650,000 above the 2000 comparable level. Included in the total availability is $3,095,978,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and $153,452,000 to be provided from the general fund of the Treasury.

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

For unemployment insurance (UI) services, the bill provides $2,283,515,000. This includes $2,273,515,000 for State Operations, which is $75,768,000 below the President's request and $17,140,000 above the fiscal year 2000 level. The Committee expects the Department to manage these resources to ensure equitable funding to States to handle total workload, which is estimated to be 2,396,000 average weekly insured unemployment (AWIU) claims. The Committee recommendation includes the Administration's proposal to restructure the UI budget activities. This amount also includes $10,000,000 for UI national activities, the same as the fiscal year 2000 level and the President's request, which is directed to activities that benefit the State/Federal unemployment insurance program. The bill continues to provide for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,396,000. This contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,396,000 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.

For the employment service, the Committee recommends $835,915,000 which includes $23,452,000 in general funds together with an authorization to spend $812,463,000 from the "Employment security administration" account of the unemployment trust fund.

Included in the recommendation for the employment service [ES] is $786,735,000 for Grants to States, available for the program year of July 1, 2001, through June 30, 2002. This is $25,000,000 less than the budget request and $25,000,000 above the 2000 comparable level. Included in the Grants to States activity is $761,735,000 for Wagner-Peyser formula grants to States, and $25,000,000 for Reemployment Services Grants as part of the Universal Reemployment Initiative to insure that all unemployed workers get the services they need to become reemployed. The latter will provide staff-assisted services to UI claimants, targeted on those identified as likely to exhaust their eligibility for benefits, insuring that those who need help in finding new jobs receive it so they can return more quickly to employment. Also included is $49,180,000 for national activities, an increase of $5,000,000 above the budget request. Funding previously provided in this activity for alien labor certification occupational employment statistics is appropriated directly to the Bureau of Labor Statistics in fiscal year 2001, and comparative amounts for fiscal year 2000 are reflected therein.

The recommendation includes $110,000,000 for one-stop career centers, which is the same as the 2000 comparable level. This Committee recommendation includes funding for America's Labor Market Information System, including core employment statistics, universal access for customers, improving efficiency in labor market transactions, and measuring and displaying WIA performance in-

formation. Funding previously provided in this activity for occupational employment statistics is appropriated directly to the Bureau of Labor Statistics in fiscal year 2001, and comparative amounts for fiscal year 2000 are reflected therein.

The recommendation includes $20,000,000 for part of the proposed new Work Incentives Grants program, the same as last year's level and the President's request to help persons with disabilities find and retain jobs through the One-Stop Career Center system mandated by the Workforce Investment Act. Funding will support systems building grants intended to ensure that one-stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities.

The Committee continues to be concerned about the current state of the permanent labor certification program. This program, which provides access to needed workers in those cases where a shortage of American workers can be shown, is suffering from a lack of a streamlined process for handling both the backlog and significant increase in applications received, which has led to problems in administering the program. Although the Department has indicated that a complete new streamlined system will be implemented in 2001 and has reduced its budget to reflect this new process, the Committee wants to ensure that no further delays are encountered in processing applications. Therefore, the Committee is providing an increase of $5,000,000 over the request for State grants and directs the Employment and Training Administration and the States to work diligently to improve the administration of this important program, with the intent of eliminating backlogs by the end of 2001 and implementing a new streamlined system during 2001. In addition, the Committee is restoring the $1,772,000 and 21 FTE in the Program Administration account to ensure that there are sufficient Federal staff to handle both the old system and certification system. The Committee wants a report by March 1, 2001 of the progress made in reducing backlogs and the implementation of the new system.

The Committee agrees that the work opportunity tax credit [WOTC], and the welfare-to-work tax credit provide important resources to create new jobs, particularly for those Americans who would otherwise be dependent on welfare. Therefore, the Committee recommendation includes $20,000,000 for the administration of these initiatives, the same as the 2000 level.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 2000	$356,000,000
Budget estimate, 2001	435,000,000
Committee recommendation	435,000,000

The Committee recommends $435,000,000 an increase of $79,000,000 above the 2000 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 1998 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 2000 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.

PROGRAM ADMINISTRATION

Appropriations, 2000	$146,000,000
Budget estimate, 2001	159,311,000
Committee recommendation	156,158,000

The Committee recommendation includes $107,651,000 in general funds for this account, as well as authority to expend $48,507,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of $156,158,000. This is $10,158,000 greater than the 2000 comparable level.

The Committee recommendation also includes restoration of $1,772,000 and 21 FTE for the foreign labor certification activity to ensure that there are sufficient Federal staff to handle both the old system and certification system.

The Committee recommendation includes $1,300,000 for the management and oversight of the various pilot and demonstration projects funded as part of this year's appropriation and to support those projects that continue to be implemented from past years' administered by the Employment and Training Administration. These funds will be used exclusively for financial, technical, program and general administration provided by staff responsible for grant management, oversight, monitoring, guidance/operation and reporting and evaluation for the earmark activities.

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

The Committee recognizes the Home Builders Institute's Project CRAFT (Community Restitution and Apprenticeship-Focused Training) program as a successful model and proven intervention technique in the rehabilitation and reduced recidivism of accused and adjudicated juvenile offenders. The Committee encourages the Department of Labor to work in cooperation with the Department of Justice to replicate Project CRAFT in order to offer at-risk and adjudicated youth preapprenticeship training and job placement in the residential construction trades.

PENSION AND WELFARE BENEFITS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2000	$98,934,000
Budget estimate, 2001	107,832,000
Committee recommendation	103,342,000

The Committee recommendation provides $103,342,000 for this account, which is $4,408,000 above the 2000 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.

Implementation of the new EFAST (ERISA Filing and Acceptance System) devoted to processing form 5500 series financial data required under the Employee Retirement Income Security Act will enable employees to submit annual benefit plan reports electronically, reducing the cost, paperwork burden, and enhancing protection of pension funds. The Committee intends for the Internal Revenue Service and the Department of Labor to continue to share the ongoing operating costs of the system in the same manner as under the old system.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimate for fiscal year 2000 includes benefit payments of $987,609,000, multiemployer financial assistance of $6,266,000, administrative expenses limitation of $11,871,000, and services related to terminations expenses of $164,834,000.

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, 2000	$338,770,000
Budget estimate, 2001	363,476,000
Committee recommendation	352,764,000

The Committee recommendation includes $352,764,000 for this account. This is $12,994,000 above the 2000 comparable level. The bill contains authority to expend $1,985,000 from the special fund established by the Longshore and Harbor Workers' Compensation

Act; the remainder are general funds. In addition, an amount of $30,393,000 is available by transfer from the black lung disability trust fund. This is the same as the request and $1,717,000 above the 2000 comparable level.

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 Committee is deeply concerned about the rising instances of child labor in the United States. Although no official estimate exists, studies place the number of illegally employed children in the United States between 300,000 and 800,000. Therefore, the Committee has included funding for the President's initiative on domestic child labor. Furthermore, the Committee strongly believes that effective enforcement must be a part of any comprehensive strategy to eliminate illegal child labor.

SPECIAL BENEFITS

Appropriations, 2000	$79,000,000
Budget estimate, 2001	56,000,000
Committee recommendation	56,000,000

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

The recommendation includes $56,000,000, the same as the budget request and a decrease of $23,000,000 below the 2000 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 2001, including anticipated reimbursements from Federal agencies of $1,955,000,000 is $2,011,000,000, an increase of $9,000,000 above the 2000 comparable level.

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

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

The Committee recommends continuation of appropriation language to provide authority to deposit into the special benefits ac-

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

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2000	$1,013,633,000
Budget estimate, 2001	1,028,000,000
Committee recommendation	1,028,000,000

The bill includes authority to obligate $1,028,000,000 from the black lung disability trust fund in fiscal year 2001. This is an increase of $14,367,000 over the 2000 comparable level and the same as the administration request.

The total amount available for fiscal year 2000 will provide $409,343,000 for benefit payments, and $52,657,000 for administrative expenses for the Department of Labor. Also included is $566,000,000 for interest payments on advances. In fiscal year 2000, comparable obligations for benefit payments are estimated to be $430,506,000 while administrative expenses for the Departments of Labor and Treasury, respectively, are $49,771,000 and $356,000. 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 59,500 people will be receiving black lung benefits financed from the trust fund by the end of fiscal year 2001. This compares with an estimated 63,200 receiving benefits in fiscal year 2000.

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 payments made by the trust fund before the mine operator is found liable, and advances. 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.

The Committee notes favorably the administration's response to last year's conference report direction to provide a recommended solution to the structural deficit in the Black Lung Disability Trust Fund. The Committee is pleased that the administration has submitted a comprehensive legislative proposal to this end. The Committee urges the administration to work closely with Congress in pursuing a legislative solution to this problem.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2000	$381,620,000
Budget estimate, 2001	425,983,000
Committee recommendation	425,983,000

The Committee recommendation includes $425,983,000 for this account. This is the same as the budget request and an increase of $44,363,000 above the 2000 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

Among the increases provided by the Committee are funds for a variety of compliance assistance activities, including the State consultation grants providing free consultation visits to small businesses, the Susan Harwood education and training grants, and completion of the effort to place a compliance assistance specialist in each Federal area office. Funding included for increased inspections are targeted to specific sites with the highest injury and illness rates. The recommendation also includes funds to support the State of New Jersey's proposed Public Employee Occupational Safety and Health Program. The recommendation continues the important balance between compliance assistance and enforcement activities, which has proven essential to improving occupational safety and health.

In addition, the Committee has included language to allow OSHA to retain up to $750,000 per fiscal year of training institute course tuition fees to be utilized for occupational safety and health training and education grants in the private sector.

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

The Committee is very pleased with OSHA's efforts in placing high priority on the voluntary protection programs (VPP) and other voluntary cooperative programs. The agency's work in expanding participation in the programs, and promoting prompt review and processing of applications is particularly noteworthy. In fiscal year 2001 the Committee expects OSHA to continue to place high priority on the VPP, making every effort to ensure 25 percent growth in participation by sites covered under federal OSHA jurisdiction. Cooperative voluntary programs, especially the VPP, are an important part of OSHA's ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

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

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2000	$228,057,000
Budget estimate, 2001	242,247,000
Committee recommendation	244,747,000

The Committee recommendation includes $244,747,000 for this account. This is $16,690,000 more than the 2000 comparable 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.

Among the increases provided by the Committee are funds for metal and nonmetal safety, educational policy and development for enhancement of the State grants program, and mine fire and explosion response.

The Committee is aware that the Federal Mine Health and Safety Academy is the only federally funded service academy dedicated solely to promoting miners' safety and health. Although it remains a thoroughly modern facility, the Academy was constructed more than twenty years ago and currently requires physical improvements to bring it up to code and into compliance with the Americans with Disabilities Act. Furthermore, in order for the Mine Safety and Health Administration to continue to provide effective safety and health to a younger generation of miners, the Academy needs to incorporate the most modern technologies, such as electronic learning media, into its education programs. The Committee, recommendation therefore includes increased funding of $2,500,000 over the budget request for needed physical improvements.

The Committee commends MSHA for its proactive approach in seeking the root causes of and solutions to persistent problems affecting miners' safety and health. In particular, the Committee is pleased with the agency's work to eliminate black lung disease and silicosis. Miners continue to be diagnosed with these diseases and black lung alone costs the Federal Government more than $1,000,000,000 annually. Understanding that changes and improvements to the program to protect miners' health are necessary, the Committee strongly urges the agency to continue to implement the recommendations of the Advisory Committee on the Elimination of Pneumoconiosis Among Coal Mine Workers. To that end, the Committee fully funds the administration's request for expansion of the coal dust sampling program, a unanimous recommendation of the Advisory Committee.

The Committee finds that the Department of Labor's programs promote and protect workers' safety and health throughout the world and make American industry more competitive. Every year, the American mining industry, through cooperative efforts of labor, industry, and the MSHA, becomes safer and more productive. The Committee is pleased that MSHA has an established program to share its expertise and to actively promote mine safety and health globally, as we recommended in last year's report. The Committee

continues to encourage the Department's and MSHA's work in this area.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2000	$433,877,000
Budget estimate, 2001	453,632,000
Committee recommendation	446,584,000

The Committee includes $446,584,000 for this account, which is $7,048,000 less than the budget request and $12,707,000 more than the 2000 comparable level. This includes $67,257,000 from the "Employment Security Administration" account of the unemployment trust fund, and $379,327,000 in Federal funds. This funding level will cover the agency's built in increases.

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

Funding previously appropriated to the State Unemployment Insurance and Employment Service Operations account for occupational employment statistics is appropriated directly to the Bureau of Labor Statistics in fiscal year 2001, and comparative amounts for fiscal year 2000 are reflected herein.

The Committee has included bill language making $10,000,000 of the BLS allowance for Occupational Employment Statistics available on a program year basis. This action is taken in order to maintain the funding stream established in the ETA State Unemployment Insurance and Employment Service Operations account, through which the program was previously funded, thereby avoiding a programmatic disruption at the State level.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2000	$244,889,000
Budget estimate, 2001	437,554,000
Committee recommendation	337,964,000

The Committee recommendation includes $337,964,000 for this account, which is $99,590,000 less than the budget request and $93,075,000 above the 2000 comparable level. In addition, an amount of $21,590,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request.

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 reflects major Committee priorities, including international labor affairs, and employment of adults with disabilities.

The Committee recommendation also includes an increase of $905,000 for program direction and support which provides leadership and direction for all Department-wide initiatives, programs, and functions assigned to the Department.

The Committee recommends $9,201,000 for the Women's Bureau, an increase of $377,000 over the fiscal year 2000 level.

The Committee urges the Women's Bureau to continue support at the fiscal year 2000 level for effective organizations such as Women Work! to provide technical assistance and training on displaced homemaker programming.

In fiscal year 2001, the Committee recommendation approves the request to establish the new Office of Disability Policy, subsuming the responsibilities of the President's Committee on Employment of People with Disabilities. The Committee recommendation includes $23,002,000 to support this new office. These resources will allow the new office to provide training and technical assistance at One Stop Career Centers and to test alternative ways of integrating youth with disabilities into mainstream employment and training programs.

The Committee includes bill language establishing within the Department of Labor an Office of Disability Policy to bring a heightened and permanent disability focus within the Department. The provision provides that the office is to be headed by an Assistant Secretary, and the Committee intends that this position is to be in addition to the other Assistant Secretary of Labor positions authorized under any other provisions of law.

The Committee recommendation includes $115,000,000 for the Bureau of International Labor Affairs, an increase of $45,000,000 over the fiscal year 2000 level. In total, the recommendation includes $60,000,000 to assist developing countries with the elimination of child labor. Of this amount, $45,000,000, the level requested by the President, is for expansion of ILO's International Programme for the Elimination of Child Labor (IPEC).

Accessible and appropriate education is critical not only in preventing abusive and exploitative child labor. Therefore, the Committee recommends $15,000,000 for bilateral assistance to improve access to basic education in areas with a high rate of abusive and exploitative child labor. The Committee expects the Department of Labor to be the primary agency in programming funding, drawing upon its expertise in international child labor, developed through its collaboration with the International Programme for the Elimination of Child Labor (IPEC). Furthermore, the Labor Department should consult with USAID in developing programmatic initiatives. The Committee expects these resources to be leveraged to provide children without access to basic education the most benefits and to complement international efforts.

The Committee believes that academic research is beneficial to understanding the long-term effects of abusive and exploitative child labor on global trade and the economy. Therefore, the Committee believes that at least $1,000,000 should be used for university-based research on the issue of abusive and exploitative child labor. Additionally, the Committee notes that an increased number of U.S. college students have worked to ensure that university licensed products are not made with abusive and exploitative child

labor or in sweatshops. Consequently, the Committee encourages the Department to use at least $1,000,000 with a non-governmental organization to establish a student apprenticeship training and field program to enable interested American college students to learn first-hand about abusive and exploitative child labor and continue to raise awareness about this important issue. The Committee requests the Department of Labor to report to the Committee by June 1, 2001, on the programs initiated, results to date and future plans in this effort.

The Committee includes bill language intended to clarify the forms of assistance that may be used to provide foreign technical assistance, and to provide an extended period of obligational authority for the bilateral international child labor initiative.

The Committee recommendation includes $45,000,000, the same as the President's request, to augment the capacity of Ministries of Labor to enforce labor standards, to develop social safety net programs, and to develop information on enforcement of labor laws around the world. This amount includes funds for increased ILAB staffing related to this initiative. The total includes an increase of $10,000,000 over last year's level for the core labor standards initiative, and $5,000,000 to establish a system for monitoring labor standards.

The $10,000,000 requested for the Global HIV/AIDS Workplace Initiative is included in the HHS Public Health Emergency Fund, to be available by transfer to the Bureau of International Labor Affairs.

It is the Committee's intent that the Department of Labor continue its work to establish a methodology and format for reporting regularly on the use of sweatshops in the production of apparel for import into the United States. The Department is encouraged to continue its pilot study applying its methodology to working conditions in the apparel industry in a limited number of apparel-exporting countries.

The Committee notes that in June 1999, 174 nations of the world came together at the International Labor Organization's (ILO) Labor Conference and unanimously passed ILO Convention No. 182, on the Elimination of the Worst Forms of Child Labor. The United States was one of the first countries to ratify this important convention. The Committee recognizes that conventions alone will not eradicate abusive and exploitative child labor and that international and national strategies need to be developed in order to reduce the scourge of child labor. Consequently, the Committee requests that the Bureau undertake a study on the cost and benefits associated with the implementation of ILO Convention 182. As part of this study, the Bureau should develop and assess the feasibility of targeted strategies to reduce by 50 percent the number of children engaged in the worst forms of child labor. The study should be completed by November 2001.

Acknowledging the need to upgrade the information technology capability in the Department of Labor, the Committee provides an increase of $30,000,000 to establish a permanent, centralized information technology investment fund. The total provided will support three cross-cutting investments including common office automa-

tion suite implementation, architecture requirements and web services, and security for critical infrastructure protection.

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

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2000	$201,277,000
Budget estimate, 2001	210,213,000
Committee recommendation	206,713,000

The Committee recommendation includes $206,713,000 for this account, including $19,800,000 in general revenue funding and $186,913,000 to be expended from the "Employment Security Administration" account of the unemployment trust fund. This is $3,500,000 less than the budget request and $5,436,000 above the 2000 comparable level.

For State grants the bill provides $81,615,000 for the Disabled Veterans Outreach Program and $77,253,000 for the Local Veterans Employment Representative Program. Included in the Committee recommendation is funding to establish an Internet-based national data base of credentials, licenses, and certifications for the Disabled Veterans Outreach Program.

For Federal administration, the Committee recommends $28,045,000, an increase of $1,172,000 over the fiscal year 2000 level. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain an effective program. The Committee notes the budget request includes $2,000,000, the same as the fiscal 2000 level, for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans. The Committee urged that funding for the Institute be maintained, to the extent possible, at the 2000 level.

Funding previously provided in Training and Employment Services appropriation account for Veterans workforce investment programs and the Homeless veterans reintegration project is appropriated directly to the Veterans Employment and Training account in fiscal year 2001, and comparative amounts for fiscal year 2000 are reflected herein. The Committee recommendation includes $12,500,000 for the Homeless veterans reintegration project , the request and full authorization level.

The recommendation also authorizes the Department of Labor to permit the Veterans' Employment and Training Service [VETS] to also fund activities in support of the VETS' Federal Contractor Program [FTP] from funds currently made available to States for veterans' employment activities.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2000	$51,925,000
Budget estimate, 2001	56,147,000
Committee recommendation	54,785,000

The bill includes $54,785,000 for this account, a decrease of $1,362,000 below the budget request and $2,860,000 above the 2000 comparable level. This funding will cover the agency's built in increases. The bill includes $50,015,000 in general funds and authority to transfer $4,770,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of $318,000 is available by transfer from the black lung disability trust fund. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 2001.

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

GENERAL PROVISIONS

General provision bill language is included to:

Prohibit the use of Job Corps funding for compensation of an individual at a rate in excess of Executive Level II (sec. 101).

Permit transfers of up to 1 percent between appropriations (sec. 102).

Extend the availability of the Welfare-to-Work grant funds for an additional 2 years until 2003; this will allow formula and competitive grantees to take advantage of the program eligibility improvements enacted in the fiscal year 2000 appropriations act. (sec. 103.)

Eliminate the authority of the Secretary of Labor to award grants to States for successful performance of welfare-to-work programs under section 403(a)(5) of the Social Security Act. The Welfare-to-Work Amendments enacted in the appropriations Act for fiscal year 2000 reduced the amount of the set-aside for such grants from $100 million to $50 million, and provided that no such grants could be awarded earlier than October 1, 2000. However, the Labor Department's operating plan indicates these funds will not be spent. The amendments made by this section would repeal the set-aside and the authority to award such grants, and make necessary conforming amendments changing cross-references. (sec. 104).

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 2000	$4,563,365,000
Budget estimate, 2001	4,681,337,000
Committee recommendation	4,522,424,000

The Committee recommends an appropriation of $4,522,424,000 for health resources and services. This is $117,972,000 below the administration request and $40,941,000 less than than the fiscal year 2000 allowance.

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

HEALTH CENTERS

The Committee provides $1,118,700,000 for the health centers, which is $100,000,000 above the 2000 level and $50,000,000 above the administration request for this group of programs, which includes community health centers, migrant health centers, health care for the homeless, and public housing health service grants.

The Committee recognizes health centers as the premier primary health care providers serving nearly 11,000,000 low-income patients, 4.5 million of whom are uninsured. The Committee is concerned that the number of uninsured Americans continues to grow at a rate of 100,000 per month and is expected to exceed 57 million by 2008. Health centers are the most direct and cost-effective response to this growing national concern. The Committee recognizes that in the last three years alone, the number of uninsured cared for at health centers increased by over one million. Over the past several years, the Committee has increased funding for health centers to work toward meeting the health care needs of low-income Americans.

The Committee notes that HRSA should distribute additional resources provided in this measure as expeditiously as possible to ensure that financially-pressed health centers remain viable in underserved communities. The Committee believes that HRSA should place a priority on distributing new funds made available in fiscal year 2001 to stabilizing the existing health center safety net and expanding existing health centers to serve the needs of communities without adequate access to primary and preventive care.

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. Of the clients served by community health centers, about 44 percent are children and 66 percent have incomes below the poverty line.

The Committee understands that nearly forty percent of patients served by health centers have no health insurance. The Committee expects that funding increases will be reasonably allocated to increase grant levels for existing grantees (particularly those serving greater numbers of uninsured persons) and to initiate new sites in underserved areas, particularly in rural regions.

The Committee notes the expeditious manner in which HRSA has distributed a substantial portion of the additional resources provided to the health center program in fiscal year 2000 and with the use of a funding methodology that targets these funds to centers with the highest burden of uninsured patients. The Committee encourages that new funding made available in fiscal year 2001 be given to stabilizing existing health centers and to enlarging existing health centers to serve the needs of communities without access to primary and preventive care.

The Committee does not set aside any additional appropriations for loan guarantee authority under Section 330(d) of the Public Health Service Act. The Committee intends that loan guarantee authority made available from the $160,000,000 allocation both fiscal year 1997 and fiscal year 1998 which continues to be available for guarantees of both loan principal and interest.

The Committee is concerned about the low number of centers in rural areas where shortages of health professionals are the greatest. The Committee encourages the agency to place appropriate priority on applications for new centers on rural areas which fall within the service area of an existing center but where no satellite clinic has been established.

The Committee repeats bill language from previous years limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to $5,000,000.

Within the consolidated health center line, sufficient funds have been provided to support the activities intended to reduce health disparities among ethnic/racial groups with high rates of adverse health outcomes.

The Committee understands that Spelman College in Atlanta is seeking to expand its African American Women's Health and Wellness Project. This project is an effort to close the health disparity gaps that exist between African Americans and other communities.

The Committee believes that HRSA could undertake a demonstration project in Alaska to bring community health center services to small and isolated communities in Alaska using core providers with satellite operations. The Committee notes that the State of Alaska, the Southeast Alaska Regional Health Corporation, and Ketchikan General Hospital have proposals to serve the needs of many of these isolated medically underserved communities.

The Committee recognizes the efforts of the University of Texas, Houston Health Science Center, M.D. Anderson Cancer Center,

Rice University, Baylor College of Medicine, and the University of Houston in establishing a unique pilot program which uses a community-based approach to assess healthcare needs and deliver services through the use of community health workers. The consortium plans to examine what factors contribute to good health and will channel resources accordingly.

The Committee believes the agency could establish a demonstration project in Hawaii to develop an integrated health and social services model, to include traditional healing, prevention, and disease management, that addresses the disparities in health status and barriers to accessing health and social services among native Hawaiians and other minority populations at the Waimanalo Health Center.

The Committee understands that a coalition of the Nebraska chapter of the American Academy of Pediatrics, the U.S. Bureau of Primary Health Care, and the Creighton University Medical School are working to promote patient access to healthcare.

The Committee acknowledges that the New York University's Program in Women's Cancer (PWC) plans to create a new program to treat women's cancer, including etiology and biology, risk identification and prevention, screening, diagnosis and staging, treatment, palliation and rehabilitation, and psychosocial support.

The Committee is supportive of the efforts of the Brain Trauma Foundation in developing an innovative program to significantly decrease mortality and morbidity due to severe traumatic brain injury and reduce the economic costs of caring for individuals with head injury.

The Committee is aware that the McLaughlin Research Institute's Office of Rural Health Policy has developed a cancer genetic education program in north-central Montana to assess the need for genetic counseling to support the education of physicians, staff, patients, and families while exploring the ethical, social, and legal impacts of genetics discoveries on rural healthcare.

The Committee understands that the University of Montana aspires to assist health care professionals statewide so that a significant improvement can be made in the effective use of medications and dietary supplements.

The Committee recognizes that the frontier environment of rural Montana presents significant challenges to emergency responders. The Committee understands that Montana State University in Billings plans to research the current emergency system software and hardware systems, adapt current software to meet the information needs of emergency responders in rural Montana, and provide training to emergency responders.

The Committee recognizes the high prevalence of chronic diseases such as diabetes, asthma, hyperlipidemia, and cardiovascular disease in rural areas. Furthermore, the management and control of these chronic diseases through medication and lifestyle alteration is essential to controlling overall health expenditures. Because of a shortage of primary care in rural areas, many patients do not have consistent access to practitioners to guide them in the provision of complicated medications and the accompanying lifestyle necessary to achieve a high quality of life through the management of these diseases. The Committee believes that HRSA

should undertake a demonstration project in the rural Mississippi Delta area applying the Mississippi Medicaid disease State management program to the area's Medicare population.

The Committee continues to be supportive of the demonstration programs of the Center for Sustainable Health Outreach in developing model health access programs, health-related jobs and sustainability of community-based providers of health services in rural and urban communities.

The Committee recognizes the increasing demand for comprehensive primary health care by individuals and families in Utah who lack access to affordable services. The Committee suggests that HRSA continue support for a primary care residencies program at remote and frontier sites. The Committee believes that HRSA could give special attention and consideration to allocating resources to the implementation of projects that have demonstrated cooperative State and medical education efforts to support primary care residences in underserved urban and rural/frontier areas in Utah.

The Committee is aware of a proposal by the Community Health Centers of Fresno, California to develop an enhanced model ambulatory care facility to meet the growing demands of the economically distressed, culturally diverse Central Valley of California.

The Committee also recognizes that the Los Angeles Eye Institute, the nation's first minority-founded eye institute, will focus on providing increased access to high quality eye care for underserved minority and socio-economically disadvantaged children and adults.

The Committee understands that Santa Marta Hospital in Los Angeles is providing outreach and offering health education to underserved populations suffering from diabetes. This innovative program is culturally and linguistically sensitive and primarily serves the Latino community.

The Committee acknowledges that the Henry Ford Health Services' African American Initiative for Male Health Improvement (AIM–HI), a program designed to address the level and consequences of undiagnosed and untreated chronic diseases affecting the African American community through a network of community-based health resource centers that would represent a partnership between the program and grass roots organizations within the African American community. The program would initially focus on Detroit.

The Committee understands that the University of Kentucky's Appalachian Health Promotion Disease Prevention Project is helping local Appalachian communities identify health problems, develop plans, and implement solutions through community-initiated decision-making.

The Committee recognizes that asthma is a growing problem nationwide, particularly among minorities and the underserved. The Committee encourages HRSA, through its Community Health Centers program, to enhance its efforts aimed at reducing the incidence of asthma among ethnic and racial minorities.

The Committee understands that the agency has funded the Hui and encourages continued and increased support to address the unique health care needs of Hawaii's underserved population. Native Hawaiian indigenous populations continue to experience significant health problems, including asthma and diabetes. The Com-

mittee urges HRSA to implement a program under which the systematic utilization of native Hawaiian health expertise may effectively impact the health status in these populations. The Committee recommends that community health centers serve as a safety net for this program, utilizing nurse practitioners and psychologists as care providers for these underserved populations.

The Committee notes the high prevalence of hepatitis C (HCV) in the low income communities served by Community Health Centers (CHC). The Committee urges adequate funding to permit CHCs to train their medical personnel on the risks and treatment protocols for HCV as well as resources for culturally appropriate educational materials for CHC clientele.

The Committee is also concerned that regulations and application procedures currently governing distribution of community health center funds are preventing remote rural areas in states like Alaska and Hawaii from applying for and receiving funding for health centers despite severe shortages of health professionals and great need. The Committee urges the agency to give appropriate priority to locating new health centers in such remote communities and to developing a flexible approach to working with Native health providers and other similar groups to help meet the health needs of low income persons living in extremely remote locations.

The Committee is aware of an effort by Health Choice Network, based in South Florida, to integrate an innovative system of clinical data management. The use of an automated medical record system is critical to improving outcomes and reducing ethnic disparities in the health in our patient population. Use of this system can improve the health care delivery system by improving the ability to track and manage key health factors of our vulnerable patients. Included in the project will be a document imaging system, automated medical records, and computer hardware and software. The Committee encourages full and fair consideration of this request.

The Committee is aware of the proposal by the Madison, Wisconsin Community Health Center to establish an effective model for culturally sensitive, fiscally viably primary health care which would include health promotion and prevention of high risk behaviors in at-risk and hard-to-reach populations. The proposal would focus on preventive care, follow-up medical services, patient education and case management. This project, which could be replicated in other communities across the Nation, would involve extensive collaboration between public and private health care organizations, public health departments and schools, university medical and nursing schools and the public. The agency is encouraged to identify steps that would assist this entity in attaining its operational goals.

School-based health centers

This program provides grants for comprehensive primary and preventive health care services and health education to at-risk and medically underserved children and youth. Grants are awarded to public or private, nonprofit, community-based health care providers. Through agreements with a local school or school system, the health care entity provides the services in the school building or on school grounds.

The Committee understands that Blackstone Valley Community Health Care provides a school-based clinic that provides needed services to under-served predominately new immigrant children. The Committee notes that, without a school clinic, these children would have greater difficulty obtaining health services.

Migrant health program

The program helps provide culturally sensitive comprehensive primary care services to migrant and seasonal farm workers 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.

It has been brought to the Committee's attention that the Department may be developing a regulation to revise the process for designating health professions shortage areas and medically underserved populations. Recognizing the adverse impact of residential instability and poverty on access to health care, the Committee urges the department to consider designating homeless persons, migrant and seasonal farm workers, as medically underserved populations. The Committee further urges the Department to take steps to make health services provided by the department as fully accessible as possible to persons experiencing homelessness.

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.

Native Hawaiian health care

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has included sufficient funding so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than $7,000,000 be provided for these activities in fiscal year 2001.

The purpose of this activity is to improve the health status of native Hawaiians by making primary care, health promotion, and disease prevention services available through the support of native Hawaiian health systems. Services provided include health screening, nutrition programs, and contracting for basic primary care services. This activity also supports a health professions scholarship program for native Hawaiians.

The Committee continues to support the concept of malama. This innovative, culturally sensitive community partnership program addresses the prenatal needs of minorities in rural Hawaii. The

Committee encourages the HRSA to support the replication of this project to include teen pregnancies. The ever increasing epidemic of teen pregnancy makes the maximum utilization of effective strategies a necessity.

The Committee believes the agency could establish a demonstration project in Hawaii to develop an integrated health and social services model, to include traditional healing, prevention, and disease management, that addresses the disparities in health status and barriers to accessing health and social services among native Hawaiians and other minority populations at the Waimanalo Health Center.

The Committee encourages the development of a Center of Excellence for Indigenous Health and Healing at the University of Hawaii School of Public Health and on other schools serving a large population of native peoples including American Indians, Alaska Natives, native Hawaiians and Pacific Islanders to incorporate traditional medicine and healing practices into their training for medical, nursing, social work, psychology, and public health students. The Committee encourages HRSA, CDC, and SAMSHA to support this effort in their grants by including traditional practitioners as providers of care where there are native and indigenous people residing in the service area of the grantee.

Native and rural Alaskan health care

The Committee includes the legal citation in the bill for the Denali Commission, which authorizes the provision of services, including healthcare facilities, for Native and rural Alaskans living in the Denali region. The Committee has included sufficient funds under the broader community health centers line to support these activities. The Committee intends that not less than $10,000,000 be provided for these activities in fiscal year 2001.

National Health Service Corps: Field placements

The Committee provides $38,116,000 for field placement activities, which is $66,000 below the 2000 level and the same as the administration request. The funds provided for this program are used to support the activities of National Health Service Corps obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

National Health Service Corps: Recruitment

The Committee provides $78,625,000 for recruitment activities, which is the same as the 2000 level and the administration request. This program provides major benefits to students (full-cost scholarships or sizable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. The Committee reiterates its intention that funds support multiyear, rather than single-year, commitments.

The Committee is concerned by the declining percentage of placements of NHSC assignees at Community, Migrant, Homeless, and Public Housing Health Centers. The program is intended to supple-

ment efforts of other Federal programs, such as health centers, that are targeted to underserved communities and vulnerable populations, and the Committee remains supportive of efforts to place practitioners in close coordination with this program.

The Committee urges the program to increase the level of services to medically underserved rural communities and areas. These areas are consistently in need of the kinds of services and care that NHSC professionals provide.

The Committee intends that $4,000,000 of the funds appropriated for this activity be used for State offices of rural health.

The Committee is interested in learning how successful National Health Service Corps has been in increasing the number of mental and behavioral health professionals in underserved areas. The Committee continues to be concerned about the slow progress of the Corps in addressing the need for mental and behavioral health providers in underserved areas and believes the Corps should take all necessary steps to increase the number of psychologists and other mental and behavioral health professionals.

The Committee encourages the National Health Service Corps to support a demonstration project aimed at expanding and integrating the services of behavioral and mental health professionals, including psychologists, with other health services. The Committee intends that this program be targeted at underserved urban and rural areas through community health centers, with particular attention focused on the mental health problems created by the current farm crisis.

HEALTH PROFESSIONS

For all HRSA health professions programs, the bill includes $230,714,000, which is $111,193,000 less than the fiscal year 2000 appropriation and $67,245,000 less than the overall administration request for these programs.

The Committee recommends consolidated funding for programs authorized under titles VII and VIII programs.

The following clusters and their associated programs are included in this consolidated account:

A. Workforce information and analysis

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.

Research on certain health professions issues

This program supports research on the extent to which debt has a detrimental effect on students entering primary care specialties; the effects of federally funded education programs for minorities attending and completing health professions schools; and the effectiveness of State investigations in protecting the health of the public. The Committee reiterates its support for the three centers for health professions research that are current grantees.

B. Training for diversity

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 institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities and usually with little State funding, they serve the health care needs of their patients often without remuneration. The Committee is pleased that the agency has refocused the minority centers of excellence program on providing support to historically minority health professions institutions.

The Committee believes HRSA should consider applications for the Centers of Excellence program that are responsive to allied health professions. These allied health professions are experiencing shortages and high vacancy rates, such as laboratory personnel.

The Committee urges the agency to consider establishing at least one center for excellence focused on training Alaska Natives as community health aides to serve as sole community health providers in remote Alaska Native villages across Alaska.

The Committee continues to be supportive of the work of the American Foundation for Negro Affairs in providing early intervention training.

The Committee supports the existing INPSYCH programs at the University of North Dakota, the University of Montana and Oklahoma State University, which have established outreach and training programs to provide social, financial and academic support for American Indian high school students and mental health paraprofessionals who wish to continue their education at the bachelors or graduate degree level in psychology. Currently, Alaska and other states with large Native populations are experiencing a critical shortage of mental health and substance abuse providers with advanced training and degree credentials to serve Native populations in a culturally relevant way. The Committee urges the Department to consider establishing additional INPSYCH centers at the University of Alaska Anchorage, the University of Alaska Fairbanks, the University of South Dakota, and Utah State University.

Health careers opportunity program

This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and preprofessional school preparations. The Committee is pleased that HRSA has given priority consideration for grants to minority health professions institutions, and recommends that grant review committees have proportionate representation from these institutions. The Committee believes that HRSA should consider applications that are responsive to allied health professions which are experiencing shortages and high vacancy rates, such as laboratory personnel.

The Committee has been supportive of this program's critical role in improving the health status of minority and disadvantaged citi-

zens by increasing available opportunities for those individuals seeking a health professions career. The Committee understands that minority providers are more likely to serve in underserved areas. The program has recognized the contribution of historically minority health professions schools, and have supported those institutions which have made the greatest contribution to increasing the number of minorities in health professions careers.

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.

Scholarships for disadvantaged students

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

The Committee continues to recognize the importance of training greater numbers of psychologists and other health professionals from disadvantaged backgrounds to participate on interdisciplinary primary care teams addressing a range of behavioral and mental health needs.

C. Training in primary care medicine and dentistry

The administration proposes to terminate the programs within this cluster, however, the Committee intends that the programs receive funding from the consolidated appropriations allocated for fiscal year 2001 in proportion to the amount provided in fiscal year 2000, relative to the other health professions accounts. With the continued need for primary care throughout the country, the Committee believes these programs serve an important role in maintaining the country's public health infrastructure.

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.

General dentistry and pediatric dental residencies

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

The Committee recognizes the need to increase the number of dentists in rural and underserved areas, and particularly increase the number of pediatric dentists in those areas. Rural States are disproportionately underserved by pediatric dentists.

D. Public health workforce development

The administration proposes to terminate the programs within this cluster, however, the Committee intends that the programs receive funding from the consolidated appropriations allocated for fiscal year 2001 in proportion to the amount provided in fiscal year 2000, relative to the other health professions accounts. With the continued need for public health training throughout the country, the Committee believes these programs serve an important role in maintaining the country's public health infrastructure.

Public health, preventive medicine and dental public health

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.

The Committee encourages the increase of residency training opportunities in dental public health so that Federal, State, and community-based programs have the leadership capabilities to prevent dental disease, promote oral health, and improve treatment outcomes.

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.

E. Interdisciplinary, community-based linkages

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 Area Health Education Centers (AHEC) grants; and model programs to extend AHEC programs with 50 percent Federal funding.

The Committee intends that adequate funding be provided to the area health education centers grant program since AHEC's are an important component of the Federal/State partnership in addressing rural health issues.

The Committee is pleased that HRSA is participating with the Surgeon General to implement the National Suicide Prevention Strategy. The Committee believes HRSA could develop structured programs for the education and continuing education of primary care providers in depression and anxiety assessment and intervention and to develop training materials and resources relating to depression available for use with HRSA grantees such as State Primary Care Associations, Geriatric Education Centers, and Area Health Education Centers.

The Committee recognizes the nationwide shortage of psychologists and other mental and behavioral health professionals, particularly among minorities and in underserved areas. Therefore, the Committee urges the Bureau of Health Professions to increase its efforts to meet the behavioral and mental health needs of underserved populations.

The Committee believes that HRSA could improve the detection, diagnosis, treatment and management of CFIDS patients through its training program for health care providers in practice and providers in-training. HRSA encourages the agency to support thorough evaluation of its CFIDS training program to assess its effectiveness. The Committee believes that HRSA could expand its CFIDS educational opportunities beyond the Area Health Education Centers (AHEC) program to other relevant areas of the agency. Effective programs could yield healthcare spending savings equal to many times this small investment.

It has been brought to the attention of the Committee that the program has been emphasizing physical health needs, while more could be done in addressing behavioral and mental health needs. The Committee encourages the Bureau to train more behavioral and mental health professionals in the AHEC program.

Funds are available to continue the demonstration project by the Utah area health education centers. The project seeks to show if these centers' support to primary care residencies in states with one regional health science center and medical school will improve access of health services to rural and underserved populations. The project also seeks to establish cooperation between a state council of medical education and a Utah AHEC program to support primary care residencies and participation by residents in those programs at remote and frontier sites.

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.

Allied health and other disciplines

The Committee expects this program to continue to support schools or programs with projects designed to plan, develop, or ex-

pand postbaccalaureate 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. The administration requested termination of funding. 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, and increase faculty recruitment and education, and research.

The Committee intends that the program receive funding from the consolidated appropriations allocated for fiscal year 2001 in proportion to the amount provided in fiscal year 2000, relative to the other health professions accounts. It has been brought to the Committee's attention that shortages of allied health personnel exist in medically underserved and rural communities, especially those who assist the elderly. The Committee understands that a workforce database is being developed that could detail the extent of these shortages. The Committee continues to recommend that the agency continue to play a role in partnership with state governments and private institutions in raising the number of allied health professionals.

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

The Committee understands that the Northeastern University's Bouve College of Health Sciences plans to develop models for training physicians to serve low-income communities. Northeastern has been recognized as a leader in low-income health delivery models by providing services to communities with high rates of uninsured people.

It has been brought to the Committee's attention that there is a lack of trained health professionals in Nevada. Given the large increase in Nevada's population, especially the elderly, the Committee encourages the agency to contribute technical assistance to the University of Nevada at Reno and Las Vegas toward the establishment of educational channels for a school of pharmacy.

Geriatric education centers and training

The Committee expects this program to continue to support grants to health professions schools to establish geriatric education centers and to support geriatric training projects. The administration requested termination of funding. These centers and geriatric training programs play a vital role in enhancing the skill-base of health care professionals to care for our Nation's growing elderly population. The Committee is concerned about the shortage of trained geriatricians and urges the agency to give priority to building the work force necessary to care for the Nation's elderly.

The Committee recognizes the Des Moines University Osteopathic Medical Center for its development of a model program for training and education in the field of geriatrics.

Quentin N. Burdick program for 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.

The Committee notes its continuing support for the rural interdisciplinary training program designed to improve access to health care and health professionals in rural areas and has included sufficient funds to maintain this program at current levels. The Committee expects that this program will continue its current levels of support for addressing the issue of how the delivery of chiropractic health care can be enhanced in rural areas, and how more women and minorities can be recruited as chiropractic health care practitioners in rural areas.

The Committee also urges the bureau to consider implementation of telecommunications and telehealth initiatives for providing distance education and training for nurses, community health aides, and other health professionals serving rural areas.

The Committee is aware of the Global Health Corps at the University of Northern Iowa in training students in health promotion, health education, nursing, pre-medicine, and related areas to conduct culturally appropriate health programs with underserved populations.

The Committee understands that Texas A&M/Texas Agricultural Extension Service is operating an innovative Health Education and Outreach (HERO) Program. The program is enabling health professionals to conduct public health research in areas traditionally under served and under represented in such studies.

Podiatric primary care training

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

Chiropractic demonstration grants

The program provides grants to colleges and universities of chiropractic to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower back conditions. The Committee recommends that the program be continued and funded at current levels.

Children's hospital graduate medical education program

The program provides support for health professions training in children's teaching hospitals that have a separate Medicare provider number ("free-standing" children's hospitals). Children's hospitals are statutorily defined under Medicare as those whose inpatients are predominantly under the age of 18. The funds in this program are intended to make the level of Federal Graduate Medi-

cal Education support more consistent with other teaching hospitals, including children's hospitals which share provider numbers with other teaching hospitals. Payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

F. Nursing workforce development

Advanced education nursing

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.

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 certified registered nurse anesthetists [CRNA]. The program also supports fellowships to enable CRNA faculty members to obtain advanced education.

Basic nurse education and practice

Authorized by Public Law 105–392, the goal of this program is to improve the quality of nursing practice. Activities under this program will initiate new projects that will change the educational mix of the basic nursing workforce and empower the workforce to meet the demands of the current health care system.

The Committee is aware of a recent meeting of the Council on Graduate Medican Education (COGME) and the National Advisory Council on Nursing Education Program(NACNEP) where they determined to work together to develop educational programs to address concerns raised in the Institute of Medicine Report, "To Err is Human." Specifically, they have agreed to focus jointly on a new initiative," Training Physicians and Nurses Together to Improve Patient Safety." This promises to be a constructive and productive effort and the Committee encourages HRSA to fund this initiative.

The Committee is aware of the University of Alaska Anchorage's program to recruit and retain Alaska Natives for basic and advanced training as nurses to serve in Native communities in Alaska, and notes that only 2 percent of the RN workforce in Alaska is composed of Alaska Natives. The Committee urges the Department to consider continuing and expanding the University of Alas-

ka's current program to recruit and retain Alaska Natives as nurses, including supportive services, stipends for needy students, and distance delivery of educational components.

Nursing workforce diversity

The goal of this program is to improve the diversity of the nursing workforce through increased educational opportunities for individuals from disadvantaged backgrounds. Such diversity in the nursing workforce enables the health care system to deliver more culturally appropriate and sensitive care in disadvantaged neighborhoods.

OTHER HRSA PROGRAMS

Hansen's disease services

The Committee has included $17,016,000 for the Hansen's Disease Program which is the same as the administration request. This program offers Hansen's Disease treatment in Baton Rouge at the Center, at other contract supported locations in Baton Rouge, and in grant supported outpatient regional clinics. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the United States.

With the exception of about 40 long term residents who continue to reside at Carville, the program has completed the move to leased space in Baton Rouge. Other former long term residents have been offered and elected to receive a living allowance from the program and now live independently. The former Federal property at Carville has been transferred to the State of Louisiana.

Over the next few years a long term facility will be developed in the Baton Rouge area and offered to the current long term residents remaining at the Carville location as an alternative to remaining at the historic facility.

The program also conducts research focusing on the global elimination of Hansen's Disease in laboratory facilities at Louisiana State University in Baton Rouge. Research activities are directed toward the development of new anti-leprosy drugs and short-term more effective regimens; manufacture and distribution of lepromin skin tests reagents through the World Health Organization; identification of host resistant mechanisms for potential use in vaccines development; and application of state-of-the-art biotechnology to develop simple lab techniques for case detection and diagnosis of preclinical disease.

Maternal and child health block grant

The Committee recommends $704,130,000 for the maternal and child health [MCH] block grant. This is the same as the fiscal year 2000 level and the administration request.

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 12.75 percent of funds over $600,000,000 are used for community-integrated service systems [CISS] programs. Of the remaining funds, 15 percent is used for special projects of regional or national significance [SPRANS] while 85 percent is distributed on the same percentage split as the basic block grant formula.

The Committee has transferred funding previously included within SPRANS for the traumatic brain injury State demonstration projects to the critical care cluster.

The Committee is concerned that recent changes in factors that determine funding under SPRANS may have disadvantaged a number of programs that provide comprehensive care services to chronic patients, such as those with thalassemia or sickle cell disease. The Committee strongly encourages the bureau to continue current funding of programs for individuals with thalassemia and sickle cell disorder. These programs should include trait screening, as well as prenatal and postnatal services.

The Committee commends HRSA's Maternal and Child Health Bureau for its support of the Sudden Infant Death Syndrome program support center, and encourages the Maternal and Child Health Bureau to continue its efforts in this important area of service.

Since 1992, the Maternal and Child Health Bureau has worked in a cooperative agreement with the American College of Obstetricians and Gynecologists (ACOG) to run the Maternal and Child Health Providers' Partnership Project. The Committee commends the MCHB for establishing the Partnership program, which seeks to promote cooperative efforts and enhance communication between public and private organizations that serve pregnant women and children. The goal is to improve the health systems in place, remove barriers to care, and to ensure quality health services for pregnant women and infants. The Partnership brings together representatives from the Federal, State, and local level who want to work toward improving health services for women and their infants. Such efforts by the Partnership have recently resulted in work to address perinatal HIV transmission and develop strategies to increase access to psychosocial services for pregnant women. The Committee notes that the bureau could continue to use SPRANS funds to support the Partnership Project.

Partners in Program Planning for Adolescent Health (PIPPAH) is a public-private initiative that promotes an adolescent health care agenda among professional disciplines through funding from the Office of Adolescent Health within the MCHB. The program aims to improve access to health services for adolescents, including access to mental health services. The Committee encourages the bureau to continue using SPRANS funds for the PIPPAH program. With sufficient funding, this program could be expanded to involve additional disciplines, including health care organizations such as the American College of Obstetricians and Gynecologists.

The Committee recognizes the efforts of the Providence Smiles program in providing dental care to uninsured school-aged children and notes that additional funds would allow more children to receive these critical services.

The Committee commends the efforts of Prince George's County, Maryland in reducing infant mortality rates, which are currently the highest in the State. With additional funds, the number of infant mortality prevention and treatment programs could be increased, particularly among African-American and low-income women. These programs would include perinatal diagnostic treatment for women with high-risk pregnancies, screening for chronic

illnesses for women of child bearing age, and education services for expectant mothers.

The Committee recognizes HRSA's Oral Health Initiative that uses a multi-faceted approach to eliminate disparities in oral health status and assures access to oral health services for low-income children. A recently released study by the General Accounting Office substantiates that dental disease is a chronic problem among many low-income and vulnerable populations and that children in these populations have five times more untreated dental caries than children in higher-income families. In an effort to better coordinate oral health activities such as community water fluoridation, sealant programs, education and training programs to improve pediatric oral health and grants to States to improve access to oral health care for Medicaid and CHIP eligible children, the Committee requests HRSA to present a report by February 1, 2001 explaining how these programs can be consolidated and what additional investment would be required to sufficiently address improving access to oral health care for vulnerable populations.

The Committee is pleased with the role that HRSA's Office of Adolescent Health is playing regarding promotion of mental health and substance abuse treatment services for adolescents in the primary health care setting. In particular, the Committee is interested in the collaborative activity between the Office of Adolescent Health and the three Centers of Substance Abuse and Mental Health Services Administration that explores and examines health services delivery models which will enhance access to and effective utilization of mental health and substance abuse treatment services by children, adolescents, and their families. The Committee encourages that this activity be expanded to include a set of evaluated demonstration projects.

The Committee is aware of the history of collaboration between MCHB and regional health administrators in regions VII and X in youth suicide prevention programs. The Committee believes that this collaboration could be expanded to include the development of a comprehensive demonstration of youth suicide prevention programs in these regions. SPRANS funding of such a demonstration would be appropriate.

The Committee also values the initiative, Mental Health in Schools, and encourages that the state level partnerships be expanded and the technical assistance, training and resource centers continue their work with educators and health care professionals.

The Committee encourages HRSA's Office of Adolescent Health to take action on the recommendations made at the 1998 Health Futures of Youth II Conference, and is pleased that an initiative is planned that promotes healthy developmental transitions from childhood to adolescence. The Committee further encourages collaboration with the Administration on Children, Youth and Families.

Healthy start initiative

The Committee recommends $90,000,000 for the healthy start infant mortality initiative. This amount is the same as the fiscal year 2000 amount and the comparable administration request.

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

The Committee is pleased with the achievements of the healthy schools, healthy communities initiative which has been particularly effective in providing comprehensive school-based, school-linked, family centered, community based primary care to approximately 24,000 children.

Since 1990, the Maternal and Child Health Bureau has worked in collaboration with the American College of Obstetricians and Gynecologists (ACOG) to run the National Fetal and Infant Mortality Program. NFIMR is a national activity where professionals review community fetal and infant mortality rates and work to address identified problems leading to mortality and establish systems of support for women and children. The public-private initiative also works to address problems with health disparities in minority health, as related to fetal and infant mortality rates. The Committee believes NFIMR should continue to be supported through the MCHB and notes that additional funds would allow more communities to be served. Adequate funding has been provided for NFIMR through the Healthy Start initiative. The Committee is aware that in order to meet the demand of serving an expanded number of communities, NFIMR must be able to continue its activities at an adequate funding level.

Universal newborn hearing screening and early intervention

The Committee provides $4,000,000 for universal newborn hearing screening and early intervention activities, which is $625,000 above both the fiscal year 2000 level and the administration request. The Committee understands that screening technology has enabled health providers to conduct accurate, cost-efficient newborn hearing screenings prior to hospital discharge. By detecting newborn hearing deficiencies, health providers can implement necessary treatment to the infant and advice to affected family members. This new program was begun last year and the response from States has been substantial. The Committee is aware that HRSA received many more high quality applications for this program than it was able to fund. Funds provided will support grants to states to: develop and expand statewide screening programs; link screening programs with community-based intervention efforts; monitor the impact of early detection and intervention activities; and provide technical assistance.

Organ procurement and transplantation

The Committee provides $15,000,000 for organ transplant activities. This is the same as the administration request and $5,000,000 more than the fiscal year 2000 appropriation.

The Committee considers increasing the supply of organs, particularly livers, available for voluntary donation to be a top public health priority. Last year the Committee doubled the administra-

tion request to catalyze an aggressive, nationwide effort to improve public awareness and educate health care providers.

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 encourages the agency to establish linkages with state and federal transportation officials to improve coordination of donation following vehicular accidents.

To increase the rate of organ donation, the Committee urges increased behavioral research to better target and increase the effectiveness of public awareness campaigns.

The Committee is aware of the proposal by the University of Alabama at Birmingham to conduct research on measures that could increase the number and quality of organs obtained from donors.

The Committee considers increasing the supply of organs, particularly livers, available from voluntary donations to be a top public health priority and expects that funds be committed to those activities having the greatest demonstrable impact on donation rates.

Health teaching facilities interest subsidies

The Committee has not included funding for the health teaching facilities interest subsidies which has provided interest support on loan guarantees for construction of a health professions teaching facility under a now discontinued Public Health Act authority. The remaining Federal commitment on these loans will expire in year 2004. The interest subsidy payment for the remaining loan guarantee will be paid from existing carryover funds from prior years' appropriations; therefore, no appropriation is required to cover these payments.

National bone marrow donor program

The Committee has included $17,959,000 for the national bone marrow donor program. This is the same as the administration request and $41,000 below the fiscal year 2000 level. The National Bone Marrow Donor Registry is a network, operated under contract, that helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

Rural health outreach grants

The Committee recommends $38,892,000 for health outreach grants. This amount is $3,012,000 higher than the fiscal year 2000 level and the same as the administration request. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services. The Health Care Consolidation Act of 1996 authorized a new rural network development program intended to develop integrated organizational capabilities among three or more rural health provider entities.

The Committee understands that the University of Colorado School of Dentistry plans to conduct an oral health prevention and treatment program in several counties in South Dakota that would test innovative ways to provide services to low-income children.

The Committee continues to be supportive of the diabetes lower extremity amputation prevention program run by the University of South Alabama, the Louisiana State University medical school, the Roosevelt Institute for Rehabilitation and Jackson Medical Mall.

The Committee is supportive of the La Crosse Health Science Consortium proposal to address severe shortages in dental access. The Committee is aware that only 30 percent of Medicaid-eligible persons in La Crosse County received dental services in 1997. The project will utilize the La Crosse Allied Health Sciences facility, the services of the Western Wisconsin Technical College Dental Hygiene and Dental Assistant Program and volunteer dentists, to increase access to dental care for individuals living in La Crosse County.

Telehealth

The Committee recommends $25,000,000 for telehealth activities. This amount is $19,388,000 higher than the administration request and $4,478,000 more than last year's comparable appropriation.

The telehealth program promotes the use of technologies to improve access to health services and distance education for health professionals. The Committee recognizes the tremendous potential that telehealth has for improving the delivery of quality health care to rural underserved areas and for providing distance education to health care professionals. The Committee supports HRSA's numerous rural telehealth initiatives and encourages the agency to work in partnership with medical librarians and other health information specialists in the development and implementation of its telehealth projects.

The Committee believes that HRSA could establish a number of regional centers for the advancement of telehealth. Such centers could advance the cost-effective deployment of telehealth technologies and provide technical assistance to health care providers. The centers could conduct research, evaluations, and assessments to determine the appropriate application of telehealth technologies that span healthcare disciplines, applications, and settings.

The Committee is supportive of HRSA's efforts to include EMS issues in its Telemedicine/Telehealth initiative and encourages the Office of Rural Health Policy, the Office for the Advancement of Telehealth and EMSC program to collaborate on projects to improve emergency medical service for children.

The Committee is supportive of the Magee-Womens Hospital's efforts to develop a model to support coordinated and integrated care to women with breast cancer. Associated with this model is the use of new information technologies that will allow collaboration of cancer specialists for case management decisions, research cooperation, and continuing professional development. In addition, the Committee understands that the model will include the use of new technologies for mammography imaging, ultrasound imaging, and pathology slides.

The Committee is aware of HRSA's increased commitment to telehealth demonstration projects to serve as models for the efficient delivery of health care services to rural, underserved, and hard to reach populations. The Committee urges an increased focus on demonstration grants for providing behavioral and mental health services and advanced training for providers in prisons and other public institutions.

The Committee understands that Montana State University plans to initiate a Tele-home Healthcare Intervention Project that will integrate and expands existing programs and maximize partnerships between State and local organizations. Through telecommunications technology, computer access, and Internet connectivity, self-care and supportive care for rural isolated elderly will be enhanced.

The Committee acknowledges that Saint Vincent Hospital and Health Center is developing a State-and region-wide telecommunications model that increases telemedicine usage and incorporates health and business applications. The focus of this plan is the development of a Telehealth Education and Learning Center which includes deployment of video telecommunications in rural or extended community areas.

The Committee understands that the North Philadelphia Health System plans to employ cutting-edge to provide better and more timely patient care.

The Committee is also aware of the Susquehanna Health System's innovative electronic medical information and patient access project.

The Committee recognizes that HRSA is beginning phase II of the Telehealth Deployment Research Testbed (TDRT) program, which will significantly expand the effective use of telehealth in underserved rural and urban areas. The program will incorporate wide participation, including the West Virginia University Concurrent Engineering Research Center and other centers of excellence.

The Committee is supportive of the Children's Health Fund, a non-profit organization to offer comprehensive medical care to uninsured and medically underserved children. The fund is currently working in 5 States to implement state-of-the-art electronic patient record systems at its project sites.

The Committee recognizes that providing health care in rural areas is difficult, and the difficulties increase exponentially when the location is a small island in the Pacific, however, Molokai General Hospital has been providing health care on this rural island and has found that its environment provides opportunities to research outcomes of new interventions, evaluate culturally-relevant health education, train health providers on care of ethnic populations, and facilitate the integration of non-Western health treatments. Molokai's rural setting also encourages the collaboration among diverse health professionals and necessitates the use of technology advances, including telehealth, telemedicine, electronic communication, and video consultation. Given Molokai's General Hospital's ability to thrive in its isolated location, the Committee believes that the Hospital could be designated a Center of Excellence that will focus on the provision of health care in rural areas.

The Committee understands that Montana State University (MSU) campuses in Bozeman and Billings are developing a center to enhance health-related research programs, assisting with health care policy development, and clinical trial research efforts to health care institutions, providers, and consumers. The large health care enterprise in the Billings area and the biomedical, biotechnology, engineering, and economics research activities of MSU–Bozeman plan to form a research partnership through this center.

The Committee recognizes that Rocky Mountain College and Deaconess Billings Clinic plan to provide medical imagery and education and create communications links to residents of rural Montana. The system features distance learning centers that offer both education and telemedicine services.

The Committee recognizes that the Community Hospital Telehealth Consortium in Louisiana is developing a regional telehealth network.

The Committee is aware that Santa Rosa Memorial Hospital is proposing the creation and implementation of a Northern California Telemedicine Network to provide health care access to the California north coast's remote and underserved populations.

The Committee is also recognizes that Arrowhead Regional Medical Center is proposing to use technology to enable both indigent residents and incarcerated and juvenile offenders to have access to specialty medical care and not forego attention because of transportation problems.

The Committee understands that the University of Michigan Health System's Emergency Telemedicine Network plans to develop an emergency telemedicine model of care, making significant improvements in the emergency medical services delivery system.

The Committee is also aware of a proposal by the Rural Telehealth & Community Education Network through Central Michigan University to establish an interactive two-way audio video community education and rural telehealth network to improve access, efficiency and quality of healthcare services to migrants and underserved rural populations that could then be replicated as a model for rural communities nationwide. The goal would be to increase health promotion and disease prevention while reducing the cost of medical care associated with emergency room and unnecessary visits.

The Committee is supportive of the Utah Telehealth Network's plans to expand service to 20 sites throughout the State. This project will link rural and frontier communities with health care services. The Committee is also supportive of the Montezuma Creek Health Center's efforts to provide telehealth services to the rural Navaho population.

The Committee is aware of the New Mexico/Hawaii telehealth outreach for unified community health (TOUCH) which is provided much-needed health services to rural patients.

The Committee understands that the Ohio Poison Control Center Collaborative needs to upgrade its computer technology so that they can have a compatible information link. Such a link is important since it will allow more patients to be served.

The Committee is aware that the Community Partners HealthNet, Inc. in North Carolina is providing health services to poor, uninsured patients in rural locations.

The Committee recognizes that the University of Nebraska Medical Center in Omaha is developing a telemedicine and distance learning outreach program to serve patients in remote and rural locations.

The Committee understands that the Community Hospital Telehealth Consortium's Regional Telehealth Network is providing services to patients in rural Louisiana, Mississippi, and Arkansas.

The Committee is supportive of efforts to develop a statewide Telemedicine Network to allow Vermont hospitals to provide trauma care.

The Committee is supportive of the efforts of Union Hospital in Terre Haute, Indiana in establishing a rural telehealth initiative to provide medical services to patients in remote and rural areas.

The Committee is supportive of a Mobile Health Screening Program at Western Kentucky University which would provide primary care, dental, and mental health examiniations in rural, medically underserved areas.

The Committee understands that Dominican College, located in Orangeburg, New York is completing a state-of-the-art center and developing a telehealth network for educating teachers of the multi-handicapped.

The Committee is also aware that Daemen College is continuing its distance learning/medical linkages to rural counties in Western New York.

The Committee recognizes that the Children's Hospital and Regional Medical Center in Seattle, Washington plans to initiate a telemedicine project to provide services to patients in remote areas that would otherwise be unserved.

The Committee is supportive of the University of Florida's efforts to use cutting-edge technology to provide functional imaging of the brain and enhance guided imagery for neurosurgery. Through it's Center for Human Brain Functional Imaging Technology, the University will accelerate the pace of invention and improvement of imaging technologies and enhance their applications to the diagnosis and treatment of brain diseases.

The Committee understands that the Children's Hospital and Regional Medical Center in Seattle, Washington is establishing an interactive telemedicine system to improve the access to and quality of cost effective pediatric health care for patients in medically underserved rural and Native American areas throughout the region.

The Committee is also aware that the Inland Health Northwest rural telemedicine cooperative is beginning a demonstration project in telepharmacy to improve outcomes for people living in rural areas in Eastern Washington.

The Committee supports continued funding of the Alaska Federal Health Care Access Network, which is bringing telehealth services to remote villages and communities throughout Alaska, providing linkages between remote and inaccessible locations with tertiary care facilities in Anchorage and Fairbanks. Continued funding will

allow expanded installation of telehealth sations and will support bringing non-federal partners into the project.

The Committee recognizes that the Nevada Telemedicine Network plans to provide clinical, consultative and medical education services to patients in rural NV and to develop a full service, high performance computing facility at the Las Vegas Technology Center to support biomedical, bioengineering and biotechnological programs.

The Committee continues to be supportive of the Southwest Alabama Network for Education and Telemedicine at the University of South Alabama in Mobile.

The Committee continues to be supportive of the University of South Alabama telemedicine project which is extending medical services to remote rural areas which are traditionally underserved.

The Committee understands that the Idaho Telehealth Integrated Care Center (ITICC) at Idaho State University is establishing a comprehensive telehealth clinic to provide consultation and technical assistance in a variety of fields in order to provide health care in rural and frontier areas.

Critical care programs

The Committee has grouped the following ongoing and proposed activities into a new cluster proposed by the administration: emergency medical services for children, the traumatic brain injury program, trauma care/emergency medical services, and poison control centers.

The Committee provides $15,000,000 for emergency medical services for children. This is $2,000,000 below the 2000 level and the same as the administration request. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children. The Committee urges HRSA to consider EMSC a high priority, focusing on the development of prevention and treatment programs and education of emergency personnel in remote and rural areas such as Alaska and Hawaii, using telemedicine technology. For example, a collaborative effort with Tripler Army Medical Center, using the telemedicine technology already available would enhance the development of the EMSC initiatives.

The Committee provides $6,000,000 for poison control center activities, which is $4,500,000 above the administration request. The Committee is pleased with the actions by HRSA and CDC to initiate planning for a national toll-free telephone number for poison control services. The funds provided will support the development and assessment of uniform patient management guidelines and will support HRSA's participation with CDC and the joint CDC/HRSA advisory committee on planning efforts.

The Committee has included partial funding for the national poison control centers, as authorized pursuant to Public Law 106–174, the Poison Control Center Enhancement and Awareness Act, and expects that these funds shall be administered and distributed according to the Act.

The Committee commends the Emergency Medical Services for Children program for the delivery of emergency medical services to acutely ill and seriously injured children. The Committee also com-

mends the Partnership for Children initiative which has provided useful training and information to pediatric emergency care personnel. The Committee urges HRSA to consider EMSC a high priority, focusing on the development of prevention and treatment programs and education of emergency personnel in remote and rural areas such as Alaska and Hawaii. Hana, on the island of Maui, provides an excellent example of EMSC design and implementation efforts targeted toward rural communities. Hana is extraordinarily isolated with pressing health care needs and has a population that is nearly one-third children and adolescents.

The Committee supports the effective collaboration between NHTSA and HRSA in the administration of the EMSC program. The Committee urges the EMSC program to develop practice guidelines and other quality of care assessment and enhancement initiatives. The Committee encourages the EMSC program to continue a research focus and to develop a means of collecting data to ensure accountability and to better track accomplishments and needs.

The Committee believes that HRSA could encourage those States receiving trauma systems support and development funds to incorporate issues of traffic congestion into their overall trauma systems response plans.

The Committee provides $5,000,000 for the traumatic brain injury program, which is the same as the 2000 level and the comparable administration request. This item was previously funded through the SPRANS component of the maternal and child health block grant. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: prehospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support.

In rural Alaska, emergency medical service workers are often the only health providers for rural Alaskans and for the many tourists from all over the world who visit Alaska. The Committee is aware that lack of proper training for EMS workers in these conditions may result in needless injury or death and supports the request of the State of Alaska to establish a training program for rural Alaskan EMS workers.

The Committee provides $3,000,000 for trauma/emergency medical services. This is a new activity for fiscal year 2001. This program is intended to improve the Nation's overall emergency medical system, including the joint efforts between HRSA and the National Highway Traffic Safety Administration to assess state systems and recommend improvements to the current system.

The Committee is supportive of the American Trauma Society's plans to train trauma center and emergency room personnel to help families and individuals cope with the sudden news that someone close to them has suffered a traumatic injury or death.

The Committee acknowledges the work of the Center for Injury Sciences in conducting an innovative program that integrates clinical care with clinical and basic research to reduce the risk of death and injury from trauma.

The Committee is supportive of the work of the Brain Trauma Foundation in improving the prehospital care of persons with traumatic brain injury.

Black lung clinics

The Committee includes $6,000,000 for black lung clinics. This is $57,000 above both the fiscal year 2000 amount and the administration request. This program funds clinics which treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Nurse loan repayment for shortage area service

The Committee includes $2,279,000 for nurse loan payment for shortage area services. This is the same level as last year and the administration request.

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.

Payment to Hawaii, Hansen's disease treatment

Within the amount provided for Hansen's disease services, the Committee has provided $2,045,000 for the fiscal year 2001 payment to the State of Hawaii for the medical care and treatment in its hospital and clinic facilities of persons with Hansen's disease at a per diem rate not greater than the comparable per diem operating cost per patient at the Gillis W. Long National Hansen's Disease Center in Carville, LA. This amount is the same as the administration request and the 2000 level.

The Committee appreciates the Institute of Medicine study of the Pacific Basin health care delivery system, conducted in 1998. It is the Committee's understanding that the IOM cited findings for all health indicators for the people residing in the freely associated states, as being significantly worse than those for mainland Americans. The Committee, therefore, expects the Department to review the IOM findings and initiate implementation of its recommendations which include: jurisdictional coordination by the Pacific Islanders Health Officers Association; use of Tripler Army Medical Center and Guam Naval Hospital for care coordination, with emphasis on telehealth assessment and management; development of and participation in a regional health information system for information tracking and storage; continuing education for all health providers; and increased involvement in health care, particularly womens' health issues.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

RYAN WHITE AIDS PROGRAMS

The Committee provides $1,650,000,000 for Ryan White AIDS programs. This is $69,550,000 below the administration request and $55,450,000 above the 2000 level.

Recent advances in diagnosis, treatment, and medical management of HIV disease has resulted in dramatic improvements in individual health, lower death rates and transmission of HIV from mother to infant. The Committee recognizes, however, that not all HIV infected persons have benefited from these medical advances and expects that the Ryan White CARE Act programs provide social and other support services with the specific intent of obtaining and maintaining HIV-infected individuals in comprehensive clinical care.

The department is encouraged to identify obstacles confronting people with HIV/AIDS in receiving medical care funded through the Ryan White programs and to re-examine the design of both Ryan White programs and Medicaid in light of the changing medical needs of a patient population that is living longer with current therapies.

The Committee is aware of the proposal by the National Training Institute to enhance volunteer training, support and retention model developed over the past twenty-five years to assist people with cancer and HIV/AIDS to help other populations needing supportive services.

The Committee recognizes the recent advances in the treatment and medical care of persons with HIV disease and the need for early access to these interventions and services. Furthermore, the Committee understands that disparities exist in accessing and maintaining the benefits of these recent advances among communities highly impacted by HIV and AIDS. The Committee requests that the Secretary fund an independent study through the Institute of Medicine to evaluate the effectiveness of the current role and structure of the Ryan White CARE Act programs on improving access to effective HIV treatments among underserved communities. The report should include a review of the current structure of the types of services funded through the CARE Act and their relation to medical care, mechanisms to assure access to quality medical services to underserved and uninsured populations, and the effectiveness of the funding allocation formulas in targeting communities of the greatest need. The report should include recommendations to ensure that all persons with HIV-infection have reasonable access to new treatments and quality medical care and providers. The study should be made available by the end of the fiscal year.

The Committee urges HRSA to assume a leadership role in ensuring that the prevention, treatment, and management of HIV/AIDS in correctional facilities is a high priority and that the care rendered meets current medical standards for AIDS care. The Committee encourages HRSA to collaborate with the Federal Bureau of Prisons, CDC, the White House Office on AIDS Policy, and other entities of jurisdiction.

Emergency assistance—title I

The Committee recommends $556,500,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. This amount is $10,000,000 above the fiscal year 2000 amount and $30,000,000 below the administration request. These funds are provided to metropolitan areas meeting certain criteria. One-half of the funds are awarded

by formula and one-half are awarded through supplemental competitive grants.

The Committee is concerned about the limited AIDS therapy options for children and pregnant women, and encourages the Secretary, when awarding supplemental title I funds, to give priority as appropriate to EMA's whose applications increase services to women and children with AIDS/HIV infection.

The Committee notes the work by the Department with Alameda County, California, which is the only county and health jurisdiction thus far which has declared a public health emergency on AIDS in the African-American community. Recent data clearly indicates that new HIV infections and AIDS diagnoses among African-Americans are growing. The county has requested emergency assistance to provide prevention and treatment services, as well as research in communities where HIV/AIDS prevalence is at crisis levels. The declared public health emergency has moved HHS to give a high priority to the city of Oakland and Alameda County. HHS plans to deploy a crisis response team to further evaluate the disease's devastating impact in Alameda County's health jurisdiction.

Comprehensive care programs—title II

The Committee has provided $834,000,000 for HIV health care and support services. This amount is $30,000,000 below the administration request and $10,000,000 above the 2000 level. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of protease inhibitor therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for $538,000,000 for AIDS medications, compared to $528,000,000 provided for this purpose in fiscal year 2000. The Committee further urges HRSA to encourage States to utilize Federal ADAP funding in the most cost-effective manner to maximize access to HIV drug therapies and to eliminate cost-shifting from Medicaid to the State ADAP programs. States with ADAP funding should be allowed the flexibility to purchase and maintain insurance policies for eligible clients including covering any costs associated with these policies, or continue to pay premiums on existing insurance policies that provide a full range of HIV treatments and access to comprehensive primary care services, as determined by a State. Funds should not be committed to purchase insurance deemed inadequate by a State in its provision of primary care or in its ability to secure adequate access to HIV treatments.

It has been brought to the Committee's attention that many state HIV/AIDS programs seek increased flexibility to use some ADAP resources to fund medical care, laboratory tests, and services to enhance patient adherence to pharmaceuticals. The agency should consider allowing states to redirect a reasonable portion of ADAP funds, as determined in collaboration with the states, to such services that enhance the ability of eligible people with HIV/AIDS to

gain access to, adhere to, and monitor their progress in taking HIV-related medications. The agency should submit a report to the Committee with details on the implications of such a change prior to implementation.

The Committee is concerned that American Indians and Alaska Natives are not participating in ADAP to the extent that these services are needed. The burden of covering costs for AIDS–related drugs is often falling on local Indian Health Service, tribal or urban program providers, or on the families of American Indians or Alaska Natives with AIDS. The Committee requests that HRSA and IHS work together to ensure American Indians and Alaska Natives are participating proportionately in each State, and there are not barriers to American Indians accessing the ADAP drugs due solely to their status as American Indians.

Early intervention program—title III–B

The Committee recommends $166,400,000 for early intervention grants. This is $28,000,000 above the 2000 level and $5,000,000 below 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 comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

To the extent practicable, the Committee encourages HRSA to fairly allocate the increase for title III–B between existing grantees and new providers. The Committee understands that existing grantees have been level-funded throughout the history of the CARE Act. By providing additional funds to current grantees, the Committee intends to strengthen the HIV care infrastructure already established in title III–B clinics. The Committee also supports expansion of the number of communities receiving assistance from this title.

Priority should be placed on funding new projects in rural, medically underserved areas, and secondary cities outside of major metropolitan areas in order to build clinical capacity for the delivery of HIV care among clinicians serving high-risk populations, minorities, and those who are unable to access clinical HIV care for economic reasons. In building capacity, the goal is to develop regional centers of knowledgeable clinicians to improve access to quality HIV treatment based upon the evolving HIV treatment guidelines of DHHS.

As noted for the last 2 years, the Committee is aware that the FDA has approved at-home telemedicine diagnostic testing methods which seem to offer important fiscal, privacy and public health advantages. A study published by CDC indicates that a significant percentage of individuals using public clinics for on-site HIV testing do not return for their results. HRSA data indicates that the average cost for on-site testing, counseling and referral services is about $160 per person, compared with the $40 cost for at-home telemedicine testing. The Committee is concerned by the lack of an adequate effort in this area and again asks HRSA to evaluate and report on the benefits and costs of varying testing methods, including at-home telemedicine and to make program changes that are

warranted. The Committee would like to be briefed by HRSA on their progress by November 1, 2000.

Pediatric AIDS demonstrations—title IV

The Committee recommends $58,450,000 for title IV pediatric AIDS, which is $1,550,000 below the administration request and $7,450,000 above the 2000 amount. 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.

With additional funding, the Committee urges HRSA to expand comprehensive services for youth, including case finding, mental health and early intervention services. The Committee also urges the agency to expand services for HIV-positive women and men who are primary care givers of infected or affected children or youth. In allocating new funds, the Committee further urges the agency to create a consolidated grant application process and to ameliorate administrative burdens to grantees to the fullest extent that is practical. The Committee is aware of the efforts of the AIDS Policy Center for Children, Youth and Families to expand necessary services to those in need.

Some 5 percent of the funds appropriated under this section may be used to provide peer-based technical assistance. Within this amount, sufficient funds are available to maintain and expand work being done to create a national consumer and provider education center on the use of various strategies and planning in the care of children, youth, women and families infected with or affected by HIV and AIDS.

Transmission of HIV to newborns can be reduced by over 90 percent if pregnant women are aware they are HIV-positive and are effectively treated with drugs prior to birth. To improve testing of pregnant women and reduce the incidence of HIV births, last year the Committee encouraged consideration of demonstration projects involving at-home diagnostic testing with telemedicine support, yet no action was taken. The Committee continues to strongly believe the use of at-home telemedicine services for HIV testing would be an effective outreach tool for pregnant women in high HIV prevalence states and urges HRSA to proceed with demonstrating this approach.

AIDS dental services

The Committee provides $8,000,000 for AIDS dental services, which is $500,000 less than the administration request and the same as the 2000 level. 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.

The Committee recognizes the importance of oral health care providers in the diagnosis of HIV and in treating the painful and debilitating oral manifestations of this disease. The Committee supports this program as it improves access to oral health services for low-income and uninsured people living with HIV and AIDS by providing partial reimbursement to dental education institutions

for delivering care. The Committee recognizes that these dental services are vital because they are often the only services available to AIDS patients since many State Medicaid programs do not cover adult dental services.

The Committee recognizes the effectiveness of this program in training dentists and in assisting with the cost of providing unreimbursed oral healthcare to HIV patients. The Committee noted last year the importance of providing adequate time and technical assistance for grantees to comply with the new uniform reporting requirements to better access outcomes and performance measures. With that in mind, the Committee recommends that HRSA provide a 1-year extension to its current deadline so that grantees can put into place reporting mechanisms that meet the new requirements in a manner consistent with State and institutional confidentiality protections.

AIDS education and training centers

The Committee recommends $26,650,000 for the AIDS education and training centers [AETC's]. This amount is the same as the 2000 level and $2,500,000 below the administration request. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

Emphasis should be placed on building clinical treatment capacity by reaching health professionals providing care to persons within medically underserved areas, minorities, the economically underprivileged, and rural populations. The goal is to provide clinical education and consultation to increase knowledge and skills of the targeted clinician group providing care to low or medium volume of HIV patients thereby improving the early and ongoing access to quality HIV treatment by clinicians within urban and rural medically underserved areas and secondary cities outside of major metropolitan areas.

Family planning

The Committee recommends $253,932,000 for the title X family planning program. This is $20,000,000 below the administration request and $15,000,000 above the 2000 level. Title X grants support primary health care services at more than 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 remains concerned that programs receiving title X funds ought to have access to these resources as quickly as possible. The Committee, therefore, again instructs the Department to distribute to the regional offices all of the funds available for family planning services no later than 60 days following enactment of this bill.

The Committee intends that at least 90 percent of funds appropriated for Title X activities be for clinical services authorized under section 1001 of the Act. All such funds for section 1001 activities are to be provided to the regional offices to be awarded to grantees to provide family planning methods and services as specified by the Title X statute. The Committee further expects the Office of Family Planning to spend all available year-end funds in section 1001 activities.

Over the past 2 years, the Committee has provided significant funding increases for Title X. The Committee has also provided instruction for the distribution of these funds. Therefore, the Committee requests the Secretary to submit a report detailing how the funds were allocated for section 1001 (by Federal region), 1003, and 1004 for fiscal years 1999 and 2000. The report should also contain the total Federal expenses for program administration, including the number of FTEs being supported by Title X. This report shall also include a list of all grantees, their funding, and the main activities to be undertaken with Title X funds.

Rural health research

The Committee recommends $5,000,000 for the Office of Rural Health Policy. This is $28,201,000 below the fiscal year 2000 level and $6,713,000 less than the comparable administration request. The funds provide support for 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.

The Committee is supportive of efforts to expand and integrate the services of behavioral and mental health professionals, including psychologists, in underserved rural areas, particularly in areas affected by the current farm crisis.

The Committee is supportive of continuing funds to the Children's Health Fund to implement a rural health initiative that would expand availability and accessibility of pediatric care to underserved rural communities.

The Committee is supportive of efforts by the Iowa Department of Public Health to demonstrate the use of portable technology to improve the delivery of health care in rural areas by public health nurses.

Health care facilities

The Committee provides $10,000,000 for health care facilities, which is $102,408,000 below the 2000 level and $10,000,000 above the administration request. Funds are made available to public and private entities for construction and renovation of health care and other facilities.

National Hansen's Disease Program buildings and facilities

The Committee recommends $250,000 for buildings and facilities, the same as the administration request and the same as the fiscal year 2000 amount.

Rural hospital flexibility grants

The Committee includes $25,000,000 for rural hospital flexibility grants, which is the same as the administration request and last year's appropriation.

This program administers the Rural Health Flexibility Program previously administered by the Health Care Finance Administration. Under this program, eligible rural hospitals may convert themselves into limited service facilities termed Critical Care Hospitals. Such entities are then eligible to receive cost-based payments from Medicare. The grant component of the program assists states with the development and implementation of state rural health plans, conversion assistance, and associated activities.

National practitioner data bank

The Committee has not provided Federal funding for the national practitioner data bank, which is the same as the administration request. The Committee and the administration assume that $17,200,000 will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank, an amount that is $1,200,000 higher than what was authorized to be collected in fiscal year 2000. Traditional bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

Health care integrity and protection data bank

The administration has proposed to create a new data bank intended to collect, maintain, and report on certain actions taken against health care providers, suppliers, and practitioners. This information would be collected from and made available to government agencies, health plans, and to self-queries made by individuals and entities. The administration further proposes to fund the data bank through user fees. The Committee assumes that this amount will be provided entirely though the collection of user fees and will cover the full cost of operating the data bank.

Healthcare access for the uninsured

This program is designed to increase the capacity and effectiveness of community health care institutions and providers who serve patients, regardless of their ability to pay. These funds will enable public, private, and non-profit health entities to assist safety-net providers in developing and expanding integrated systems of care and address service gaps within such integrated systems. The Committee provides $25,000,000 for this activity, which is $15,000,000 less than fiscal year 2000 and $100,000,000 less than the Administration's request. This appropriation will fund all continuing grants.

Program management

The Committee recommends $135,766,000 for program management activities for fiscal year 2000. This is $11,413,000 higher than the administration request and $11,000,000 more than the fiscal year 2000 level.

The Committee continues to support the efforts of the American Foundation for Negro Affairs of Philadelphia and expects continued support at the level appropriated in fiscal year 2000.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

Appropriations, 2000	$1,000,000
Budget estimate, 2001	.....
Committee recommendation	.....

The Committee has not included funding for the Medical Facilities and Guarantee and Loan Fund. This fund was established in 1972 under the Medical Facilities Construction Program in order to make funds available for construction of medical facilities. The fund is established in the Treasury without fiscal year limitation to pay interest subsidies, make payments of principal and interest in the event of default on a guaranteed loan, and repurchase, if necessary loans sold and guaranteed. There are sufficient carryover funds from prior years' appropriations to pay defaults and interest subsidy payments; therefore, no appropriation is required to cover these payments.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee recommends no additional guarantee authority for new HEAL loans in fiscal year 2001, which is the same as the President's request.

The Committee recommends $10,000,000 to liquidate 1999 obligations from loans guaranteed before 1992, which is the same as the administration request and $5,000,000 below the 2000 appropriation.

For administration of the HEAL Program including the Office of Default Reduction, the Committee recommends $3,679,000, which is $8,000 below the 2000 appropriation and the same as the administration request.

The HEAL Program insures loans to students in the health professions and helps to ensure graduate student access to health professions education, especially among minority, disadvantaged students, and those from behavioral and mental health fields. 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.

VACCINE INJURY COMPENSATION TRUST FUND

Appropriations, 2000	$65,300,000
Budget estimate, 2001	117,347,000
Committee recommendation	117,347,000

The Committee recommends that $117,347,000 be released from the vaccine injury compensation trust fund in fiscal year 2001, of which $2,992,000 is for administrative costs. This amount is the same as the budget request and $7,000 less than the fiscal year 2000 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. The vaccine injury compensation trust fund is funded by excise taxes on certain childhood vaccines.

RICKY RAY HEMOPHILIA RELIEF ACT FUND PROGRAM

Appropriations, 2000	$75,000,000
Budget estimate, 2001	100,000,000
Committee recommendation	85,000,000

The Committee makes available $85,000,000 from the Ricky Ray Hemophilia Relief Act Fund in fiscal year 2001, of which $10,000,000 is for program management. This amount is $15,000,000 below the budget request and $10,000,000 above the fiscal year 2000 level. The Ricky Ray Hemophilia Relief Act of 1998 established in the Department of the Treasury a trust fund known as the Ricky Ray Hemophilia Relief Fund to provide compassionate payments to certain individuals with blood-clotting disorders, such as hemophilia, who contracted HIV through the use of antihemophilic factor administered between July 1, 1982 and December 31, 1987. Spouses who contracted HIV from these individuals and children who acquired HIV perinatally from their mothers and specified survivors of these categories of individuals may also be eligible for payments.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

Appropriations, 2000	$3,036,991,000
Budget estimate, 2001	3,239,487,000
Committee recommendation	3,204,496,000

Financial Management Review.—The Committee was extremely concerned to learn of inconsistencies in funding of the Hantavirus Program, as well as the funding for the Chronic Fatigue Syndrome (CFS) during fiscal years 1995–1998. The amounts obligated in specific disease areas varied from congressional expectations and understandings. The GAO at the Committee's request is conducting an extensive review to develop procedures and practices that could mitigate or prevent future occurrences. In addition to the GAO review, the Committee was pleased to learn that CDC has also obtained the services of a professional management consultant to conduct a full-scope management review of CDC's general fiscal management practices, to document practices throughout the budget allocation and execution process and to suggest improvements, based on industry and other Federal agency best practices. The Committee recommends that this professional management firm and GAO closely collaborate to assure a thorough and efficient review. In conducting this independent management review, the Committee

directs CDC to review the entire continuum of fiscal management activities, beginning from line item Congressional appropriations, CDC's budget allocation process, and budget executive activities of CDC's organizational components, centers, Institutes and offices.

For the Centers for Disease Control and Prevention [CDC], the Committee provides $3,204,496,000, which is $167,505,000 above the 2000 level and $34,991,000 below the budget request.

The activities of the CDC focus 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 responsible behavior and adoption of lifestyles that are conducive to good health.

The Committee has provided additional funds for bioterrorism and related public health infrastructure activities within the public health and social services fund.

Preventive health and health services block grant

The Committee recommends $134,279,000 for the preventive health and health services block grant. Of the amount provided, $130,899,000 is for program activities, which is $925,000 below the 2000 level and the same as the administration request. For salaries and expenses within this category of activities, $3,380,000 has been provided, which is the same as the 2000 level and $866,000 below the request. The Committee recommendation includes an additional $7,000,000 for rape prevention activities to be carried out through the preventive health and health services block grant. This amount is the same as the 2000 appropriation.

The preventive health and health services 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.

Prevention centers

The Committee recommends $14,713,000 for prevention centers. Of the amount provided, $14,080,000 is for program activities, which is $3,039,000 below the 2000 level and the same as the administration request. For salaries and expenses within this category of activities, $633,000 has been provided, which is the same as the 2000 level and $32,000 below the administration request.

CDC's prevention centers program provides grants to academic programs to support applied research designed to yield tangible results in health promotion, disease prevention, tobacco use prevention, and injury control. 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.

Cardiovascular disease prevention.—The Committee is encouraged by CDC's work with State and national health organizations

to develop an integrated and comprehensive national cardiovascular disease health program. The Committee encourages the CDC to increase funding for the Cardiovascular Disease Health Program, to expand prevention efforts with a focus on reducing heart disease and stroke risk factors through the promotion of physical activity and good nutrition and to prevent or control high blood pressure, elevated cholesterol and obesity.

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

Suicide prevention centers.—The Committee recently heard testimony about the Suicide Prevention Research Center at the University of Nevada School of Medicine Trauma Institute. The Committee is aware of the important work the Suicide Prevention Research Center is conducting in order to address the gaps in our knowledge of suicide. Nevada has had the highest suicide rate per capita in the United States for the past 10 years. The suicide rate in Nevada is twice the national rate making Nevada the most appropriate place to study this important health problem. The Committee urges the CDC to give full and fair consideration for support of the Suicide Prevention Research Center at the University of Nevada School of Medicine Trauma Institute.

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

Sexually transmitted diseases

The Committee recommends $149,903,000 for sexually transmitted disease prevention and control. Of the amount provided, $135,978,000 is for program activities, which is $14,169,000 above the 2000 level and is $4,000,000 above the administration request. For salaries and expenses within this category of activities, $13,925,000 has been provided, which is the same as the 2000 level and $4,765,000 below the administration request.

The mission of the STD 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.

Syphilis and chlamydia elimination.—The agency has requested $33,750,168 to fully implement a comprehensive strategy to eliminate the prevalence of the disease. The Committee recognizes the opportunity to eliminate syphilis but also directs the agency to also address chlamydia as a disease with widespread prevalence among teens and young adults.

Both of these activities require additional resources to be successful. Therefore, the Committee directs that 50 percent of the fiscal year 2001 increase requested be used to implement the National Plan to Eliminate Syphilis. The Committee further directs that the chlamydia funds be distributed to expand services to women and support pilot programs to initiate screening and treatment services for men. The Committee urges that the remainder of the increased provided in this account be directed for infertility prevention programs.

Tuskegee activities.—The administration proposes $2,000,000 in support of bioethics activities at Tuskegee University.

Immunization

The Committee recommends $993,468,000 for immunization activities in fiscal year 2001 authorized under section 317 of the Public Health Service Act. Of the amount provided, $467,505,000 is for program activities, which is $34,539,000 above the 2000 level and is the same as the administration request. For salaries and expenses within this category of activities, $56,909,000 has been provided, which is the same as the 2000 level and $5,229,000 below the administration request.

The Omnibus Reconciliation Act [OBRA] of 1993 established 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 2001 is $469,054,000 for the purchase and distribution of vaccines for a total immunization program level of $993,468,000 in the bill.

The administration of safe and effective vaccines remains the most cost-effective method of preventing human suffering and reducing economic costs associated with vaccine-preventable diseases. Through the immunization program, the CDC provides leadership and support for national and international efforts to prevent and/or control vaccine-preventable diseases.

Many States are experiencing significant instability in immunization efforts and had have to cutback on vaccine delivery activities as a result of budgetary constraints. States continue to struggle to maintain immunization rates and in some areas of the country immunization rates of declined. These pockets of need create pools of susceptible children and increase the risk of dangerous disease outbreaks.

Alaska's statewide immunization program.—The Committee urges CDC to increase section 317 grant support for infrastructure development and purchase of vaccines for the State of Alaska's universal immunization program. It has been brought to the Committee's attention that infrastructure costs of delivering vaccines to children in Alaska are substantially higher than in other areas of the country because of the many small, remote communities which must be served. The Committee encourages CDC to support Alaska's request for sufficient funding for the purchase of vaccines needed for 90 percent of Alaskan children and to provide infra-

structure support needed to support delivery of these vaccines at the community level.

Within the amounts appropriated, sufficient funds are provided for the purchase of vaccine under the 317 program. As in previous years, the Director has discretion to make transfers from among funds provided for 317 vaccine purchase and infrastructure grants based upon the program requirements. This will ensure that States receive up to their maximum estimates for vaccine purchases and provide CDC with sufficient flexibility to reallocate vaccine purchase dollars if States' needs prove lower than the amount provided. The Committee continues to expect that the CDC provide notification of the amount of any transfer, the latest State carryover balance estimates, and the justification for the transfer.

The Committee recommendation assumes the continuation of the bonus program to improve immunization rates. Using State-specific immunization coverage data, CDC provides payments to States for 2-year-olds who have been fully immunized.

Measles.—The recommendation includes sufficient funds for the CDC, as part of their global polio eradication efforts, to provide measles vaccine for supplemental measles immunization campaigns and to expand epidemiologic, laboratory, and programmatic/operational support to the WHO and its member countries. Such support should build on the global disease control and surveillance infrastructure developed for polio eradication in a manner that does not compromise ongoing global polio eradication activities. The Committee also encourages the Director to provide sufficient staff support for this accelerated international measles control effort.

Polio.—The Committee recommendation includes the President's budget request for polio eradication to assist with the accelerated effort and continued need for National Immunization Days. The Committee is encouraged by the progress which has made the Americas, the Western Pacific including China, and virtually all of Europe polio-free, but recognizes that South Asia and Sub-Saharan Africa remain major reservoirs for the polio virus. The Committee believes the recommended increase is needed to ensure that African countries meet the goal of polio eradication as soon as possible.

Infectious diseases

The Committee's recommendation includes $186,000,000 for infectious disease activities. Of the amount provided, $106,000,000 is for program activities, which is $19,390,000 above the 2000 level and $6,068,000 below the administration request. For salaries and expenses within this category of activities, $80,000,000 has been provided, which is the same as the 2000 level and $9,454,000 below the administration request.

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.

Activity centers.—The Committee is pleased with the work of CDC's centers of excellence in infection control, focusing upon the problem of antibiotic resistance, and encourages CDC to continue

to support these applied research efforts and to expand the scope of the program.

The Committee notes CDC's efforts to coordinate public health surveillance and communication on infectious and emerging infectious diseases including tuberculosis, and commends CDC's proposal to include emerging infectious diseases in its National Electronic Disease Surveillance Network Initiative (NEDSNI).

Antimicrobial Resistance Initiative.—The Committee is concerned over the development of resistance in microbes to current antimicrobial therapies. Bacterial resistance to common antimicrobial agents has become one of the most serious emerging infectious disease threats facing the communities and the health care system in the United States. Resistance to drug therapies leaves entire populations vulnerable to both simple infections and complex bioterrorism, as almost all microbes have become resistant to any commercially available product. To combat this national health threat, the Committee recognizes a need to discover and develop new pharmaceutical products to combat these drug resistant microbes. In recognition of the growing problem, the CDC's goal is "to develop and evaluate new antimicrobial drugs." With the CDC's mission and expertise in world-wide surveillance, it is uniquely positioned to facilitate the global bio-prospecting and development of new pharmacologically active compounds in untapped ocean and land environments to combat the growing threat posed by drug resistant microbes.

Recognizing that a greater effort is needed to confront this problem, the Committee encourages CDC to provide sufficient funds to begin to address several critical areas. These include (1) development and evaluation of compounds with antimicrobial activity against multidrug resistant strains of Staphylococcus aureus, enterococcus, gram-negative hospital acquired pathogens, and vancomycin-tolerant pneumococcus; (2) development of demonstration projects to combat antimicrobial resistance in the hospital and community, particularly in rural settings; (3) development of Centers of Excellence in Health Care Epidemiology, and (4) enhancement of capacity at the CDC to support these and other activities related to control of antimicrobial resistance.

The Committee notes that the University of Mississippi is working on such a project and full and fair consideration should be given to this project.

Bioactive compounds.—Furthermore, the Committee, in order to accomplish this goal, recognizes the need for the CDC to discover and develop life saving and epidemic preventing medicines through collaborations with other government agencies and public institutions that possess the expertise in the development of products from natural sources to identify and safely extract prospective bioactive compounds from a variety of marine environments as well as the facilities and expertise to screen, evaluate and develop candidates for commercial pharmacological use. The Committee encourages the agency to provide sufficient funds for global bioprospecting and development of new chemical entities for the purpose of combating drug resistant infectious diseases.

Cooley's anemia.—The Committee is pleased to note that the agency has begun to work with the Cooley's Anemia Foundation in

its implementation of improved monitoring of the safety of the nation's blood supply, as was recommended last year. With the establishment of the Thalassemia Clinical Research Network with funding from the National Heart, Lung, and Blood Institute, yet another opportunity is now available for coordination to assure the best possible monitoring system. The Committee urges the agency to integrate its existing monitoring and related research efforts with the Network, and other research and treatment facilities, to assure that the department achieves its goal of a no-risk blood supply. Further, the Committee requests that the Hematological Diseases Branch create a program of surveillance of blood safety and other transfusion-related complications and report back to the Committee by December 1, 2000 with an outline of the program.

Emerging diseases.—The Committee notes that Tulane and the University of Mississippi has been working collaboratively to address research in the area of malaria, TB and HIV/AIDS. The Committee encourages CDC to give full and fair consideration to these projects.

Emerging infections.—The agency has proposed $123,017,143, an increase of $24,937,143 to accelerate its efforts to combat emerging and re-emerging pathogens that may arise domestically or internationally. Of this increase, $17,930,000 is for the hepatitis C virus.

Foodborne diseases.—The agency has proposed $39,450,857 an increase of $9,974,857 to implement a national food safety initiative that would include the expansion of the interagency foodborne disease surveillance program, analysis, training, and technology/standards development.

The Committee requests that CDC prepare and disseminate annual summaries of information on foodborne illness, including outbreak summaries, surveillance findings, and study results. Such summaries would better inform the public on the current state of knowledge on the burden of illness, the nature of such outbreaks, and thus raise consumer awareness concerning the handling and preparation of foods.

Hantavirus.—The Committee encourages the CDC to provide $3,500,000 for hantavirus research and to use a portion of these funds to educate the public and medical personnel on the prevention of the deadly hantavirus. In the past year, the State of New Mexico has experienced several cases of hantavirus, and this disease remains a deadly threat to the public health. The Committee strongly urges the CDC to implement a Hantavirus Education project and to give the New Mexico Department of Health full and fair consideration when awarding this project.

Hepatitis.—Hepatitis chronically infects an estimated 4 million Americans—8,000 to 10,000 people die in the United States of hepatitis C related cirrhosis and cancer each year. The Committee urges the CDC to provide increased funds for hepatitis research.

Hepatitis C.—The Committee is aware of the research recommendations made by the March 1997 Hepatitis C (HCV) Consensus Development Conference and the impact on the program responsibilities of the CDC. These recommendations included continued monitoring of the epidemiology of acute and chronic HCV and the development of strategies to educate at-risk groups concerning

transmission of the disease. The Committee urges the Hepatitis Council of the American Liver Foundation and the CDC to work together in developing these research initiatives.

Hepatitis C lookback.—The Committee continues to be highly interested in supporting the Secretary's lookback initiatives regarding screening and counseling for people who may have been infected with hepatitis C through blood transfusions before 1992. The Committee is aware that CDC is supporting an evaluation of the adequacy of ongoing efforts to screen and counsel these individuals and believes it is critical that such an assessment be made at least quarterly and made public. The Committee again calls upon CDC to assure that those potentially infected receive appropriate counseling and screening, and encourages CDC to develop a centralized national screening program supported by a toll-free telephone number-based operation, involving risk assessment, convenient screening and counseling. Under this program, persons receiving lookback notification letters would be advised of the hotline service that provides education and telephone counseling and coordinates convenient testing.

The Committee is aware of the critical importance of prevention and detection of individuals at high-risk for Hepatitis C (HCV) and HIV/AIDS, and strongly urges the Department to evaluate and support new more efficient testing technologies such as at-home tests and rapid tests.

Infectious Disease Surveillance.—The Committee is aware of an effort now underway, involving the University of Texas Medical Branch at Galveston and the University of Texas Health Center at Tyler, to establish a permanent, physician-based emerging infectious disease surveillance network in the lower Rio Grande Valley. The network will provide free-of-charge diagnostic services to physicians involved in the project to monitor and report on dengue fever, tuberculosis, St. Louis encephalitis, hepatitis C, and flea-borne typhus, all of which occur in higher rates along the United States/Mexico border.

Lyme disease.—The Committee is concerned regarding reports regarding the current Lyme disease surveillance case definition. The definition states that "this surveillance case definition was developed for national reporting of Lyme disease, however there is concern that it is not appropriate for clinical diagnosis." The definition is reportedly misused as a standard of care for healthcare reimbursement, product (test) development, medical licensing hearings, and other legal cases. The CDC is encouraged to look into this situation and correct the definition if inaccurate and issue an alert to the public and physicians to correct the definition.

The Committee recommends that the CDC strongly support the re-examination and broadening of the Lyme disease surveillance case definition by the CSTE, with public input into this process. By developing other case definition categories while leaving the current "confirmed case" category intact, the true number of Lyme cases being diagnosed and treated will be counted more accurately, lending to improved public health planning. The CDC is encouraged to include a broad range of scientific viewpoints in the process of planning and executing its efforts. This includes the incorporation of input from community-based clinicians with extensive expe-

rience in treating these patients, voluntary agencies who have advocacy in their mission, and patient advocates in planning committees, meetings, and outreach efforts.

West Nile virus.—The Committee is concerned regarding the outbreak of West Nile-like virus that occurred last summer in New York, Connecticut and New Jersey. The Committee urges the CDC to increase funding and research activities in this area to detect and combat mosquito-borne infectious disease outbreaks such as the West Nile Virus.

Tuberculosis elimination

The Committee's recommendation provides $120,721,000 for CDC's activities to prevent or control tuberculosis. Of the amount provided, $113,413,000 is for program activities, which is $7,007,000 below the 2000 level and the same as the administration request. For salaries and expenses within this category of activities, $7,308,000 has been provided, which is the same as the 2000 level and $6,951,000 below the administration request.

CDC provides 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.

Tuberculosis.—The Committee commends CDC for its continued efforts to control tuberculosis (TB) in the United States, as demonstrated by the 7th year of declining TB trends reported for 1999. However, the Committee remains concerned about the threat of multi-drug resistant tuberculosis. The Committee is also concerned that, until global control efforts are more effective and new treatments and effective vaccines are developed, the global crisis on TB will continue to directly impact the United States. Therefore, the Committee urges CDC to continue to work with domestic partners to maintain strong prevention and control programs. In addition, the Committee encourages CDC to work with international partners to assure the success of international control programs, and to encourage and support, when possible, the development of new TB treatments and the development of an effective TB vaccine.

Chronic and environmental disease prevention

The Committee's recommendation includes $382,733,000 for chronic disease prevention activities. Of the amount provided, $304,553,000 is for program activities, which is $18,008,000 above the 2000 level and $11,439,000 above the administration request. For salaries and expenses within this category of activities, $78,180,000 has been provided, which is the same as the 1999 level and $13,260,000 below the administration request.

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, cardio-

vascular diseases, 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, oral health, skin cancer, arthritis, and epilepsy.

Alaska's study of environmental health contaminants.—The Committee encourages CDC-supported evaluations and interventions regarding the health effects from inadequate provision of safe drinking water in remote arctic communities. The Committee recommends the CDC consider building upon and expanding existing cooperative agreements with State departments of health in the region when undertaking this initiative to expand it to include field studies of the effects of environmental chemical contaminants and naturally occurring metals in subsistence foods in remote arctic communities, measurement of PCB levels in such communities, document mercury levels in ancient humans, documentation of incidence of childhood asthma and development of public health recommendations on food consumption in arctic subsistence users.

Animal modeling.—The Committee encourages the CDC to provide increased dollars for research on animal modeling of chronic human diseases such as cancer, cystic fibrosis, hypertension and other diseases. The University of North Carolina at Chapel Hill has been operating animal modeling programs and the Committee urges that the CDC give this project full and fair consideration.

Arthritis Action Plan.—This National Arthritis Action Plan, developed jointly between the Arthritis Foundation and the CDC, is just beginning to translate the recently gained knowledge about early diagnosis and treatment of arthritis into tangible clinical results in the treatment of the 43 million Americans with arthritis. The Committee supports these efforts and encourages the CDC to increase funds for States to expand their Arthritis Action Plan activities and help educate more Americans about the options in treating arthritis.

Asthma.—The Committee is pleased with the work that the CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children, particularly among inner-city minorities, remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at risk minorities populations in undeserved communities. The Committee also encourages CDC to work with other Public Health Service (PHS) agencies at NIH, HRSA, and the Office of the Surgeon General to develop a PHS-wide plan to control asthma. The Committee urges the CDC to provide additional monies for asthma activities.

The Committee is aware of an effort by the Cook County Bureau of Health Services, the Asthma Champion Initiative, to reduce morbidity and morality from asthma in the community areas in Cook County, Illinois with the highest prevalence and inadequate service.

Asthma research centers.—It has been brought to the Committee's attention that the Meridian Health System's Pediatric Asthma Research Center (PARC) was developed to provide family community outreach and education via a mobile asthma learning center, as well as providing on-site education at all system hospitals and

health centers. The Committee also notes that Forum Health is currently operating a pediatric asthma disease management program to better diagnose children. The Committee encourages CDC to give both of these projects full and fair consideration.

Autism.—The Committee is pleased with the work being done by Marshall University's Autism Training Center. The Committee encourages the CDC to give full and fair consideration to the Center to expand and implement similar programs focused on infants, toddlers, and preschoolers.

Biomonitoring program.—The Committee supports the CDC Biomonitoring Program and the study of environmental toxins and their relationship to chronic diseases, such as asthma, many birth defects, and cancer to increase our understanding of the cause of many chronic diseases and conditions and to facilitate the development of effective prevention strategies. The Committee is interested in pursuing the development of a coordinated system among all of the States to identify and track disease and conditions caused by exposure to environmental toxins and asks that the Director prepare a plan to implement such a system, coordinated with existing efforts, for presentation at the fiscal year 2002 appropriations hearings.

Birth defects.—The Committee recognizes that human and economic toll of birth defects is significant and tragic. Birth defects are the leading cause of infant mortality and also a leading cause of childhood disability. The Committee encourages the agency to increase funding to continue its current programs and to expand its efforts in birth defects surveillance, research and prevention. The Committee is especially interested in efforts to prevent neural tube defects (NTDs). These birth defects, such as spina bifida, are among the most serious, costly and preventable birth defects. The Committee commends the CDC for initiating a folic acid education campaign and encourages CDC to expand its efforts to enhance State and local activities to educate women about this effective prevention strategy.

Cancer.—Many of the cancer trials conducted to date are skewed toward younger persons even though older persons comprise the majority of cancer patients. Recent studies have shown that older persons could benefit and should be included in more aggressive cancer treatment research and prevention, so the number and range of eligible older persons is expected to dramatically increase over the next few years. Research is also needed to assess changes in patient quality of life as a result of nutrition intervention. More prospective, randomized clinical trials of older cancer patients are necessary to determine whether a relationship exists between nutrition support and clinical outcomes for cancer patients.

The Committee is encouraged by the progress made by the Medical University of South Carolina toward establishing a cancer prevention and control program to develop various high-risk registries for patients with family histories of cervical, oral, esophageal, pancreatic, or lung cancer, and screen for genes that may be conveying this increased risk.

Cancer epidemiology research.—The Committee encourages the CDC to establish a cancer epidemiology research training program. Funds could be used to provide training in designing and conduct-

ing multidisciplinary population-based basic and applied cancer epidemiology research for graduate and undergraduate students.

Cancer in ethnic minorities and the medically underserved.—The Committee encourages the CDC to increase the funding for cancer control programs, including increases for the prostate, colorectal, and other cancer screening programs. The Committee also directs CDC to evaluate and document: (1) the barriers to access and implementation of effective screening and prevention programs it coordinates with the programs of States, tribes, and community health organizations; and (2) the subsequent linkages between detection, treatment and follow up to screening. The Committee also urges improvements in cancer surveillance efforts and directs substantial increases for the National Program of Cancer Registries, the Behavioral Risk Factors Surveillance Survey, and expansion of the National Health Nutritional and Examination Survey (HANES) to all ethnic minority and medically underserved populations.

Cardiovascular disease.—The Committee is aware that despite improved detection and treatment of cardiovascular disease over the past two decades, severe hypertension is prevalent throughout the Southeastern United States, with recent data showing that the death rates from cardiovascular disease in this region remain significantly above the national average. The disparity in treatment control rates in the South as compared to the nation indicates a compelling need for an aggressive approach to reduce the excess risk of cardiovascular death. The Committee is aware of the work of the Southeastern Centers of Cardiovascular Excellence Program headquartered at the Wake Forest University School of Medicine and encourages CDC to provide funding to expand this program.

Cardiovascular and other chronic diseases in African-American populations.—The Committee recognizes the high prevalence of cardiovascular and other chronic diseases in the Mississippi Delta's minority populations. The Committee also recognizes the work of the Jackson Heart Study in allowing the examination of cardiovascular disease in the African-American population. A needed component of this research is the examination of epidemiological risk factors contributing to the extremely high prevalence and incidence of cardiovascular and other chronic diseases in these minority populations. The prevention center would allow collaboration with the Jackson Heart Study as well as independent research activities to combat these chronic diseases through the epidemiological identification of risk factors and disease predictors. The Committee encourages the CDC to establish a cardiovascular and chronic disease research prevention center for the purpose of fostering epidemiological research among minorities with chronic diseases.

Chronic fatigue syndrome.—The Committee is pleased that CDC intends to restore $12,900,000 to the CFS research program, in addition to CDC's base CFS funding in fiscal years 2000, 2001, 2002, and 2003. The Committee will continue to monitor CDC's CFS research program to ensure that the funds are used in priority areas in CFS research and education.

The Committee strongly encourages CDC to provide the funds and the infrastructure to support its "reinvigorated" CFS research plan, which includes the estimation of sex-, age-, race/ethnic-, and

socioeconomic-specific prevalence of CFS through a national CFS survey; surveillance projects on children and adolescents and minorities with CFS; a national CFS patient registry; development and testing of an empirically derived case definition; studies of etiologic agents, diagnostic markers, natural history, and risk factors using specialized molecular epidemiology techniques and advanced surveillance methodologies; and CFS public education programs with special emphasis on general public service announcements and specialized efforts to educate primary care providers about the detection, diagnosis and treatment of CFS.

Cardiovascular physical activity promotion program.—The Committee is aware that current funding and regulatory restrictions have prevented the State of Alaska from applying for a statewide cardiovascular disease prevention program, but notes that mortality is only one means of assessing the public health burden of diseases, and other factors, such as prevalence of risk factors for CVD should be considered in making State grants. The Committee encourages the agency to work with the State of Alaska to implement the Take Heart Alaska Cardiovascular Disease Prevention Plan to address critical risk factors in Alaska including teen smoking, obesity and lack of physical activity.

Comprehensive health promotion.—The Committee is aware of the "Healthlink", a program that works to develop and implement a comprehensive health promotion initiative for senior retirees in Rhode Island. The Committee encourages the CDC to give full and fair consideration to this program.

Craniofacial birth defects research center.—The Committee is aware of the University of Louisville Health Sciences Center's work to improve the diagnosis, treatment, and prevention of congenital craniofacial birth defects. The Committee encourages the CDC to give full and fair consideration to designating the Craniofacial Birth Defects Research Center as one of its National Centers on Birth Defects Research.

Colorectal cancer.—Colorectal cancer is the third most commonly diagnosed cancer for both men and women in the United States, and the second leading cause of cancer related deaths. In 2000, 133,600 new cases will be diagnosed and 56,800 people will die from the disease. When colorectal cancer is detected and treated early, survival is greatly enhanced. However, despite the availability of proven screening tests, only 37 percent of colorectal cancers are diagnosed while the disease is still in a localized stage. The Committee is very pleased with the leadership of CDC's National Colorectal Cancer Roundtable in promoting the availability and advisability of screening to both health care providers and the general public. The Committee encourages CDC to expand its partnerships with State health departments, professional and patient organizations, and private industry to combat this devastating disease.

Complementary and alternative medicine.—As more and more Americans use alternative and complementary therapies to maintain and improve their health, there is a growing need for better consumer information about these therapies. The Committee is encouraged by CDC's plans to initiate an expansion of their effort in this area. Practice-based assessments and the identification and study of promising and heavily used complementary and alter-

native therapies and practices should be undertaken and results published. The Committee expects CDC to collaborate with the National Center for Complementary and Alternative Medicine to assure that its efforts complements efforts by this Center. The Committee is also pleased with the CDC's efforts to use quantitative policy methods to improve public health decision-making to ensure that public health and health care programs and policies deliver the greatest possible improvement in human health and quality of life and encourages CDC to expand these efforts. The Committee further encourages the CDC to include national surveillance of CAM utilization and health outcomes, mind body medicine, support for academic research centers, such as the prevention research centers, assess the determinants and outcomes of CAM prevention practices.

Diabetes.—The incidence of diabetes affects more than 16 million persons in America. Research has demonstrated that controlling blood sugar levels prevents diabetes-related complications. While the CDC supports local diabetes prevention and control programs in all States, additional support could further reduce the number of diabetes complications. The Committee supports this work and has included sufficient funds to enable the CDC to expand its diabetes prevention effort. Funds are provided as proposed in the request to: establish comprehensive State diabetes prevention programs; implement the public health components of the National Diabetes Education Prevention Program; develop and implement public health surveillance systems; and conduct applied prevention research.

The Committee remains acutely concerned over the high incidence of diabetes within the native American, Native Alaskan and native Hawaiian populations. The Committee urges the CDC to continue to develop a targeted prevention and treatment program for these culturally unique yet similar groups. The Committee encourages the CDC to continue to work with native Americans and native Hawaiians to incorporate traditional healing and develop partnerships with community centers as a safety net during program development. The Committee is pleased with CDC's efforts to work with the leadership of native Hawaiian and Pacific Basin Islander communities in these efforts.

Diabetes and weight management.—The Committee is aware of efforts at the University of South Carolina School of Public Health to develop strategies for weight management in Type II diabetes.

Diabetes Prevention Center.—The Committee urges the CDC to provide additional funds for the National Diabetes Prevention Center in Gallup, New Mexico, for implementation, design and dissemination of successful diabetes prevention models to Native American tribes and pueblos.

The Committee is aware of the efforts of the Texas Tech University Health Sciences Center to establish its Center for Diabetes Prevention and Control—a national model for the prevention and control of diabetes in Hispanic and elderly populations. The model Center will use the Health Sciences Center's expertise and resources to: create access to comprehensive diabetes care; conduct in-depth surveys of the incidence, prevalence, and treatment of diabetes in the Hispanic population; clinical investigations; and the

use of telemedicine as a means of delivering diabetes education to patients in remote communities and rural areas.

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

Epilepsy.—Although the CDC has developed public health strategies to address epilepsy, additional investment is required to effectively implement these initiatives. The Committee calls on CDC to enhance its epilepsy efforts, with a focus on expanding disease surveillance; increasing public awareness activities; public and provider education; prevention research; and, importantly, to more aggressively address the stigma often associated with the disorder. Further, the Committee recognizes the recent commitment by CDC to partner with a national voluntary health organization dedicated to improving the lives of persons with epilepsy and expects CDC to work with this.

Fetal alcohol.—The Committee commends CDC for its efforts to research fetal alcohol syndrome prevention and for its overall commitment to studying and addressing FAS and the range of alcohol-related birth defects. The Committee is pleased that CDC is convening a National FAS Task Force and urges them to allocate sufficient funds for the project.

Fetal alcohol syndrome.—The Committee continues to encourage the agency to work with the State of Alaska to develop a comprehensive statewide strategy to prevent, detect and treat fetal alcohol syndrome and notes that Alaska has the highest rate of fetal alcohol syndrome in the nation.

Folic acid education campaign.—The Committee is especially interested in efforts to prevent birth defects. Neural tube defects (NTD), such as spina bifida, are among the most serious, costly and preventable birth defects. Up to 70 percent of NTDs could be prevented if all women of childbearing age consumed 400 micrograms of folic acid daily before pregnancy. The Committee commends the CDC for initiating a folic acid education campaign and encourages CDC to expand its efforts to enhance State and local activities to educate women and health professionals about this effective prevention strategy.

Glaucoma.—It has come to the Committee's that glaucoma testing by the Congressional Glaucoma Caucus has shown that high-risk populations, particularly African-Americans, have a higher number of individuals affected by glaucoma. Many of these individuals are going untested and untreated. The Committee urges the agency to provide resources for education, prevention and research for these high-risk populations.

Global micronutrient malnutrition initiative.—The Committee is concerned that an international public health emergency exists in many regions of the world because of acute and chronic illnesses arising from preventable causes such as malnutrition. In particular, there are certain crucial micronutrients with high impact on a developing child or a pregnant women. Micronutrient malnutrition resulting from war or poverty, for example, can permanently damage a population's physical and mental development. Small

amounts of essential vitamins and minerals, when delivered through dietary diversification, food fortification, and supplementation can prevent or reverse many illnesses. The Committee understand that no other technology offers as large an opportunity to improve lives at such low per-person cost and in such a short a period of time. The committee has encouraged NIH and CDC to use additional funds to establish international research, prevention and intervention strategies for micronutrient malnutrition. The Committee encourages the CDC to work with NIH and AID to work toward elimination of nutrition-dependent diseases such as goiter, cretinism, iron and vitamin A deficiencies. The Committee further encourages these agencies to coordinate efforts in innercity areas of the United States and certain minority populations.

Health promotion partnerships.—The Committee recognizes the successful efforts of the University of Rhode Island's Health Promotion Partnership to encourage and promote positive behavioral change in college age students as well as in other populations. The Committee notes that in 1997 the University was one of only 9 colleges out of 116 nationally that showed a statistically significant decline in binge drinking. The Committee therefore urges the CDC in consultation with the National Institute for Alcoholism and Alcohol Abuse at the National Institutes of Health to favorably consider proposals by the Health Promotion Partnership to build upon these successful efforts to develop models that promote positive behavior change that can be applied at other institutions.

Hemophilia.—The Committee urges the CDC to work with the National Hemophilia Foundation, to provide additional support to meet the disease management, prevention, and outreach needs of persons with hemophilia and other bleeding and clotting disorders, and in particular, to enhance efforts to address the needs of women with bleeding disorders. The Committee requests a progress report from CDC on the expanded activities to be implemented in fiscal year 2001 to reduce the complications of hemophilia.

Hereditary hemochromatosis.—The Committee recognizes hereditary hemochromatosis is one of the most common genetic disorders. We appreciate CDC's effort and encourage their continued efforts to address hemochromatosis and other iron related disorders.

Heart attack, stroke and other cardiovascular diseases.—Cardiovascular diseases remain the leading cause of death of men and women and across all racial and ethnic groups in the United States, killing more than 950,000 Americans each year. Heart disease, alone, is America's No.1 killer and stroke is the No. 3 killer. In fiscal year 2000, 18 States will have received Federal funding to design and/or deliver cardiovascular disease prevention and control programs to meet local needs. The Committee is encouraged by CDC's work with State and national health organizations to develop an integrated and comprehensive national cardiovascular health program. The Committee encourages CDC to support prevention activities in more than half of the States. State programs could target reduction of heart disease and stroke risk factors through efforts to promote physical activity and good nutrition and to prevent or control high blood pressure, elevated cholesterol and obesity.

Inflammatory bowel disease.—It is estimated that up to 1 million people in the United States suffer from Crohn's disease or ulcerative colitis, collectively know as inflammatory bowel disease. The Committee recognizes the need for enhanced epidemiological research in this area, especially in light of recent advancements in treatment for these diseases and the increased risk that IBD patients have for developing colorectal cancer. The Committee continues to encourage CDC to work to further our understanding of the prevalence of these diseases through appropriate epidemiological and surveillance activities.

Limb loss prevention.—The Committee recognizes the importance of rehabilitation information in improving outcomes among persons with limb loss and the role of the National Limb Loss Information Center in addressing this need. To date, the Center has received thousands of requests for information.

Lymphoma.—The Committee encourages CDC to expand its support into investigating the potential of environmental, bacterial, and viral factors that are associated with the development of lymphoma and encourages continued and expanded collaborative research efforts including active involvement in the National Cancer Institutes' progress review group (PRG) on lymphoma and with other Institutes at the National Institutes of Health. The Committee also includes the President's request for programs related to environmental factors relating to cancer at the CDC's Environmental Health Lab and the Committee is particularly supportive of research on the environmental causes of lymphoma.

Newborn Screening.—Recent advances in genetic screening for newborns allow identification at birth of underlying conditions which can cause or contribute to disease, disabilities, and death. The Committee supports further intramural and extramural research and development projects to facilitate the translation of new scientific knowledge into applied newborn public health screening programs, particularly in the areas of fragile X syndrome and cystic fibrosis. The Committee urges the CDC to coordinate with HRSA in translating the results of these efforts into guidance for public health programs, including State newborn screening programs.

Nutrition Therapy.—The Committee encourages the agency to expand research on the impact of nutrition therapy in the prevention and management of cancer, HIV/AIDS and osteoporosis. The Institute of Medicine has recommended that medical nutrition therapy with physician referral be a covered benefit under the Medicare program. IOM indicated that nutrition therapy has been effective in the management and treatment of many chronic conditions which affect Medicare beneficiaries, including dyslipidemia, hypertension, heart failure, diabetes and chronic renal insufficiency. However, IOM cited insufficient or inconclusive data with regards to the role of nutrition in the prevention or treatment of cancer, HIV/AIDS and osteoporosis and called for additional research in these areas.

Obesity.—The Committee encourages the CDC to provide funds for promoting healthy eating and physical activity and preventing obesity. The Committee is concerned that the National Center for Chronic Disease Prevention and Health Promotion at CDC is not

providing adequate resources to address the nation's obesity problem. The Committee is aware of the University of Iowa's efforts to improve youth health through the establishment of a National Youth Fitness Obesity Institute.

Omega-3 fatty acids.—The Committee is aware of the health benefits of Omega-3 fatty acids and recognizes that fish and seafood produces are the primary source of Omega-3 fatty acids in the diet. The Committee encourages the CDC to support public education campaigns to promote the consumption of fish and seafood products.

Oral Health.—Americans will make approximately 500 million dental visits this year. In the year 2000, an estimated $60,000,000,000 will be spent on dental services. Much of the health and economic burden associated with oral diseases and conditions could be prevented. The Committee urges the CDC to enhance oral health activities at CDC. Increases would enable CDC to implement proven strategies to help eliminate dental decay and reduce tooth loss at a substantial cost savings. CDC should also expand surveillance activities to help States target their prevention efforts at schools, in the community and in clinical settings. CDC should enhance efforts to reduce disparities and the health burden from oral cancers, gum disease and oral health conditions that are closely linked to chronic diseases such as diabetes and heart disease. Fluoridation is one of the most efficient and cost effective ways to promote oral health. Tragically, California and six other States have extremely low fluoridation rates. The Committee also urges CDC to work with States to assist them in implementing fluoridation plans.

The Committee encourages the CDC to establish a preventive dentistry effort to improve the oral health of low income children. A preventive dentistry program could offer a screening assessment of dental needs, the placement of either dental sealants or varnishes on permanent teeth, and referral for care as indicated.

Osteoporosis.—Current data is lacking on whether counseling by a nutrition professional improves the probability of meeting adequate calcium, vitamin D, protein and other micronutrient intake either through the use of supplements or without supplements. With the elderly in particular, who take multiple medications and supplements, many of these medications/supplements interact and work against each other. In addition, many older women have a strong intolerance for milk. Research should be conducted to determine the effectiveness of nutrition counseling in insuring against the intake of excess levels of calcium (>2500mg/day) and on the interactions of supplements and hormone replacement therapies. The role of calcium, vitamin D, protein and other micronutrients in preventing osteoporosis and associated problems, such as hip fractures, should also be considered.

Prevention Research.—The Committee supports CDC's efforts to expand prevention research. There are many areas of research that can pay dividends in both improved health and reduced health care costs. The Committee expects some of these funds to be used to support research on ways to prevent disease and disability in rural areas and to better utilize nurses and allied health professionals in prevention and health promotion efforts.

Primary Immunodeficiency Diseases.—The Committee continues to be concerned that up to 500,000 cases of primary immunodeficiency diseases remain undiagnosed or misdiagnosed. The Committee has reviewed the national education and awareness campaign created by the Jeffrey Modell Foundation in collaboration with a variety of government agencies and believes that the deeper the CDC commitment to the project, the more successful it will be in identifying those patients. The Committee strongly recommends that CDC adopt this program as a model education and awareness program and collaborate with its other partners to assure the maximum benefit is obtained from it. The agency should provide the Committee with a report updating its efforts by December 1, 2000.

Primary Immune Deficiency Diseases national surveillance program.—The Committee is pleased that CDC is working to establish a primary immune deficiency diseases national surveillance program. These diseases, which impair the body's immune system, strike most severely at children, many of whom do not survive beyond their teens or early twenties. Primary immune deficient patients require regular infusions of immune globulin intravenous (IGIV) to bolster their immune systems and maintain their health. Given the serious public health problems caused by the longstanding shortage of IGIV in the United States, the Committee encourages the National Center for Infectious Diseases to continue its partnership with the primary immune deficiency community and the National Center for Health Statistics with respect to surveillance and epidemiological activities designed to further our understanding of the prevalence of these diseases and the difficulties that patients have encountered in receiving treatment.

Promoting Healthy Eating and Physical Activity and Preventing Obesity.—The Committee encourages the agency to provide funding for promoting healthy eating and physical activity and preventing obesity. Unhealthy eating habits and physical inactivity are major causes of heart disease, cancer, stroke, and diabetes, four out of the seven leading causes of death and disability in the United States. According to the U.S. Department of Agriculture, healthier eating habits could reduce the costs of heart disease, cancer, and diabetes by at least $71,000,000,000 each year.

Sleep disorders.—The Committee encourages the agency to provide increased funding for research on the effects and prevalence of sleep deprivation and other sleep chronic disorders. Sleep deprivation and other disorders have been identified as a causal factors in a growing number of vehicular and on-the-job injuries. The Committee further encourages the agency to validate existing data on sleep deprivation and disorders, develop injury prevention programs, and disseminate information to States.

Smoking and Health.—Tobacco use is the single most preventable cause of death and disease in our society. It causes more than 400,000 deaths in the United States each year, and costs the nation $50,000,000,000 in medical expenses alone. Children are especially hard hit by tobacco. Ninety percent of adult smokers begin their habit as children. The Committee believes that a significantly increased effort to curtail youth tobacco use is needed. Therefore, the Committee has included the President's requested level of funding for tobacco control. These funds are intended to expand the capac-

ity of all State and local health departments, education agencies, and national organizations to build comprehensive tobacco control programs and to develop and begin implementation of a national public education campaign to reduce access to and the appeal of tobacco products among young people. The Committee has included $103,347,636, the same amount requested by the administration and an increase of $5,000,000 above the fiscal year 2000 appropriation for tobacco prevention.

Sudden Infant Death Syndrome.—The Committee notes the work of CDC, the National Institute of Child Health and Human Development and the Health Resources and Services Administration in developing a model guidelines for death scene protocol for Sudden Infant Death Syndrome. The Committee encourages CDC to implement projects to demonstrate the effectiveness of the death scene protocol in a variety of locales (urban, suburban, and rural) throughout the nation. Funding is available through the CDC infant mortality program and through the health disparities initiative, which focuses on infant mortality. The Committee expects CDC to be prepared to report on progress on this initiative during the fiscal year 2002 hearings.

Thyroid cancer.—The Committee has included sufficient funds to continue the next phase of a study on radioactive Iodine-131 and thyroid cancer. This study will look at individuals exposed to fallout from the Nevada Nuclear Weapons Test Site. The Committee further expects the administrative costs charged to this project to be further minimized.

Underage drinking.—The Committee notes with substantial concern the continuing problem of underage drinking. Evidence indicates that if a young American child begins using alcohol at the age of 13, that individual is at far greater risk of becoming dependent on alcohol and other illegal drugs in their adult years. Those who postpone the use of alcohol until they reach the national legal drinking age of 21 are at substantially less risk. Last year, the Congress rejected attempts to incorporate anti-underage drinking messages into the Office of National Drug Control Policy (ONDCP) media campaign against illegal drug use. In doing so, many Members of Congress made clear that a parallel effort to combat underage alcohol use was needed. The Committee encourages CDC to fund a campaign to be developed by Mothers Against Drunk Driving in conjunction with other appropriate organizations to lay the groundwork for a successful media campaign aimed at underage drinking. It is the Committee's intention that this be the first step in creating a media campaign at least on a par with the current ONDCP effort as regards illegal drugs.

Vision screening.—The Committee encourages the CDC to continue the child vision screening program to provide vision screening to economically distressed students in public schools. The Committee is aware of the Chicago Public Schools' Expanded Vision Program that is designed to help provide students with quality vision care.

The Committee is also aware of the ChildSight vision screening program created by Helen Keller Worldwide to improve the educational performance of low-income junior high school students by providing them with eyeglasses.

Lead poisoning

The Committee recommendation includes $38,226,000 for lead poisoning prevention activities. Of the amount provided, $30,978,000 is for program activities, which is $17,000 below the 2000 level and is the same as the administration request. For salaries and expenses within this category of activities, $7,248,000 has been provided, which is the same as the 2000 level and the administration's request.

Since its inception in fiscal year 1990, the CDC program has expanded to about 40 project areas that encompass States, local areas, and numerous communities and screens an estimated 1,750,000 children annually.

Lead Poisoning Screening.—The General Accounting Office has estimated that more than 400,000 children eligible for Federal health care programs have undetected harmful levels of lead in their blood, despite a Federal law requiring that they be screened for lead poisoning. During appropriations hearings, the Committee learned about the benefits of a portable, easy to use lead screening device developed with the support and participation of CDC. The Committee continues to believe that this device holds great promise for increasing childhood screening rates in underserved communities in the United States and throughout the world and encourages CDC to support its further development for application in community public health settings.

Breast and cervical cancer mortality prevention

The Committee's recommendation includes $177,495,000 for breast and cervical cancer mortality prevention activities. Of the amount provided, $167,016,000 is for program activities, which is $11,000,000 above the 2000 level and $6,781,000 above the administration request. For salaries and expenses within this category of activities, $10,479,000 has been provided, which is the same as the 2000 level and the administration's request.

Activities supported within this account include the National Breast and Cervical Cancer Early Detection Program, which guides public health programs in formulating an aggressive response to these cancers. CDC further supports the delivery of screening services to underserved women, quality assurance, referral and follow-up services, surveillance, and partnership development.

Allied Health Personnel.—Given the shortages and high vacancy rates of qualified health personnel who work in laboratories to prepare and interpret tissue and cell samples, the Committee urges CDC's Breast and Cervical Cancer Screening program to develop a partnership with HRSA's Allied Health Special Projects Program to support programs at schools which contribute to solving the shortages.

Breast cancer in minority women.—The Committee is aware of a CDC project at Swope Parkway Health Center in Kansas City that is successfully targeting African American women who are at high risk for breast and cervical cancer. The project is a collaborative effort between the Health Center and community groups in reaching out to this at-risk population through information dissemination, access to free testing, and the implementation of a screening follow-

up program. The Committee urges the CDC to continue its support for this program.

Breast cancer prevention.—The Committee is aware of the efforts of the Silent Spring Institute to study links between breast cancer and pollutants released into the environment. The need to understand the cause of breast cancer is urgent. In the 1940's, the lifetime risk of breast cancer was 1 in 22, and today it is 1 in 8. Massachusetts has the highest incidence of breast cancer in the nation, it is vitally important to understand the factors that cause this deadly disease. The Committee encourages CDC to give full and fair consideration to conducting a study on Cape Cod in Massachusetts to understand the causes of breast cancer may help reduce the incidence of this disease nationwide.

Wisewomen (Well-Integrated Screening and Evaluation for Women).—The amount recommended includes an increase for the Wisewomen screening demonstration program, allowing CDC to support this program in up to 20 States, including Washington State. The Wisewomen program uses the CDC's National Breast and Cervical Cancer Early Detection Program to also screen women for heart attack, stroke and other cardiovascular disease risk factors such as high blood pressure, elevated cholesterol, lack of physical activity and obesity. Cardiovascular diseases remain the leading cause of death of American women. Heart disease, alone, is the No. 1 killer of American women and stroke is the No. 3 killer. Currently in three States, the program has screened more than 8,500 low-income and uninsured women age 50 and older for heart disease and stroke risk factors. From 50 percent to 75 percent of these women were found to have either high blood pressure or elevated cholesterol. The program is well received by participants with more than two-thirds of the women returning for follow-up services.

Injury control

The recommendation by the Committee includes $86,840,000 for injury control efforts. Of the amount provided, $63,000,000 is for program activities, which is $2,568,000 above the 2000 level and $2,197,000 below the administration request. For salaries and expenses within this category of activities, $23,840,000 has been provided, which is the same as the 2000 level and $195,000 below the administration request.

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 serves as a focal point for all Federal injury control activities.

Childhood injury prevention program.—The Committee is aware that accidental injury is the leading cause of death (50 percent) for

Alaska children and teens. The injury fatality rate for Alaskan children exceeds the national average by 60 percent. The Committee recommends that the agency give careful consideration to a proposal by the State of Alaska to collect and analyze data on injury occurrence, scientifically examine childhood death, and, working with the Alaska Injury Prevention Center, provide targeted community-based interventions to reduce the incidence of childhood injury and death.

Decibels study.—The Committee encourages the CDC to establish a 3-phase program to create a national model for reducing the incidence of hearing loss in school age children. The Committee encourages the agency to give full and fair consideration to the Oregon Health Sciences University.

Health center-based domestic violence prevention.—Victims of family and community violence often bring serious medical issues to health care providers. Battered women account for over 22 percent of women presenting with trauma to emergency departments, and about 17 percent of pregnant women experience abuse. The Committee is aware of efforts of the Partners Healthcare System in Greater Boston and their efforts to prevent and intervene early with children and adolescents at high risk for violence and to treat victims of domestic violence and child witnesses to violence. The Committee encourages that full and fair consideration be given to enable Partners to expand and integrate its violence prevention programs into a comprehensive health-center based model for addressing family and community violence in partnership with other community stakeholders.

Injury control prevention centers.—The Committee notes the need for injury control prevention centers and encourages the CDC to increase funding for these centers. The Committee notes the University of Washington should be given full consideration for increased funding.

Injury control research centers.—The Committee recognizes the outstanding work of the existing ICRCs in multiple research areas such as rural injuries, trauma, traffic injuries and falls among the elderly. Based at universities in many regions across the Nation, the ICRCs have excelled in discovering what prevention and treatment measures work and in disseminating these measures to State and community injury prevention programs in many regions of the country. The Committee recognizes the need for coordination of regionally focused research efforts in the Midwest Region, and encourages CDC to give full and fair consideration for establishing such a center. The ICRC could address preventable injuries in urban and rural areas and all phases of injury control and injury control science.

Injury reporting.—The Committee recognizes the need for more timely, complete, objective and accurate information about injury and deaths to inform and evaluate policy and program efforts. The Committee is aware of the efforts of the Medical College of Wisconsin and the Harvard School of Public Health to develop population based injury reporting systems and applauds their development of a model reporting system that links information from law enforcement agencies, medical examiners and coroners, health providers, crime laboratories and other agencies. The Committee urges the

CDC to contract with private health and educational agencies as well as State agencies which have demonstrated capacity or expertise.

Injury control training.—Sufficient funds have been included to continue West Virginia University's Injury Control Training and Demonstration Center at the same level as last year.

SAFE U.S.A. initiative.—The agency budget request includes $2,000,000 to support an array of activities intended to foster collaboration and cooperation between CDC and organizations working in injury control.

Youth violence initiative.—Recent incidents of school violence highlights the need for a long-term response that incorporates prevention of problem issues for youth before they become manifested in violent behavior. The Committee has included funds to continue the initiative began last year to provide a national strategy to address school violence. The Committee has included $10,000,000 to continue the ten national centers of excellence at academic health centers that will serve as national models for the prevention of youth violence. These centers should: (1) develop and implement a multidisciplinary research agenda on the risk and protective factors for youth violence, on the interaction of environmental and individual risk factors, and on preventive and therapeutic interventions; (2) develop and evaluate preventive interventions for youth violence, establishing strong linkages to the community, schools, and social service and health organizations; (3) develop a community response plan for youth violence, bringing together diverse perspectives, including health and mental health professionals, educators, the media, parents, young individuals, police, legislators, public health specialists, and business leaders; and (4) develop a curriculum for the training of health care professionals on violent behavior identification, assessment, and intervention with high risk youth, and integrate this curriculum into medical, nursing, and other health professional training programs.

Furthermore, the Committee has included funds to continue the national resource center on youth violence prevention. This center established a toll free number, bilingual in English and Spanish, and an internet website, in coordination with existing Federal website resources, to provide accurate youth violence prevention and intervention information produced by the government and linked to private resources. This resource center will provide a single, user-friendly point of access to important, potentially life-saving information about youth violence, an explanation about preventing youth violence, and intervention strategies. The center would also be responsible for lending technical assistance on how to establish programs in communities around the country using local resources.

Youth violence prevention.—The Committee is pleased with the progress made by the agencies in coordinating youth violence efforts and requests that the CDC coordinate their efforts with the Domestic Policy Council and continue to work with the National Institute of Child Health and Human Development, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration to develop a collaborative program in this regard. Issues relative to school violence, school

failure, drug and tobacco use and other behavioral issues have become public health priorities. The Committee is pleased that the CDC's has focused a portion of their research efforts to discover approaches to intervene and prevent complex behavior problems in children and youth which utilize molecular neuroscience, brain mapping, behavioral analysis and behavioral analysis.

Violence against women initiative.—The agency budget request includes $27,997,000 for services, research, public education geared toward the reduction of violence against women nationwide.

Sufficient funds have been provided to enable the Center to support and expand effective prevention programs for traumatic brain injury consistent with the Traumatic Brain Injury Act. The Committee is supportive of a science-based process that identifies the most practical and effective steps communities can undertake to prevent suicide in high-risk populations.

Suicide prevention.—Suicide and suicidal behavior is a major public health risk, particularly for the elderly, adolescents, and young adults. The Committee recommendation includes funds for the Center to sustain suicide prevention research and intervention.

The Committee encourages CDC to establish a national suicide prevention resource center. This center would provide technical assistance to states and communities to identify and implement effective programs for those at significant risk for suicide, including African American males, American Indians/Alaska Natives, young adolescents, and the elderly.

The Committee recognizes CDC's contribution to national efforts to reduce violence and prevent domestic violence. With over 1 million children a year the victims of abuse and neglect, the Committee again recommends the Center give consideration to extending its focus on violence by supporting an initiative directed to the prevention of physical and emotional injuries associated with child maltreatment and neglect. The Committee encourages the NCIPC to collaborate with relevant national organizations and with academic institutions, including schools of social work, in the development and implementation of this initiative.

The Committee is supportive of National Violence Against Women Prevention Research Centers located at the Medical University of South Carolina, the University of Missouri at St. Louis and Wellesley College and encourages CDC to give full and fair consideration to this project.

Playground safety.—The Committee continues to be pleased with the efforts of the National Program for Playground Safety and the level of public interest that has been generated by this program. Sufficient funds are available to continue to implement the action steps described in the National Action Plan for the Prevention of Playground Injuries, which includes activities aimed at enhancing playground safety, gathering of relevant statistics, research, and training. The Committee urges the agency to consider establishing a model playground for children ages 0 to 3 to advance research on early developmental experiences for children in this age group.

Occupational safety and health

The Committee's recommendation includes $222,833,000 for the National Institute for Occupational Safety and Health [NIOSH]. Of

the amount provided, $95,000,000 is for program activities, which is $8,181,000 above the 2000 level and $3,466,000 above the administration request. For salaries and expenses within this category of activities, $127,833,000 has been provided, which is the same as the 2000 level and $189,000 less than the administration request.

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 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 encourages NIOSH to provide full and fair consideration to the National Children's Center on Rural Agricultural Health and Safety (NCCRAHS) in Marshfield, Wisconsin for a National Summit on Child and Adolescent Rural Injury Control in September 2001.

Aviation safety.—The Committee continues to be pleased that the National Transportation Safety Board has taken an aggressive approach to address the recent rash of injuries and deaths from aircraft accidents in Alaska. The Committee supports continuation of the joint interagency initiative which involves the Federal Aviation Administration, the NTSB, and the National Institute of Occupational Safety and Health. The Committee encourages NIOSH to continue to implement the Board's recommendations to improve aviation safety in Alaska.

Construction safety and health initiative.—The Committee notes that since the inception of the NIOSH, construction safety and health initiative, the rate of serious injury and illness in construction dropped 38 percent from 1992 to 1998, according to the Bureau of Labor Statistics. This drop is one of the highest compared to all other industries. Moreover, among the goods-producing industries, construction is the only industry where the rate has dropped consistently over the 7-year period. The Committee is pleased with NIOSH's focus on active implementation and evaluation of safety and health interventions designed to prevent accidents, adverse health effects and fatalities and for NORA for establishing research priorities and encourages CDC to continue the targeted construction program at its current level. However, the Committee is concerned with the continued high fatality rate in the industry, and

has included funds to continue the program at no less than current levels.

Education and Research Centers.—The Committee commends the work of the 15 university-based Education and Research Centers (ERC's) and the smaller single discipline Training Project Grants (TPG's). These regional centers are integral to the nation's efforts to improve the health and safety of working men and women, and important to the future efforts of NIOSH to implement the National Occupational Research Agenda (NORA).

Farm Health and Safety.—The Committee has included funding to continue the farm health and safety initiative at its current 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 millions of agricultural workers and their families in the United States. The Committee is particularly pleased with the research being undertaken by the Agricultural Research Centers.

Mine safety.—The Committee encourages the CDC to provide sufficient funds to improve safety and health for American miners. The Spokane Research Laboratory is working to improve miners safety and the Committee encourages CDC to provide full and fair consideration for this project.

Mine safety research.—The Committee is concerned that funds and research for mine safety and health are no longer separately identified in the Department of Health and Human Services, Centers for Disease Control and Prevention fiscal year 2001 congressional justification. The Committee continues to recognize that many mine safety and health research needs are either unique to mining or require mining-specific emphasis. The Committee expects that the fiscal year 2002 congressional justification will separately identify the funds and research activities dedicated to mine safety and health, as well as report to the Committee on the funding and research activities devoted to mine safety and health in fiscal year 2001.

National Occupational Research Agenda.—The Committee recognizes that the National Occupational Research Agenda (NORA) is the largest stakeholder-based research agenda in the United States, targeting 21 priorities considered by the nation's occupational safety and health community as the most critical for improving the safety and health of the American workforce. Representatives of over 200 organizations from the public and private sectors are working with NIOSH to implement NORA. Therefore, the Committee urges the CDC to provide NIOSH with the necessary resources to sustain the momentum of NORA and continue to expand the overall scientific effort to address occupational safety and health research, collaborate with NIH and other agencies, target important new initiatives to prevent and reduce work-related hazards and conduct evaluations of the impact of prevention strategies.

National Laboratory for Personal Protective Equipment.—It has been brought to the Committee's attention the need for design, testing and state-of-the-art equipment for this nation's 50 million miners, firefighters, healthcare, agricultural and industrial workers. The Institute of Medicine identifies personal protective equip-

ment as a critical need and had called for increased research to test commercial products, develop more protective respirators, develop better protective suites and uniform testing standards and guidelines for personal protective equipment use in hospitals. The Committee encourages NIOSH to carry out research, testing and related activities aimed at protecting workers, who respond to public health needs in the event of a terrorist incident. The Committee encourages CDC to organize and implement a national personal protective equipment laboratory. The city of Pittsburgh would be especially suited to carry out this initiative.

Worker health and safety research.—The Committee recognizes the need for worker health and safety research at the Federal level, and to continue funding the laboratory in Morgantown, West Virginia.

University of Hawaii at Hilo.—The Committee encourages NIOSH to give full and consideration to the work being done on environmental toxins at the University of Hawaii at Hilo.

Epidemic services

The Committee's recommendation includes $85,738,000 for epidemic services. Of the amount provided, $30,254,000 is for program activities, which is $18,160,000 below the 2000 level and is the same as the administration request. For salaries and expenses within this category of activities, $55,484,000 has been provided, which is the same as the 2000 level and the administration request.

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 epidemiologists [EIS]; carryout 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

The recommendation of the Committee includes $103,912,000 for the National Center for Health Statistics. This is $6,073,000 below the administration request and $1,088,000 below the fiscal year 2000 program 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.

The amount provided includes an increase for the national health and nutrition examination survey [NHANES]. This is the same as the request and will provide for full funding of this important component of the Nation's health information strategy. When fully implemented, NHANES provides unique information from direct physical examinations, biochemical measures, interviews, and nutritional analysis from a large, representative sample of persons. This survey is the only national source of objectively measured

health status data, and is essential to interpreting information from other survey components.

Primary immune deficiency national surveillance.—The Committee is pleased that NCHS is working to establish a primary immune deficiency national surveillance program, in collaboration with the National Center for Infectious Diseases.

Human immunodeficiency virus

The Committee recommendation includes $762,036,000 for HIV/AIDS activities. Of the amount provided, $640,000,000 is for program activities, which is $67,285,000 above the 2000 level and $29,791,000 below the administration request. For salaries and expenses within this category of activities, $122,036,000 has been provided, which is the same as the 2000 level and $3,576,000 below the administration request.

The mission of the agency's HIV prevention program is to avert HIV infection and to reduce the incidence of HIV-related illness and death, in collaboration with community, State, national, and international entities.

Minorities.—The Committee urges that racial minorities be more fully targeted and included in HIV prevention efforts. The Committee directs the CDC to consider allocating increased resources to address the HIV-related health disparities in ethnic and racial minority populations. In particular, the CDC should consider increased support of minority community-based organizations and minority regional and national organizations including education, technical assistance, infrastructure, capacity building, community development, and public health initiatives.

The Committee is aware of the agency's efforts related to correctional health care, particularly for surveillance, needs assessment, continuity of care, and efforts targeting minority communities disproportionally affected by HIV/AIDS and sexually transmitted diseases. The Committee urges the agency to expand such efforts within the budget provided.

Native populations.—The Committee is concerned regarding the lack of adequate surveillance of HIV-STD among American Indian, Alaska Native, and native Hawaiian populations, and encourages CDC to work in consultation with tribes, urban programs, and the Indian Health Service to develop a more effective surveillance strategy.

Prevention activities.—The additional funds provided by the Committee will provide for priority HIV prevention interventions identified through the HIV community planning process. These activities will focus on those at highest risk for infection, particularly communities of color. The Committee is pleased that the CDC plans to give priority funding to those States and populations that are disproportionately affected by HIV and AIDS, with a special emphasis on programs targeted towards African American and Hispanic communities.

Rural centers.—The Committee notes the agency's efforts to address HIV/STD transmission in rural areas of the country. The Committee encourages CDC to sustain the Rural Center for AIDS and STD Prevention in order that it may continue its efforts in rural communities through prevention specialists.

Building and facilities

The Committee recommendation includes $175,000,000 for repair and renovation of CDC facilities, $47,926,000 above the administration request and $117,869,000 above the fiscal year 2000 appropriation.

The Committee is concerned that many CDC employees work in very inadequate facilities. These buildings are not only insufficient in terms of cramped working conditions, but they also pose an increasing threat to workers safety. The Committee urges the CDC to accelerate at the rate possible the current building and facilities 10-year master plan for construction and renovation. Priority projects for fiscal year 2001 should include the new Infectious Disease Laboratory Number 18, the Scientific Communication Center so CDC can continue as the public health communication link to all State and local health departments and other domestic and international partners, two critical laboratories on the Chamblee campus, the lease consolidation of CDC's buildings located throughout the Atlanta area, security infrastructure, repairs, improvements and scientific equipment.

Prevention research

For this activity, the Committee has provided $14,993,000 for prevention research activities. Of the amount provided, $13,386,000 is for program activities, which is $1,386,000 above the 2000 level and is the same as the administration request. For salaries and expenses within this category of activities, $1,607,000 has been provided, which is the same as the 2000 level and the administration request.

This function seeks to discern the causative factors of key illnesses and diseases that may be addressable through intervention or education. Activities supported include community-based research, training of health professionals, research conducted by individual investigators, and guideline development.

Office of the Director

For the Office of the Director, the Committee recommends $35,564,000, which is the same as the President's request and $2,056,000 below the fiscal year 2000 appropriation. This line item includes amounts previously attributed to program management activities.

This level includes $19,439,000 to be provided from PHS evaluation funds.

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.

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.

Health disparities demonstration

The Committee has included $30,000,000 for health disparities demonstration projects to address racial health disparities. Of the amount provided, $27,000,000 is for program activities, which is the same as the 2000 level and $4,468,000 below the administration request. For salaries and expenses within this category of activities, $3,000,000 has been provided, which is the same as the 2000 level and $517,000 below the administration request. These funds will support research demonstration projects which address six identified areas of health disparities—infant mortality, cancer, heart disease, diabetes, HIV infections, and child and adult immunizations.

Drug and alcohol services to high risk families.—It has been brought to the Committee's attention that Center Point, Inc. provides low-cost, comprehensive drug and alcohol services to high risk families and individuals in the San Francisco Bay area. Included in their model is a licensed, fee-for-service medical clinic that provides on-site physical examinations, primary, and preventative health services. The Committee recognizes the important work that Center Point, Inc. has accomplished in San Rafael, California and encourages the Centers of Disease Control and Prevention to give full and fair consideration for this project to continue to develop and expand its programs.

Health status of minorities and the disadvantaged.—The Committee is pleased with the CDC's commitment to improving the health status of minority and disadvantaged individuals and urges expansion of these efforts including the coordination of preventative health care, substance abuse treatment, and HIV.

Minority health disparities.—The Committee recognizes the important work of the Albert Einstein Healthcare Network (AEHN) in addressing minority health disparities. The Committee urges the CDC to give full and fair consideration to a proposal from AEHN to develop an Urban Health Institute to address the special health needs of diverse, vulnerable, urban communities in a comprehensive and coordinated fashion and reduce the historic disparity between the health status of minorities and the general population.

Stroke in the African-American population.—The prevalence of stroke is significantly higher in the African-American community than in other populations and young African-Americans are 2.5 times more likely to die of a stroke than whites. The Committee is aware of efforts by St. Luke's-Roosevelt Hospital Center in New York to create a Comprehensive Stroke Center to provide more direct intervention in the African-American community. The Committee urges CDC to work with the Hospital in addressing issues of racial disparities in health outcomes.

Violent crime reduction programs

The Committee recommendation includes $50,225,000 for violent crime reduction programs, which is $234,000 above the fiscal year 2000 level and $257,000 above the budget request for activities authorized by the Violence Against Women Act. Funds are used to augment rape prevention services supported by the States through the preventive health and health services block grant and for

grants to public and private nonprofit organizations to support community programs to prevent domestic violence.

The Committee has also included $6,000,000 for Domestic Violence Community Demonstrations, an increase of $134,000 above the fiscal year 2000 appropriation, and $137,000 above the amount requested by the Administration.

The funds for rape prevention and services will be used by States to expand support for rape crisis centers and State coalitions, to support rape crisis hotlines, victim counseling, professional training of police officers and investigators, and education programs in colleges and secondary schools.

Distribution of funds.—The Committee is concerned with the distribution of funds for rape prevention and education that are provided with funds from violent crime reduction programs and sent to the States through the preventive health and health services block grant. States should comply with the statutory language and congressional recommendations accompanying the use of these funds. Funds should be used to supplement rape crisis centers and State sexual assault coalition's rape prevention and education efforts and not to supplant funds from other sources.

Domestic violence crisis intervention.—The Committee is aware that Portal to Hope, operates an innovative system of services, including counseling by licensed social workers, therapists, a 24-hour crisis intervention service that includes a hotline, a community outreach project, job placement assistance, legal services, and shelter and housing placement services. The Committee encourages CDC to give full and fair consideration to this project.

Domestic violence hotline.—The Committee applauds the work of the DV Hotline and encourages their efforts to expand services to victims of sexual assault

Psychosocial factors of violence.—It is the Committee's expectation that the Centers for Disease Control and Prevention take the lead in a collaborative effort between CDC and the Department of Justice in researching the behavioral and psychosocial factors relating to violence against women.

Teen smoking.—The Committee is aware of the approach by the University of Pennsylvania School of Social Work to develop models for curtailing teenage smoking as a mechanism for reducing the number of teens in the juvenile justice system.

Violent crime grants.—The Committee urges CDC to ensure that States receiving funds from the grants for assistance to victims of sexual assault, support State sexual assault coalitions and community-based rape crisis centers whose work is focused on ending sexual violence, operating hotlines for victims of sexual violence and their families, and those who provide crisis intervention, advocacy, and self-help services to victims. The Committee also urges that similar nongovernmental nonprofit agencies show a demonstrated effectiveness in carrying out the work achieving these goals in order to receive funds. The Committee further encourages CDC work to have States devote adequate resources from their allocation for rape prevention and education for middle, junior, and high school youth in both school and nonschool settings.

NATIONAL INSTITUTES OF HEALTH

Our Nation's investment in medical research has at once fostered improved health, longer life expectancy, a better quality of life and lower health care costs. Horrible scourges like smallpox, cholera and diphtheria which devastated populations as late as the nineteenth century are now rare or non-existent in most parts of the world; visualization of once hidden parts of the body has become a common diagnostic method; many infections formerly regarded as hopeless are susceptible to antimicrobial medications; and irreversibly diseased organs can now be replaced by grafts and transplants. While each of these extraordinary breakthroughs may be viewed in isolation, they are actually extensions and elaborations of past advances. Our national investment in research is flexible enough to respond to society's changing health care needs and dynamic enough to open even more promising frontiers. For example, within a short time scientists will complete the sequencing of the human genome, enabling researchers to examine the relationship between genetic coding and health. And just ahead lies the unbounded promise of stem cell research to open the way to new treatments, cures and prevention strategies.

It is no accident that many of society's greatest scientific achievements are the product of research supported in the United States. Science for the sake of improving the health and well-being of its citizens is an idea that has grown up with America. It is predicated upon the goal of creating an environment that fosters creativity on the part of individual researchers and institutions, creativity in pursuit of opportunities that are aligned with the needs of individuals. As a result, this country can claim the world's greatest biomedical research establishment, built and nurtured in large part by the National Institutes of Health. Through what some have described as a republic of science, NIH supports nearly 39,000 researchers grants at approximately 2,400 institutions across the country. Beyond that, research supported by NIH has helped to foster today's burgeoning economy by also acting as a catalyst in the growth and development of the biotechnology, bio-engineering and pharmaceutical industries.

Neither is it happenstance that as society shoulders its way into the 21st century there are more opportunities in basic and clinical research than ever before. Advances that have produced an explosion of new knowledge in molecular and cell biology, neuroscience and DNA research, for example, will enhance our ability to understand disease and find new treatments, cures and prevention strategies. The spectacular achievements of the past as well as the hope for the future can be traced in large part to the support and funding Congress has traditionally afforded NIH. Woven into this longstanding commitment to research is this Committee's firm recognition of the importance of sustaining a robust base of support and its adherence to the central principle that funding should be guided by competitive merit review.

The Committee is once again disappointed over the administration's failure to recognize that medical and behavioral research demand a steady and sustained commitment of resources. In 1998, the Committee set out a vision that would double NIH funding

within 5 years. That endeavor has already spawned efforts to advance the clinical development of treatments for a broad range of conditions including diabetes, rheumatoid arthritis, Alzheimer's disease, and multiple sclerosis. But much remains to be done. Serious and persistent perils still plague society. And investing in NIH is the single most important action our nation can take to overcome the challenges of cancer, heart disease, HIV/AIDS and other diseases and disorders. The Committee therefore recommends $20,512,735,000 for NIH, an increase of $2,700,000,000, which maintains the goal of doubling NIH funding by 2003.

NATIONAL CANCER INSTITUTE

Appropriations, 2000	$3,311,687,000
Budget estimate, 2001	3,505,072,000
Committee recommendation	3,804,084,000

The Committee recommends an appropriation of $3,804,084,000 for the National Cancer Institute [NCI]. This is $299,012,000 more than the budget request and $492,397,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

The Committee continues to regard scientific investigation into the cause, cure, prevention, and treatment of cancer as one of the Nation's top priorities. Research offers the only hope for putting a stop to a disease that wastes precious human resources and contributes to spiraling health care costs.

Behavioral science research.—The Committee commends NCI for expanding its infrastructure to fund behavioral and population research in cancer prevention, treatment, and control. NCI is encouraged to expand its investigation of the effective provision of mental health services to improve the course of cancer treatment and to aid in the adjustment to cancer survivorship. NCI is also encouraged to build upon its collaborations with the National Institute on Drug Abuse to more thoroughly investigate issues of youth tobacco use. In particular, the Committee is interested in expanding health promotion research focused on children and youth, and interdisciplinary research on tobacco addiction and cessation. The Committee also encourages NCI to expand its research on adherence to treatment regimens and to health-promoting behaviors such as physical activity and healthy diet.

Bone disease.—The Committee encourages the National Cancer Institute to study the role of angiogenesis, i.e., the growth of new blood vessels, in metastasis of breast and prostate cancer to the bone. In addition, the Institute is encouraged to develop experimental genetic animal models that replicate the process of human

cancer metastasis to the bone in humans, and to explore why bone is a preferential site for metastases.

Breast cancer.—Breast cancer continues to have a devastating impact on our country. In the United States, there are approximately 2.6 million Americans living with breast cancer. Each year, nearly 180,000 women are diagnosed with and nearly 44,000 women die of breast cancer. The Committee strongly urges the Institute to continue to expand breast cancer research and to devote the highest possible funding level to finding the causes and cures for this disease.

Cancer and minorities.—The Committee remains concerned over recent statistics citing higher incidences of cancer among the native Hawaiian population. In comparison to other ethnic and racial groups, native Hawaiians have the highest incidence of the most common forms of cancer such as breast, colon, and lung cancer. The Committee encourages continued research in the areas of prevention and detection, utilizing nurse practitioners in community-based centers for screening and education for the underserved populations.

Complementary and alternative cancer therapies.—The Committee expects NCI to work collaboratively with the National Center for Complementary and Alternative Medicine to support expanded research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies. Thousands of Americans are turning to these therapies and consumers will benefit from the rigorous scientific review of these therapies. The Committee would like to be briefed on the progress of the Institute's efforts prior to the next appropriations cycle.

DES.—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol (DES). The Committee expects NCI to continue its support of research in this area. In addition, the Committee has included sufficient funds for NCI, through a contract it has developed with CDC, to implement a national education program for consumers and health professionals. The Committee expects NCI and these other agencies to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

Esophageal and stomach cancer.—This year, approximately 33,800 Americans will be diagnosed with esophageal or stomach cancer and 25,100 will die from these diseases. Both cancers disproportionately affect minority populations, especially African-Americans and Hispanics. The Committee urges the National Cancer Institute in conjunction with the National Institute of Diabetes, Digestive and Kidney Disorders to augment its efforts in these areas, and to focus resources on the genetic aspects of these cancers; diagnostic tests for genetic abnormalities and prevention efforts; the modulation and understanding of epithelial injury and repair; environmental factors; and the development and treatment of Barrett's syndrome in patients with gastroesophageal reflex disease.

Head and neck cancer.—It has been brought to the Committee's attention that there is a need to develop molecular markers that

are predictive of the presence or likelihood of regional metastasis in patients with head and neck cancer. Such molecular markers would not only provide useful prognostic information but would identify patients at risk who could benefit from early elective treatment of the regional lymph nodes. The Institute is urged to expand its research support in this important area.

Health communication and basic biobehavioral Research.—The Committee is pleased with NCI's long range planning and commitment to train new cancer control scientists, as well as to provide opportunities for senior investigators to contribute their expertise to a new area of research. The Committee is also pleased to recognize the addition of two new programmatic research elements: health communication and basic biobehavioral research. The Committee further commends NCI for continuing to expand the pool of behavioral scientists on NCI program staff to ensure an optimal balance in the administration of this progressive research portfolio.

Hepatocellular carcinoma.—It has been brought to the Committee's attention that there is a need to determine the mechanism and the natural history of the development of hepatocellular carcinoma in patients with hepatitis C. The Committee encourages the Institute to develop a comprehensive research portfolio in this area and looks forward to learning of the progress made in this area prior to next year's hearing.

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

Lymphoma.—The Committee is pleased that the NCI is committed to conducting a progress review group (PRG) on lymphoma. The PRG on lymphoma will afford NCI and other Federal agencies the opportunity to evaluate current research and determine future needs in lymphoma research. The Committee requests that NCI be prepared to report to the Committee at the fiscal 2002 hearings on the progress of the PRG on lymphoma and the development of a prioritized national research agenda for lymphoma.

Multiple myeloma.—The Committee is pleased that MM was included in an NCI Progress Review Group and looks forward to hearing about the Institute's plans for the PRG findings at next year's hearing. The Committee continues to strongly urge support to address epidemiological and other data gathering activities rel-

evant to MM and coordinate efforts with the Centers for Disease Control and Prevention, the Office of Rare Diseases, the Office of Research and Minority Health, and NIEHS. The Committee encourages the Institute to disseminate information and educate the public and health professionals about the symptoms of and treatment for MM.

Neurofibromatosis (NF).—The Committee encourages NCI to strengthen its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation and clinical trials. The Committee also urges NCI to continue to coordinate its efforts with other Institutes engaged in NF research and be prepared to report on the status of the NF research portfolio at its fiscal year 2002 appropriations hearing.

Nutrition Therapy.—It has been brought to the Committee's attention that a recent Institute of Medicine report found that Medicare beneficiaries undergoing cancer treatment may also benefit from nutrition therapy aimed at controlling side effects or improving food intake. However, many of the cancer trials conducted to date are skewed toward younger persons even though older persons comprise the majority of cancer patients. Recent studies have shown that older persons could benefit and should be included in more aggressive cancer treatment, given that the number of older persons is expected to dramatically increase over the next few years. The Committee encourages the Institute to conduct research to assess changes in patient quality of life as a result of nutrition intervention. The committee further encourages the Institute to conduct randomized clinical trials of older cancer patients are necessary to determine whether a relationship exists between nutrition support and clinical outcomes for cancer patients.

Ovarian and cervical cancer.—Ovarian cancer remains one of the deadliest cancers for women, in part due to the lack of effective early screening methods. According to 1998 estimates, 25,400 new cases of ovarian cancer and 14,500 deaths from ovarian cancer are expected each year. The Committee strongly urges NCI to expedite current research on screening methods to detect, diagnose, and identify staging of ovarian cancer. The Committee encourages the Director of the NCI to fully fund the four ovarian cancer SPOREs in fiscal year 2001 and potentially issue a new request for applications for additional ovarian cancer SPOREs. The Committee also believes that identification of a cost-effective screening strategy could result in earlier diagnosis for women and higher cure rates. Similarly, 15,000 cases of cervical cancer are diagnosed annually, and 5,000 women die from the disease. NCI is strongly urged to accelerate research in this area.

Pancreatic cancer.—The Committee is concerned that pancreatic cancer, the fourth leading cause of cancer deaths for men and women in the United States, is projected to claim the lives of nearly 30,000 Americans this year alone. The 5-year survival rate for pancreatic cancer, 4 percent, is the lowest of all cancers. The Committee is concerned that pancreatic cancer is not diagnosed until advanced stages when treatment options are limited and largely ineffective. The Committee expects the NCI to be prepared to report at next year's hearing on the Institute's commitment to support the development of early detection methods, improved surgical tech-

niques, effective chemotherapy, and new drugs for pancreatic cancer and to support public education efforts concerning pancreatic cancer.

Primary Immunodeficiency Diseases.—The relationship between primary immune disease and cancer is an area that is ripe for scientific investigation. The Committee notes that NCI co-sponsored a symposium in March 2000 bringing together some of the top experts in this field. It is hoped that this symposium will lead to the development of a strong research agenda in this field. In addition, the Committee is aware of the commitment of NIH to the national education and awareness campaign. The Committee commends the Institute for it's commitment to this campaign and the role the these efforts will play in assuring the earliest possible diagnosis of primary immunodeficiency and of any cancers that may stem from it.

Prostate Cancer.—Prostate cancer is the single most common form of cancer in men in the United States. An estimated 179,000 men will be diagnosed with prostate cancer and 37,000 men will die from prostate cancer in 1999. The Committee urges the NCI and other institutes to aggressively increase efforts that will lead to the development of new treatments, new preventives, and new interventions with the potential to improve or extend the lives of men touched by prostate cancer.

Increased use of serum analysis for prostate-specific antigen (PSA), the primary method of screening for prostate cancer, has led to an increased detection rate. However, only 30 percent of early stage disease will progress to clinically relevant disease within the lifetime of the patient. The Committee encourages NCI to develop methods to identify those patients at risk of progression who would benefit most from aggressive therapy, while sparing low-risk patients the morbidity resulting from aggressive treatment of slow-growing disease. The Committee also encourages NCI to carry out clinical trials that will determine whether yearly screening for prostate cancer using the PSA blood test will decrease mortality from prostate cancer.

NCI has identified the need to restructure the clinical trials program to make it faster, more flexible, more easily accessible to patients, and more responsive to key therapeutic questions. The Committee encourages NCI to test new systems that will identify the best trials, improve trial planning, speed trial activation, and improve availability of trials to patients. The Committee encourages NCI to implement programs to assist investigators in academia and in small businesses in getting compounds with promise for treatment and prevention of prostate cancer into clinical testing using NCI's existing development resources. Several key treatment questions must be addressed. The Committee urges NCI to initiate clinical trials that will optimize hormonal and chemotherapeutic approaches for the most common clinical presentations of prostate cancer.

The incidence and severity of prostate cancer varies in different ethnic populations. African-American men are more than twice as likely to die of prostate cancer than Caucasian men. In African-American men, prostate cancer is also generally more advanced at the time of diagnosis. Chinese men living in China have incidence

and mortality rates that are 3–10 times lower than U.S. men. Reasons for the large racial difference in risk are currently unclear. The Committee urges NCI to conduct studies to identify risk factors for prostate cancer in several populations, including African-Americans and Chinese. The Committee also encourages NCI to study the associations of dietary patterns with prostate cancer, and variations in the role of diet in different racial and ethnic groups.

The Committee is encouraged by NCI's collaborations with the Department of Defense in fighting this devastating disease, and urges NCI to continue to strengthen and expand its prostate cancer research portfolio. The Committee further expects the NCI to accelerate spending on prostate cancer, and consult closely with the research community, clinicians and patient groups to identify promising new avenues of basic and clinical research.

Transdisciplinary tobacco use research centers.—The Committee commends the Institute for its collaboration with the National Institute on Drug Abuse and private foundations in establishing seven new Transdisciplinary Tobacco Use Research Centers. These Centers establish critical links across diverse scientific disciplines to evaluate new models of nicotine addiction; hereditary factors in vulnerability, treatment success, and deleterious consequences of tobacco use; cultural determinants of successful prevention efforts; treatment resistant populations; and determinants of relapse.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2000	$2,026,430,000
Budget estimate, 2001	2,136,757,000
Committee recommendation	2,328,102,000

The Committee recommendation includes $2,328,102,000 for the National Heart, Lung, and Blood Institute [NHLBI]. This is $191,345,000 more than the budget request and $301,672,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Advanced Imaging Technology for Heart Disease and Stroke.—The Committee is aware that heart perfusion PET scans using Rubidium-82 are considered the "gold standard" for determining the extent of muscle damage to the heart following a heart attack. The ability of the heart to survive an event is a biochemical question that can be determined through PET, which is biological imaging. The Committee encourages NHLBI to expand its research efforts into the role of biological imaging and PET in delivering more accurate information to determine appropriate treatment for heart disease patients.

Allied Health Personnel.—It has been brought to the Committee's attention that there is a growing shortage of qualified allied health professions who serve as laboratory personnel. The Committee encourages NHLBI to enhance program activity at schools training these individuals, and by so doing help alleviate this problem.

Cardiovascular prevention and treatment.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart attack, stroke and other cardiovascular diseases as one of the Nation's top priorities. The Committee continues to believe that an intensive research program on heart attack, stroke and other cardiovascular diseases should be a top priority of the NHLBI and of the NIH. The Committee urges the Institute to place the highest priority on cardiovascular research to support existing heart and stroke-related research and to invest in promising research initiatives in this area.

Cooley's anemia.—This Committee, as well as several special emphasis panels, has long recommended the establishment of a Thalassemia Clinical Research Network. We are pleased to note that the institute issued a successful RFA on the topic and that the Network has now been created among some of the leading researchers in Cooley's anemia. The Committee emphasizes the importance of the institute taking specific steps to encourage investigator-initiated research proposals addressing the key unresolved scientific issues.

Cystic Fibrosis.—The NHLBI is to be commended for its grants initiative for "Programs for Genomic Applications (PGAs) for Heart, Lung, and Blood Research" to capitalize on the plethora of genetic information arising from the Human Genome Project. This will encourage institutions to establish informatics infrastructure with expertise in functional genomics and proteomics to revolutionize medical treatments. This is particularly important for research on rare diseases such as cystic fibrosis.

Heart attack, stroke and other cardiovascular diseases in women.—Cardiovascular diseases remain a major cause of disability and the leading cause of death of American females. The clinical course of cardiovascular disease is different in men than in women and current diagnostic capabilities are less accurate in women than in men. Despite the seriousness of these diseases in women, the problem has gone largely unrecognized by women and their doctors. The Committee urges the Institute to expand research on cardiovascular diseases in women, including studies to develop safe, efficient and cost effective diagnostic approaches for women; and to create informational and educational programs for female patients and health care providers on heart disease and stroke risk factors.

Hemophilia.—The Committee encourages NHLBI to enhance its efforts, working with the National Hemophilia Foundation's medical and scientific leadership, to address the needs of persons with hemophilia and other bleeding and clotting disorders, particularly in the areas of hemophilia gene therapy, research to improve blood and blood product safety, and treatment for hepatitis C and other complications of bleeding and clotting disorders, including women's bleeding disorders. The Committee notes the potential of gene therapy to dramatically improve the treatment of hemophilia and urges NHLBI to provide additional support for expansion of this critical effort. The Committee requests a progress report on the NHLBI's expanded activities in hemophilia gene therapy prior to next year's hearing.

Hypertension and Kidney Disease.—The Committee is concerned that NHLBI is not currently funding or collaborating with the

NIDDK on any research projects related to hypertension and its relationship to kidney disease. Given that hypertension is the second most common cause of kidney disease it would seem appropriate for the NHLBI to assign this a high priority. The Committee urges the NIDDK and the NHLBI to sponsor a workshop in collaboration with the renal community to define areas and research questions for a series of joint requests for applications by the NIDDK and NHLBI targeted at hypertension and kidney disease. The Director of the Institute should be prepared to testify on the progress in this area at the fiscal year 2002 appropriations hearings.

Immune System Research Program for Heart Disease.—Basic knowledge about the body's disease fighting system is increasing rapidly, particularly in its involvement in the causes and development of heart disease and stroke. Innovative approaches are needed to use this knowledge to accelerate progress from basic knowledge to clinical applications. The Committee urges the Institute to expand research on inflammatory response to blood vessel injury that occurs in atherosclerosis, the cause of most heart attacks and strokes; healing of damaged heart tissues after a heart attack; and chronic rejection following heart transplantation.

Lyme disease.—The Committee urges the Institute to study vascular disease with a specific focus on the unique features associated with Lyme disease.

Maintaining Weight Loss.—An estimated 106 million Americans age 20 and older are overweight or obese, a condition that increases risk of diseases such as heart attack, stroke, high blood pressure and diabetes. The guidelines on the identification, evaluation, and treatment of overweight and obese adults, supported by the NHLBI in collaboration with the NIDDK, reviews the evidence that it is possible for overweight and obese Americans to lose a significant amount of weight over 6 months, but only a few maintain their weight loss. The Committee urges the Institute to launch studies to improve understanding of weight loss maintenance and to examine behaviors that influence obesity, weight loss and weight loss maintenance.

National Asthma Education and Prevention Program (NAEPP).—The Committee commends NAEPP for its leadership in helping to educate physicians, asthma patients, their families, and the general public regarding asthma and its management. The Committee urges NAEPP to enhance the role that its Advisory Committee plays in helping to coordinate asthma education throughout the United States. The Committee encourages NAEPP and NHLBI to work with other Public Health Service (PHS) agencies such as CDC, HRSA and the Office of the Surgeon General to develop a PHS–wide plan to control asthma.

Pediatric Asthma Network.—The Committee recognizes that little is known about the optimal treatment for asthma in infants and young children. For example, the following issues still shroud the management of pediatric asthma: what the most effective dose and type of medicine for different types of asthma are; what the correct balance is between medical benefits and possible side effects; the best time to start different types of therapy; whether early therapy can prevent asthma from becoming more severe or even eliminate it as a child gets older; or the combination of therapies that will

allow a child to participate fully in childhood activities. The Committee urges NHLBI to use the research amassed through the Pediatric Asthma Clinical Research Network to provide clearer choices for childhood asthma therapy, to encourage the development and dissemination of new therapies , and to identify optimum asthma management strategies for children.

Primary Pulmonary Hypertension.—Primary Pulmonary Hypertension (PPH) is a rare, progressive and fatal disease that predominantly affects women of all ages and races. This disease causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious and fatal conditions such as scleroderma and lupus. The Committee views research in this area as a very high priority due to its deadly impact and its presumed relevance to many other diseases. These include other forms of hypertension, heart and lung diseases, and organ transplants. The Committee commends NHLBI's efforts to promote research of PPH. The Committee urges the Institute to increase funding for basic research, gene therapy and clinical trials of promising pharmaceuticals, and to take appropriate measures to ensure the submissions of high quality proposals in this area.

Promoting Adherence to Medical and Behavioral Therapies.—The Committee notes that failure to follow medical recommendations causes tens of thousands of deaths a year, increased hospitalizations and delayed recovery. It is estimated that 50 percent of patients do not comply with prescribed treatments; many life-extending drugs for heart attack survivors and heart failure patients are underused; and not all patients or doctors take advantage of information known to reduce or treat Americans at risk of heart disease or stroke. The Committee encourages the Institute to expand research on innovative theories about behavioral, cultural, social, psychological and environmental methods to increase adherence to lifestyle and medical regimen. The Committee further encourages the Institute to take steps to inform medical personnel of effective indicators to measure the standard of delivery of care of health systems and to change to change physician behavior and practices.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2000	$269,185,000
Budget estimate, 2001	284,175,000
Committee recommendation	309,923,000

The Committee recommendation includes $309,923,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. This is $25,748,000 more than the budget request and $40,738,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Bone disease.—The Committee believes that identifying the link between oral bone loss and bone loss in the central part of the skeleton should be a priority of the Institute. With over 750 million dental x-rays performed in the United States each year, it appears that the Institute has a useful tool to compare bone loss in the oral cavity with bone loss elsewhere in the body. NIDCR is asked to report to the Committee prior to next year's hearings on how this information can be used to conduct research on the measurement of bone mass, as well as research on oral bone loss and its relationship to risk factors for osteoporosis. Also, given the large and growing number of individuals with periodontal disease and bone loss, increased funding for researching the conditions' genetic underpinnings should be pursued. A database of normal bone mass measurements in the mandible and alveolar crest would help advance further research. In addition, the Committee encourages the Institute to expand its work on dentinogenesis impefecta and orthodontic manipulation in people with osteogenesis imperfecta.

Oral health.—The Committee commends the Institute for its multi-disciplinary approach to oral health promotion, particularly in its comprehensive Dental Health Centers. The Institute is encouraged to expand its behavioral research on reducing health disparities among minority populations. In particular, the Committee encourages NIDCR to expand its investigation of effective dental care and oral cancer prevention programs in minority populations.

Osseointegration.—The Committee urges the NIDCR to consider supporting research that would improve the structure of and materials used in the production of dental implants.

Temporomandibular Joint Disorders (TMJ).—The Committee remains deeply interested in research on temporomandibular joint disorders (TMJ) and is concerned over the continuing lack of resources applied to this area. The Committee is aware that NIDCR convened a Technology Assessment Conference on the management of TMJ, and urges the Institute to take steps to implement the recommendations of that conference. To help contribute to further progress on this front, NIDCR also is urged to continue its inter-institute committee—including representatives of the Office of Women's Health, CDC and AHRQ—to develop a short- and long-range TMJ research agenda prior to next year's hearings. Furthermore, the Committee urges NIDCR to study craniofacial and systemic problems resulting from dental implants.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2000	$1,141,415,000
Budget estimate, 2001	1,209,173,000
Committee recommendation	1,318,106,000

The Committee recommends an appropriation of $1,318,106,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is $108,933,000 more than the administration's request and $176,691,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Behavioral and Social Science Research for Diabetes.—The Committee would like to learn more about NIDDK's plans for setting a behavioral and social sciences research agenda for diabetes. In particular, the topics of diet and the prevention of obesity have prompted discussion during the Committee's hearings. According to some estimates, the prevalence of children who are overweight has nearly doubled over the past 20 years, and minority groups are disproportionately affected. NIDDK is encouraged to continue to partner with the Office of Behavioral and Social Sciences Research and other institutes, to support basic and applied research on prevention and treatment of this problem. In addition, NIDDK is encouraged to explore partnerships with other institutes on health services delivery research that can improve communication among health providers, and between health providers and their patients, to enhance treatment for diabetes.

Bladder Disease.—Over 35 million Americans suffer from some form of bladder disease, with this number rising as the population ages. Bladder cancer is the fourth most common cancer found in men, claiming at least 12,000 victims each year. Interstitial cystitis still poses a serious threat to its victims. Incontinence, although affecting up to 25 million, continues to cause shame and embarrassment to its sufferers and many will not seek treatment. The Committee is pleased that in 1999 the NIDDK co-sponsored the International Bladder Symposium. However, given the scope and severity of bladder diseases, the Committee continues to be very concerned about the lack of support for bladder disease research funding within the NIDDK. The Committee, therefore, urges the Institute to substantially increase its research activity into bladder diseases through all available mechanisms. The Committee further requests the issuance of a request for applications in each of the major bladder disease areas and urges the Institute to support multi-center research initiatives. The Committee requests that the Urology Program of the NIDDK, in collaboration with the bladder cancer program of the NCI establish a Bladder Disease Task Force. This Task Force is requested to make recommendations on a 3–5 year research program within the Institute to increase research into the treatments and cures for bladder diseases. The Committee further encourages the Institute to report on the establishment of the Task Force and its early recommendations during next year's hearings.

Bone disease.—The Committee urges the Institute to focus more attention on osteoporosis and other disorders of calcium metabolism, including renal osteodystrophy, which occurs in patients with chronic kidney disease. Nutritional and hormonal influences on cal-

cium and skeletal status should also receive increased attention, as should functional genomics in bone. The Committee also urges the Institute to work with the National Cancer Institute to focus on cancer that spreads to bone.

Cooley's anemia.—The Committee has long supported research in the area of Cooley's anemia. Due to the numerous red blood cell transfusions that patients receive, iron accumulates in the major organs, particularly the heart and liver. The effective removal of iron by chelating drugs requires an accurate assessment of the iron levels in the patient. However, accuracy is impeded by the lack of a high-quality, non-invasive test to measure iron levels. Technology, known as SQUID, has been developed which holds great promise in addressing this problem. The Committee urges the institute to acquire this technology for use in an intramural research protocol testing its efficacy with Cooley's anemia patients, while pursuing opportunities to improve the equipment through the use of advanced materials and computer applications. In addition, the Committee remains interested in the research progress being made with regard to the development of safe and effective iron chelator drugs that are less troublesome those currently used, as well as the development of drugs for the regulation of hemoglobin synthesis.

Cystic Fibrosis.—The Committee understands that the NIDDK is conducting a clinical trial to test the safety and effectiveness of inhaled tobramycin in infants with cystic fibrosis (CF). The NIDDK is to be commended for investing in clinical studies, particularly for rare diseases such as CF, as they are a priority for the Committee.

Diabetes.—Diabetes affects 16 million Americans and is estimated to cost more than $100,000,000,000 annually. The Committee strongly requests that NIDDK, working with NIAID and NICHD, create a coordinated international effort to develop a vaccine to prevent juvenile, or Type 1, diabetes. The Committee is aware that a 1999 Institute of Medicine Report concluded that development of a vaccine to treat or prevent Type 1 diabetes would bring exceptionally high health and economic benefits to society and that the Diabetes Research Working Group has recommended that a major effort be launched in this area. The Committee requests the NIDDK to inform the Committee by February 1, 2001 of its plans for implementing this initiative.

The Committee strongly requests that NIDDK, working with NHGRI and NICHD, jointly implement a major effort to identify the genes associated with juvenile and Type 1 diabetes.

Diabetes in Hispanic Populations.—Hispanic Americans are disproportionately affected by diabetes, with over 1.8 million affected by this disease. The Committee encourages the Institute to underetake efforts to include this population in NIH studies and to expland research to understand why diabetes disproportionately affects this population.

Diabetes in Native Hawaiians.—The Committee recognizes the Institute's interest in studying the incidence of diabetes in native American, Hawaiian, and Alaskan populations, and encourages NIH to include native Hawaiian and Alaskan populations, the Mississippi Band of the Choctaw Indians, and the Eastern Band of the Cherokee Indians in diabetes studies.

Digestive Disease Centers.—The Committee recognizes the success of NIDDK's Digestive Disease Centers program in addressing a wide range of disorders that result in tremendous human suffering and economic cost. The Committee continues to encourage NIDDK to expand this important program, with an increased emphasis on inflammatory bowel disease.

Digestive Diseases.—Diseases of the digestive system continue to affect more than half of all Americans at some time in their lives. Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, and viral hepatitis take a significant toll in terms of human suffering, mortality, and economic burden. The Committee continues to encourage NIDDK to strike an appropriate balance between conducting basic studies on digestive diseases and brining those research findings to the bedside in the form of improved patient care.

The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). These extremely complex disorders represent the major cause of morbidity and mortality for intestinal illness. The Committee continues to encourage NIDDK to give priority consideration to the following areas of IBD research; (1) investigation into the cellular, molecular and genetic structure of IBD, (2) identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups, and (3) coordination and integration of basic investigations designed to clarify mechanisms of action and disease pathogenesis into clinical trials, as described in the research agenda developed by the scientific community entitled "Challenges in Inflammatory Bowel Disease."

End-stage renal disease.—The Committee understand that recent studies suggest that patients with end-stage kidney disease are far more likely to have close family relatives with kidney disease. Certain ethnic populations in America also have an increased risk of kidney disease. Hispanics in the western United States have a four-fold increased likelihood over Caucasian and Asian-Americans for end-stage renal disease requiring dialysis. The increased likelihood for African-Americans is at least six-fold and in certain urban areas the likelihood is far greater. The Committee encourages the NIDDK to take advantage of these "familial clusters" to create a kidney genome anatomy program and to consider funding projects to make and sequence DNA libraries from normal and diseased tissues. The Committee also encourages NIDDK to supply and implement the bioinformatics required to link the gene fragments with gene names in NIH–supported databases, and to provide this information, with access to the clones, to the scientific community.

Hepatitis C.—The Committee is aware that little is understood about the mechanisms that lead to the transition of acute hepatitis C into its more chronic forms. Little is also known about the most appropriate time to begin treatment of those with hepatitis C to prevent the progression of the disease. The Committee encourages the Institute to invest additional resources into the causes and treatments of this disease.

The Committee is pleased that the NIDDK has made an award for a large-scale hepatitis C clinical trial that will involve over

1,000 patients and nine sites across the country. This trial, known as the HALT–C trial, is expected to yield important scientific discoveries, and offer opportunities for ancillary studies regarding the relatively low response rate to current hepatitis C treatments. Those ancillary studies could include the influence of genetic factors, the rate and cause of viral mutations, and the wide range of reactions of hepatitis C patients to treatment protocols. The Committee urges NIDDK to provide the funding necessary to pursue these ancillary research opportunities.

The Committee is aware that nearly all individuals with hepatitis C as the primary indication who receive a liver transplant become re-infected. While the severity of the re-infection typically can be controlled, approximately 10 percent of the cases develop severe chronic hepatitis C within 2 years. Therefore, the Committee urges additional research focused to minimize the re-infection rate, including the evaluation of promising pharmaceuticals such as civacir to control hepatitis C re-infection. This is of particular importance since hepatitis C is the leading cause of liver transplants.

Hereditary Hemochromatosis.—Hereditary hemochromatosis is the most common genetic disease known. It is prevalent in persons of northern European, Celtic and Irish extraction and is characterized by excessive iron levels. Iron accumulates in the internal organs, particularly the liver, and by the time it is discovered, it has often caused extensive damage. The Committee urges the Institute to expand its research portfolio on this disease, particularly as it relates to early diagnosis.

Hypertension and Kidney Disease.—The Committee is concerned that NHLBI is not currently funding or collaborating with the NIDDK on any research projects related to hypertension and its relationship to kidney disease. Given that hypertension is the number two cause of kidney disease it would seem appropriate for the NHLBI to have this as a priority area. The Committee urges the NIDDK and the NHLBI to sponsor a workshop in collaboration with the renal community to define areas and research questions for a series of joint requests for applications by the NIDDK and NHLBI targeted at hypertension and kidney disease. The Director of the Institute should be prepared to testify on the progress in this area at the fiscal year 2002 appropriations hearings.

Interstitial cystitis.—The Committee understands that research on interstitial cystitis is at a critical juncture, with several promising preliminary research findings yet to be pursued. The Committee encourages NIDDK to undertake a more aggressive approach to this chronic, debilitating disease. The Committee is pleased that the NIDDK has initiated in fiscal year 2000 a study of the epidemiology of the disease, and requests the Institute report to the Committee during next year's hearings on the status of this initiative. The Committee encourages the Institute to increase research into the basic and clinical aspects of interstitial cystitis and to establish centers which have a significant minority enrollment.

Irritable bowel syndrome.—The Committee remains concerned about the increasing frequency of irritable bowel syndrome (IBS), a chronic complex of disorders that affect the digestive system. These common dysfunctions strike people from all walks of life and result in tremendous suffering and disability. The Committee en-

courages NIDDK to increase funding for irritable bowel syndrome/functional bowel disorders research and to give priority consideration to funding IBS education/scientific symposiums.

Kidney disease.—As part of implementing the scientific recommendations of the Diabetes Research Working Group, the Committee encourages the NIDDK to expand its Diabetes Genome Anatomy Project to include a focus on the kidney disease that is a major complication of diabetes.

Kidney disease education.—The Committee urges the NIDDK to plan and implement a National Kidney Disease Education Project. Given that there are some ways to slow the progress of kidney disease if it is identified early, NIDDK is urged to launch an effort to reach out to the more than 12 million Americans living with chronic renal insufficiency. These individuals are often unaware that they suffer from this disease until they have already reached end-stage renal disease and require dialysis or a transplant. The Committee urges the NIDDK to bring these advances in medical care to the consumers. The Director of the Institute should be prepared to testify on the progress of this initiative at the fiscal year 2002 appropriations hearings.

Liver Transplantation Conference.—The Committee is aware of the significant and continuing shortage of livers available for transplantation, and therefore urges additional research that would facilitate the success of liver transplantation and the number of livers available for transplantation. Many believe that the use of living liver donors may be one of the most important surgical and scientific breakthroughs that can assist people in the need of liver transplants.

National Center for Medical Rehabilitation Research.—The Committee encourages the NCMRR to expand its clinical trials network and program to test the efficacy of medical rehabilitation. The Committee believes that additional funds to the NCMRR also could support a pediatric trauma initiative and a new program regarding tissue and cell plasticity and recovery from injury.

Non-Alcoholic Steatohepatitis.—The Committee is aware that non-alcoholic steatohepatitis liver disease is one of the most common liver diseases and is often unrecognized and undiagnosed. While this form of liver disease is initially mild, it may lead to cirrhosis and liver failure. Therefore, the Committee urges research into the cause or pathogenesis of this disease as well as research on treatments.

Pediatric kidney disease.—The Committee notes that kidney disease remains a persistent problem among infants, children and adolescents. An estimated 1,200,000 children under the age of seven will develop urinary tract infections that may permanently damage kidney tissue. Over 100,000 children will be treated for diabetes, many of whom will ultimately suffer renal failure and require dialysis. Another 76,000 young people will have to be treated for hypertension, a precursor for renal failure and cardiovascular disease that disproportionately affects minorities. Given the extent of these problems and their long-term implications when children reach adulthood, the Committee encourages NIDDK to enhance its research efforts into the prevention and treatment of chronic renal failure and end-stage renal disease in children from all causes, in-

cluding diabetes, hypertension, genetic kidney disease and disorders of renal development. NIDDK also is urged to focus on new approaches to enhance or accelerate recovery from acute renal failure, which commonly occurs in hospitalized pediatric patients and accounts for substantial sickness and death.

Polycystic kidney disease.—The Committee is pleased that the NIDDK has established four P–50 inter-disciplinary research centers targeting PKD in response to the unprecedented scientific momentum in this area and strong support in Congress. The Committee is aware that recent advances, including the discovery of a drug that virtually stops one form of PKD in laboratory animals, presents further evidence that dramatic progress toward a treatment and ultimate cure for PKD, in as few as 5 years, is now more likely. It is the Committee's strongest recommendation that the PKD Strategic Plan, developed at NIDDK in early fiscal year 1999, be implemented and fully funded as expeditiously as possible. Anything less places in greater jeopardy many of the 600,000 Americans with this devastating disease whose kidneys are still functioning, the ones for whom a treatment to stop the progression of PKD may well mean the avoidance of kidney failure and its devastating consequences."

Pregnancy Complications.—The Committee encourages the NICHD to consider sponsoring a planning workshop in fiscal year 2001 for the purpose of defining research questions in such areas as pre-maturity, pre-term labor, pre-eclampsia, amniotic fluid embolism, in utero screening for birth defects, post-partum hemorrhage, and other complications related to pregnancy.

Prescription and Non-Prescription Medications and Acute Liver Failure.—The Committee is aware that the most common cause of acute liver failure is a reaction to over-the-counter and prescription medications. With the aging of the population, and consequently more and more Americans using multiple medications, NIDDK is urged to pursue additional research to isolate the causes of adverse reactions to medications.

Prostatitis.—The Committee is pleased that the NIDDK has recognized prostatitis as one of the three major diseases of the prostate gland. The Committee continues to encourage efforts to more aggressively explore the relationship among these diseases of the prostate. The familial possibilities of the disease of prostatitis have not been thoroughly explored and should be combined with similar research being done by other agencies into prostate cancer. The Committee believes there is mounting evidence that prostatitis is a worldwide problem and that millions of American men suffer from the disease. The Committee further encourages more solicitation of individual applications from investigators with diverse backgrounds to address clinical research approaches. Including representatives from NCI, NINDS, NINR, and outside medical consultants from diverse speciality backgrounds. The Committee recommends that NIDDK add two more centers to support this work. The Committee also urges the Institute to expand its studies of various minority groups, and encourages expanded outreach efforts that include educational materials directed at primary care physicians, the urology community, patients and the general public.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2000	$1,029,743,000
Budget estimate, 2001	1,084,828,000
Committee recommendation	1,189,425,000

The Committee recommends an appropriation of $1,189,425,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. This is $104,597,000 more than the budget request and $159,682,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

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

Alzheimer's disease.—NINDS continues to play an integral part in advancing science's understanding of Alzheimer's, a disease that currently afflicts an estimated 4,000,000 Americans. Within the past year alone, researchers have made several critical discoveries about how Alzheimer's destroys the brain, discoveries that may eventually open the way to finding a cure or halt the progression of this disease. NINDS recently co-sponsored two program announcements aimed at increasing the number of clinical trials for Alzheimer's disease. The Committee encourages NINDS to continue to assign this a high priority, and to continue its close working relationship with NIA, NIMH and NINR.

Alzheimer's disease and PET Scans.—The Committee is aware that positron emission tomography (PET) has been shown to identify Alzheimer's disease at a significantly earlier stage than other diagnostic methods. Earlier diagnosis of Alzheimer's allows for added treatment options which may delay the onset of the more debilitating aspects of this disease. The Committee urges NINDS, in collaboration with the National Institute on Aging and the National Institute of Mental Health, to expand its research into early diagnosis of Alzheimer's using PET imaging of the brain.

Amyotropic Lateral Sclerosis (ALS).—Also known as Lou Gehrig's Disease, ALS is a progressive, fatal neurological disease for which no cure has been found. The disease strikes all demographic and age groups, and 85 percent of those diagnosed succumb within 2 to 3 years. Diagnosis is difficult, and can take years; there is no simple test for the disease. Over the course of this decade, there have been a number of research breakthroughs: the identification of a defective gene responsible for some cases of ALS and a better understanding of how that defective gene may lead to ALS; FDA approval of the first drug treatment of ALS; and the development of new tools for studying ALS as well as potential therapies. Findings with respect to ALS can lead to methods for prevention and treat-

ment of many other neurodegenerative disorders, including Parkinson's, Alzheimer's, Huntington's, and multiple sclerosis. The Committee applauds the Institute for its emphasis on research into identification of neurodegeneration. The Committee encourages the Institute to consider a research planning workshop which would bring together ALS researchers and experts from other fields to foster new ideas and research directions that might lead to rapid advances in the understanding and treatment of ALS and related neurodegenerative diseases. The Committee also encourages the Institute to continue to expand and intensify its research efforts into ALS.

Ataxia Telangiectasia.—The Committee believes that more attention needs to be paid to pediatric neurodegenerative disorders. Insight into childhood diseases such as ataxia-telangiectasia (A–T) will have applicability to all neurological disorders. Because the neurological manifestation of A–T is the most pervasive and currently untreatable facet of this disease, the Committee encourages NINDS to allocate funds to neuroimaging research and other tools aimed at quantifying A–T progression as well as assessing strategies for neuroprotection and therapies directed towards neural cell replacement.

Batten disease.—The Committee is disappointed with the pace of research in Batten disease. The Committee believes that the Institute should actively solicit grant applications for Batten disease and also take aggressive steps to assure that a vigorous research program be established. In recent years, funding for this disease has decreased. The Committee requests that NINDS be prepared to discuss the funding history and steps taken to increase research in this area. The Committee strongly urges that increased funding be provided to combat this devastating disease.

Charcot-Marie-Tooth Disorder.—The Committee urges the Institute to expand research in Charcot-Marie-Tooth Disorder. One of the most common inherited neurological disorders, CMT affects approximately 150,000 individuals, who slowly lose normal use of their hands and feet as nerves to the extremities degenerate.

Chromosome 18.—The Committee is aware of efforts to encourage new scientific work into the molecular genetic, clinical and therapeutic aspects of chromosome abnormalities. Chromosome abnormalities involving chromosome 18q result in growth failure, mental retardation and central nervous system dysmyelination. NIH has supported little research into the abnormalities of chromosome 18, despite repeated urging by this Committee. The Committee again urges the Institute to ensure that the review process will adequately assess Chromosome 18 applications and to devote more research into this genetic abnormality.

Duchene/Becker Muscular Dystrophy.—The Committee urges the Institute to collaborate with the NIAMS to intensify research into Duchenne/Becker Muscular Dystrophy. The Committee strongly encourages NIH to examine ways in which the grant review process can expand and sustain research in this area, including considering establishing a separate muscle biology section. The Committee also urges the NIH to conduct a research conference to evaluate the status of research and assist in properly directing the critical science investment in muscle research. The Committee requests that NIH

prepare a report on the progress of research related to Duchenne/Becker Muscular Dystrophy and outline investment strategies regarding this disease. The Institute should actively solicit grant applications in this area.

Dystonia.—The Committee continues to be pleased with NINDS's extramural research portfolio with respect to dystonia, and encourages NINDS to continue to expand the study of the DYT1 gene. In addition, the Committee encourages the Institute to expand its collaboration with the dystonia research community in supporting epidemiological studies on dystonia and in increasing public and professional awareness.

Epilepsy.—The Committee seeks continued and intensified efforts by the Institute to create breakthroughs in the prevention, treatment and eventual cure of epilepsy, a disease affecting over 2.5 million Americans. Of that number, fully 2 million Americans experience limited or no relief with existing treatment. The Committee encourages the Institute to target additional resources specifically to intractable epilepsy, which most often begins in childhood and is strongly associated with cognitive dysfunction due to the impact of uncontrolled seizures on the developing brain. The Committee is pleased that the Institute has sponsored the March 2000 conference "Curing Epilepsy: Focus on the Future" and expects an update on plans to advance promising areas of research identified during the conference at the fiscal year 2002 appropriations hearing.

Facioscapulohumeral muscular dystrophy and facioscapulohumeral disease (FSHD).—The Committee is extremely concerned that funding for FSHD has decreased and that no new projects have been funded over the past year. The Committee requests that the NIH report to the Committee after the upcoming research planning conference on steps it will take to create a comprehensive research portfolio in FSHD. The Committee further urges that NIH make research in FSHD a high priority.

Holoprosencephaly.—The Committee is pleased that NINDS is interested in funding new research for the treatment of holoprosencephaly, a severe neurological birth deficit affecting 1 in 5000 live births and 1 in 250 of all births. Recently, private organizations have made great strides towards understanding and treating this disorder, through establishing and funding three Clinical Centers of Excellence to treat holoprosencephaly. The Committee is encouraged by the recent First NIH Symposium on Holoprosencephaly, and encourages the NINDS and other relevant institutes to significantly increase their multi-disciplinary activities aimed at understanding and treating this disease.

Lyme disease.—The Committee urges the Institute to study central nervous system abnormalities associated with Lyme disease. Unfortunately, prognosis of patients with cerebral involvement is not good; even with antibiotic treatment there can be residual disability. The Committee therefore urges that diagnostic techniques including brain imaging and improved treatment protocols be designated as research priorities. The Committee is encouraged by a recent grant for brain imaging in neuroborreliosis patients. The Committee also urges the Institute to study peripheral nervous system abnormalities associated with Lyme disease.

Neurodegenerative Disorders.—The Committee is encouraged by the level of emphasis placed on neurodegenerative disorders research within NINDS and across NIH. The Committee continues to support research investigating the role of neurotransmitters in neurodegenerative disorders.

Neurofibromatosis.—The Committee is aware that recent advances in NF research have linked NF to cancer, brain tumors, learning disabilities and heart disease. Because of the enormous promise of NF research, the Committee encourages NINDS to expand its NF basic and clinical research portfolio including clinical trials. The Committee is pleased that the Institute has initiated a trans-institute workshop on NF to be held this spring and encourages the Institute to continue to coordinate its efforts with other Institutes engaged in NF research. The Committee also requests that the Institute be prepared to report on the status of the NF research portfolio at its fiscal year 2002 appropriations hearing.

Outreach.—The Committee commends NINDS for its public education and outreach programs. The Committee encourages NINDS to continue these efforts, with special attention to innovative approaches to outreach, education, and recruitment and retention of staff.

Paralyzed vocal cords.—The Committee expects the Institute to collaborate with NIDCD on the development or adaptation of electrical stimulation devices. These devices would activate the reflexes of the paralyzed muscles that open the airway during breathing in cases of paralyzed vocal cords due to trauma or neurodegenerative disease.

Parkinson's Disease.—The Committee is encouraged by continuing discoveries in the cause, pathophysiology and treatment of Parkinson's disease, and continues to encourage efforts by NINDS to speed the development of effective therapies for this devastating disorder. Several recent findings demonstrate a strong scientific foundation for a major new initiative in Parkinson's research. The Committee also recognizes the benefits of research breakthroughs in this area on other disorders within the Institute's scope. The Committee acknowledges the 1997 enactment of the Morris K. Udall Parkinson's Research Act as a timely recognition of the scientific potential in this field and a clear statement of intent by Congress to make Parkinson's research a priority. The Committee is further aware that the NIH has completed a Parkinson's-Disease research agenda including professional judgement funding projections for the next 5 years. In addition, the Committee is pleased with the joint initiative of NIEHS and NINDS on investigating environmental determinants of Parkinson's disease, and expects the Director to encourage further collaboration among Institutes through the Parkinson's Disease Coordinating Committee. The NIH director should be prepared to discuss Parkinson's disease research planning and implementation for fiscal year 2001 and 2002 during the hearings on the fiscal year 2002 budget.

Reflex Sympathetic Dystrophy (RSD).—RSD is a very painful and disabling disease that affects an estimated 7 million people in the United States. Since it is little understood, RSD is often misdiagnosed and therefore not properly treated. The early stages of the disease are the most critical time period because treatment

is highly effective within the early stages. These therapies and treatments trigger remission in almost 97 percent of the cases treated properly in this early stage. Nearly 75 percent of the 7 million people affected will be forced to suffer with RSD for their entire lives due to incorrect diagnosis.

Given the scope and severity of this disease, the Committee is concerned about the lack of support for research and development for RSD treatment. Therefore, the Committee urges NINDS to increase funding for further research into RSD in the hope that early detection can lead to completely effective treatment.

Spinal Cord injury.—The Committee is pleased to learn of the exciting scientific advances being made on several fronts which hold much promise for progress against the devastating and lifelong effects of spinal cord injury. Research to promote regeneration and restore function to the injured spinal cord is proceeding along two promising and complementary lines—implantation of cells and modification of the injury site's environment to promote functional recovery. A particularly exciting approach involves the implantation of pluripotent, neural stem cells—undifferentiated progenitor cells with the potential to replace damaged components of the central nervous system. In addition to traditional funding mechanisms, the Committee understands that this area of research may benefit from efforts to promote new types of collaborations and to build on currently funded projects that could be expanded to include stem cell research. The Committee urges the NINDS to aggressively pursue and initiate studies that will hasten progress to restore function to the injured spinal cord and offer hope to victims of spinal cord injury and their families. The Committee expects NINDS to report on its progress in promoting research on cell replacement in spinal cord injury at its fiscal year 2001 appropriations hearing.

Stroke.—The Committee continues to regard research into the causes, cure, prevention, treatment and rehabilitation of stroke as one of the Nation's top priorities. Stroke remains the third leading cause of death in the United States, a leading cause of permanent disability and a major contributor to late-life dementia. Stroke survivors often face years of debilitating physical and mental impairment, emotional distress and overwhelming medical costs. The Committee continues to believe that an intensive research program on stroke should be a top priority of the NINDS and the NIH.

The Committee encourages the NINDS to place the highest priority on stroke research and to expand its stroke education program, develop acute stroke research or treatment research treatment centers, and initiate and continue innovative approaches to improve stroke diagnosis, treatment, rehabilitation and prevention. The Committee understands that the next phase of NINDS strategic planning will include an in-depth review of progress and opportunities for specific disorders or groups of disorders. The Committee urges NINDS to work closely with the research community, clinicians, voluntary health organizations and patient advocacy groups to apply this approach to stroke. The review should identify promising new avenues of basic and clinical stroke research and address resources, including infrastructure and funding mechanisms, needed for progress against stroke. The Director should be prepared to

discuss plans and implementation steps for stroke research at next year's hearings.

Stroke and PET scans.—The Committee encourages NINDS to expand its research efforts into the utility of PET scans of the brains of stroke victims to determine whether brain tissue damage from stroke may be reversible.

Stroke in women.—The Committee is concerned with the pace of research on stroke in women. Stroke in women is a major public health problem. Traditionally considered a mens' disease, over half of all strokes occur in women, and it is now the second leading cause of death among women. In fact, stroke kills many more women than breast cancer or AIDS. Women are three times as likely as men to die of stroke in the hospital, and their care is often delayed. In addition, stroke is also a leading cause of serious disability among women, and may contribute to late-life cognitive decline. Some aspects of the disease unique to women include strokes related to pregnancy and the use of oral contraceptives. The Committee is pleased to learn that NINDS is funding a trial looking at whether postmenopausal hormone replacement therapy alters stroke risk remains unclear. Furthermore, significant differences exist between men and women as to the benefits of surgical procedures to open arteries leading to the brain. The Committee urges the Institute to increase research specifically in the area of stroke-related care, risk factors, preventive strategies, acute stroke management and aspects of post-stroke recovery among women. The Committee further urges the Institute to take steps to increase research into new therapies for stroke in women as well as ways of enhancing the vascular health of all Americans.

The Committee also encourages the creation of acute stroke research or treatment research treatment centers to provide rapid, early, continuous 24 hour treatment to stroke victims including the use of the clot-buster drug TPA, if appropriate. A dedicated area in a medical facility with resources, personnel team and equipment to treat stroke, would also provide an opportunity for early evaluation of stroke treatments.

Traumatic Brain Injury.—The Committee recognizes traumatic brain injury (TBI) as a serious public health problem, affecting hundreds of thousands of families with 500,000 hospitalizations and 60,000 deaths per year. The Committee is aware of the development of scientific, evidenced-based guidelines for TBI and encourages the Institute to educate trauma centers staff and others about these guidelines.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2000	$1,796,631,000
Budget estimate, 2001	1,906,213,000
Committee recommendation	2,066,526,000

The Committee recommends an appropriation of $2,066,526,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is $160,313,000 more than the budget request and $269,895,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from 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.

Acute bacterial sinusitis.—The Committee is aware that acute bacterial sinusitis is one of the most common infections in the United States, and its treatment is one of the major contributors to the development of antibiotic-resistant organisms. Novel strategies for eliminating infectious diseases must be sought, such as systemic vaccination with specific bacterial outer membranes; bacterial interference; and mucosal vaccination with bacteria or bacterial products.

AIDS.—AIDS is currently the leading cause of death among African-Americans between the ages of 25 and 44, the third leading cause of death for Hispanics and the fifth leading cause of death for all Americans in that age range. The Committee encourages the Institute to continue to expand research into HIV/AIDS.

The Committee is aware that NIAID has conducted more than 50 clinical studies of HIV vaccines. Among these is the first HIV vaccine trial in Africa, a study initiated in Uganda last year in a growing effort to collaborate with scientists from developing countries to identify safe and effective vaccines suitable for worldwide use. The Committee applauds these efforts. The Committee also applauds the creation of the Dale and Betty Bumpers Vaccine Research Center, dedicated in 1999, and located within the NIH intramural research program to stimulate multi-disciplinary vaccine research.

Asthma Research and Management.—The Committee is very pleased with NIAID's leadership regarding asthma research and management. The Committee recognizes the role the institute has played in the Inner City Asthma Study and the importance of this effort with regard to morbidity and mortality among underserved populations, particularly African-American children. The Committee urges NIAID to continue to sharpen its focus and effort on asthma management, especially as it relates to children.

Chronic Fatigue Syndrome.—Despite the Committee's supportive report language encouraging NIH to provide additional resources for CFS research, funding has not increased. This is especially disturbing in light of past budget increases given to NIH overall. The Committee is pleased that the Office of the Director has assumed management of NIH's CFS activities and expects that a better coordinated and focused CFS research effort will be implemented across NIH. The Committee urges NIH officials to identify appropriate NIH advisory committees for CFS representation and ensure appointment of qualified persons to those committees. The Committee is concerned by reported difficulties NIH has had in attracting established scientists to this field of study. The Committee asks that NIH report within 60 days of enactment of this bill its plans for the future of the NIAID intramural CFS research program and progress on outreach efforts to public and private scientists with

the goal of stimulating research interest and encouraging investigators to bring their research interests to bear on CFS research, such as the February 2000 and November 2000 CFS "State of the Science" meetings. To further bolster scientific interest in CFS, the Committee strongly encourages NIH to provide additional funds for extramural grants focused on promising areas of CFS research, such as efforts to define the etiology and pathophysiology of the illness and identify diagnostic markers. The Committee also encourages the establishment of a special Program Announcement dedicated to the study of all facets of pediatric CFS.

Crohn's Disease.—The Committee notes with interest, the NIAID's research recommendations on Crohn's disease and encourages the Institute to aggressively support research in this important area.

Diabetes.—The Committee is pleased with the progress of the Collaborative Network for Clinical Research on Immune Tolerance. The Committee is aware that progress in this area could lead to cures for diabetes and other autoimmune diseases. The Committee is particularly interested in the application of this research to the potential cure of Type 1 diabetes, and urges the Institute to continue efforts in this area. The Committee strongly urges that NIAID, working with NIDDK and NICHD, create a coordinated international effort to develop a vaccine to prevent juvenile, or Type 1, diabetes. The Committee expects NIAID to report by February 1, 2001 its plan for implementation. The Committee is aware of the NIAID's expertise and leadership in the development of many vaccines for infectious diseases and recognizes that this expertise will be instrumental to the success of this effort targeting diabetes.

Hemophilia.—The Committee is pleased that NIAID, working with the National Hemophilia Foundation's medical and scientific leadership, has developed recommendations for strategies to improve treatment of HIV and associated complications, including hepatitis C, in persons with hemophilia. The Committee encourages NIAID to continue to work with the hemophilia community to carry out the Institute's hemophilia research recommendations and requests a report on next steps being taken to implement these recommended actions.

Hepatitis C Vaccine Development.—The Committee encourages increased priority on research that will accelerate the development of a hepatitis C vaccine. The development of an effective vaccine would be greatly assisted by research that studies the mechanisms that lead to recovery from initial infection, the mechanism that leads to the transition from asymptomatic infection to chronic infection and recovery in response to therapy. The Committee is aware that the NIAID has conceptually approved research in this field encompassed in a project titled "Hepatitis C: Recovery Research Network". The Committee urges that adequate funding be made available to initiate this project, a portion of which should be devoted to evaluating early treatment or treatment within the first year of infection.

Human Papillomavirus (HPV).—The Committee is aware of the recommendations of the expert panel on HPV recently convened by CDC and the American Cancer Society. The Committee encourages

NIAID in collaboration with both NCI and CDC as appropriate, to increase research on vaccine and microbicide development to prevent HPV infection, establish collaborative research in the areas of diagnostic tests and effective management of HPV in the clinical setting, and fund epidemiological studies on factors contributing to persistent HPV infection.

Inflammatory Bowel Disease.—The Committee continues to note with interest a scientific research agenda for Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease) entitled "Challenges to Inflammatory Bowel Disease (IBD)." This report identifies strong linkages between the immune system and IBD. The Committee is pleased that NIAID has recently partnered with the IBD community on a research proposal and encourages the Institute to expand its support of research focused on the immunology of IBD as well as the interaction of genetics and environmental factors in the development of the disease.

Lyme disease.—Rocky Mountain Laboratories (RML) is to be congratulated for their excellent work and the Committee strongly encourages NIH and other DHHS agencies to include these researchers in their activities and meetings. The Committee encourages NIAID to conduct broader outreach to the medical, scientific and voluntary organizations involved in Lyme disease research, treatment, prevention and education in order to better understand the broad range of divergent views about these illnesses as well as understand the plight of the patients affected by tick-borne disorders. This outreach should include the involvement of community-based clinicians with extensive experience in treating patients, volunteer advocacy organizations, and patient advocates in NIH advisory committees, meetings and workshops regarding tick-borne diseases. The Committee encourages NIH to take measures to facilitate cooperation among the Lyme disease community and NIH grantee-academic physicians, community-based physicians and the patient community.

Malaria.—The Committee commends the NIAID for making malaria research and vaccine development a high priority and for pursuing collaborative research efforts with private sector partners, including the Malaria Vaccine Initiative. The Committee strongly encourages NIAID to continue to follow an aggressive malaria research agenda, including not only vaccine development but also the pursuit of therapeutics for improved treatment of this global killer that claims 2 to 3 million lives each year.

Nutrition therapy and HIV/AIDS.—A growing body of evidence suggests that nutritional counseling and nutrition support may improve nutritional status in persons with HIV/AIDS (greater calorie intake and weight gain). The Committee recommends further research to identify optimum combinations of nutrition interventions, pharmacologic approaches, and exercise that will maximize nutrition status and clinical outcomes in HIV/AIDS in a cost-effective manner, particularly in persons age 50 and older.

Pediatric kidney disease.—An estimated 150,000 young people currently suffer from kidney diseases for which no cure or effective treatment exists. Approximately 10,000 of them suffer from chronic kidney failure, are on dialysis or have a kidney transplant. NIAID is encouraged to continue research on kidney damage caused by

vesicoureteral reflux and obstruction, and on ways of improving kidney transplant outcomes in children and adolescents.

Postpolio Syndrome.—The Committee encourages the Institute to continue and expand research into postpolio syndrome, including alternatives for rehabilitation for postpolio patients.

Primary Immunodeficiency Diseases.—The Committee continues to feel strongly that the Institute must take steps to address the 500,000 undiagnosed or misdiagnosed cases of primary immunodeficiency diseases through substantive participation in the national education and awareness campaign sponsored by the Jeffrey Modell Foundation. The Institute should report to the Committee by December 1, 2000 on the steps it is taking to address this matter.

Rabies.—It has been brought to the Committee's attention that the menace of rabies-infected bats has become a dangerous problem. During the past decade, a number of cases of human rabies have resulted in death, without known rabid animal exposure. The Committee urges the Institute to expand research in the area of contacts between bats and humans in order to devise adequate protection techniques for the future. The Committee further urges the Institute to expand studies of rabies virus variants and their hosts, which are necessary to predict trends in pathogenicity which may result from drifts in virus subpopulations and to devise new modalities to contend with the increasing threat posed by the bat rabies viruses.

Tropical Medicine Research Centers.—The Committee strongly supports the continued sponsorship of these important international research collaborations in areas endemic for tropical infectious disease. These unique partnerships enhance our understanding of and preparedness for emerging, re-emerging and other tropical health threats.

Tropical Parasitic Diseases.—The Committee remains concerned about the continuing global health burden of tropical diseases, including helminth infections responsible for enormous global disease burden, and dengue fever and leishmaniasis, which afflict millions of people annually and are fatal without treatment. Further, the increasing re-emergence of these diseases in the United States is of extreme concern. The Committee urges the NIAID to aggressively pursue improved prevention and treatment protocols through the NIAID's parasitic disease program. Research to develop environmentally sound insecticides to control vector-borne diseases is particularly encouraged.

Tuberculosis.—Tuberculosis continues to account for more deaths worldwide than any other infectious disease and for over a quarter of all preventable adult deaths. The Committee commends NIAID for its aggressive program of tuberculosis research, and encourages greater emphasis on tuberculosis vaccine development.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2000	$1,353,943,000
Budget estimate, 2001	1,428,188,000
Committee recommendation	1,554,176,000

The Committee recommendation includes $1,554,176,000 for the National Institute of General Medical Sciences [NIGMS]. This is

$125,988,000 more than the budget request and $200,233,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, 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 United States leadership in biomedical science.

Behavioral Science Research and Training.—The Committee is concerned that NIGMS does not support behavioral science research training. As the only Institute mandated to support research not targeted to specific diseases or disorders, there is a range of basic behavioral research and training that NIGMS could be supporting. The Committee urges NIGMS, in consultation with the Office of Behavioral and Social Sciences, to develop a plan for pursuing the most promising research topics in this area.

Minority Biomedical Research Support.—The Committee continues to be pleased with the quality of the NIGMS training programs, particularly those that have a special focus on increasing the number of minority scientists, such as the Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS) programs. The Committee understands that NIGMS plans to continue supporting these important initiatives.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2000	$859,258,000
Budget estimate, 2001	904,705,000
Committee recommendation	986,069,000

The Committee recommends an appropriation of $986,069,000 for the National Institute of Child Health and Human Development [NICHD]. This is $81,364,000 more than the budget request and $126,811,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from 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; gynecological health contraceptive development and evaluation; pediatric, maternal, and adolescent AIDS; developmental biology; vaccine development; demographic and behavioral research; and restoration or enhancement of function in individuals experiencing physical disability due to injury, disease, or birth defect.

Autism.—Autism is a developmental disability that typically appears during the first 3 years of life. Presently, there is no effective means to prevent the disorder, no fully effective treatment and no cure. The Committee is concerned by reports indicating an alarming rise in the incidence of autism and by the lack of concrete knowledge of the prevalence of this disability. Early intervention is critical for affected children to gain maximum benefit from current therapies but autism is easily misdiagnosed or undiagnosed. The Committee commends the Institute for its work to encourage professional groups to develop a standardized and universal diagnostic criteria in autism to aid in earlier diagnosis. The Committee is encouraged by the ongoing collaboration of research advocacy groups and the NICHD on the development and implementation of an awareness campaign for health professionals and for parents to learn to recognize and identify the early symptoms of autism.

The Committee is encouraged by the Institute's rapid response to conduct research on the hormone Secretin as a treatment for autism, and is pleased with ongoing research efforts on the genetics of autism. The Committee recognizes the potential of the collaborative programs of excellence in autism, which comprise a network of sites for the conduct of basic and clinical research into the cause, diagnosis, early detection, prevention, control and treatment of autism. The Committee strongly encourages the NICHD to expand this network so that it is fully engaging in comprehensive autism research, including making individuals aware of opportunities to participate as subjects in research. Further, the Committee continues to encourage the NICHD to coordinate research efforts with the NIMH and other Institutes conducting autism research.

The Committee recognizes that research into the genetics of autism is being supported by several Institutes at the NIH. Given the difficulty of recruiting multiplex families, the Committee urges that researchers be strongly encouraged to collaborate and share this important resource and notes that a collaborative autism gene bank is already in existence, the autism genetic resource exchange. To that end, the Committee is encouraged by the efforts of the NIMH to combine data sets and directs that all Institutes conducting autism research participate in that endeavor.

The Committee encourages the interagency autism coordinating committee to continue to meet regularly and encourages annual public participation, including the active involvement of patient advocacy groups. The Committee requests that the Director be prepared to report to Congress on the goals set and progress made regarding autism research during the fiscal year 2001 hearings.

Bone disease in adolescents.—With the high number of teen pregnancies, it appears to the Committee that more research is needed to understand the relationship between pregnancy and lactation and bone mass in adolescents. In particular, the Institute is requested to address the impact of chronic anticoagulation on bone mass in pregnancy; the effect of oral contraceptives on acquisition of peak bone mass and bone loss in early adolescents; and the impact on bone status of chronic under-nutrition of young women. The Institute is also encouraged to continue the dual focus on people and animal models for the treatment of osteogenesis imperfecta.

Child Development and Behavioral Research.—The Committee is pleased that NICHD is undertaking a number of initiatives to increase understanding of the behavioral and cognitive aspects of child development. The Committee encourages these efforts and looks forward to receiving updates on their progress.

Chromosome 18.—The Committee is aware of efforts to encourage new scientific work into the molecular genetic, clinical and therapeutic aspects of chromosome abnormalities. Chromosome abnormalities involving chromosome 18q result in growth failure, mental retardation and central nervous system dysmyelination. Very little NIH-funded research has been devoted to studying the abnormalities of chromosome 18, despite the annual presence of report language urging such research. The Committee encourages the Institute to place special emphasis on funding chromosome 18 research applications.

Cooley's anemia.—The Committee is pleased to learn that NICHD has expressed an interest in expanding its research and outreach agenda with regard to Cooley's anemia. The Committee has long supported greater activity by NIH related to this disease and looks forward to learning about the progress that has been made by the Institute.

Demographic Research.—The Committee commends NICHD's aggressive support for research on the causes of demographic trends and their impact on our society. The availability of objective information about such topics as teen childbearing, declining marriage rates, fatherhood, health disparities, racial and ethnic diversity, and migration within and across our borders remains a high priority. NICHD is encouraged to expand its commitment to the training and development of new demographic scientists and to assure continued support for the research infrastructure that provides the foundation for advances in population research in centers around the nation. The Committee also commends NICHD's many collaborative projects with other Federal agencies—including the Immigration and Naturalization Service, the National Center for Health Statistics, the Department of Education, and others—which have created innovative demographic datasets on topics of critical importance to policy makers.

Diabetes.—More than 120,000 children suffer from diabetes, making it the second most common chronic disease affecting kids. The Committee is concerned that NICHD has not substantially increased its role in this area and believes that the Institute should support more juvenile diabetes grants. The NICHD is encouraged to work with NIAID and NIDDK on an initiative to create a coordinated international effort to develop a vaccine to prevent juvenile, or Type 1 diabetes.

Fragile X.—The Committee commends the NICHD for its research activities on Fragile X, the most common inherited cause of mental retardation. Fragile X results from the failure of a single gene to produce a specific protein. Thus, the Committee understands that Fragile X is a "research portal" for other inherited diseases, especially autism, and the Committee urges NICHD to coordinate its research and research funding with other Institutes, especially NIMH and NINDS to pursue the understanding of the functions of the Fragile X protein. The Committee encourages

NICHD to consider organizing a Fragile X Consensus Development Conference (CDC) this year and report the results to it as soon as they are available.

Health behaviors of youth.—The Committee is increasingly concerned about youth and health behaviors and their impact on society as a whole. Issues relative to school violence, school failure, drug and tobacco use and other behavioral issues have become public health priorities. The Committee is pleased that the NICHD will be collaborating with the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration to develop a collaborative program in this regard. The Committee requests that the agencies involved focus a portion of their efforts on discovering approaches to intervene and prevent complex behavior problems in children and youth which utilize molecular neuroscience, brain mapping, behavioral analysis and behavioral analysis.

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 support through the infertility and contraceptive research centers.

Learning Disabilities in Infants and Children.—The Committee urges research on the outcome and effectiveness of primary and preventive health care for mothers to prevent learning disabilities in infants and children.

Longitudinal study on children's health.—The Committee supports the Institute's role to provide sufficient funds to lead the effort in designing and developing a pilot for a national longitudinal study of environmental influences on children's health.

Maternal-Fetal Medicine.—The Comittee urges the NICHD to coordinate a planning workshop in fiscal year 2001 for the purpose of defining research questions in such areas as pre-maturity, preterm labor, pre-eclampsia, amniotic fluid embolism, in utero screening for birth defects, post-partum hemorrhage, and other complications related to pregnancy. The outcome should provide the basis for the development of appropriate funding mechanisms to implement the recommendations of the workshop.

Neurofibromatosis.—Learning disabilities occur with high frequency in children with NF. The Committee recognizes that NF1 provides an opportunity to uncover a molecular basis for cognitive impairment and to identify a marker for brain dysfunction, and that research in understanding the cognitive deficits in NF1 patients possesses broad application to learning disabilities in the general population. NICHD is encouraged to expand its NF research portfolio, to coordinate its efforts with other Institutes engaged in NF research, and be prepared to report on its NF research portfolio at its fiscal year 2001 appropriations hearing.

Ob-Gyn Research.—The Committee commends NICHD for providing grants to ob-gyn departments at 20 U.S. universities and hospitals to establish Women's Reproductive Health Research Career Development Centers. With the increased funds provided, the Committee encourages the Institute to expand the number of Wom-

en's Reproductive Health Research Career Development Centers. At these centers, newly trained ob-gyn clinicians are provided training and support to assist in their pursuit of research careers to address problems in women's obstetric and gynecologic health, thereby improving the health of women and infants.

Pediatric emergency medicine.—The Committee encourages NICHD to develop a research initiative on pediatric emergency medicine, including both prehospital and emergency care. To date, only minimal attention has been paid to addressing this costly and important aspect of children's health care. NICHD is encouraged to work closely with HRSA in the development of national educational programs and conferences to encourage and support research in emergency medical services for children.

Pediatric kidney disease.—Despite scientific advances, kidney disease continues to be a major cause of illness and death among young people. NICHD is encouraged to enhance research on the understanding and treatment of congenital diseases and kidney malformations which lead to chronic renal failure and end-stage renal disease in children and adolescents, as well as the prevention and treatment of the adverse effects of chronic renal failure on neurologic and physical development in children.

Pelvic Floor Dysfunction and Incontinence.—The Committee commends the NICHD on the outstanding progress it has made in establishing a research portfolio in pelvic floor dysfunction and incontinence. It is the Committee's understanding that a workshop has been held on clinical terminology and that two requests for application will be issued this Spring to address translational and clinical research, specifically surgical interventions. The Committee urges NICHD to continue at this level of commitment collaborating with NIDDK, NIA, and the Office of Research on Women's Health.

Primary Immunodeficiency Diseases.—The Committee continues to be pleased with the comprehensive commitment that NICHD has demonstrated in addressing primary immunodeficiency diseases. The combination of peer-reviewed research funded in collaboration with the Jeffrey Modell Foundation and active participation in the Foundation's national education and awareness campaign show a serious commitment that should be replicated by other institutes. The Committee urges NICHD to remain committed to this collaboration.

Small Grants.—The Committee is pleased to learn that NICHD recently began promoting small grants as a way to attract new investigators to child development research. The Committee encourages the Institute to examine whether B/START small grant awards as used by other Institutes would encourage interest among its investigators.

Sudden Infant Death Syndrome.—The Committee is pleased with NICHD's continued efforts to extend the reach of its extremely successful "Back to Sleep" campaign to underserved populations and daycare providers. The Committee also commends NICHD's attempts to further its progress in SIDS research by initiating a third SIDS 5-year research plan. This third 5-year plan will continue the efforts of the past two 5-year plans which have been responsible for many of the research breakthroughs in the effort to reduce SIDS cases in the United States.

Vulvodynia.—Hundreds of thousands of women suffer from vulvodynia, a painful and often debilitating disorder of the female reproductive system. Despite its prevalence, very little attention has been paid to the disorder by health professionals or researchers. In April of 1997, NIH convened an international symposium to exchange information and develop a research agenda. Since fiscal year 1998 the Committee has called on the NICHD to support research on the prevalence, causes and treatment of vulvodynia. The Committee is pleased NICHD recently published a request for applications in this area, but is concerned that additional steps to encourage researcher interest and the submission of fundable research proposals still have not been taken. The Committee continues to be very concerned with the slow pace of research progress made in this important area. The Committee has included additional funds in fiscal year 2001 for expanded research on vulvodynia.

NATIONAL EYE INSTITUTE

Appropriations, 2000	$450,101,000
Budget estimate, 2001	473,952,000
Committee recommendation	516,605,000

The Committee recommends an appropriation of $516,605,000 for the National Eye Institute [NEI]. This is $42,653,000 more than the budget request and $66,504,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NEI is the Nation's Federal resource for the conduct and support of 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.

Diabetic Retinopathy.—The Committee supports the avenues of diabetic retinopathy research that the NEI is sponsoring, including the study of molecular pathways involved in the progression of the disease, and the use of this information to develop novel therapies. The Committee encourages the NEI to continue funding these areas to decrease the burden of this sight-threatening complication of diabetes.

Glaucoma.—It has come to the Committee's attention that glaucoma testing by the congressional Glaucoma Caucus has shown that high-risk populations, particularly African-Americans, have a higher number of individuals affected by glaucoma. Many of these individuals are going untested and untreated. The Committee urges the Institute to provide resources for research and prevention for these high-risk populations.

Health Disparities.—The Committee encourages the NEI to continue its clinical research and health education activities aimed at reducing the disproportionate burden of certain eye diseases on minority populations. The Committee is pleased that the NEI is making great strides in characterizing eye diseases within the Hispanic population, a population for which little published data exists. The

Committee is also pleased that the NEI is conducting a clinical study to help determine whether topical medications can reduce intraocular pressure to prevent or delay the onset of glaucoma. African-Americans are at much higher risk for glaucoma than whites.

Low Vision.—The Committee commends the low vision initiative developed by the NEI National Eye Health Education Program. Through this extensive public awareness program that includes a traveling exhibit and information on visual rehabilitation services and devices, the NEI is providing important information to consumers and health professionals about successful interventions for the more than 14,000,000 Americans with uncorrectable visual impairments.

Lyme disease.—The Committee urges the Institute to study the neuro-opthalmalogic abnormalities associated with Lyme disease.

Neurofibromatosis.—The Committee urges the Institute to consider the progress being made in research into the causes and prevention of neurofibromatosis and to determine whether such progress offers new research opportunities consistent with the Institute's mission.

Retinal Degenerative Disease.—The Committee is encouraged by the progress that has been made by NEI–sponsored research in understanding retinal degenerative diseases, such as retinitis pigmentosa and macular degeneration. This family of diseases, affecting over 6 million Americans, is associated with visual disability and decreased quality of life. The Committee strongly supports NEI's pursuit of basic research areas including studies of mechanisms of cell survival and regeneration, growth factors, and immunologic issues related to transplantation. By applying the findings from basic research, including genetics, and clinical research, the NEI will be closer to preventing or delaying visual loss from these diseases. The Institute is strongly encouraged to work closely with the voluntary organizations that are also supporting research in this area, so as to maximize research outcomes and hasten the pace of discovery.

Vision Research.—The Committee is pleased that the NEI's strategic planning process has resulted in some very promising recommendations for genomics research, including the creation of a visual system web site encompassing the full array of databases and resources needed by the vision research community. The Committee encourages the NEI to continue to use its planning process and focused workshops to stimulate research strategies and to implement them with adequate resources to the research community, including infrastructure support. The Committee also is aware of the tremendous scientific opportunities that exist in the field of eye and vision research, and urges the NIH to give every consideration to these factors when assigning research priorities.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2000	$442,688,000
Budget estimate, 2001	468,649,000
Committee recommendation	508,263,000

The Committee recommends an appropriation of $508,263,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is $39,614,000 more than the budget request and $65,575,000

more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The mission of the NIEHS is to define how environmental exposures affect health; how individuals differ in their susceptibility to these effects; and how these susceptibilities change with time. This knowledge, coupled with prevention and communication programs, can lead to a reduction in environmentally associated diseases and dysfunctions.

Children's health.—The Committee is pleased that the NIEHS, in collaboration with the EPA, is supporting eight children's health centers focused on the role that environmental factors play in asthma and other respiratory disorders. The Committee urges the NIEHS, in continued collaboration with EPA, to support additional Centers of Excellence with a focus on disease endpoints in children.

Eliminating disparities in health outcomes.—The Committee recognizes that many of the populations disproportionately exposed to the impact of environmental factors are minority and disadvantaged groups. This exposure manifests itself into a variety of health problems such as asthma. The Committee appreciates the outstanding environmental justice programs of the NIEHS, which serve as models in addressing this issue. The Committee urges the Institute to continue this excellent program and encourages the Institute to work closely with minority communities and organizations to enhance the participation of special populations in biomedical research.

Environmental exposures in Parkinson's disease.—The Committee applauds NIEHS for its increased emphasis on research on the role of environmental exposures in Parkinson's Disease and urges NIEHS to continue its efforts in this area.

Environmental Health Sciences Centers.—The Committee continues to strongly support the Environmental Health Sciences Centers program and believes that a fully funded Centers program is critical to carrying out the mission of NIEHS. The Committee expects these Centers to be funded at peer reviewed levels.

Liver disease.—The impact of environmental factors on liver disease is an important area that is in need of additional attention. The Committee urges the Institute to collaborate with NIDDK in an effort to better understand environmental factors that may contribute to the development of liver disease.

Lymphoma.—The Committee encourages NIEHS to collaborate research efforts with NCI to better understand environmental factors, through active involvement and participation in the progress review group (PRG) being conducted on lymphoma, which may contribute to the cause of the disease.

Parkinson's Disease.—The Committee supports the Institute's increased emphasis on understanding the cause and pathophysiology of Parkinson's disease with a goal of prevention, effective treatment and a cure for this devastating disorder. Evidence continues to accumulate that the environment plays a significant role in Parkinson's disease. The contributions of aging, genetics, and endogenous neurochemical factors in the disorder remain unclear, however, requiring further research before ultimate preventive and therapeutic solutions are developed. The Committee believes that a strong sci-

entific foundation exists for research into the possible link between Parkinson's disease and environmental factors to better understand the cause and pathophysiology of Parkinson's disease. The Committee encourages the NIEHS to consider funding an initiative in this area. The Committee further is aware that the NIH has completed a Parkinson's disease research agenda with professional judgement funding projections for the next 5 years and that the agenda envisions a significant role for NIEHS.

Waste treatment management.—The Committee urges NIEHS to study the issue of waste treatment management by indigenous native Hawaiians, and to explore the public health implications of this issue and the living machines approach to waste management.

NATIONAL INSTITUTE ON AGING

Appropriations, 2000	$687,861,000
Budget estimate, 2001	725,949,000
Committee recommendation	794,625,000

The Committee recommendation includes $794,625,000 for the National Institute on Aging [NIA]. This is $68,676,000 more than the budget request and $106,764,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease.

Alzheimer's disease.—Americans enter the new millenium facing an imminent epidemic of Alzheimer's disease. Today, Alzheimer's disease afflicts 4 million individuals-one in every 10 of those over 65 and nearly have of those over 85—and the toll is rising as the population ages. Scientists have yet to determine exactly what causes this brain-destroying condition, but two decades of intensive research has begun to pay off in rapid discoveries of the basic mechanisms of the Alzheimer's, the complex interplay of genetic and environmental risk factors, and treatments and interventions that can slow its effects. While NIA must continue to pursue these avenues of research, the demographics of our society demand that we find ways to delay or prevent the onset of Alzheimer's disease. According to some research studies, the number of individuals with the disease will approach 6 million by the end of this decade and could hit 14 million by mid-century. In short, if society hopes to avoid widespread suffering and enormous demands on our systems of health care, it must act now. With funds recommended by the Committee over the past 2 years, NIA has launched large-scale clinical trials in search of compounds that will prevent Alzheimer's disease from taking hold. The Committee strongly encourages NIA to devote more resources to this effort. Delaying the onset of Alzheimer's disease by 5 years will save lives and save at least $50,000,000,000 in annual health care costs. More focused studies are also encouraged into the relationship between Alzheimer's disease and vascular disease, particularly in minority populations.

The Committee encourages NIA to continue to close collaboration with NINDS, NIMH and NINR in this important area of study.

Alzheimer's disease clinical research and training.—The Committee believes that an important step in fighting Alzheimer's Disease is the encouragement of clinical research and training, which will complement the many excellent research efforts currently funded through the National Institutes of Health (NIH), the National Institute on Aging (NIA), and in the private sector. The creation of Alzheimer's Clinical Research and Training Awards program to train physicians to recognize and treat Alzheimer's Disease, and to dedicate their careers to improving care for Alzheimer's patients by bridging the gap that exists between basic and clinical research is critical. The awards program will foster physician dedication to a career in research, diagnosis, and treatment of Alzheimer's Disease by awarding junior and mid-level physicians who have demonstrated the potential for a lifelong commitment to researching and treating Alzheimer's, with a 1 year stipend to train as an Alzheimer's physician/scientist. The awards program will be administered through the NIA, and should provide support for institutions focused primarily on Alzheimer's research but linked to a clinical treatment facility. The awards program will complement the Alzheimer's Disease Research Centers (currently funded through NIA) or similar institutions that are State or privately funded. The awards program will encourage institutions implementing the program to specialize in training physician/scientists, ultimately becoming physician training centers.

Alzheimer's disease and Pet Scans.—The Committee continues to urge NIA to focus on early detection of Alzheimer's disease so that clinical interventions to slow or stop the progression of the disease may be undertaken. The Committee notes that positron emission tomography (PET) has now been shown to identify Alzheimer's disease definitively and at a much earlier stage than other diagnostic methods and encourages NIA, in collaboration with NINDS and NIMH, to expand its research efforts into early diagnosis of Alzheimer's using PET imaging of the brain.

Alzheimer's special care units.—NIA is commended for its innovative research on effective management of Alzheimer's disease patients (special care units) and the needs of Alzheimer's care givers. The Committee commends NIA for its efforts to plan and map promising topics in cognitive research. The Committee also commends NIA for its excellent public information materials on encouraging older adults to exercise and stay physically active. NIA is encouraged to expand its research on health promotion interventions in aging populations.

Bone disease.—The Committee is aware that only 12 years from now, 75 million baby-boomers will begin to turn 65. By the middle of the 21st century, the number of Americans over the age of 65 will double and the number of Americans over the age of 85 will increase five-fold, placing a significant number of individuals at risk for disease and disability. As such, the Committee is concerned that the Institute has not given sufficient priority to the aging skeletal system. The Committee therefore encourages the Institute to coordinate research with the National Institute of Arthritis and Musculoskeletal and Skin Diseases on osteoporosis and Paget's dis-

ease. The Institute is also encouraged to begin a study of the effects of aging on people with osteogenesis imperfecta.

Cardiovascular aging research.—Heart attack, congestive heart failure, stroke, and other cardiovascular diseases remain America's leading cause of death of older men and women and a main cause of disability. Of the Americans who die from cardiovascular disease, more than 80 percent are ages 65 and older. Heart disease, alone, is the No. 1 killer of Americans ages 65 and older and stroke is the No. 3 killer. The number of deaths from cardiovascular diseases rise significantly with increasing age, as does the number of Americans suffering from these diseases. Nearly 539,000 Americans ages 65 and older required home and hospice care because of limitations from cardiovascular diseases in 1996. The Committee encourages the Institute to make cardiovascular research a top priority.

Claude D. Pepper Older Americans Independence Centers.—The Committee continues to strongly support these successful centers, which focus on developing innovative and cost effective ways to enhance the independence of older Americans. The centers also play a critical role in developing top level experts in geriatrics. These Centers and the work they do are becoming even more important since our population over age 65 will double by 2030. Thus, the Committee strongly encourages NIA to increase the number of centers as well as encourages NIA to consider a school of nursing for such a center.

Cognitive changes during aging.—The Committee understands that research on cognitive changes during aging is an important focus of the Institute, and that maintaining mental acuity is an important concern of aging adults. It is generally recognized that research on higher-order mental processing is underdeveloped in the field of aging. NIA is working to expand its portfolio in this area, and the Committee is interested to learn about the institute's progress in building this important area at the intersection of behavioral research and neuroscience.

Cognition, health promotion and aging.—The Committee is pleased to learn that a study now underway at the Institute of Medicine is examining the current knowledge base in the area of cognition and aging in order to identify future directions for behavioral, cognitive, and neuroscience research in this area. The Committee urges NIA to use the IOM recommendations as a guide for expanding its portfolio in this critical area of research.

Demographic Research.—The Committee believes the research program on the Demography and Economics of Aging, and the Office Demography, are vital to the mission of the NIA. These activities provide important insights into changing risk factors for chronic disease, including socio-economic health inequalities, and disease processes at the population-level. The Committee congratulates the ten population Demography of Aging Centers which were competitively renewed last year. These Centers have been efficient in leveraging limited resources. The Committee encourages the Institute to consider increasing support for these centers.

Parkinson's Disease.—The Committee recognizes that Parkinson's disease continues to exact a costly toll on the nation, both in human and financial terms. With the average age of diagnosis at

57 years, the demographic surge of the baby boomers will vastly increase this problem. The consequences will include not only incalculable human suffering but a further strain on Federal entitlement programs. The Committee is encouraged, however, by continued discoveries in the cause, pathophysiology, and treatment of Parkinson's disease, and by growing opportunities for collaboration with Alzheimer's disease. Given the age-related impact and the tremendous potential for development of more effective treatments, the Committee encourages new initiatives in this area. Additionally, the Committee is aware that the NIH has completed a Parkinson's disease research agenda with professional judgement funding projections for the next 5 years, and that the agenda envisions a critical role for the NIA.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2000	$349,480,000
Budget estimate, 2001	368,712,000
Committee recommendation	401,161,000

The Committee recommends an appropriation of $401,161,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is $32,449,000 more than the budget request and $51,681,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from 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 addresses many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care and lost productivity. The research activities of this Institute serve the concerns of many different special populations, including women, minorities, children, and the elderly.

Arthritis.—Forty-three million Americans have some form of arthritis. These painful and disabling degenerative diseases wear away protective joint cartilage and are the leading cause of disability in the United States. The economic cost to the United States for musculoskeletal and skin diseases and arthritis is staggering. Between 1988 and 1995, the total cost rose by 70 percent.

Behavioral and social science research.—The Committee notes that the portion of the NIAMS research portfolio devoted to behavioral and social sciences research is significantly lower than the NIH average. Therefore, the Committee urges the NIAMS to fund promising behavioral social sciences research. Additionally, the Committee urges favorable consideration of research in the area of behavioral and social science factors relating to the adherence to medical recovery regimes, exercise and weight reduction programs.

Cushing's Syndrome.—Cushing's Syndrome is a hormonal disorder caused by prolonged exposure of the body's tissues to high levels of the hormone cortisol. Sometimes called "hypercortisolism", it is relatively rare and most commonly affects adults aged 20 to 50. An estimated 10 to 15 of every million people are affected each year. The Committee encourages the Institute to conduct specific research on Cushing's Syndrome, to increase awareness of the disease and improve diagnostic tools and treatment.

Duchenne/Becker Muscular Dystrophy.—The Committee is concerned that NIH has not committed adequate funds to sustain research in the area of Duchenne/Becker muscular dystrophy. It appears that NIH lacks requisite expert peer review of proposed DMD/Becker related research and muscle biology in general. The Committee recognizes that biomedical research in DMD/Becker dystrophy requires a sustained commitment in order to resolve key scientific and technical issues leading to further advances. This commitment should include measures to ensure that the scientific review of applications dealing with muscle biology is conducted by experts in that field. Therefore, the Committee urges the NIH to consider establishing a Muscle Study Section Review. Furthermore, the Committee feels that efforts should be made by NIAMS and NINDS to increase the amount of research devoted to skeletal muscle, especially DMD/BMD. The Committee strongly recommends NIH, in conjunction with all appropriate institutes, evaluate the current state of research so as to identify the critical path for DMD/Becker research, filling in the "gaps" in basic muscle science. In this regard, the Committee urges NIH to conduct a research conference to evaluate the status of research and assist in properly directing the critical science investment areas muscle research. The Committee requests that NIH prepare a report on the progress of research related to Duchenne/Becker Muscular Dystrophy and indicate proposed investment strategies to ensure that technical progress is sustained. The Committee requests the report by January, 2001. The Committee also urges that NIH develop trans-institute initiatives for DMD/Becker to ensure appropriate coordination across relevant institutes and further recommends that additional research be reviewed at the consensus conference.

Ehlers Danlos syndrome.—Ehlers-Danlos syndrome (EDS) is a family of genetic disorders whose manifestations include but are not limited to the skin, joints and other components of the connective tissue. The prevalence of each type and of EDS overall is not well defined, although the figure of 1:5–10,000 individuals for the syndrome is generally accepted. EDS is potentially a model for a number of more common medical and biological problems stemming from genetic acquired connective tissue defect. The Institute is encouraged to provide the highest possible funding for continued research of this disease.

Facioscapulohumeral muscular dystrophy and facioscapulohumeral disease (FSHD).—The Committee is extremely concerned that funding for FSHD has decreased and that no new projects have been funded over the past year. The Committee requests that the NIH report after the research planning conference on steps it will take to create a comprehensive research portfolio in FSHD.

The Committee further urges that NIH make research in FSHD a high priority.

Fibromyalgia.—Fibromyalgia syndrome (FMS) is a clinically diagnosed disorder which is poorly understood and difficult to treat. It is a syndrome of chronic, debilitating, widespread pain, fatigue, sleep disturbance, and other associated disorders. Research in the eight years following the American College of Rheumatology's case definition of fibromyalgia and four years since the first NIH awards on fibromyalgia has created a solid body of knowledge. The Committee urges the Institute to support two centers for research into fibromyalgia. These centers would conduct multi-disciplinary studies which have the potential to add significantly to science's understanding of this complex and disabling disease.

Lupus.—Lupus is a widespread, devastating autoimmune disease that affects 1.4 million Americans, most of whom are women. Lupus is the prototypical autoimmune disease that, for reasons not fully understood, causes the immune system to become hyperactive and attack the body's own tissue. The disease affects the quality of life and can damage vital organs resulting in disability or death. Lupus and other autoimmune diseases are the fourth leading cause of disability in women. Gaining an understanding of the factors associated with the high prevalence of lupus in women and minorities and the development of new and innovative treatments should be a high priority. The Committee urges NIAMS to explore all available scientific opportunities that presently exist in lupus research and treatment.

Minority Populations and Osteoporosis.—The Committee encourages NIAMS to devote additional resources to studying osteoporosis in the non-white population and is urged to increase its work in this area. Moreover, given the large number of individuals affected by this disease, including a disproportionate number of women, the Institute should focus on interventions to improve quality of life. Another area of research which deserves attention is the investigation of the relationship between hypertension and osteoporosis.

Nutrition Therapy and Osteoporosis.—Enhanced intake of calcium and vitamin D for both the prevention and treatment of osteoporosis in the at-risk Medicare population is strongly supported by a considerable body of data, including multiple randomized controlled trials. However, current data is lacking on whether counseling by a nutrition professional improves the probability of meeting adequate calcium, vitamin D, protein and other micronutrient intake, with or without the use of supplements. With the elderly, who take multiple medications and supplements, many of these medications/supplements interact and work against each other. In addition, many older women have a strong intolerance for milk. The Committee recommends that research be conducted to determine the effectiveness of nutrition counseling in insuring against the intake of excess levels of calcium and on the interactions of supplements and hormone replacement therapies. The role of calcium, vitamin D, protein and other micronutrients in preventing osteoporosis and associated problems, such as hip fractures, should also be considered.

Osteoarthritis.—Early diagnosis of a disease is important to prevent or reduce long-term disability. For musculoskeletal conditions

such as osteoarthritis, early diagnosis is hampered because of insufficient knowledge of the early stages of the disease. Osteoarthritis, which can completely destroy the joints of the hips and knees, affects over 20 million Americans, most often the elderly. With the aging of the population expected to double by the year 2020, a significant investment must be made now to reduce the burden of osteoarthritis later. If not, the dynamics of this condition in the aging population alone will generate an avalanche of costs, disability and suffering to the American people in the future. The Committee therefore encourages the Institute to assign osteoarthritis research a high priority.

Osteoporosis.—The Committee urges NIAMS to consider funding additional specialized Centers for Research for osteoporosis. The Committee notes that these centers have made significant contributions to the progress of osteoporosis research and patient care, and can help in reducing bone fractures and other complications from the disease.

Paget's disease.—The Committee is aware of the importance of research on the viral and genetic factors that may cause Paget's disease, and encourages the Institute to expand its work in this area.

Psoriasis.—Psoriasis is a genetically-acquired immune-mediated disease of the skin and joints that affects over 7 million American men, women and children. Over 1 million Americans suffer from severe psoriasis and psoriatic arthritis, which causes cracked, red skin lesions and swollen joints, extreme physical and emotional pain, and limited quality of life. The Committee encourages NIAMS to continue to support additional genetic research to determine which genes are the causative genes for psoriasis and psoriatic arthritis, as well as to pursue research on the immunological mechanisms of the disease. The Committee has been informed that through continued support for this research, new knowledge will be gained to develop improved therapeutic approaches for the treatment of this chronic immune disease.

Reflex Sympathetic Dystrophy Disorder (RDS).—The Committee is aware of the debilitating effects of RDS. Currently, little is known about the cause of this disorder, which leads to frequent occurrences of misdiagnosis, and ultimately, the condition is mistreated or goes untreated. Given that early identification and prompt treatment are the keys to recovery, the Committee urges the Institute to continue to enhance its investigation into the cause of and most effective treatments for this condition.

Scleroderma.—Scleroderma is a chronic, degenerative disease which causes the overproduction of collagen in the body's connective tissue. It affects between 300,000 and 500,000 Americans and is often life-threatening, yet it remains relatively unknown and under-funded. The Committee urges the Institute to provide additional resources to expand the research in this area and to work collaboratively with private research foundations to coordinate research findings.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2000	$263,661,000
Budget estimate, 2001	278,009,000
Committee recommendation	303,541,000

The Committee recommends an appropriation of $303,541,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. This is $25,532,000 more than the budget request and $39,880,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDCD funds and conducts research and research training in the normal and disordered processes of human communication, specifically in the areas of hearing, balance, smell, taste, voice, speech, and language. The Institute addresses the special biomedical and behavioral problems of people who have communication impairments or disorders; 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.

Clinical research.—The Committee recognizes that clinical research is the cornerstone for the translation of basic science to better human health, and applauds NIH for assigning this area a high priority. The Committee urges NIDCD to pursue the NIH goal and increase its efforts to fund patient-oriented clinical research conducted by physician-scientists.

Dysphonia.—The Committee continues to be pleased with NIDCD's expanding intramural research program with respect to dysphonia. The Committee encourages NIDCD to explore possibilities for a more active extramural research effort on dysphonia.

Neurofibromatosis.—The Committee urges the Institute to consider the progress being made in research into the causes and prevention of neurofibromatosis, and to determine whether such progress offers new research opportunities consistent with the Institute's mission.

Noise-Induced Hearing Loss.—The Committee continues to be concerned by the number of Americans suffer from noise-induced hearing loss. Thirty million Americans are exposed to dangerous levels of noise that can permanently impair their hearing. Ten million Americans have suffered irreversible noise induced hearing loss. The Committee has been pleased by the Institute's efforts to tackle this preventable health problem. The Wise Ears campaign has the potential to make significant inroads towards educating Americans of all ages. The Committee has included sufficient funds to expand this promising new initiative.

Usher Syndrome.—An estimated 30,000 to 40,000 Americans suffer from Usher Syndrome, a genetic disorder whose victims are born with serious hearing loss and over time suffer a progressive loss of vision, called retinitis pigmentosa. Usher Syndrome is the most frequently inherited hearing loss syndrome and the cause of 50 percent of all deaf-blind cases reported in the United States. With support from NIDCD, scientists have gained a better understanding of this disorder and how best to evaluate and treat its vic-

tims. Geneticists at Boys Town National Research Hospital, for example, have identified two genes associated with Usher Syndrome. The Committee commends NIDCD for its continuing efforts to uncover the underlying cause and progression of Usher Syndrome.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2000	$89,539,000
Budget estimate, 2001	92,524,000
Committee recommendation	106,848,000

The Committee recommends an appropriation of $106,848,000 for the National Institute of Nursing Research [NINR]. This is $14,324,000 more than the budget request and $17,309,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Institute of Nursing Research [NINR] supports clinical and basic research on biological and behavioral aspects of critical national health problems. The Institute's programs have established a scientific basis for research that seeks to reduce the burden of acute and chronic illness and disability for individuals of all ages; improve the quality of life by preventing and delaying the onset of disease or slowing its progression; and establishing better approaches to promoting health and preventing disease. The NINR supports programs essential to improving clinical environments by testing interventions which influence patient health outcomes and reduce costs and demands for care.

New research opportunities in nursing research.—The Committee encourages the Institute to take advantage of significant new research opportunities in the following areas: enhancing adherence to diabetes management behaviors; biobehavioral research for effective sleep in health and illness; prevention of low birth weight in minorities; improved care for children with asthma; collaborative clinical trials for adherence, decision-making, and managing symptoms in AIDS and cancer; and expanded opportunities for pre and post doctoral training in nursing research at schools of nursing across the country.

Nursing Interventions for Psychiatric Populations.—The Committee is concerned over the lack of resources for outcomes research focused on nursing interventions for psychiatric populations. The Committee urges the NINR and the NIMH to jointly sponsor a workshop with the psychiatric nursing community to identify areas of research and specific questions directed at interventions in psychiatric populations that directly correlate to enhanced patient care. This workshop would lead to a joint request for applications by the NINR and the NIMH.

Volcanic Emissions.—The Committee continues to be concerned about the public health aspects of volcanic emissions (VOG) in Hawaii and urges the Institute to collaborate with the National Institute of Environmental Health Sciences in developing a multidisciplinary approach to this problem.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2000	$293,234,000
Budget estimate, 2001	308,661,000
Committee recommendation	336,848,000

The Committee recommends an appropriation of $336,848,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. This is $28,187,000 more than the budget request and $43,614,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome [FAS], genetics, and moderate drinking.

Alaska native substance abuse.—The Committee is aware of serious problems with alcohol and substance abuse in Alaska, especially among its Alaska Native population and of the need for translating research into clinical applications for this population. The Committee urges NIAAA to sponsor a Research to Practice Forum with the Substance Abuse and Mental Health Services Administration and the State of Alaska to focus on bridging the gap between researchers and practitioners and translating scientific research into clinical applications, and encourages NIAAA to support the implementation of any recommendations developed at the forum.

Alcohol consumption and hepatitis C.—It is well established that alcohol consumption in patients with hepatitis C increases the damage caused by the disease. Less well known is the mechanism by which this happens, as well as why alcohol inhibits the success of standard treatments for the disease. Both of these areas are important for dealing with this disease and the Committee strongly encourages the Institute to pursue them both individually and collectively with other interested institutes.

Alcohol treatment services.—Given the rapid growth of managed behavioral health care, the Committee is concerned that more needs to be known about how alcohol treatment services are delivered under managed care arrangements and the specific characteristics of behavioral health components of health insurance plans and managed care organizations. The Committee is supportive of the NIAAA Advisory Council's comprehensive plan for health services, particularly its recommendation to prioritize research to understand the effects of managed care on the access, utilization, quality, costs, and outcomes of alcohol treatment services. The Committee acknowledges NIAAA's progress in implementing this

recommendation and encourages NIAAA to consider supporting additional research in this area.

Binge drinking.—Alcohol abuse, particularly "binge" drinking and drinking with the intent to get drunk, continues to pose significant problems for college communities. The Committee strongly supports the efforts of NIAAA's Advisory Council Subcommittee on College Drinking and encourages the Subcommittee to identify the context and consequences of college drinking and provide recommendations on the prevention and treatment of the problem.

College drinking.—The Committee continues its strong support of the NIAAA Advisory Council's Subcommittee on College Drinking and its efforts to create a unique dialogue among college presidents, administrators and alcohol researchers. The Committee understands that the full report will be submitted to the National Advisory Council for approval next February. This report will be organized around recommendations from the research community and college presidents. The Committee requests that the Director of NIAAA be prepared to communicate these recommendations at upcoming congressional hearings.

Fetal alcohol syndrome.—The Committee commends NIAAA for its sponsorship of fetal alcohol syndrome (FAS) research and prevention activities. The Committee recognizes that collaborations between many agencies and organizations are needed to address the multiple issues central to FAS. The Committee is pleased with membership of the collaborative Interagency Coordinating Committee on Fetal Alcohol Syndrome (ICCFAS) and with the progress of the ICCFAS. The Committee requests that the NIAAA, because of its leadership role in the ICCFAS, be prepared to present an update on the progress of the ICCFAS at next year's hearings.

National advertising campaign.—The Committee encourages the National Institute on Alcohol Abuse and Alcoholism to partner with the appropriate Federal agencies on a national advertising campaign against underage drinking.

National Alcohol Research Centers.—The NIAAA supports 15 Alcohol Research Centers that conduct interdisciplinary research focusing on particular aspects of alcohol abuse, alcoholism, or other alcohol-related problems. The Committee recognizes the significant contributions these centers have made to the understanding of alcohol abuse and alcoholism and encourages the NIAAA to continue supporting these centers.

Neuroscience.—The Committee recognizes the important role that basic neuroscience research supported by the NIAAA plays in understanding alcohol abuse and alcoholism. The Committee encourages the NIAAA to continue supporting research in this area.

Nurse run clinics and advanced practice nurses.—The Committee recognizes that alcoholic liver disease (ALD) is a major cause of morbidity and mortality in the United States today. Developing effective interventions for this disease is of paramount importance. The Committee is pleased that the institute has begun to focus greater attention on this problem and encourages NIAAA to consider sponsoring additional research on treatment.

Prevention and treatment of violence associated with alcohol abuse.—The Committee is supportive of NIAAA's efforts to understand the relationships between alcohol use and violence. The Com-

mittee encourages NIAAA to consider supporting more research in this area, particularly to understand individual characteristics and environmental conditions, situations, and circumstances under which alcohol use and violent behavior are connected. The Committee also encourages NIAAA to consider supporting additional research on the prevention and treatment of violence by persons with alcohol problems.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2000	$687,376,000
Budget estimate, 2001	725,467,000
Committee recommendation	790,038,000

The Committee recommends an appropriation of $790,038,000 for the National Institute on Drug Abuse [NIDA]. This is $64,571,000 more than the budget request and $102,662,000 more than the fiscal year 2000 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and addiction is a treatable disease. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce dependence, and contributes to understanding how the brain works. In addition, NIDA research identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA's mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings.

Behavioral sciences.—The Committee understands that behavioral intervention is a critical, and sometimes only, component of drug addiction The Committee continues to support NIDA's expansion of its behavioral science portfolio and views NIDA as a model of how to approach its behavioral science and public health responsibilities.

Children and adolescents.—Recognizing the devastating impact of drug addiction on children and youth, the Committee commends NIDA's children and adolescent research initiative. The Committee urges NIDA to continue to support its research portfolio in areas of co-occurring mental disorders, developmental consequences, prenatal exposure, genetic vulnerability, and environmental risk factors.

Clinical trials.—The Committee is pleased with NIDA's continuing progress in developing behavioral and pharmacological drug abuse treatments, and supports NIDA's initiative to establish a national drug abuse treatment clinical trials network. The Committee commends NIDA's leadership in forging strong partnerships with treatment researchers and community-based treatment providers to assure that new treatments are tested and incorporated into ongoing drug treatment programs.

Emerging drug problems.—The Committee is pleased that NIDA has launched a new Club Drug Research and Dissemination Initiative. Given the emergence of club drugs, such as ecstasy, methamphetamine, GHB, and ketamine, the Committee is encouraged by NIDA's proactive efforts to curtail these emerging drug problems and urges NIDA to continue its efforts to develop an even broader array of effective new prevention and treatment approaches to focus on these emerging drug challenges.

Genetic vulnerability.—The Committee understands that both genes and environment influence drug abuse and addiction. The relationship between the two is complex, requiring continued research in areas of behavioral genetics, psychiatric and epidemiological genetics, molecular genetics, and population genetics. The Committee encourages NIDA to continue to pursue this area of drug and addiction research.

Medications development.—The Committee encourages NIDA to study the development of anti-addiction medications, to clarify the neurological and behavioral benefits of the use of pharmacological agents, and develop an understanding of how best to use these medications.

Methamphetamine.—The Committee is very disturbed by the explosion in methamphetamine abuse across the nation. The problem is essentially acute in Iowa and other Midwestern states. The Committee again urges NIDA to expand its research on improved methods of prevention and treatment of methamphetamine abuse.

National drug abuse clinical trials network.—The Committee commends NIDA's leadership in continuing to recognize the importance of behavioral and social science research and is especially pleased that this is reflected in the recent NIDA reorganization, which elevates behavioral research in both the Division of Neuroscience and Behavioral Research and the Division of Treatment Research and Development. The Committee believes NIDA could consider evaluating these promising behavioral treatments in clinical trials through its new National Drug Abuse Clinical Trials Network.

Neuroscience.—The Committee recognizes that basic neuroscience provides a foundation for NIDA's research portfolio. Basic neuroscience research has advanced the field's understanding of drug abuse and addiction. The Committee urges NIDA to continue its efforts to develop new areas of neuroscience research.

New genes and drug abuse.—The Committee supports research efforts to identify many of the genes that may play a role in addiction. Seizing upon these opportunities could lead to a more complete picture of the disease of addiction.

Nicotine research.—The Committee recognizes that the consequences of nicotine addiction are substantial to adults, children, and adolescents, and commends NIDA's support of research yielding effective replacement therapies and behavioral interventions. The Committee encourages NIDA to continue to support research on the prevention and behavioral and pharmacological treatment of nicotine addiction. The Committee supports NIDA's ongoing research in the basic sciences, behavioral and medical treatments, genetic vulnerability, and epidemiology of nicotine use and abuse.

Transdisciplinary tobacco research centers.—The use of tobacco products remains one of the nation's deadliest addictions. The Committee strongly supports NIDA's continuing efforts to address this major public health problem through its comprehensive research portfolio. The Committee is pleased that NIDA has teamed with the National Cancer Institute and an outside foundation to establish the Transdisciplinary Tobacco Use Research Center (TTURC). This multifaceted approach should lead to an increased understanding of how nicotine acts in the brain and body and lead to new strategies for treating nicotine addiction and preventing tobacco use, particularly by teens and younger children.

Vulnerability to addiction initiative.—The Committee commends NIDA for launching its "Vulnerability to Drug Addiction Initiative" and encourages NIDA to support research to identify genes associated with drug abuse and addiction. Increasing our understanding of why some people are vulnerable to drug abuse and addiction while others are not, will speed progress in treating and preventing these critical problems.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2000	$974,673,000
Budget estimate, 2001	1,031,353,000
Committee recommendation	1,117,928,000

The Committee recommends an appropriation of $1,117,928,000 for the National Institute of Mental Health [NIMH]. This is $86,575,000 more than the budget request and $143,255,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The research programs of the Institute lead the Federal effort to identify the causes of—and the most effective treatments for—mental illnesses, which according to a report recently issued by the Surgeon General of the United States, afflict more than one in five American adults. One result of the Federal research investment has been a growing 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.

Alzheimer's disease.—NIMH continues to play an important part in efforts to learn more about memory formation. While still in early development stages, NIMH-supported scientists altered a particular gene in mice that resulted in the mice learning faster, remembering more, and applying what they learned. This development in the biological study of learning and memory may lead to important advances in the fight against Alzheimer's disease and age-related memory loss. The Committee encourages NIMH to assign a high priority to research on Alzheimer's disease, and to continue its collaboration with NIA, NINDS and NINR.

Balance in research portfolio.—The Committee appreciates NIMH's research portfolio that seeks to address the major issues of concern to the Congress through a balanced approach that includes basic neuroscience, behavioral research, health services research, and clinical research. The Committee supports NIMH's determination to better focus basic researchers toward thinking about

the public health needs that should drive their work. This in turn helps to speed the translation of this research and its results into practical societal benefits, including improved mental health services for those who need them.

Burden of mental illness.—It is not surprising that mental illness emerged from the recent Global Burden of Disease study done by the World Bank, the World Health Organization and Harvard School of Public Health, as a surprisingly significant contributor to the burden of disease—in fact, major depression alone ranked second only to ischemic heart disease in magnitude of disease burden. The Committee notes that NIMH's research portfolio reflects Congressional intent that research supported by the institute be relevant to the range of disorders affecting such a large proportion of the nation's citizens.

Children's mental health.—The Committee continues to be concerned about behavioral and emotional disorders in children, and supports NIMH's efforts to expand research into this critical area, and to encourage more scientific investigators to consider this area of research. It has become increasingly clear that the failure to recognize and adequately treat these disorders in children and adolescents can have devastating results, including frustration, anger and isolation, which, in turn, can lead to substance abuse, involvement with the juvenile justice system, or even suicide and other violence. The Committee commends NIMH for its efforts to support more research into the effects of psychotropic medications in children and youth, and encourages continued leadership and emphasis in the areas of diagnosis and treatment of ADHD, depression and other emotional and behavioral disorders of children.

Collaboration with CMHS.—The Committee supports the current efforts of NIMH to encourage researchers to collaborate with basic social and behavioral scientists. This collaboration benefits scientists and the public by increasing our understanding of how characteristics of individuals, families, and social and cultural environments affect decisions about services use and adherence to treatment, as well as the efficacy of treatments and services. NIMH also must collaborate more closely with the Center for Mental Health Services (CMHS) in order to maximize the benefits of activities conducted by both agencies. The Committee encourages NIMH and CMHS to work to ensure a smooth handoff of research findings from NIMH to CMHS so that communities can use those findings to develop and improve services for adults and children with or at risk of developing mental health problems.

Emergency medical services.—The Committee commends the work supported by NIMH on mental health issues related to emergency medical services for children through the University of Tennessee, and also the collaboration of NIMH with HRSA in funding the National Congress on EMSC in 1998. The Committee encourages NIMH to enhance its support of EMSC-related projects and to continue to work with HRSA in educational programs on EMSC such as national conferences.

Fragile X.—Fragile X is the most common inherited cause of mental impairment, affecting 1 in 2000 males and 1 in 4000 females with cognitive impairment and mental disorders such as obsessive-compulsive disorder and extreme anxiety. The Committee

understands that because Fragile X also is the most common single-gene neuropsychiatric disease known, it is a powerful research model for other neuropsychiatric disorders such as schizophrenia, mood disorders, and autism.

The Committee urges NIMH to devote resources to research on the functions of the Fragile X protein and to consider including Fragile X in its studies of related neuropsychiatric disorders. NIMH also is encouraged to promote rigorous scientific study of the currently available treatments commonly employed in Fragile X patients and to investigate promising new psychopharmacologic interventions. The Committee urges NIMH to work with other institutes such as NICHD and NINDS to develop cooperative research support mechanisms in this area. The Committee commends NIMH for joining NICHD in support of a scientific conference on Fragile X neurochemistry and urges the NIMH to consider supporting future similar conferences.

Frontier mental health needs.—The Committee is pleased that NIMH continued its series of conferences on the mental health needs of remote rural and frontier communities with a "Mental Health at the Frontier" conference in Alaska in August 1999 and commends NIMH on its outreach efforts to determine the differences in mental health needs which may exist in remote frontier communities. The Committee encourages NIMH to expand its research efforts into these communities, which are often ignored in research projects, but which continue to suffer from high incidences of mental health problems including depression, suicide and co-occurring disorders with substance abuse.

HIV/AIDS Prevention for Individuals at High Risk.—The Committee commends NIMH for developing research knowledge essential for understanding and preventing HIV transmission, particularly among people at high risk for infection (such as the mentally ill, minority women, youth, and rural populations) where the epidemic is spreading most rapidly. The Committee encourages NIMH to continue to support studies seeking to develop more effective ways to prevent infections and strategies to deliver cost-effective services.

Intramural research.—The Committee is aware of NIMH's recent review of its entire intramural research program—a review resulting in major changes in research direction within that program. The Committee is pleased that these changes mark a new era in NIMH intramural research, marked by the best scientific stewardship and administration, forward-looking research exemplified by its restructured and rebuilt mood disorders program, and new emphasis on clinical research. For the first time in five years, a complete, permanent leadership roster is providing the stability and effective leadership needed to effect change. Most important, advances in technology, such as in the fields of genomics, integrated neuroscience and brain imaging have created exciting research opportunities to investigate fundamental mechanisms in the brain and psychiatric disorders. The intramural program now has the chance serve as a national resource, providing ideas, methodology, training, and expertise for the entire nation.

Joint workshop between NINR & NIMH.—The Committee is concerned regarding the lack of resources for outcomes research fo-

cused on nursing interventions for psychiatric populations. The Committee urges the NINR and the NIMH to jointly sponsor a workshop with the psychiatric nursing community to identify areas of research and specific questions directed at interventions in psychiatric populations that directly correlate to enhanced patient care.

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

Social work research centers.—The Committee continues to be supportive of NIMH expanding the number of social work research development centers in light of the important work the centers do to develop knowledge that informs the delivery of mental health services by social workers and other providers.

The Committee remains very supportive of NIMH's efforts to develop a cadre of Native Hawaiian mental health researchers, utilizing the expertise of their senior mentors. Native Hawaiians have historically experienced a disproportionate incidence of various mental health problems, including depression. In order to effectively address these issues in the long run, NIMH should consider establishing a Native Hawaiian center of excellence in mental health.

Suicide.—The suicide rate has diminished only slightly despite the availability of highly effective treatments for mental disorders. This could mean that those who need them are not receiving effective treatments, or that the current treatments are not effective in reducing suicide. The Committee encourages NIMH to support research to address these issues, including whether patients with mental disorders who are at high risk for suicidal behavior are receiving adequate treatment. The Committee also is aware that many patients who have been suicidal, or become suicidal in a treatment trial, are excluded from clinical research studies. If appropriate, the committee urges NIMH to encourage researchers to try to retain these patients in trials, and to develop studies that are designed appropriately to answer the questions of what interventions reduce suicidal behavior. In addition, there are few researchers with adequate experience to safely test treatments for suicidal patients. Therefore, the Committee urges NIMH to encourage experienced, as well as new investigators, to learn about approaches in treating suicidal patients.

Suicide risk and protective factors.—The Committee urges that NIMH and the CDC continue their collaboration to develop and implement a consensus agenda of key questions on suicide risk and protective factors and that the NIMH consider supporting additional research on protective factors to better understand phenomena such as why African American women have among the lowest suicide rates but have mental disorders at rates comparable to those experienced by white women. The Committee requests that the NIMH and the CDC submit an updated consensus agenda on key research questions on suicide to the Committee along with the Administration's fiscal year 2002 budget proposal.

Surgeon General's report.—The Surgeon General's report points out that about 20 percent of children are estimated to have mental disorders with at least mild functional impairment, and about 11 percent have significant functional impairment. This estimate translates into a total of 4 million youth. Mental disorders in children must be considered within the context of the family and peers, school, home, and community. This is essential if children who are experiencing symptoms of depression, anxiety or any other emotional or behavioral problem are to be recognized and helped. It is very difficult for children who are suffering to learn in school or to form normal peer relationships; rather, they may become withdrawn, lonely, depressed, or angry. The Committee is very concerned that this leads too many of them to end up in the criminal justice system rather than in a system which will provide the treatment they so badly need. Therefore, the Committee supports NIMH's recent efforts to increase research into children's mental disorders and to increase the number of trained scientists available to do this crucial research.

The families and school together track (FAST) program.—The Committee commends NIMH for building science-based programs, such as The Families and School Together Track Program, designed to improve school-based mental health delivery systems. The Committee encourages NIMH to continue to support research on multi-year, multi-component interventions at the family, school, and community levels. The Committee also urges NIMH to further develop research on early interventions in children, with a particular emphasis on problems of mood, anxiety and conduct, taking into account informational deficits, attitudinal factors, and cultural barriers that inhibit use of these services.

Translational research.—The Committee commends NIMH's new initiative in translational research to close the gap between basic and clinical research in behavioral science, and encourages the consideration of translational research centers to support collaboration between behavioral and clinical investigators. The Committee understands that such centers could provide a core presence for translational research at NIMH, and could serve as models for other institutes. In addition, the Committee encourages NIMH to consider developing a plan for training new investigators in behavioral science translational research.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2000	$335,862,000
Budget estimate, 2001	357,740,000
Committee recommendation	385,888,000

The Committee recommendation includes $385,888,000 for the National Human Genome Research Institute [NHGRI]. This is $28,148,000 more than the budget request and $50,026,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NHGRI has the responsibility at the National Institutes of Health for providing leadership and support for the Human Genome Project and for conducting a vigorous research

program aimed at understanding and treating both simple and complex genetic disorders.

The Human Genome Project (HGP) is an international collaboration to characterize the complete set of genetic instructions encoded in the estimated 3 billion base pairs of DNA. Begun in October 1990, the HGP is funded in the United States by the NHGRI and the Department of Energy (DOE). International partners include the United Kingdom, France, Germany, Japan, and China. A major goal of the Human Genome Project is to read each of the 3 billion bases, or letters, in the human genetic instruction book. The rapid availability of sequence, deposited every 24 hours into a publicly available database, is providing valuable information to the research community.

Human DNA sequencing is not the only goal of the Project. The new 5-year Human Genome Project Research Plan, published in Science magazine in October 1998, includes another seven ambitious goals. These goals are guiding the development of a new and more diverse set of genomic research tools for researchers in both the public and private sectors in order to advance our understanding and treatment of human disease. These tools include: (1) optimization of current sequencing technologies and development of novel strategies; (2) a catalog of common variations, or single-nucleotide polymorphisms (SNPs), in human DNA sequence; (3) new technologies and strategies for studying the function of genes and genomes; (4) completion of the DNA mapping and sequence of additional model organisms including fruit fly and mouse; (5) new approaches to addressing the ethical, legal, and social implications (ELSI) of research; (6) development of improved databases and analytical tools in bioinformatics and computational biology; and (7) training programs in scientific and ELSI aspects of genomic and genetic sciences.

Using the information and tools produced by the Human Genome Project, scientists in the Institute's intramural research program are developing techniques to study the fundamental mechanisms of genetic disorders and genetic factors involved in disease risks. These cutting-edge approaches are yielding new knowledge about human genetic diseases, and their diagnosis, prevention and treatment.

Clearinghouse for rare and genetic disorders.—Approximately 6,000 of the 7,000 genetic disorders are rare disorders. Unfortunately, there is no centralized clearinghouse for the public and health professionals on these disorders. Last year, the Committee encouraged the NHGRI, in collaboration with the Office of Rare Diseases (ORD), to establish an information center on rare and genetic disorders to disseminate information, knowledge and understanding of rare and genetic disorders. The Committee is pleased to learn that the NHGRI and the ORD are working on establishing such a center and encourages them to move as expeditiously as possible to provide this important information service to the public and health professionals.

Diabetes.—The Committee urges the NHGRI to assist the NIDDK and NICHD in the consideration of a collaborative project to identify the genes associated with juvenile, or Type 1, diabetes.

Human genome project.—It has long been known that diseases tend to run in families. In fact, nearly all disease has a genetic component, including such common diseases as diabetes, schizophrenia, and cancer. The Human Genome Project aims to understand the mysteries of disease by unraveling the secrets of the DNA instruction book present in nearly every cell in our body. The genetic code within DNA holds many potential insights for our susceptibilities and resistances to disease and for the discovery of novel preventive and therapeutic strategies. The Committee understands that a working draft of 90 percent of the human genome is on the brink of completion and the finished highly accurate product, in which gaps are closed and ambiguities resolved, is expected by 2003. All of the DNA sequence is available without restriction to any researcher with an internet connection through the public database, GenBank. The Committee believes that rapid and unfettered access by investigators in both the public and private sectors to this fundamental data is essential if the Project is to realize its full potential for improving human health. The Committee also understands that human DNA sequencing is not the only goal of the Human Genome Project. The new 5-year research plan, published in Science magazine in October 1998, includes seven other ambitious goals. These goals are guiding the development of a new and more diverse set of genomic research tools for scientists to use to advance our understanding, prevention, and treatment of human disease.

Kidney genome anatomy.—The Committee encourages the NHGRI to assist the NIDDK in an effort to create a kidney gnome anatomy program. Given the NHGRI's expertise in areas such as gene sequencing, expression, and microarray technology, the Committee believes that NHGRI could provide valuable assistance to the NIDDK.

NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 2000	$675,054,000
Budget estimate, 2001	714,192,000
Committee recommendation	775,212,000

The Committee recommends an appropriation of $775,212,000 for the National Center for Research Resources [NCRR]. This is $61,020,000 more than the budget request and $100,158,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin research to maintain and improve the health of our Nation. The NCRR programs develop a variety of research resources; provide biomaterial and resources for complex biotechnologies, clinical research, and specialized primate research; develop research capacity in minority institutions; and enhance the science education of precollege students and the general public.

Cystic fibrosis.—The NCRR is commended for its continued support for the clinical trials monitoring center for CF research to ensure accurate and timely review of ongoing clinical trials into cystic fibrosis. As a model for the evaluation of new therapies to treat or-

phan diseases, the clinical trials monitoring center for CF research is laying new groundwork for the methods of translating basic research discoveries into clinical interventions in a timely manner.

Developing and improving institutional animal resources.—The Committee has carefully reviewed documentation identifying the need for upgrading animal research facilities at minority health professions schools and has been pleased with NCRR's initiative in this area. The Committee has included sufficient funds for NCRR to continue its aggressive collaboration with minority health professions schools in providing grants to upgrade their animal facilities. These upgrades are necessary to assist in complying with Federal regulations and attain accreditation by the appropriate scientific organizations. In addition, the Committee has provided funding for the NIH Minority Health Initiative in the Office of the Director and is confident that this program can make a contribution to NCRR's animal facilities research infrastructure building program.

Diabetes.—The Committee understands that NCRR plans in fiscal year 2001 to fund regional resource centers to focus specifically on supplying human islet cells for researchers. The Committee believes that this should be a high priority project for the Center.

General Clinical Research Centers.—The General Clinical Research Centers program provides regional access to clinical research patients in 33 of 50 States to foster opportunities for clinical investigators to translate basic science discoveries to the care of patients. The Committee understands that three major panels that have examined the crisis confronting our nation's clinical research programs have recommended an expansion of the GCRC program. Over the past several years, the Committee has encouraged the NCRR to make the GCRC program a high priority within its budget allocations. The Committee is concerned that in fiscal year 2000, the GCRC budget dropped to an all-time low of 1.15 percent of NIH spending, compared to 3 percent of the NIH budget in the late 1960's. The Committee is concerned about the GCRCs growth rate, especially when compared to the overall NCRR budget increases. To address the historical underfunding of the GCRCs and strengthen their ability to translate scientific discoveries into new therapies for the benefit of patients, the Committee has provided sufficient funds for the GCRC program for fiscal year 2001. The Committee urges the NCRR to consider using these funds to increase and enhance the training of clinical investigators, to implement the newly established guidelines for Informatics, to establish supplemental clinical research funds at each center through which the GCRCs can provide seed funding for pilot studies, to support GCRC efforts to enhance patient access to clinical research through off-site activities, community outreach initiatives and patient travel support. In addition, as in past years, the Committee once again encourages NCRR to continue and accelerate progress toward full funding of Centers at Advisory Council approved levels.

High field magnetic resonance imaging equipment.—The Committee is aware of the important emerging role that high field magnetic resonance imaging systems play in researching the causes and progression of Alzheimer's Disease and Parkinson's Disease. The Committee encourages NCRR to consider supporting these sys-

tems, which could benefit both Alzheimer's and Parkinson's Disease patients.

IDeA grants.—The Committee has provided $60,000,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is $20,000,000 increase over both fiscal year 2000. The program is intended to broaden the geographic distribution of NIH funding of biomedical research by enhancing the competitiveness of biomedical and behavioral research institutions which historically have had low rates of success in obtaining funding. The Committee intends that the increase will be used in eligible States to co-fund high quality applications for shared instrumentation and RO–1 proposals to those who would otherwise not receive support under the normal peer-review cycle. The Committee believes that the existing Shannon Awards Program can serve as the model for deciding which grants should be selected by NCRR for funding under the expanded IdeA Program.

Plant-based medicinal products.—The Committee supports the need to accelerate the development and commercialization of plant-based medicinal products and encourages the NCRR to consider collaborating with plant scientists and companies in Hawaii to responsibly use that State's unprecedented biodiversity in developing new, health-enhancing products.

Primate centers.—The Committee is pleased with the addition of an eighth Regional Primate Research Center during fiscal year 1999. The new Center complements existing Centers by providing outstanding expertise in primate genetics and chronic disease research and by strengthening the current program's capabilities in infectious disease research. The Committee encourages the Institute to consider supporting this Center at the peer reviewed recommended funding level.

Research centers at minority institutions.—The Committee recognizes the critical role played by minority institutions at both the graduate and undergraduate level in addressing the health research and training needs of our minority populations. These programs help facilitate the preparation of a new generation of scientists at these institutions. The Research Centers in Minority Institutions (RCMI) Program continues to impact significantly on these problems. The Committee encourages NIH to strengthen participation from minority institutions and consider increasing resources available in this area. The Committee also encourages NIH to work with minority institutions with a track record of producing minority scholars in science and technology.

Research infrastructure in minority institutions (RIMI).—The Committee recognizes the importance of increasing the participation of minorities in health science careers. Programs like RIMI play an important role in achieving this goal by improving the research infrastructure that is available to prepare students for such careers. By establishing partnerships between minority and other institutions, RIMI has assisted minority institutions in faculty recruitment and retention, student development, enhanced research capacity, and administrative acumen. Therefore, the Committee encourages NCRR to consider increasing its support for this valuable demonstration program.

Research resource centers and PET scans.—The Committee continues to urge NCRR to support research resource centers for the development and refinement of positron emission tomography (PET) as a unique imaging technology to diagnose and stage diseases of the brain, including Alzheimer's disease.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE [CCAM]

Appropriations, 2000	$69,011,000
Budget estimate, 2001	72,392,000
Committee recommendation	100,089,000

The Committee has included $100,089,000 for the National Center for Complementary and Alternative Medicine, an increase of $27,697,000 above the budget request and $31,078,000 over the fiscal year 2000 appropriation.

The Committee strongly supports the work of the National Center for Complementary and Alternative Medicine. The Center is charged with assuring that complementary and alternative therapies be rigorously reviewed to provide consumers reliable information.

Educating health care practitioners.—Recognizing that educating health care practitioners in complementary and alternative medicine (CAM) is as important as training new researchers, the Committee encourages the National Center for Complementary and Alternative Medicine to consider providing funding for a demonstration project to develop a model curriculum for the clinical education of physicians, nurses and other health care professionals in CAM practices. The Committee encourages NCCAM to consider awarding such funding to an institution that offers postgraduate resident fellowships for physicians in integrative medicine, continuing education in integrative medicine for other healthcare professionals, and distance-learning models in complementary and alternative medicine for doctors and other health professionals throughout the country.

New centers.—The Committee expects that funding for existing and new Centers supported by the Office will be expanded. The Committee directs NCCAM to undertake field investigations and a program for the collection and evaluation of outcome data on promising alternative therapies, including new clinical trials of herbal and other CAM therapies. The Committee has included adequate funds for NCCAM to renew and expand its support of CDC's field investigations program and of AHRQ's literature reviews and data analysis efforts.

Commission on complementary and alternative medicine.—The Committee also has included additional funds to be transferred to the White House for the operations of the White House Commission on Complementary and Alternative Medicine Policy if funds provided in previous years prove insufficient.

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

Appropriations, 2000	$43,328,000
Budget estimate, 2001	48,011,000
Committee recommendation	61,260,000

The Committee recommends an appropriation of $61,260,000 for the Fogarty International Center [FIC]. This is $13,249,000 more than the budget request and $17,932,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Adapting research advances in biomedicine to populations at home and abroad requires a continuing commitment to basic science as well as rigorous clinical and applied (epidemiological) studies. Examples are vaccines, anti-infective agents, drugs and more efficient diagnostic tools, combinations of interventions, and health policies to reduce the risk of disease and its associated human, social and economic consequences. These challenges will benefit from a more coordinated and multi-disciplinary approach to global health needs. It is the mission of the FIC to address these challenges by forging collaborations with a range of domestic and global partners in international research and training to pursue three core objectives. First, to accelerate the pace of discovery and its application by special projects enabling scientists worldwide to share conceptual insights, analytic methods, data sets, patient cohorts, or special environments. Second, to engage and assist young as well as more established U.S. investigators to address scientific challenges related to global health. The third is to help to develop a cadre of highly capable young foreign investigators positioned to cooperate with U.S. scientists in areas of the world that, due to geography, genetics, or disease burdens, provide unique opportunities to understand disease pathogenesis, anticipate disease trends, or develop interventions of relevance and priority for both the U.S. and the collaborating country.

Clinical research and genomics and genetics.—The Committee recognizes that scientific advances that enable researchers to determine and explore new targets for drug and vaccine interventions will profoundly influence medicine and public health. The application of these advances to the disparities in health burden faced by developing countries cannot but help to reduce the threat of disease to the U.S. population. Thus, the Committee encourages FIC to move forward with the development of clinical research training programs, international collaborations in clinical trials, and the application of genetic methodologies to address the determinant genetic factors influencing disease susceptibility and disease burden. In the arena of genomics/genetics, transcultural studies on the ethical, legal and social implications of genome research, the identification of genome sequence variations that govern the balance between health and disease in the face of inducing factors or infectious diseases threats, and the effect of diet and environment on gene expression to enhance health and reduce disease are to be encouraged.

Cost-effective methods of preventing HIV.—The Committee recognizes the exceptional work of FIC in helping to mobilize scientific resources and develop the human capacity to address the enormous disproportionate burden of HIV/AIDS in the developing world through the FIC AIDS International Training and Research Program (AITRP). The Committee encourages further productive work, sponsored by FIC together with other Institutes at NIH, to develop

effective and cost-effective interventions to improve the health care options for HIV-infected mothers and children in Africa, Asia and Latin America.

Global tuberculosis threat.—The Committee commends the FIC for its cooperation and collaboration with the International Union Against Tuberculosis and Lung Disease, the American Lung Association and the American Thoracic Society in developing a program to train TB health professionals. The Committee also finds positive the joint U.S. AID and FIC collaboration in implementing this effort and encourages the Center to expand the effort this fiscal year.

Health and economic productivity.—The Committee appreciates the steps FIC has taken to address the relationship between health or demographic status and economic development, and to forge linkages with other organizations such as the World Bank. It seems clear that our conceptual understanding of the long-term influences on economic development and the formulation of effective policies for global poverty reduction, with its ancillary benefits of social and political stability, rely on a deepened understanding of the determinants and consequences of public health. The Committee encourages FIC to consider making additional investments in this program, in as much as the results could impact on so much of the source of disparities in health globally.

Non-communicable global health threats.—The Committee is pleased to note the steps that FIC has taken to begin to address the global burden of noncommunicable diseases, in particular smoking prevention and cessation and the burden of mental illness. The Committee looks forward to the further development of these initial initiatives into mature and productive programs.

Other emerging infectious diseases.—The Committee commends FIC for its leadership in the global efforts to reduce the burden of malaria, through its accession to the helm of the Multilateral Initiative on Malaria, a global effort focused on malaria in Africa. The Committee notes the rapid development of an FIC malaria research training program that is geared towards the linkage of basic, clinical and epidemiological research in Africa with the needs of control programs. It is anticipated that this new program will expand the capabilities of scientists and health professionals from malaria endemic countries to engage in relevant malaria research at their home institutions and in partnership with U.S. collaborators that will fill the critical gaps in knowledge. The Committee encourages FIC to consider targeting additional resources towards these goals, in particular to further our knowledge of vector biology and insecticide resistance in order to develop new ways to approach malaria control.

Understanding micro and macro environment determinants of infectious diseases.—The Committee is pleased to note the effective work of FIC to initiate a program to better comprehend the consequences of changes in terrestrial and marine ecosystems on human health, especially the emergence of new infectious diseases and the re-emergence of previously controlled infectious diseases. The multi-disciplinary research program of FIC, together with several other NIH Institutes and NSF, bringing together ecologists, entomologists, marine and mammal biologists, biomedical scientists, infectious diseases clinicians, and epidemiologists is a cre-

ative and timely initiative. The Committee recognizes the importance of the goal, to elucidate the underlying biology of habitat and bio-diversity changes that may lead to increased disease prevalence of disease in the United States and elsewhere in the world, in order to better predict and prevent new emergence of infectious diseases. Further, FIC sponsored efforts to better understand the impact of environmental factors such as tobacco smoke and other indoor and outdoor pollutants on the establishment of diseases such as tuberculosis, which has significant economic implications for the workforce and for their families, could impact public health and environmental policy.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2000	$215,199,000
Budget estimate, 2001	230,135,000
Committee recommendation	256,953,000

The Committee recommends an appropriation of $256,953,000 for the National Library of Medicine [NLM]. This is $26,818,000 more than the budget request and $41,754,000 more than the 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Library of Medicine is the Federal institution that for more than 150 years has collected, organized, preserved, and disseminated the world's output of biomedical literature in all forms. As a result of this activity NLM is the world's largest library of the health sciences, its holdings numbering more than 5 million items. The NLM has pioneered innovative methods to disseminate bibliographic information. Basic to the mission of the NLM is a wide-ranging research program to improve how medical information is communicated. This responsibility is aided by a grants program and by specialized services in toxicology, environmental health, and biotechnology.

Computational molecular biology.—The Committee is pleased to learn that NLM will play a key role in the NIH–wide Biomedical Information Science and Technology Initiative (BISTI). NLM's long history in supporting research and training in medical informatics makes it uniquely positioned to assist in the further development of the field of computational biology. The Committee encourages NLM to consider expanding its extramural grant activities in the area of computational molecular biology.

Consumer health.—The Committee is pleased with the actions NLM has taken to ensure that the American public has access to good health information. It has done this not only by making MEDLINE and its other information resources available to consumers over the Internet, but by creating MEDLINEplus, a consumer health information site specifically for the general public. Another new service created by NLM, ClinicalTrials.gov, is an easy-to-use database with information on more than 4,000 Federal and private medical studies involving patients and others at more than 47,000 locations nationwide. The Committee is pleased that patients, families and members of the public now have easy access to information about the location of clinical trials, their design and purpose, criteria for participation, contact people and, in many cases, further information about the disease and treatment under

study. The Committee encourages NLM to more widely publicize its products and services through all appropriate means.

Genome information.—The Committee is aware of the important role NLM's National Center for Biotechnology Information plays in making available information from the Human Genome Project and other genome activities. The analytic tools created by NCBI contribute to the usability of this information, making it possible to understand the differences between normal and diseased cells at the molecular level. The Committee encourages NLM to consider providing additional resources to this important effort.

Home medical consultations.—The Committee strongly encourages NLM to support an expansion of a demonstration called for in last year's report to test the use of state-of-the-art telemedicine technology for home medical consultations. This innovative approach could hold great promise for improving the care and lowering health care costs for home-bound individuals who require frequent monitoring.

Outreach.—The Committee continues to note the success of NLM's MEDLINE database and its new MEDLINE Plus initiative. The Committee encourages NLM to continue its outreach activities aimed at educating health care professionals and the general public about the Library's products and services, in coordination with medical librarians and other health information specialists.

PubMed central.—The Committee commends NLM for its leadership in establishing PubMed Central, an electronic online repository for life science articles. PubMed Central holds great promise for increasing access to health care literature by health professionals, students, educators, researchers and the general public. Because of the high level of expertise health information specialists have in the organization, collection, and dissemination of medical information, the Committee believes that health sciences librarians have a key role to play in the further development of PubMed Central. The Committee encourages NLM to work with the medical library community regarding issues related to copyright, fair use, peer-review and classification of information on PubMed Central.

Senior citizen outreach.—The Committee again notes that senior citizens would benefit greatly from expanded access to NLM's databases and encourages the NLM to take steps to consider new ways to improve access for senior citizens, such as including Internet access at senior centers and congregate meal sites.

Telemedicine and the next generation internet.—The Committee is pleased that NLM remains a world leader in supporting the application of computer technology to the delivery of health care at a distance and encourages NLM to continue its efforts related to medical applications of the next generation internet (NGI). This research seeks to improve quality, lower costs, and increase effectiveness for delivering health care. The Committee commends NLM for its thoughtful approach to assuring that, in developing the next generation internet, proper attention is given to those unique requirements specific to medicine, such as telemedicine, digital libraries, and distance learning. The Committee is impressed with NLM's success in developing practical applications of technology to help hard-to-reach communities. Examples include a project that enables remote diagnosing middle ear infections in remote areas,

thus reducing the use of antibiotics and the necessity of evacuating patients; providing remote eye screenings in inner cities as a means of identifying undiagnosed cases of diabetes; and helping develop patient-controlled personal medical records systems. The Committee believes the NGI will provide affordable secure information delivered at rates thousands of times faster than today and will accelerate the introduction of new networked services for businesses, schools, libraries and homes. The Committee believes that it is imperative that health care be a part of these efforts.

OFFICE OF THE DIRECTOR

Appropriations, 2000	$282,000,000
Budget estimate, 2001	308,978,000
Committee recommendation	352,165,000

The Committee recommends an appropriation of $352,165,000 for the Office of the Director [OD]. This is $43,187,000 more than the budget request and $70,165,000 more than the fiscal year 2000 appropriation. The comparable amounts for the budget estimate include funds to be transferred from 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 Office of the Director is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to operation of the NIH.

The Committee directs the Director of NIH to make a written request to the chairman of the Committee prior to reprogramming of $1,000,000, between programs, projects, activities, institutes, divisions and centers. 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 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.

Autoimmune Diseases Coordinating Committee.—The Committee supports the creation of the coordinating committee for autoimmune disease research by the Director. Autoimmunity is at the root of eighty interrelated major diseases affecting at least 5 percent of the population. Autoimmune diseases also disproportionately affect women. The Committee encourages the coordinating committee to advise the Director and the various Institutes on autoimmune diseases, as wellas to develop a consensus research agenda.

Behavioral science.—There is a growing public awareness of the behavioral and underpinnings of disease. Heart disease, lung cancer, liver disease, AIDS, suicide, developmental disabilities, and many neurological and cognitive disorders can be attributed directly or indirectly to unhealthy behavior. The Committee urges NIH to incorporate behavioral research as part of its core public health mission. The Committee also urges the NIH to provide a detailed description of NIH's ongoing work in the behavioral sciences, including a breakdown by Institute, and funds within each Insti-

tute of research and training activities included in NIH's behavioral and social science portfolio.

Biomedical information science and technology initiative (BISTI).—The Committee is pleased to see that the NIH is undertaking the Biomedical Information Science and Technology Initiative and is providing full support for the request to enhance the availability of computing and computational expertise in biomedical research.

Botanical research centers.—The Committee is pleased that the Office has begun a botanical research centers initiative with major research institutions across the nation and has included funds to expand the number of centers to be supported. The Committee encourages such centers to include collaboration between agricultural research institutions and biomedical research institutions.

Cancer in ethnic minorities and the medically underserved.—The Committee continues to be concerned about the disproportionately high incidence and/or mortality rates of many cancers in ethnic minority, rural poor and other medically underserved populations. Therefore, within the increases for NIH, the Committee urges that the Institutes, Centers, and Offices with cancer-directed research agendas work together to: (1) develop and proceed with a 5-year strategic plan to implement the recommendations in the January 1999 Institute of Medicine study "The Unequal Burden of Cancer"; (2) establish benchmarks, program evaluations, and accountability procedures; (3) allocate necessary resources to address IOM–identified priorities; and (4) substantially increase the funding for: (a) population, behavioral, socio-cultural, communications and community-based research; (b) recruiting and training efforts to attract more candidates from ethnic minority and medically underserved populations in all areas of cancer research; and (c) cancer data collection, management and interagency coordination of data collection, with special support for the National Cancer Institute's Surveillance, Epidemiology , and End Results program.

Childhood birth defects and developmental disorders.—The Committee recognizes the importance of helping children suffering from birth defects and developmental disorders. Thousands of children each year suffer from birth defects and developmental disorders including cleft lip, cleft palate, missing limbs and other facial deformities from hemangiomas, hemifacial microsomia, microtia and aural atrresia, craniosynostosis. The Committee, therefore, urges the appropriate Institutes and Centers to expand and better coordinate their support of research into the causes, incidence, treatment and prevention of these and other children's congenital or developmental conditions and to consider developing a comprehensive action plan targeting these conditions.

Chronic human diseases.—It has come to the Committee's attention that a number of chronic human diseases, for which there is no known etiology, are suspected to be caused by infectious agents in conjunction with various hereditary, environmental, or nutritional factors. Certain cancers, chronic lung, neurological and gastrointestinal diseases, as well as forms of arthritis are known or suspected to be caused by infectious agents. The Committee is pleased to learn that a number of NIH research institutes are conducting and/or supporting studies in this area to determine the sci-

entific validity of such links and to encourage investigators to consider studies of the possible infectious nature of chronic diseases. Such research has enormous potential benefit to the health of chronically ill individuals, in health care cost savings, and in economic terms from reductions in lost days of work. While the Committee is pleased that the individual institutes are exploring relevant avenues of research, the Committee also believes that there is a need for a central coordinating mechanism to ensure broader communication and collaboration. For this reason, the Committee urges the NIH Director to establish a trans-NIH coordinating function on infectious etiology of chronic diseases. The Committee is aware that the NIH has established several trans-NIH coordinating activities for various diseases under study and on the broad category of autoimmune diseases. The NIH is encouraged to use these models to address this need and to promote further opportunities for successful research outcomes.

Coordination.—The Committee is extremely pleased with the scientific advances that have been made over the past several years due to the Nation's support for biomedical research at NIH. However, the Committee also notes the proliferation of new entities at NIH, raising concerns about coordination. While the Committee continues to have confidence in NIH's ability to fund outstanding research and to ensure that new knowledge will benefit all Americans, the fundamental changes in science that have occurred lead us to question whether the current NIH structure and organization are optimally configured for the scientific needs of the Twenty-first Century. Therefore, the Committee has provided to the NIH Director sufficient funds to undertake, through the National Academy of Sciences, a study of the structure of NIH. The Committee expects to receive a report and recommendations by December 31, 2001.

Diabetes.—The Committee believes that finding a cure for diabetes and its complications—a devastating disease affecting 16 million Americans—should be a top priority as NIH makes funding allocations. The Committee has reviewed the Diabetes Research Working Group report and urges the NIH to implement the recommendations, in particular those relating to juvenile, or Type 1, diabetes, the most severe form of the disease. Given the tremendous research opportunities in the field, the Committee urges the Director to lead a trans-NIH approach to diabetes research. The Committee is aware of the interest in having the Director coordinate a trans-NIH project including NIAID, NIDDK, and NICHD and other relevant institutes to jointly create a coordinated international effort to develop a vaccine to prevent juvenile, or Type 1, diabetes.

Health status of disadvantaged populations.—The Committee encourages the Director to provide 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 a special emphasis on the MARC, MBRS, RCMI, and ORMH programs, and expects that these programs will continue to be supported at a level at least consistent with that of the overall increase for NIH.

Lyme disease.—The Committee encourages the NIH to enhance outreach to public and private scientists regarding Lyme disease in order to stimulate research interest in this field.

Mental illness.—The Committee is aware of the recent major public focus on mental health and mental illnesses that has coincided with a dramatic resurgence in research on behavior and on the brain and its disorders. Some examples of public attention during the past year include the unprecedented White House Conference on Mental Health, the first-ever Surgeon General's Report on Mental Health, the Initiative for Mental Health submitted by the Secretary of HHS as a part of this budget request, and the urgent problems such as suicide and violence which have served to draw attention to the critical needs in this area. For these reasons and because of the extraordinary burden caused by mental illness in this country and world wide, the Committee views this as an area that should be given increased emphasis so as to capitalize both on the scientific excitement and momentum in brain research, as well as on the public demand to better understand mental illness. The Committee encourages that research on mental illness will be a high priority area for the NIH.

Microbicides research.—Recognizing a clear public health need for HIV and STD prevention technologies that women can control and tremendous scientific opportunity in the field of microbicides, the Committee strongly urges the NIH Director, in coordination with OAR, NIAID, NICHD, NIMH, NIDA, OAR and OWHR, to establish a program to support research to develop microbicides, including expanding and intensifying basic research on the initial mechanisms of STD/HIV infection, identifying appropriate models for evaluating safety and efficacy of microbicidal products, enhancing clinical trials, and expanding behavioral research on use, acceptability and compliance with microbicides. The Committee encourages the NIH Director, in consultation with all appropriate NIH institutes and offices as well as relevant Federal agencies, to develop a 5-year implementation plan regarding the microbicides research program, to be provided to the Committee by April 1, 2001.

Minority health initiative.—The Committee is pleased that the Minority Health Initiative (MHI) has an interest in supporting the improvement of animal research facilities at minority health professions schools, and agrees that this initiative at the National Center for Research Resources is an appropriate utilization of the MHI budget.

NIH/DOE medical technology partnership.—The Committee urges the National Institutes of Health (NIH) to continue to collaborate with the Department of Energy (DOE) to evaluate the technologies developed within the nuclear weapons program and other DOE programs in terms of their potential to enhance health sciences, with the goal of achieving clinical applications and improved national health care.

Office of Dietary Supplements.—The Committee continues to strongly support the important work of this Office. Use of dietary supplements has increased significantly among Americans who want to improve their health and prevent disease. There is a great need for additional research to better inform consumers of the

health benefits of supplements. Within the funds provided, the Committee encourages the Office to support research on ephedra.

Office of Dietary Supplements.—The Committee is pleased that the Office has begun a botanical research centers initiative with major research institutions across the nation and has included funds to consider expanding the number of centers to be supported. The Committee again encourages such centers to include collaboration between agricultural research institutions and biomedical research institutions.

Office of Research on Women's Health.—The Committee continues to stress the importance of women's health and gender-based research. ORWH plays the critical role in assuring that these essential areas are addressed in a systematic manner throughout the NIH. For this reason, the Committee urges that adequate funding be supplied to ORWH to assure its ability to continue to bring the appropriate focus to these issues. Among its important programs is Building Interdisciplinary Research Careers in Women's Health (BIRCWH) which supplies funding to train the next generation of researchers in this critical field. The Committee urges ORWH to support the BIRCWH program without limiting its other activities.

Parkinson's disease research agenda.—The Committee, based on advice from NIH as well as leading independent scientists, believes there is an extraordinary public health opportunity for a breakthrough on Parkinson's disease. Although today no neurodegenerative disease has been cured, the science regarding Parkinson's disease is at a stage where halting the progression of the disease, restoring lost function, and even preventing the disease, are all deemed realistic goals by NIH. The Committee is very pleased that a credible, thoughtful plan to effectively maximize the chances of a near-term cure has been developed.

That plan is the NIH's 5-year "Parkinson's Disease Research Agenda." This report was called for by the Conference Report on the Fiscal Year 2000 Budget. In response to that request, the NIH held a meeting of seven Institutes to discuss Parkinson's disease research, and then formed a steering committee of external scientists, NIH staff and Parkinson's advocates to engage in an intense planning process. This culminated in a very successful 2-day interdisciplinary workshop involving leading Parkinson's researchers, prominent scientists from related fields, industry representatives, and Parkinson's advocates. Out of this workshop came a specific 5-year research agenda—with professional judgments as to the costs that would be entailed—to advance dramatically our understanding and treatment of Parkinson's disease and to pave the way to its cure.

The Committee is aware that the NIH report details a range of studies that should be undertaken, ranging from basic science, genetics, epidemiology and public health studies to animal studies and human clinical trials. Some of the research identified as needed is broadly applicable to other neurodegenerative diseases, indicating that Parkinson's disease research may well lead the way to finding the cause and cure of these other conditions. To carry out the plan, the professional judgment budget estimates call for increases over existing Parkinson's research of $71,400,000 in year one (fiscal year 2001) and larger increases in subsequent years.

The Committee commends the NIH, and in particular the leadership of NINDS, for their expeditious and thoughtful response to the Congressional mandate. The inclusive process that was followed resulted in a research agenda that was both scientifically impressive and at the same time reflective of a remarkable degree of consensus regarding the types of research that merit funding. The agenda also demonstrates that the science regarding Parkinson's disease is at a stage where greater management and coordination of the research enterprise will yield substantial public health benefits.

The Committee understands that a key recommendation is that the NIH, to deal with inefficiencies and gaps in the research landscape, should make greater use of innovative funding mechanisms such as accelerated review, targeted research, research supplements and seed money grants.

The Committee strongly supports overall implementation of the plan. This will require both clarity in the lines of responsibility within the NIH and sufficiency in the level of additional funding. The Director should be responsible for coordinating the overall implementation of the Agenda within the NIH.

The Committee requests that the NIH develop mechanisms for monitoring its implementation of the plan, and to report on its progress in implementing the agenda by March 1, 2001. NIH is also requested to report on its progress in deploying innovative and accelerated funding mechanisms. The Committee believes that this plan represents a new paradigm for helping manage the Federal research effort on Parkinson's disease and merits both sustained support and careful monitoring.

Pediatric research initiative (PRI).—The Committee recognizes the importance of the Pediatric Research Initiative within the NIH and encourages the Director to build upon its overall investment in research by exploring promising areas of extramural pediatric research.

Promoting private support of biomedical research at the National Institutes of Health.—The Committee is aware of successful efforts by outside foundations in attracting resources from corporations and private foundations to support biomedical research at the National Institutes of Health.

Research training.—The Committee views researcher training as a critical element in the nation's health science enterprise and believes NIH could increase support for such activities. Further, the Committee encourages the NIH to have an overall training strategy to promote training in areas that involve all institutes, such as interdisciplinary research, behavioral science, translational research, and other cross-cutting research activities.

Women's health and gender-based biology.—Biomedical research, from the most basic to phase III clinical trials, benefits from the broadest possible participation. NIH has increasingly emphasized, for example, the importance of including women in clinical trials and analyzing research results for gender-based differences. However, there remains a history of exclusion of women from research to overcome, particularly as it relates to phase III clinical trials. The Committee has reviewed the recently released report of NIH's plan to involve more women and minorities in Phase III clinical trials. The Committee would appreciate an update on the imple-

mentation of the specific plans and projected initiatives outlined in the report by January 1, 2001.

Vision of neuroscience.—The Committee reiterates its support for the multi-institute vision to create a National Neuroscience Center at the NIH. This bold vision will not only increase the pace of discovery in all areas of neuroscience, it also will speed the rate at which fundamental discoveries are translated into effective therapies for neurological and psychiatric disorders. The National Neuroscience Center would bring together, under one roof, scientists who are now isolated from one another simply because of outdated historical precedents. The Committee believes this is a rare opportunity for NIH to become a model for the entire nation, one that would foster neuroscience without regard to the artificial boundaries of Institute, specialty, or organizational boundaries. Beyond the obvious medical disciplines involved, this will integrate bioengineering, computational science and bioinformatics.

BUILDINGS AND FACILITIES

Appropriations, 2000	$125,376,000
Budget estimate, 2001	148,900,000
Committee recommendation	148,900,000

The Committee recommends an appropriation of $148,900,000 for buildings and facilities [B&F]. The amount recommended is the same as the budget request and $23,524,000 more than the fiscal year 2000 appropriation.

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.

OFFICE OF AIDS RESEARCH

Appropriations, 2000	.....
Budget estimate, 2001	.....
Committee recommendation	.....

The Committee recommendation does not include a direct appropriation for the Office of AIDS Research [OAR] as proposed in the budget request. Instead, funding for AIDS research is included within the appropriation for each Institute, Center, and Division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Director of the NIH and the OAR to shift up to 3 percent of AIDS research funding among Institutes and Centers throughout the year if needs change or unanticipated opportunities arise. These modifications to the budget recommendation are consistent with the manner in which funding for AIDS research was provided in fiscal year 2001. The Committee requests that the Director report on the fiscal year 2001 allocation plans for AIDS research within 60 days of enactment and provide

notification to the Committee in the event the Directors exercise the 3 percent transfer authority.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

The Committee was pleased with efforts made by OAR in fiscal year 2000 to provide additional funding to address AIDS in minority communities, to spearhead projects to bring research information to minority communities and to increase the number of minority investigators conducting AIDS research.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 2000	$2,651,868,000
Budget estimate, 2001	2,823,016,000
Committee recommendation	2,730,757,000

The Committee recommends $2,730,757,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2001, $78,889,000 more than the fiscal year 2000 level and $92,259,000 below the administration request. SAMHSA is responsible for supporting mental health, alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States. The Committee has provided funding for the Knowledge Development and Application Program to each of three authorities: mental health, substance abuse treatment, and substance abuse prevention. Separate funding is provided for the Children's Mental Health Program, the PATH formula grant, the Protection and Advocacy Formula Grant Program, and for the two block grant programs.

The Committee agrees with the President's request to establish new targeted capacity expansion line items in the areas of substance abuse prevention and treatment. These programs are intended to ensure that individuals with substance abuse problems can access services employing the best practices proven to be effective. Targeted capacity programs are designed to provide a rapid and strategic response to newly emerging substance abuse trends demonstrated by epidemiological data; to address serious and persistent gaps in local service capacity; and to address prevention and treatment issues particular to certain populations or geographic areas. The Committee intends that these programs work in a coordinated fashion with the block grants to the States to meet the highest priority service needs within the States.

The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and native Hawaiians communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds to fund projects to increase knowledge about effective ways to deliver services to rural and native communities. Within the funds reserved for rural pro-

grams, the Committee intends that $8,000,000 be reserved for CSAP grants, and $12,000,000 be reserved for CSAT grants.

The Committee notes that Alaska has the highest rate of alcohol dependency in the nation, the highest rate of suicide, and the highest rate of child abuse, especially in Native communities in Alaska. The Committee urges the agency to work with the Alaska Federation of Natives in consultation with the State of Alaska to identify the most effective service delivery practices and develop model programs for implementation in the Alaska Native community.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2000	$631,424,000
Budget estimate, 2001	731,424,000
Committee recommendation	662,424,000

The Committee recommends $662,424,000 for mental health services, an increase of $31,000,000 over last year's level. Included in this amount is funding for mental health knowledge, development, and application demonstrations, the mental health performance partnership block grant to the States, children's mental health, programs to assist homeless persons with mental illnesses, and protection and advocacy services for individuals with mental illnesses. The Committee has included funding for mental health counselors for school-age children, as part of an effort to reduce school violence. The Committee intends that $90,000,000 be used for counseling services for school-age youth.

Mental health knowledge development and application

The Committee recommends $146,875,000 for the mental health, knowledge, development, and application program [KDA], $10,000,000 more than the fiscal year 2000 amount and $20,000,000 below the administration's request. The following programs are included in the mental health center KDA: homeless and AIDS demonstrations; training and AIDS training programs and community action grant program.

The Committee has included additional funds to continue and expand mental health services for schoolchildren that are at risk of exhibiting violent behavior. Last year, after the tragic shootings at a number of schools across the nation, the Congress provided funds to begin to address the problem of youth violence. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and is therefore providing additional funds to help schools in that cause. It is again expected that SAMHSA will collaborate with the Department of Education to continue a coordinated approach.

The Committee is pleased with the successful collaboration between the Center for Mental Health Services and the Bureau of Health Professions in HRSA to fund interdisciplinary health professions training projects, including training of behavioral and mental health professionals, for practice in managed care/primary care settings and urges that this joint effort be continued. The Committee encourages both agencies to develop technical assistance for use in health professions training programs for the purpose of enhancing primary care interdisciplinary models of practice. These efforts

should be focused upon rural native populations that are at-risk for the problems most encountered by these health professionals.

The Committee applauds the interagency partnership to form the Safe Schools/Healthy Students initiative and encourages the Departments of Health and Human Services, Justice, and Education to continue working together to develop empirically-supported programs to prevent youth violence and to intervene with families, schools, and communities where violence has already occurred.

The Committee is aware that Concord Assabet Family and Adolescent Services is committed to finding successful models that meet the special education, vocational training, and mental health needs of youth who are making the transition from institutional living arrangements to independent living. Development of these models is a key means of strengthening our communities by breaking the cycles of violence, poverty, and neglect suffered by many youth with mental disabilities.

The Committee is aware of the successful history of early intervention programs, especially for those programs reaching preschool-aged children. The Committee commends the National Preschool Anger Management Project for its development of the national "What Do You Do with the Mad that You Feel?" program, a 2½ hour workshop that educates teachers, at all levels, on the emotional development of a child's self-control. The workshop trains teachers on ways to support children's growth in basic skills of self-control and ways to intervene and re-direct when children have lost control. The Anger Management Project has facilitated teachers to help children manage their frustration and anger, which ultimately prevents the progression to violent acts. The Committee understands that the National Preschool Anger Management Project plans to disseminate materials nationwide and conduct training programs in communities in Pennsylvania, Illinois, Mississippi, Wisconsin, Ohio, Florida, Iowa, and Massachusetts.

The Committee is aware of the Texas Medication Algorithm Project (T–MAP) and the benefit it has demonstrated in improving the quality of care for individuals who are prescribed psychiatric medications. This disease management program for people with serious mental illness synthesizes scientific and practitioner consensus into a practical guideline for physicians. Since many States have expressed interest in adopting the T–MAP program in their States, the Committee urges the Administration to explore ways to support and facilitate that process, including the establishment of a technical assistance center on mental health best practices that focuses on best practices development, implementation, and evaluation.

The Committee is aware of efforts undertaken by the City of Lynn, Massachusetts to provide intensive counseling, evaluation, and investigation to children and adolescents who set fires, in recognition of the direct link that has been established between firesetting and sexual, physical, and mental abuse. The modest Federal support sought by the city would enable it to expand this collaborative program to the region and develop a model for protecting both children and the communities.

The Committee is concerned that trauma system doctors and nurses are not prepared to help family members of trauma victims cope with the shock of unexpected death or critical injury. The Committee commends the American Trauma Society for designing a training program in response to this need and believes that SAMHSA should work with HRSA and the American Trauma Society to support the implementation of this program.

The Committee understands that many families in rural areas are suffering emotional and psychological distress in the wake of the recent farm crisis. The Committee is aware that the Farm Partners Project plans to provide mental health and stress management outreach programs for farmers in South Central Kentucky. The Committee also supports additional funding for Iowa State University Extension to develop a program that will provide outreach, counseling services, and training to mental health providers in rural areas.

The Committee recognizes the efforts of Chicago's Lakefront SRO, Northwest, and Lake County PADS to conduct a metropolitan-wide demonstration project known as Break the Cycle of Homelessness.

The Committee understands that the Ch'eghutsen program plans to provide comprehensive mental health services for children in the interior of Alaska through a joint project with Tanana Chiefs Conference and Fairbanks Native Association.

The recently released Surgeon General's Report on Mental Health affirmed the need to improve the mental health services available to older adults. The Committee believes that the Center for Mental Health Services should explore ways to enhance older Americans' access to mental health services, including assessing the number of older adults that are served under the mental health block grant and how States may better serve the unique needs of older adults.

The Committee is aware of the California School of Psychology's efforts to initiate a project to demonstrate ways to more effectively provide behavioral and mental health services to the prison population of California.

The Committee believes that CMHS could more closely collaborate with the National Institute of Mental Health in order to maximize the benefits of activities conducted by both agencies. The Committee acknowledges that CMHS and NIMH could work together to identify research priorities, disseminate research findings, and develop tools to help communities use those findings to develop and improve services for adults and children with or at risk of developing mental health problems.

The Committee is pleased that SAMHSA is participating with the Office of the Surgeon General to implement the National Suicide Prevention Strategy. The Committee urges that SAMHSA develop, in cooperation with HRSA, training materials and resources related to depression and anxiety assessment and intervention for distribution and use by the State partners of CMHS and CSAT.

The Committee recognizes the crucial role that the Minority Fellowship Program plays in training mental health professionals to provide services to individuals who would otherwise go untreated.

The Committee encourages SAMHSA to increase its effort in this area.

The Committee understands that prevention and early intervention can reduce the need for more intensive services in certain individuals. For this reason, the Committee believes that CMHS could develop and implement empirically-based models for mental health prevention. Prevention and early intervention services could be carried out in collaboration with the Administration for Children and Families.

The Committee is aware of a proposal by the Life Quest Community Mental Health Center to develop a program of treatment for co-occurring disorders for severely and persistently mentally ill, severely emotionally disturbed adults and children in the Mat-Su Valley region of Alaska. The Center, which serves a population of over 56,000, seeks to meet the currently unaddressed need to provide a comprehensive range of treatment for the increasing number of patients presenting with co-occurring disorders including chemical and substance abuse, severe depression and severe mental illness.

The Committee understands that Alaska Native children commit suicide at the highest rate in the nation and suffer disproportionately from behavioral and mental disorders, some caused by fetal alcohol syndrome. The Committee recommends that the agency work with the Alaska Federation of Natives, in consultation with the State of Alaska, to develop integrated systems of community care for these disorders.

The Committee notes that Anchorage, Alaska has a number of individuals, particularly Alaska Natives, suffering from severe mental illness and substance abuse disorders who are also homeless. The Committee encourages the agency to work with the State of Alaska and the Alaska Federation of Natives to develop a plan for outreach, screening and diagnostic treatment services, rehabilitation, mental health services, alcohol or drug treatment, training and case management.

Clinical and AIDS training

The Committee is aware of the need for more trained health providers, including allied health professionals and social workers, to work with people suffering from HIV/AIDS. To the extent that funds are available, the Committee encourages SAMHSA to continue funding existing grants and contracts approved by SAMHSA under the current AIDS Training Program.

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 crucial role that the Minority Fellowship Program plays in training mental health professionals in providing mental health services for individuals who often fail to seek services.

AIDS demonstrations

This program provides grants to public and nonprofit private organizations to provide innovative mental health services to individuals who are experiencing severe psychological distress and other psychological sequelae as a result of infection with HIV. One coordinating center is supported to independently evaluate the quality and effectiveness of these services. The Committee commends the Center for Mental Health Services for its commitment in disseminating knowledge gained from these demonstration projects. The Committee urges the center to maintain its support for projects that provide direct mental health services while at the same time using the findings from previous projects to develop new knowledge in this area. The Committee again commends CMHS for its leadership in working cooperatively in demonstrating the efficacy of delivering mental health services to individuals affected by and living with HIV/AIDS. The Committee encourages the Secretary to maintain these agencies' support for this program.

Mental health block grant

The Committee recommends $366,000,000 for the mental health block grant, $10,000,000 more than the fiscal year 2000 amount and $50,000,000 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.

Children's mental health

The Committee recommends $86,763,000 for the Children's Mental Health Program, $4,000,000 above the fiscal year 2000 level and the same as the administration's request. 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.

Projects for assistance in transition from homelessness [PATH]

The Committee recommends $36,883,000 for the PATH Program, $6,000,000 more than the fiscal year 2000 amount and $1,000,000 above the administration's request.

PATH is a critical program which provides outreach, mental health, and case management services and other assistance to persons who are homeless and have serious mental illnesses. The PATH Program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

Protection and advocacy

The Committee recommends $25,903,000 for protection and advocacy, $1,000,000 more than the fiscal year 2000 amount and the same as the administration's request. 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.

The Committee is aware that patients with mental illnesses have died or received life-threatening injuries in treatment facilities because of improper restraints and seclusion. The Committee has provided resources for protection and advocacy so that these deaths can be investigated and future incidences can be prevented.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2000	$1,814,566,000
Budget estimate, 2001	1,889,420,000
Committee recommendation	1,880,566,000

The Committee recommends $1,880,566,000 for substance abuse treatment programs, an increase of $66,000,000 over last year's funding, $8,854,000 below the budget request. This amount funds substance abuse treatment knowledge, development, and application demonstrations, targeted capacity expansion, and the substance abuse block grant to the States.

Substance abuse treatment knowledge development and application and targeted capacity expansion

The Committee recommends $249,566,000 for the substance abuse treatment knowledge, development, and application program [KDA] and the targeted capacity expansion program [TCE]. This amount is $8,854,000 below the administration's request and $35,000,000 above the comparable fiscal year 2000 amount.

The Committee reiterates its concern about the disproportionate impact of substance abuse in rural and native communities, and has included $12,000,000 for native and rural CSAT programs. The Committee again raises concern about the severe shortage of substance abuse treatment services in the State of Alaska for Native Alaskans, the pressing need to continue support of Alaska programs, and the need to develop knowledge about effective techniques for treating substance abuse in native populations. The Committee, therefore, expects that the increase provided will be reasonably allocated between existing programs and initiating new programs, especially in Alaska.

The Committee remains concerned that substance abuse among the nation's homeless population remains a serious problem that receives limited attention. Existing addiction services are not adequately reaching the homeless population and are not adequately addressing their unique needs and life circumstances.

Of the funds provided for the Center for Substance Abuse Treatment Targeted Capacity Expansion program, the Committee recommends that the Department direct additional resources to entities that develop or expand addiction services specifically for homeless persons. The Committee expects the Department to distribute

these funds to local public or nonprofit organizations through a competitive process. The Department should require applicants for the homeless funds to demonstrate integration with primary care and mental health services and linkages with housing, employment, and social services as a condition of the award. Establishment of a homeless TCE program should not restrict entities planning to serve homeless persons from also competing for funding through the general TCE program.

The Committee is aware that Allegheny County, Pennsylvania is undertaking a treatment protocol known as the Supportive Recovery Environment (SRE) for underserved populations, including women with children known to the child welfare system, incarcerated inmates, adolescents for whom traditional treatment services have been ineffective, and individuals with co-occurring disorders.

The Committee recognizes the success of the Fairbanks Native Association's LifeGivers residential treatment program in helping pregnant women with substance abuse problems, and their children. The Committee notes that additional funding for this important activity will allow more women to conquer their substance abuse problems.

The Committee understands that Mountain View in Huntington, Vermont is the only residential treatment center for adolescents in the State.

The Committee reiterates its support of the Southcentral Foundation in Anchorage and Norton Sound Health Corporation in Nome for providing substance abuse treatment programs for Native American adolescents.

The Committee continues to be supportive of the 5-point State of Alaska plan of action to prevent fetal alcohol syndrome and other alcohol-related birth defects and to improve the State's system of care for those individuals and their families already affected by prenatal exposure to alcohol. Alaska has one of the highest rates of Fetal Alcohol Syndrome in the nation. This demonstration program will provide Alaska with a clear understanding of the prevalence of FAS, data on the effects of the State's prevention efforts, and clear direction on how to improve prevention and treatment services.

The Committee is aware of the serious problem of drug use among the Nation's youth, noting that perhaps only 20 percent of youths who require drug treatment actually receive it. The Committee supports the funding of grants for national drug prevention and treatment for youths, as well as training for providers who work with this population.

The Committee understands that methamphetamine abuse continues to be a major problem in many areas of the country, in particular, the South and the Midwest. The State of Iowa is experiencing a particularly high incidence of methamphetamine abuse. The Committee continues to support prevention and treatment demonstration projects in Iowa and other parts of the Midwest. School-based prevention demonstration projects would teach the dangers of methamphetamine abuse and addiction, using methods that are effective and evidence-based and include initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools. Treatment demonstrations would

carry out planning, establishing, or administering evidence-based methamphetamine treatment programs that are designed to assist individuals to quit their use of methamphetamine and remain drug-free.

The Committee continues to be concerned with the serious problem of inhalant abuse in Alaska, especially among children and teenagers. With approximately 1 in 4 Alaska children having used inhalants, it is clearly a critical and widespread problem. The Committee is aware that the Yukon-Kuskokwim Health Corporation is establishing a facility in Bethel, Alaska to treat individuals with inhalant addiction.

The Committee is aware of Hope Center in Lexington, Kentucky, which has a history of providing quality substance abuse treatment programs to homeless men. Hope Center is developing a similar initiative targeted at providing rehabilitation services for homeless women. The Committee recognizes that with funding from the Department, the Center will be able to provide services to more individuals. to provide funding for this initiative."

The Committee commends SAMHSA for funding the Fetal Alcohol Syndrome Regional Consortium in South Dakota, North Dakota, Minnesota, and Montana. The Committee supports continued funding for this important program that is helping children and families affected by alcohol-related birth defects.

The Committee applauds the work of the City of San Francisco's model "Treatment on Demand" program, which includes substance abuse and mental health services for homeless persons.

The Committee applauds the work of Center Point, Inc., a private non-profit corporation that provides low cost comprehensive drug and alcohol services to high risk families and individuals in the San Francisco Bay area.

The Committee is supportive of the Ai Ki Ruti center on the Winnebago Reservation in providing innovative substance abuse treatment services.

The Committee is aware that the Pine Ridge Indian Reservation in the southwestern corner of South Dakota has a high incidence of alcohol addiction and that additional funds would allow the center to pursue innovative treatment alternatives.

The Committee acknowledges the efforts of the Allegheny County Drug and Alcohol Rehabilitation Program in providing innovative drug and alcohol treatment services to patients in need.

The Committee understands that Baltimore is employing innovative techniques to enhance drug treatment services in the city. Additional funds would allow the city to increase the number of outpatients it can serve by providing more counselors, extending treatment center hours, and expanding program services.

The Committee applauds the work of Friendship House in Kansas City, Missouri for substance abuse and related service to high-risk women and children. Friendship House is establishing a model program to address what has become a severe and obvious need: treating the substance-abusing family with a specific focus on children.

The Committee understands that the Cook Inlet Council on Alcohol and Drug Abuse is providing coordinated treatment services to meet the needs of an underserved group of women and their chil-

dren who are in the custody of the State of Alaska and women affected by domestic violence in the Kenai Peninsula area of Alaska and recognizes that funding from the Department would help more women and children become drug and alcohol free.

The Committee understands that the Navajo-Farmington Alcohol Crisis Response program is using innovative means to provide much-needed comprehensive substance abuse treatment services.

The National Household Survey on Drug Abuse (NHSDA) is a basic survey providing information on the prevalence and incidence of substance abuse and the number of persons who have received treatment. This survey is being expanded to provide information that will assist State and local agencies with responsibility for providing substance abuse treatment and prevention services. Last year, NHSDA was expanded to include a more comprehensive set of data on tobacco product use, including information on user brands. The Committee is pleased with the progress made by SAMHSA in gathering data to identify emerging substance abuse problems, including tobacco, and expanding the survey size. This will enable state-by-state comparisons and the tracking of trends within a State. The Committee also recognizes the work SAMHSA has done to apply the newest technologies to data gathering.

Substance abuse block grant

The Committee recommends $1,631,000,000 for the substance abuse block grant, $31,000,000 more than the comparable fiscal year 2000 level and the same as the administration'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.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2000	$146,824,000
Budget estimate, 2001	142,229,000
Committee recommendation	127,824,000

The Committee recommends $127,824,000 for programs to prevent substance abuse, an increase of $19,000,000 below last year's level and $14,405,000 less than the budget request. This amount funds substance abuse prevention knowledge, development, and application demonstrations, targeted capacity expansion, and grants for youths at risk of substance abuse.

Substance abuse prevention, knowledge, development, and application and targeted capacity expansion

The Committee has provided $120,824,000 for the substance abuse prevention, knowledge, development, and application program [KDA] and the targeted capacity expansion program [TCE], $19,000,000 less than the fiscal year 2000 amount and $14,405,000 less than the administration's request.

The Committee has included $7,000,000 for the purpose of making grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high risk youth, as authorized by section 517 of the Public Health Service

Act as amended. The Committee is highly concerned about the extent of substance abuse among high risk youth. This population is vulnerable to initiating criminal activity against people and property, especially following the acute and chronic use of illicit substances and the abuse of alcohol. These grants are intended to strengthen local capabilities in confronting the complex interrelationships between substance and alcohol abuse and other activities that may predispose young individuals toward criminal, self-destructive, or antisocial behavior.

The Committee expects that States receiving funding under the State Incentive Grant Program will give priority in the use of the 20 percent prevention set-aside in the block grant to: (1) working with community coalitions to develop communitywide strategic plans and needs assessments; and (2) filling program and service gaps identified by these community plans.

The Committee reiterates its concern about the disproportionate impact of substance abuse in rural and native communities, and has included $8,000,000 for CSAP programs which serve rural communities. The Committee intends this increase to be reasonably allocated between expanding existing programs and initiating new programs, especially in Alaska.

The Committee believes that prevention programs need to start when children are young, and need to continue to allow children to make successful transitions. The Committee has included sufficient funds for evaluations of established school-based early prevention and transition programs and continues to be supportive of the efforts of the Corporate Alliance for Drug Education [CADE] which has been operating a program providing education and prevention services to 120,000 elementary school-aged children in Philadelphia.

Within the funds available, the Committee urges CSAP to continue the national effort to provide alcohol and substance abuse prevention and education to children of native Americans with alcoholism.

The Committee acknowledges the innovative Drug Free Families initiative at the University of Missouri-St. Louis in providing a comprehensive school-based health and drug abuse prevention program that involves parents and targets middle and high school students.

The Committee encourages CSAP to continue support for alcohol and substance abuse prevention and education targeting Native American children of alcoholics through the National Association for Native American Children of Alcoholics headquartered in Washington State. The rates for alcohol-related deaths among American Indians is seven times the rate for the general population. Efforts to prevent the multigenerational effects of alcohol and substance abuse in Indian communities should continue.

PROGRAM MANAGEMENT

The Committee recommends $59,943,000 for program management activities of the agency, the same as the President's request and $889,000 more than the 2000 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.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2000	$198,799,000
Budget estimate, 2001	249,943,000
Committee recommendation	269,943,000

The Committee recommends $269,943,000 for the Agency for Healthcare Research and Quality [AHRQ]. The Committee provides these funds through transfers available under section 241 of the Public Health Service Act.

The Agency for Healthcare Research and Quality was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHRQ is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHRQ provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and toreduce the costs of health care.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides $226,593,000 for research on health costs, quality and outcomes [HCQO]. HCQO research activity is focused upon improving clinical practice, improving the health care system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

MEDICAL ERRORS REDUCTION

The Committee has held hearings to explore the factors leading to medical errors which, according to the Institute of Medicine, are responsible for as many as 98,000 deaths each year. This ranks medical errors as the fifth leading cause of death. Aside from the enormous personal cost, medical errors have a substantial economic cost, with estimates ranging as high as $29,000,000,000 annually. The Committee is troubled by these statistics and directs AHRQ to devote $50,000,000 to determining ways to reduce medical errors. Funds should be used to develop guideline on the collection of uniform data related to patient safety, to establish a competitive demonstration program for health care facilities and organizations to test best practices for reducing errors, and to determine ways to improve provider training in order to reduce errors.

State reporting

The Committee instructs AHRQ to support the development of guidance on the collection of uniform data related to patient safety. The guidance should address issues surrounding how providers may report, and how States may collect data. The guidance should also address issues surrounding how States may collect, analyze, and disseminate such data, including guidance to States on appropriate confidentiality rules. In developing this guidance, the Com-

mittee urges AHRQ to consult with interested non-government parties, including patients, consumers and health care provider groups. The Committee requests ARHQ to report to Congress on this guidance no later than December 31, 2000.

Health system demos

The Committee encourages the Director to establish a competitive demonstration program for health care facilities and organizations in geographically diverse locations, including rural and urban areas, to determine the causes of medical errors. These projects should use technology, staff training, and other methods to reduce such errors; develop replicable models that minimize the frequency and severity of medical errors; develop mechanisms that encourage reporting, prompt review, and corrective action with respect to medical errors; and develop methods to minimize any additional paperwork burden on health care professionals. Health systems and providers participating in this demonstration program should utilize all available and appropriate technologies to reduce the probability of future medical errors.

To evaluate the best and most effective methods of error reporting and use of the collected data, the Committee urges the Director to ensure that each of the awarded projects examines any one of three types of error reporting parameters: voluntary reporting to the Director by participating health care providers of any adverse or sentinel events, health care-related errors, or medication-related errors; required reporting to the Director by participating health care providers of any adverse or sentinel events, health care-related errors, or medication-related errors; and required reporting to the Director and to the affected patient or family member by participating health care providers of any adverse or sentinel events, health care-related errors, or medication-related errors.

The Committee believes that the Director must ensure that information reported within this demonstration program remains confidential, and is used only for the purpose of evaluating the ability to reduce errors in the delivery of care.

The Committee further suggests that the Director encourage, as part of the demonstration program, the use of appropriate technologies to reduce medical errors, such as hand-held electronic medication and specimen management systems and prescription pads, training simulators for medical education, bar-coding of prescription drugs, patient bracelets, and automated dispensing of medication in a hospital setting.

The Committee urges the Director to prepare and submit to Congress an interim report concerning the results of this medical error reduction demonstration program within 2 years of the commencement of the projects.

Research and training

The Committee encourages AHRQ to continue its evaluation research on ways to improve provider training in the reduction of medical errors, including the examination of curriculum development, technology training, and continuing medical education.

Centers for Education and Research in Therapeutics.—The Committee notes that the introduction of highly effective drugs to pre-

vent or treat a wide array of diseases and disorders has engendered growing concern about the extent to which drugs and devices are used inappropriately. It has been brought to the Committee's attention that adverse drug reactions comprise the fourth leading cause of death in the United States among hospitalized patients. To address this problem, Congress established the Centers for Education and Research in Therapeutics, which will research and educate the public on the use of approved drugs, the prevention of adverse drug reactions, and the appropriate use and dosage of specific drugs in special populations such as women, children, minorities, and the elderly. The Committee encourages the agency to accelerate its commitment to these centers.

Chronic Fatigue Syndrome.—The Committee is pleased that AHRQ is conducing an evidence-based research report on chronic fatigue syndrome (CFS). The Committee encourages AHRQ to appoint qualified advocates, clinicians and researchers to its CFS advisory committee and to include information from a variety of sources, including peer-reviewed medical literature, clinical practice, patient educational materials, unpublished research, reports at medical conferences, etc. when compiling evidence for its report.

Development of predictive instruments.—The Committee is supportive of work conducted at New England Medical Center to develop clinical instruments that predict medical outcomes based on mathematical models, providing physicians with predictions of the patient's likely diagnosis and likely benefit from expensive, yet potentially life-saving interventions. Clinical trials show that predictive instruments lead to faster recoveries, more cost-effective treatment, and fewer medical errors. One such instrument, already available in 80 percent of American hospitals for cardiac patients without acute ischemia, already saves Medicare $400,000,000 each year. The Committee is aware that the Agency is currently providing support for this effort and believes that additional support will enable New England Medical Center to open a Center for Predictive Instruments Research and begin developing instruments to address cancer chemotherapy for breast cancer and other cancers, neonatal monitoring, serious infections, liver disease, and pulmonary embolus.

Minority Health.—The Committee is aware of the initiative at the University of Miami/Jackson Memorial Medical Center to systematize the development, maintenance, and utilization of medical information to mitigate health disparities in minority populations by linking the diagnosis, care, and therapeutic procedures with patient outcomes to increase the ability to enhance the effectiveness and efficiency of dealing with the complete spectrum of diseases affecting patients cared for at the medical center.

Pharmaceutical Management.—The Committee is aware of efforts by the Center for the Study of Pharmaceutical Marketing and Management to conduct research and analysis on the appropriate, efficient and effective provision of pharmaceutical products and services, the effects of medication and therapeutics on patient quality of life, and the safe use of complex medication regimens. The Committee is also aware of the Center's commitment to educate and train future researchers and practitioners in these areas on both the graduate and undergraduate level. Furthermore, the Com-

mittee recognizes the work of the Center for its research and education efforts in rural and minority populations in Mississippi. The Committee believes that AHRQ could partner with the Center for the Study of Pharmaceutical Marketing and Management in its research on the safe and appropriate therapeutic use of drugs.

Pharmaceutical Pricing.—The Committee recognizes the high prevalence of chronic diseases such as diabetes, asthma, hyperlipidemia, and cardiovascular disease in rural areas. The management and control of these chronic diseases through medication and lifestyle alteration is essential to controlling overall health expenditures. However, the lack of documented outcome measures of health improvement and cost savings has hindered the progression of disease State management programs into the mainstream of both treatment and reimbursement. The Mississippi Medicaid model produces significant outcome improvements and cost savings in theory and in the limited practice settings allowed in small demonstration projects. The Committee also recognizes the expertise in outcome and economic evaluation of the Center for Pharmaceutical Marketing and Management of the University of Mississippi. The Committee believes that AHRQ could undertake a research project to examine the cost savings and improved clinical outcomes associated with the Mississippi Medicaid disease State management program that would result from the application of this disease management program to a demonstration project in the Medicare population of the Mississippi Delta region.

Rural managed care program.—The Committee encourages the agency to support an additional rural managed care demonstration grant to build upon the achievements of the past five years and for further network development.

Women's health.—The Committee commends the Agency for establishing a portfolio of research projects related to women's health under the Center for Outcomes and Effectiveness Research. Specifically in the area of gynecologic health, the Committee believes AHRQ should consider providing resources for prevention and early diagnosis. For example, the use of ultrasound to detect the cause(s) of abnormal bleeding or the predictors of preterm labor would be excellent areas for enhanced focus.

Vascular Surgery Outcomes Improvement Initiative.—The Committee understands that Dartmouth-Hitchcock Medical Center in New Hampshire plans to conduct a multi-year study of mortality and outcomes of people undergoing major vascular surgery in New Hampshire, Vermont, and Maine. While mortality rates associated with this disease are higher than coronary bypass surgery, there has been little research on the outcomes of this surgery.

Vision Rehabilitation.—More than 10 million Americans suffer from macular degeneration, the leading cause of age-related vision loss in the United States. The Committee urges AHRQ to conduct research into models of care provided by vision rehabilitation professionals, the cost effectiveness of this care, and the impact it has on the quality of life for those with low vision impairments.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides $40,850,000 for health insurance and medical expenditures panel surveys [MEPS], which is the same as

the administration request and $4,850,000 above the fiscal year 2000 level. Within this category of activity, the Administration proposes to include activities previously designated as research on health insurance and expenditure surveys. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings estimates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

Program support

The Committee recommends $2,500,000 for program support. This amount is the same as the administration request and is $16,000 more than the fiscal year 2000 level. This activity supports the overall management of the Agency.

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

Appropriations, 2000	$86,087,393,000
Budget estimate, 2001	93,586,251,000
Committee recommendation	93,586,251,000

The Committee recommends $93,586,251,000 for grants to States for Medicaid. This amount is $7,498,858,000 more than the fiscal year 2000 appropriation and the same as the administration's request. This amount excludes $30,589,003,000 in fiscal year 2000 advance appropriations for fiscal year 2001. In addition, $36,207,551,000 is provided for the first quarter of fiscal year 2002, as requested by the administration.

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 90 percent, is based upon the State's average per capita income relative to the national average.

The Committee is pleased with HCFA's proposal to provide demonstration grants to States to test innovative asthma disease management techniques for children enrolled in Medicaid.

The Committee understands that HCFA has revised its Medicaid screening and reimbursement policy for childhood lead poisoning testing. The Committee urges HCFA to monitor the impact of these policy changes and to take every appropriate step to ensure that screening rates among children enrolled in Medicaid are substantially increased. Moreover, the Committee continues to encourage HCFA to consider the development of new screening technologies that have the potential to significantly increase screening rate when evaluating its reimbursement policy.

The Committee is pleased with the progress of the Mississippi Medicaid disease State management plan approved by HCFA in 1998 that allows reimbursement of pharmacists working under protocol of physicians to manage patients with certain chronic dis-

eases. The Committee urges HCFA to consider extension of a demonstration project for the Mississippi Medicare population. The Committee expects HCFA to continue to provide demonstration grants to States for the extension of disease State management programs to Medicare demonstration projects, giving priority to States with established Medicaid models.

The Committee is aware of the proposed modification by HCFA in determining the eligibility status for Medicaid of individuals who migrate to Hawaii under the provisions of the Compact of Free Association. The State of Hawaii has no control over its borders. Thus, there remains a clear Federal responsibility for the health of these individuals. Accordingly, HCFA should continue its negotiations with the appropriate State authorities and inform the Committee of its deliberations, prior to making any modifications.

The Committee is aware that HCFA and the State of Arkansas are in consultation on a Medicaid waiver granted in 1999 for the ARKids First program. The Committee directs HCFA to work with the State to resolve all issues related to this waiver and provide the Committee with a status report by June 15, 2000. The Committee will monitor these negotiations and take further action, if necessary, as the bill moves through the appropriations process.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 2000	$69,289,100,000
Budget estimate, 2001	70,381,600,000
Committee recommendation	70,381,600,000

The Committee recommends $70,381,600,000 for Federal payments to the Medicare trust funds. This amount is the same as the administration's request and is an increase of $1,092,500,000 from the fiscal year 2000 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 Committee has provided $69,777,000,000 for the Federal payment to the supplementary medical insurance trust fund. This payment provides matching funds for premiums paid by Medicare part B enrollees. This amount is the same as the administration request, and is $1,087,000,000 more than the fiscal year 2000 amount.

The recommendation also includes $321,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is $28,000,000 less than the 2000 amount.

The Committee also recommends $132,000,000 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 the administration's request and is $11,000,000 more than the fiscal year 2000 appropriation.

The Committee recommendation includes $151,600,000 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 the administration's request and is $22,500,000 less than the fiscal year 2000 level.

PROGRAM MANAGEMENT

Appropriations, 2000	$1,993,334,000
Budget estimate, 2001	2,086,302,000
Committee recommendation	2,018,500,000

The Committee recommends $2,018,500,000 for HCFA program management. This is $25,166,000 more than the fiscal year 2000 enacted level.

Research, demonstrations, and evaluation

The Committee recommends $65,000,000 for research, demonstration, and evaluation activities. This amount is $10,000,000 more than the budget request and $3,214,000 more than the amount provided in fiscal year 2000.

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 for the research and demonstration program will provide for continuation of current activities. Priority areas for HCFA research include access to high-quality health care, health service delivery systems, and provider payment systems.

The Committee has included funds to continue at $3,000,000 the Nursing Home Transition Initiative, to help states carry out demonstration projects of developing community-based attendant care services that ensure maximum control by consumers to select and control their attendant care services.

The Committee is supportive of the Real Choice Systems Change Initiative to fund demonstration projects that test the most efficient and effective ways to develop and enhance comprehensive statewide systems of long term services and supports, including community-based attendant care, that provide real consumer choice consistent with the principle that service and supports should be provided in the most integrated setting. These projects build on the demonstration projects included under the Nursing Home Transition Initiatives funded over the past few years.

The Committee encourages the Health Care Financing Administration and HHS to review the demonstration project initiative developed by Carondolet Health Network, which targets the needs for health access and continuity of care for the uninsured in urban and rural communities. This initiative increases the number of community health clinics and mobile health units, outreach services, elder care services, and delivery of health care services in ethnic communities. Carondolet is Southern Arizona's oldest and largest nonprofit provider of health care to the uninsured, and their initiative merits careful consideration.

The Committee encourages HCFA to consider a multi-state pilot initiative developed by the Lourdes Health Network in Pasco, Washington, geared to improving community health access and services among the uninsured and medically disenfranchised.

The Committee continues to be concerned about the extraordinary adverse health status and the limited access to health services of Alaska Natives and others living in Southwestern Alaska, the poorest section of Alaska, and encourages HCFA to continue and expand a demonstration project in Southwestern Alaska with the State of Alaska and the Yukon-Kuskokwim Health Corporation to provide comprehensive managed health services to indigent residents of that area.

The Committee recommends that HCFA study and estimate the total unreimbursed costs that hospitals, localities, and States incur to treat undocumented aliens for medical emergencies.

The Committee encourages HCFA to consider a 2-year demonstration project conducted by the Regional Nursing Center Consortium to determine the potential of nurse-managed health clinics as a safety net model in underserved communities.

The Committee recognizes that abdominal aortic aneurysms are the tenth leading cause of death among men over age 60. The condition is fatal in over 85 percent of patients despite the relatively low level of risk associated with surgical intervention when these aneurysms are detected and appropriately treated prior to rupture. Population-based studies conducted in the United Kingdom have demonstrated a 50 percent reduction in mortality through use of ultrasound screening combined with appropriate surgical intervention. The Committee supports implementation of a multi-center, national assessment to determine the efficacy of ultrasound screening and a multi-institution initiative to study abdominal aortic aneurysm screening and treatment options.

As a follow-up to the Committee's recommendation to HCFA in fiscal year 2000, and in order to determine the effectiveness of the nurse-managed clinic model, the Committee encourages HCFA to conduct a 5-year demonstration project that provides financial support for existing nurse-managed clinics and their utilization of advance practice registered nurses as primary care providers, minimally in Hawaii, Pennsylvania, Delaware, and New Jersey. These clinics operate with limited and short term funding, limited Medicaid and Medicare reimbursement, and yet provide up to 60 percent uncompensated care. Despite limited funding, preliminary data from the Regional Nursing Center Consortium indicates that nurse-managed health clinics have better patient outcomes than conventional primary health care models. To determine the potential of nurse-managed health clinics as a safety net model in underserved communities, the Committee encourages HCFA to consider both operating support and funding for clinical and information management systems to existing nurse-managed clinics to determine client outcomes and the effectiveness of the model.

The Committee encourages HCFA to consider the concept of nurse-run clinics and the utilization of advanced practice nurses as primary care providers in its research and demonstration activities. As Medicare and Medicaid move into the managed care arena, it is important that the most effective health care delivery systems be

identified and utilized. Health promotion and prevention initiatives which are integral functions of nursing will play a significant role in the future of health care of our aging population.

The Committee remains concerned about the extraordinary adverse health status of Native Hawaiians and encourages HCFA to continue its demonstration project at the Waimanalo health center exploring the use of preventive and indigenous health care expertise. The Committee further recommends that Papa Ola Lokahi, the Native Hawaiian health care organization recognized in the Native Hawaiian Health Care Act, participate in this demonstration project.

The Committee remains concerned about the extraordinary adverse health status of Native Hawaiians and encourages the Department to consider a demonstration project on the island of Molokai that would integrate health education and prevention with the delivery of primary health care services. The Committee recommends that the Native Hawaiian Health Care Systems, recognized in the Native Hawaiian Health Care Act, be considered to participate in this demonstration project, along with community health centers whose clientele is primarily Native Hawaiian.

The Committee is aware that heart disease, including congestive heart failure, is the leading cause of death among Americans and results in costly hospitalizations due to a failure to successfully monitor the progression of the disease. The Committee is concerned that minority communities, including African Americans and Hispanic individuals, appear to be at a higher risk for the disease and suffer higher mortality rates than other affected populations. Technological approaches may assist in the monitoring and maintenance of individuals with heart disease, particularly in underserved communities, and can more efficiently utilize scarce healthcare resources. Therefore, the Committee encourages HCFA to consider a demonstration of a technological monitoring system that enables healthcare professionals to review congestive heart failure symptom changes on a daily basis, and to assess such system's ability to improve interaction between elderly African American and Hispanic individuals and their physicians. The Committee encourages full and fair consideration of a joint application from the Mt. Sinai Hospital in Miami, FL, the University of Oklahoma, and the University of Pittsburgh.

The Committee is aware of efforts by the Center for Pharmaceutical Marketing and Management to conduct analysis and provide research on the effective and efficient pricing and marketing of pharmaceutical products through a Medicare drug benefit and encourages HCFA to utilize the expertise of the center in policy making.

The Committee is concerned about the low number of Medicare beneficiaries who are taking advantage of Medicare's coverage of bone density testing. The Committee understands that of the almost 22 million women ages 65 and older that Medicare covers, only an estimated 9 percent have had a bone density test in the last 2 years. Osteoporosis affects 28 million Americans and 90 percent of fractures in women ages 65 and older are osteoporosis-related. The Committee encourages HCFA to develop an educational campaign directed at Medicare beneficiaries that communicates the

risk factors associated with osteoporosis, the importance of screening, and the availability of Medicare coverage for bone density testing. HCFA is encouraged to use creative approaches that effectively reach seniors and work with organizations that have direct links to older Americans.

The Committee is aware that Daniel Freeman Hospital is seeking a Federal partnership to pursue necessary program expansion directed to improving the health status of multi-cultural and medically disenfranchised populations, and insuring their access to insurance enrollment, primary care, and education.

The Committee is aware of the award winning program "Improving Care through the End of Life" of the Franciscan Health West system and encourages HCFA to consider a demonstration project to show the efficacy of and cost savings achieved by such programs for patients and the Medicare program.

The Committee is supportive of efforts by the University of Pittsburgh Medical Center Health System (UPMC–HS) to implement a state-of-the-art Health System-wide project to electronically store and provide all clinical and administrative information in a secure and automated manner. The UPMC–HS automation project will serve as a national model for reducing medical errors; improving medical efficiency; reducing health care costs; and improving access to high quality, cost-effective care for the elderly and the medically underserved.

The Committee understands that the State University System of Florida plans to create a statewide network of community-based professional development hubs in high needs neighborhoods to improve access to healthcare services for children.

The Committee is aware that the Kettering Medical Center has a Healthy Hearts 2000 demonstration project that, with additional Federal funding, will focus on the effectiveness of three levels of prevention: primary (education), secondary (screening, detection and education) and tertiary (treatment, health maintenance and education).

The Committee is aware of an innovative program begun by the non-profit organization We Are Family/The Family Van in Boston, MA, to maintain a periodic presence in low-income urban neighborhoods and provide education on how uninsured low-income families may access medical insurance and medical care.

The Committee is aware that Children's Hospital of Boston seeks to construct a state-of-the-art research facility that will enable it to continue its exemplary record of advancing scientific knowledge through biomedical research and improving outcomes for children stricken with serious illness or injury. Existing research space is used to maximum density and productivity. Additional facilities are needed to translate new biomedical insights learned daily through basic research into new treatments for cancer, neurological diseases, spinal cord injuries, and organ failure in the youngest patients, as well as for adults.

The Committee is supportive of a study to estimate the total unreimbursed costs that hospitals, localities, and States incur to treat undocumented aliens for medical emergencies. Hospitals, States, and localities are increasingly financially burdened by the costs as-

sociated with providing undocumented aliens emergency medical care.

The Committee also understands that Carondolet Health Network plans to initiate a project which targets the need for health access and continuity of care for the uninsured in urban and rural communities.

The Committee is aware of research being conducted by the Appalachian Center for Low Vision Rehabilitation which is aimed at testing interventions and improving the quality of life for individuals with low vision, with a particular focus on the elderly and children.

The Committee encourages HCFA to consider creating a statewide network of community-based early learning and professional development hubs located in high needs neighborhoods to improve access to early childhood physical and mental health services and professional development opportunities for childcare professionals.

The Committee is aware that the Kansas University Human Imaging Institute is planning to utilize innovative technology to detect abnormal electrical activity in deep brain regions invisible to electroencephalography.

The Committee remains strongly supportive of HCFA's telemedicine demonstration projects. Last year the Committee provided additional funds for the administrative and evaluation costs at these sites in order to ensure that they would be able to continue operating through the full period associated with HCFA's pilot waiver program. Funding is included for these costs in fiscal year 2001. In addition, the Committee is concerned that HCFA has not heeded recommendations to support a broader range of telehealth services. Adequate funding has been provided to fully support the cost of covering all Medicare services in these projects, including store and foward and telehome care services.

The Committee encourages the Health Care Financing Administration (HCFA) in provider education and training and expects HCFA to implement effective and innovative educational programs for physicians. The Committee has received testimony from the American Medical Association (AMA) noting that, while it has had positive discussions with HCFA regarding physician education, the current education efforts present overly general directions that fail to aid individual physicians in learning specific Medicare coding and billing requirements. The Committee expects HCFA to work with the AMA and the appropriate medical State societies and national medical specialty societies to educate physicians about a billing problem and to help them understand how to address it in the future. The Committee also intends that HCFA implement education efforts for individual physicians when the carrier identifies that a physician has a billing problem.

Medicare contractors

The Committee recommends $1,244,000,000 for Medicare contractors, which is $57,287,000 less than the administration's request and the same as the comparable fiscal year 2000 appropriation. This recommendation does not include user fees proposed by the administration, to charge Medicare providers for processing paper claims and duplicate or unprocessable claims. In addition,

$680,000,000 is available for the Medicare Integrity Program within the mandatory budget, an increase of $50,000,000 over the fiscal 2000 level.

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.

The Committee agrees that contracts with States for health advisory services programs for Medicare beneficiaries is an allowable activity under the Medicare contractor beneficiary services budget, and recommends maintaining funding for this activity in fiscal year 2001. These contracts would provide assistance, counseling, and information activities relating to Medicare matters as well as Medicare supplemental policies, long-term care insurance, and other health insurance benefit information.

State survey and certification

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.

The Committee recommends $219,674,000 for Medicare State survey and certification activities, an increase of $15,000,000 over the fiscal year 2000 level.

Federal administration

The Committee recommends $489,826,000 for Federal administrative costs. This is $6,952,000 more than the fiscal year 2000 enacted level, but $6,042,000 less then the administration's request.

The Committee encourages the Administrator to make information available to beneficiaries about their roles in reducing medical errors, including educating beneficiaries about the benefit of providing information to health care providers concerning pre-existing conditions and medications. The Committee suggests that the Administrator utilize written publications, the Medicare toll-free hotline, and the Agency's website in disseminating this information.

The Committee has given significant attention to the Health Care Financing Administration's (HCFA's) efforts to achieve improvements in the quality of care in federally certified nursing homes via the Nursing Home Initiative (NHI). The Committee appreciates the continued commitment the agency has demonstrated over the past 2 years to this endeavor.

The Committee believes the goal of the NHI is measurable improvements in the quality of care of the nation's nursing homes, therefore, the Committee asked HCFA to track measurable indicators of quality of care and to report to the Committee in July 2000 on the outcome of that study.

The Committee looks forward to seeing these efforts continue and to seeing measurable improvements to the quality of care in nursing homes since the NHI was implemented. Currently, 1.6 million individuals reside in nursing homes; in just 40 years, that number will jump to 5.5 million as the baby boomers age. The problems

that have been identified in nursing homes in a number of recent GAO reports and other studies must be corrected, not only for the millions now residing in nursing homes, but for those who want to look forward to their later life with hope, not fear.

The Committee seeks continued assurance that HCFA shares the goal of improving the quality of care in the nation's nursing homes and that this is the ultimate goal of the NHI. To that end, the Committee requests that the Secretary report no later than July 15, 2001 to this Committee and appropriate committees of Congress on improvements in the quality of care in nursing homes throughout the nation.

The Committee remains concerned over HCFA's continuing failure to articulate clear guidelines and to set expeditious timetables for consideration of new technologies, procedures and products for Medicare coverage. Two particularly troubling examples are HCFA's lengthy delays and failure to articulate clear standards regarding Medicare coverage of position emission tomography (PET) and lung volume reduction surgery (LVRS). The effect of these delays in instituting Medicare coverage is to continue to deny the benefits of these technologies and procedures to Medicare patients. The Committee also remains concerned that HCFA appears to be requiring some new technologies to repeat clinical trials and testing already successfully completed by the new technologies in the process of gaining FDA approval or in NIH clinic trials and which serve as signals to private insurers to cover new technologies. The Committee is also concerned that HCFA appears to be requiring substantially different levels of evidence to approve various new products for Medicare coverage, requiring, for example, very little documentation for approval of MRA (magnetic resonance angiography), while at the same time continuing to demand voluminous amounts of data to make a coverage decision on PET. The Committee remains concerned that the recently created 120-person technical advisory committee to review new technologies may be further delaying coverage decisions and creating unnecessary costs for the Medicare program. Because of the possible duplication of efforts among HHS agencies and related unnecessary costs to the Medicare program and the Department, the Committee again encourages the Secretary to take a leadership role in resolving this matter expeditiously.

In the Balanced Budget Act of 1997, Congress urged the Secretary to provide GME reimbursements for clinical psychological programs. Last year, Congress again urged HCFA to implement this change as soon as possible. To date, HCFA has not issued the necessary rule. The Committee expects the agency to release the rule immediately.

The Committee has been informed that HCFA is not responsive to the congressional mandate to base malpractice RVUs on the resources required to serve Medicare beneficiaries. The Committee is concerned that HCFA's proposal will threaten women Medicare beneficiaries' access to medically necessary care. HCFA's methodology appears to treat obstetrics and gynecology as two separate medical specialties by using separate malpractice premium date for obstetric services and gynecology services. The Committee urges HCFA to consider altering it methodology for determining resource-

based malpractice RVUs by using malpractice premium data for the single specialty of ob-gyn.

The Committee is aware of the progress made in translating selected HCFA material into Chinese and disseminating to selected communities, and encourages the agency expand these efforts by broadening dissemination to a national basis and including additional Asian and Pacific languages. The Committee further encourages the agency to continue its collaboration with national aging organizations with proven experience in serving minority elders.

The Committee encourages HCFA to consider creating an interim two-digit specialty code recognizing maternal-fetal medicine. The Committee has been advised that creating this interim specialty code is important to ensure that pregnant women receive risk-appropriate care.

The Committee urges HCFA to ensure that all health professions are recognized in the allocations for Graduate Medical Education.

The Committee understands there have been recent changes in the Medicare policy on critical care physician work values. The Committee is aware that historically HCFA has convened Multi-Specialty Refinement Panels to make recommendations on issues regarding CPT work values impacting the physician community, and encourages HCFA to consider convening such a panel.

The Committee is pleased with recent improvements in the rate of mispayments by the Medicare program. Additional resources and efforts have begun to make a difference. However, the Committee remains very concerned with the amount of money that continues to be lost to fraud, waste and abuse in the Medicare program. The Committee has held many hearings and taken other corrective actions over a 10-year period to expose and reduce these losses. The Balanced Budget Act contains a number of important reforms derived from Committee hearings. The Committee urges HCFA to promptly utilize these new authorities for competitive bidding and improved beneficiary information so that savings to Medicare will accrue as quickly as possible.

There is strong evidence, through reports by the General Accounting Office, the Department and others that Medicare is significantly overpaying for many medical supplies. Therefore, the Committee strongly urges prompt use of the Secretary's enhanced inherent reasonableness authority on a national basis.

The Committee is aware that HCFA completed tests of commercial off-the-shelf computer software designed to reduce Medicare mispayments and found that significant savings could be achieved by employing edits from the tested software. The Committee urges HCFA to undertake testing of other similar commercial software and to incorporate those edits found to achieve savings within current Medicare regulations and without harming quality of care.

The Committee is pleased that HCFA has moved ahead to establish program integrity contracts. These contractors have significant potential to reduce losses to the Medicare program. The Committee encourages HCFA to fully utilize these contractors and to explore the use of companies to recover mispayments that have significant experience providing this service to major commercial insurers and major employers.

The Committee believes that compliance with Medicare reimbursement policies would be enhanced by an expansion of provider education. Such an expansion would also aid health professionals who often feel overwhelmed by the volume and complexity of Medicare requirements. Therefore, the Committee urges that a portion of the increase in MIP funds be used to expand provider education and assistance.

It has come to the Committee's attention that during post-payment review of certain chiropractic claims, there have been misunderstandings between the profession and HCFA carriers regarding reimbursable services. The Committee understands that HCFA considers the management of chronic symptoms to constitute maintenance therapy. However, according to standard chiropractic professional guidelines, there is substantial difference between treatment to address an acute exacerbation of a chronic condition and maintenance therapy. The Committee therefore urges HCFA to clarify its definition of maintenance therapy to exclude the treatment for the exacerbations of a chronic condition.

Medicare+Choice

Due to a change in the authorizing language for the Medicare+Choice user fee, the Committee no longer establishes the amount of Medicare+Choice user fees HCFA may collect in a given year. Section 522 of the Balanced Budget Refinement Act (Public Law 106–479) amended section 1857(e)(2) of the Social Security Act so that the amount of Medicare+Choice user fees HCFA may collect in a fiscal year is base on a formula in the statute and "any amounts collected shall be available without further appropriation to the Secretary."

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2000	$2,584,800,000
Budget estimate, 2001	2,888,800,000
Committee recommendation	2,888,800,000

The Committee recommends that $2,888,800,000 be made available in fiscal year 2001 for payments to States for child support enforcement and family support programs, the same as the administration request. These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. The Committee does not agree with the President's recommendation to change the match rate for paternity testing or to repeal the provision in statute that holds the States harmless from receiving less than the fiscal year 1995 State share of collections.

The Committee recommendation also provides $1,000,000,000 in advance funding for the first quarter of fiscal year 2001 for the child support enforcement program. These funds support efforts to locate noncustodial parents, determine paternity when necessary, and establish and enforce orders of support.

The Committee recognizes that, because of continued uncertainty regarding the actual native populations within each State, the

funding amounts provided to tribal governments for administering TANF may be inadequate.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2000	$1,100,000,000
Budget estimate, 2001	1,100,000,000
Committee recommendation	1,100,000,000

The Committee recommendation maintains funding for LIHEAP at $1,100,000,000, the same as the fiscal year 2000 appropriation, and the same as the budget request. The Committee has not included an advance for fiscal year 2002.

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 for the total funding amount for LIHEAP includes an emergency allocation of up to $300,000,000 to be made available, only upon submission of a formal request designating the need for the funds as an emergency, as defined by the Balanced Budget and Emergency Deficit Control Act. This is the same level as the emergency allocation available in fiscal year 2000.

The Committee intends that up to $27,500,000 of the amounts appropriated for LIHEAP for fiscal year 2001 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.

Total funding for fiscal year 2002 will be included as part of the fiscal year 2002 bill.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2000	$425,891,000
Budget estimate, 2001	432,569,000
Committee recommendation	425,586,000

The Committee recommends $425,586,000 for refugee and entrant assistance, $305,000 less than the fiscal year 2000 level and $6,983,000 below the budget request.

Based on an estimated refugee admission ceiling of 116,000, this appropriation, together with bill language allowing prior-year funds to be available for 2001 costs, will enable States to continue to provide at least 8 months of cash and medical assistance to refugees and entrants, as well as foster care for refugee and entrant unaccompanied minors.

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 $220,693,000 for transitional and medical assistance, including

State administration and the voluntary agency program; $143,316,000 for social services; $4,835,000 for preventive health; and $49,477,000 for targeted assistance.

Section 412(a)(7) of title IV of the Immigration and Nationality Act authorizes the use of funds appropriated under this account to be used to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of States and other grantees.

The Committee recommends $7,265,000 to treat and assist victims of torture. These funds may also be used to provide training to healthcare providers to enable them to treat the physical and psychological effects of torture. The Committee believes that the Department should use the funds provided for torture victims relief in a way that can provide the greatest impact. One way to do this is to consider funding organizations specifically established to address the rehabilitation and social services needs of these victims.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2000	$1,182,672,000
Budget estimate, 2001	2,000,000,000
Committee recommendation	2,000,000,000

The Committee recommendation provides an additional $817,328,000 for child care services, together with the $1,182,672,000 provided for fiscal year 2001 in last year's bill, raises the funding level for this program to $2,000,000,000 for fiscal year 2001.

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 funds are used to both expand the services provided to individuals who need child care in order to work or attend job training or education and allow States to continue funding the activities previously provided under the consolidated programs.

The bill provides that $19,120,000 of the amount appropriated shall be for the purposes of supporting resource and referral programs and before and afterschool services. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee further expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to address the matters of before and afterschool care and the establishment of resource and referral programs with the funds provided in this program. The Committee recommendation includes $60,000,000 for an infant care quality initiative.

The Committee understands that the National Association of Child Care Resource and Referral Agencies is currently operating Child Care Aware, the national toll-free information hotline, which links families to local child care services and programs. The Committee recognizes that funding from the resource and referral programs would allow the Association to continue to provide this critical assistance to parents returning to the workforce.

The Committee is aware of the shortage of trained early childhood workers in Alaska, denying Alaskan children the opportunity for stimulating and appropriate childcare in the critical early years of zero to six. The Committee notes that the University of Alaska and the State of Alaska are proposing to train early childhood workers from communities throughout Alaska.

The Committee has not included an advance for fiscal year 2002. Total funding for fiscal year 2002 will be included as part of the fiscal year 2002 bill.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2000	$1,775,000,000
Budget estimate, 2001	1,700,000,000
Committee recommendation	600,000,000

The Committee recommends an appropriation of $600,000,000 for the social services block grant. The recommendation is $1,100,000,000 below the budget request and $1,175,000,000 below the 2000 enacted level. The Committee has reduced funding for the block grant because of extremely tight budget constraints. The Committee believes that the States can supplement the block grant amount with funds received through the recent settlements with tobacco companies. The Committee also expects that States will be able to use other funding sources such as TANF to supplement their SSBG grants.

The Committee encourages the Department to provide technical assistance and guidance to those States not maximizing the number of children served under the Child and Adult Care Food Program in their jurisdiction. These States should be encouraged to follow the example of those States that pool a limited amount of Title XX with CCDBG funds to meet the technical requirement of the current law. The Committee also believes the Department could coordinate with the Department of Agriculture where an extensive technical outreach effort is already in place.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2000	$6,828,991,000
Budget estimate, 2001	7,805,717,000
Committee recommendation	7,881,586,000

The Committee recommends an appropriation of $7,881,586,000 for children and families services programs. This is $75,869,000 more than the administration request and $1,052,595,000 more than the fiscal year 2000 appropriation.

This appropriation provides funding for programs for children, youth, and families, the developmentally disabled, and Native Americans, as well as Federal administrative costs.

Head Start

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 $6,267,000,000 for the Head Start Program, an increase of $1,000,000,000 above the 2000 level and the same as the budget request.

The Committee recommendation includes funding for the expansion of the Head Start Program in an amount consistent with the bipartisan balanced budget agreement. The expansion funds shall be used in a manner which is responsive to the needs of each community, as identified in individual needs assessments. In addressing the needs of families returning to work under welfare reform, the Committee expects the Department to focus on full-day, full-year services to children and families in need who are presently enrolled in the program.

The Committee applauds the Department's inclusion of seasonal farmworker children within the Migrant Head Start program. However, the Committee continues to be concerned that funding for Migrant Head Start programs has not kept pace with other elements of Head Start and has kept children of farmworkers from gaining access to Head Start services. On average, 40 to 50 percent of eligible children receive Head Start services. By comparison, only about 10 percent of children of farmworkers who are eligible receive Migrant Head Start services. The Committee has provided the President's request for Head Start, therefore, the Committee believes that Head Start should increase the level of assistance to migrant and seasonal farmworkers by $41,000,000, as included in the President's budget.

The Committee is aware of the unique circumstances rural areas face in designing Early Head Start programs to meet the needs of families. Rural areas experience higher costs per child, either due to the higher cost of transporting infants and children to Early Head Start Centers, or because of higher rents due to the lack of adequate and licensable facilities in rural areas. In selecting new grantees under this program, the Committee believes the Department should give consideration to applicants serving rural areas that meet or exceed all performance criteria but propose a higher cost per child due to these factors.

The Committee is alarmed by the growing disparity among States in Head Start coverage. While 42 percent of eligible children nationwide participate in the program, in States like Alaska only 23 percent are able to participate, only 50 percent of the national average. The Committee has learned that of the approximately $600,000,000 increase for the program provided last year, Alaska received only $350,000 for program expansion. Other States may be similarly situated. The Committee encourages the agency to provide a substantial portion of the increase above fiscal year 2000 funds to expand coverage in States with low participation rates. The Committee expects the agency to report back to the Committee by March 1, 2001 on the results of its efforts and provide a State-by-State breakdown of participation rates to show what progress it is making.

The Committee is aware that, over the past 2 years, approximately $340,000,000 was included in Head Start funding to improve staff salaries and professional development. This has increased both teacher compensation and retention rates among Head Start staff. The Committee expects the Department to con-

tinue to focus quality improvement efforts on improving Head Start teacher compensation such that teacher salaries more equitably reflect educational level and experience.

The Committee is aware of the need to strengthen the qualifications of Head Start teachers. At least 50 percent of teachers in center-based Head Start programs must have an associate, baccalaureate, or advanced degree in early childhood education or a degree in a related field, with experience in teaching preschool children, by September 30, 2003. The Committee expects the Department to focus staff development efforts on increasing the educational level of Head Start teachers in order to meet this goal.

The Committee is aware that the goal of the Head Start program is to ensure the school readiness of children upon completion of the program. The Committee expects the Department of Health and Human Services to continue to promote learning and brain development to accelerate and improve the cognitive development of Head Start children. The Committee expects the Department to monitor Head Start programs to ensure that a majority of children participating in Head Start programs meet the minimum educational performance measures and standards upon completion of the program as outlined in the Head Start Act, as amended in 1998.

The Committee is concerned that the new training requirements for Head Start personnel, including teachers and aides, cannot be met in rural and remote communities, particularly in Native American and Alaska Native communities. The agency is urged to provide the resources necessary for training to meet program requirements. The Committee is also aware that pay in remote locations is extremely low, making retention of qualified teachers and aides extremely difficult. The Committee urges the agency to conduct a pilot project in consultation with the Alaska Federation of Natives to determine whether improving salary and benefits results in higher retention rates.

The Committee is aware of the critical need for Head Start teachers with Associate degrees to meet new Head Start teacher training requirements. This is a difficult requirement for small rural communities in Alaska. The Committee notes that the University of Alaska has developed an innovative program using distance delivery to remote villages in conjunction with on-site mentoring. This will enable local residents to obtain Associate degrees so that they will be qualified to be Head Start teachers in their own villages.

The Committee is aware of the serious need for additional and expanded Head Start facilities in rural areas and among Native American populations. The Committee believes that the Department could help serve these needy communities by providing minor construction funding for facilities in the Southcentral Foundation in the Anchorage area, in Kawerak, and in 8 villages in the Bering Straits area: Brevig Mission, Gambell, Golovin, Koyuk, Nome, Shishmaref, St. Michael, and Teller.

The Committee believes that Head Start funds should be spent to maximize the number of children served. Therefore, Head Start should limit its own operation of vehicles for the transportation of Head Start children, working to increase coordination with publicly-funded transit agencies or other public entities when such

agencies can provide for the safe transportation of Head Start children at a reasonable cost. The Committee is aware of cases where Head Start has purchased buses when local transit authorities have been able to provide that service at a lower cost. In some cases, buses have been sold after being significantly underutilized. The Committee directs Head Start programs to purchase their own vehicles to transport children only when it can be demonstrated that such an approach is safer, more cost effective and more responsive to family needs than alternative approaches, including vehicle leasing and contracting with local transportation providers. The Committee directs that Head Start provide the Committee, on a quarterly basis, with a list of all bus purchases made fiscal years 2001 and 2002.

The Committee has also been concerned to learn that some children are transported in vehicles without child safety seats. The Committee believes Head Start should encourage local providers to equip vehicles with the appropriate child safety seats.

Research shows that a child's brain is wired and his ability to learn and interact successfully in society is determined largely during the first 5 years of life. Long term studies by the Rand Corporation and the General Accounting Office examining data over a 30 year period indicate that for every dollar invested in early childhood learning programs, taxpayers save between $4 and $7 later by reducing the child's need for special education, mental health intervention, drug and alcohol treatment programs, and incarceration and rehabilitation costs.

The Senate is considering bipartisan legislation to establish a block grant program to enable States and local organizations, including faith based institutions, to improve and promote early childhood learning programs. While the Committee has not provided funding for this block grant program, it supports this effort and will consider funding in the future, pending the outcome of this legislation. In recognition of the benefits of early learning programs, the Committee has provided a $1,000,000,000 increase over last year's funding level for the Head Start program.

Runaway and homeless youth

The Committee recommends $46,152,000 for this program, an increase of $2,500,000 above the fiscal year 2000 level and the same as the administration request. The Committee has also provided an additional $14,999,000 from the violent crime reduction program.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. 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. Consolidated within this line item is the transitional living for homeless youth program, which awards grants to public and private nonprofit entities to address the shelter and service needs of homeless youth. Grants are used to de-

velop 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.

The Committee is aware of the progress of the California Child, Youth, and Family Coalition in providing runaway and homeless youth with a safe place to sleep, food and clothing, counseling, educational opportunities, and job training.

Runaway youth—transitional living

The Committee recommends $23,003,000 for the transitional living grant program, an increase of $2,500,000 over last year's level. This program provides grants to local public and private organizations to address shelter and service needs of homeless youth, ages 16–21. The program's goals are to have youth safe at home or in appropriate alternative settings and to help them develop into independent, contributing members of society.

A homeless youth accepted into the program is eligible to receive shelter and services continuously for up to 540 days. The services include counseling; life skills training, such as money management and housekeeping; interpersonal skill building, such as decision-making and priority setting; educational advancement; job preparation attainment; and mental and physical health care.

The Committee recognizes a significant unmet need among transitional living programs for youth after they leave residential care and applaud the successful work of the House of Mercy. The Committee believes that continuing this program will allow more young people to receive the support that they need.

Child abuse prevention programs

The Committee has included $39,054,000 for child abuse and neglect prevention and treatment activities, including $21,026,000 for State grants and $18,028,000 for discretionary activities. This is the same as the fiscal year 2000 level and the administration request. These programs seek to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement. The Committee believes that the agency should fund activities aimed at developing and disseminating research-based models for child abuse prevention.

The Committee believes that there could be a collaborative project among a few Children's Advocacy Centers and the Department, aimed at improving child abuse prevention, identification, assessment and treatment. Children's Advocacy Centers are comprehensive, child-focused programs based in facilities that allow law enforcement, prosecutors, child protective services, and medical and mental health professionals to work together on a collaborative multi-disciplinary team to handle child abuse cases. The Committee understands a collaborative effort would be dedicated to developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs with a specific focus on a multidisciplinary team approach to the investigation and prosecution of

child abuse cases through the use of current and emerging technology, technical assistance and training.

The Committee understands that the Farm Resource Center provides a mechanism of early intervention for rural families suffering from the stress associated with the loss of employment. This early intervention will help prevent child abuse, which is too often a response to stress.

The Committee applauds the efforts of Project Escape at Santa Rosa Memorial Hospital in Santa Rosa, California.

The Committee is aware of studies that have shown an increased incidence of abuse and neglect in families with chronically ill and medically fragile members when no respite is available to family caregivers. The Committee is further aware of indications that there are substantial public savings involved, including avoidance or limitation of hospitalization, when respite care is available to such families. The Committee recognizes that the nationally-recognized Family Friends Project has been working with the Allegheny County, PA Respite Care Coalition to develop a respite care model. Such a demonstration could involve a variety of volunteer and for-profit respite care agencies and would provide a point of access for families requiring respite care, and reduce the cost of care by introducing trained volunteers as caregivers.

The Committee understands that Ohel Family Services, located in Brooklyn, seeks to develop a therapeutic foster care program which would provide specialized services to enable children to be cared for in a family setting in which they would have the opportunity to reach their potential. These services include intensive psychiatric and psychological treatment to both children and biological parents, crisis intervention, frequent treatment conferences, in-home behavior therapy and in-home parenting support.

The Committee is aware of the Center for Research in Early Childhood Development at the University of Louisville's national reputation for conducting interdisciplinary research in diagnosing and treating conditions which hinder the development of infants and preschool children. The Committee believes that additional funds will allow the Center to conduct further research in the early diagnosis of reading disabilities and the role sleep disorders play in children with those disabilities.

The Committee is supportive of the expansion of early childhood services for children in Alaska ages 0–6 and their families. Such services would include parent training and grants to small communities to raise the awareness of child abuse and neglect.

The Committee recognizes that Operation Breakthrough in Kansas City is offering parenting training and counseling to homeless, teenage, and working poor mothers in an effort to help them cope with the daunting challenges of being single parents. The Committee recognizes that such training will provide much-needed crisis management skills.

The Committee recognizes the work of Parents Anonymous, the oldest and largest child abuse prevention organization. Through funding from the Child Abuse Prevention Act, Parents Anonymous works in community-based settings to help at-risk parents develop good coping skills. The Committee notes that continued funding of

Parents Anonymous will strengthen families and their communities in the fight against child abuse.

The Committee is supportive of a resource center to be conducted with the State of Alaska and the Alaska Federation of Natives that would consolidate Federal, State, and local social service programs in order to serve at-risk families.

The Committee is also aware of the efforts of other parent self-help organizations that are working to prevent child abuse. The Committee recognizes that Child Abuse Prevention Act funds would allow these organizations to help more families in crisis.

The Committee applauds the success of the Healthy Families Home Visiting Program in Alaska for its success in preventing child abuse. The Committee understands that Alaska has one of the highest rates of child abuse in the nation, and believes that one of the best methods of preventing child abuse is the one-on-one interaction represented by this program. Expanding on previous efforts, the Committee urges the Department to provide funding to the State of Alaska to work with the Alaska Federation of Natives and Alaska Native regional non-profit organizations to continue and expand the Healthy Families Home Visiting Program in Alaska.

The Committee noted that Alaska has the highest rate of child abuse in the nation, which is often tied to alcohol abuse. The Committee urges the Department to support a proposal by the Alaska Federation of Natives to develop a statewide child abuse prevention and treatment plan to identify, prevent, and treat child abuse and neglect through technical assistance, research, demonstration and service improvement.

Abandoned infants assistance

The Committee concurs with the budget request in recommending an appropriation of $12,207,000 for abandoned infants assistance, the same as the 2000 level 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 care givers; and assisting abandoned infants and children to reside with their natural families or in foster care.

Child welfare

The Committee recommends an appropriation of $291,986,000 for child welfare services, the same as the administration request and the 2000 level. This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home and development of alternative placements like foster care or adoption if children cannot remain at home.

For child welfare training, the Committee recommends $7,000,000, the same as the administration request. 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.

The Committee supports efforts by colleges and universities to enroll American Indian and/or Alaska Natives in masters degree programs in social work. The Committee recognizes the need to provide field practicum placements of masters degree candidates in Indian reservation and rural Indian community settings.

Adoption opportunities

The Committee recommends $27,419,000 for adoption opportunities, the same as the fiscal year 2000 level and the administration request. 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.

The Committee recognizes that, under the Adoption and Safe Families Act, States are required to use all available resources to find homes for children. The Committee is aware that the National Adoption Center operates a multi-state, technology-based adoption clearinghouse to facilitate placement of needy children with adoptive parents.

The Committee understands that the Department plans to implement a national adoption photo listing service on the internet to help increase the number of adoptions. The Committee supports the idea that a national web site could include all youngsters available in public adoptions and will increase the likelihood that children will find loving, stable homes. The National Adoption Center has been at the forefront of developing and implementing technology-based resources to help facilitate adoptions and could be instrumental in creating a national adoption web site.

Adoption incentives

The Committee recommends $41,791,000 for adoption incentives, the same as the budget request. These funds are used to pay States bonuses for increasing their number of adoptions. The purpose of this program is to double the number of children adopted or permanently placed out of public child welfare systems by the year 2002.

Social services research

The Committee recommends $27,491,000 for social services and income maintenance research, $20,991,000 above the administration request. These funds support cutting-edge research and evaluation projects in areas of critical national interest. Research includes determining services that are more cost-effective and alternative ways to increase the economic independence of American families.

Recognizing that TANF assigns significant responsibilities to States for meeting complex information systems and reporting re-

quirements, the Committee 2 years ago urged ACF to help States address those issues. ACF turned to the State information technology consortium to determine best practices for addressing new TANF requirements. As a result, a knowledge base will soon be available that will enable each State to review an array of best practices and determine which best suit their information system needs. The Committee is especially pleased that this knowledge base is built upon the practical experiences of States. Focus should now turn to helping States implement the lessons learned by others. The Committee encourages continuation of this effort at the current level of support.

The Committee understands that Iowa plans to initiate a State-level welfare survey initiative that will allow Iowa State University's College of Family and Consumer Sciences to support the information needs of the State and local welfare policy makers, among others.

The Committee understands that the National Fatherhood Initiative, in collaboration with the Alabama Policy Institute and the National Physician's Center for Family Resources plans to research the social and economic effects of the decline in marriage and determine ways to increase marriage, strengthen and improve the quality of marriage, reduce divorce, and reduce sexual activity at an early age.

The Committee understands that the Institute for Responsible Fatherhood and Family Revitalization plans to conduct an intensive seven-city demonstration involving married couple role models and provision of in-home services for non-custodial fathers and their families.

The Committee recognizes the work of the National Family Policy Assessment Center at Oregon State University.

The Committee remains interested in the University of Hawaii Center on the Family's use of Hawaii's ethnically diverse population to investigate family coping and resiliency in the face of economic distress and changes in social policies. The Committee is particularly interested in the role of family dynamics and its implications for containment of social program costs.

The Committee continues to support a 5-year demonstration, authorized last year, to establish individual development accounts (IDAs). IDAs are savings accounts that encourage low-income families and individuals to acquire productive assets. IDAs use private matching funds to promote economic self-sufficiency by encouraging savings for investments in small businesses, homes, and education.

Community-based resource centers

The Committee recommends $32,835,000 for community-based resource centers. This amount, the same as the administration request, funds a consolidation of the community-based family resource program and the temporary child care and crisis nurseries program. This program is intended to assist States in implementing and enhancing a statewide system of community-based, family-centered, family resource programs, and child abuse and neglect prevention through innovative funding mechanisms and broad collaboration with educational, vocational, rehabilitation, health, mental health, employment and training, child welfare, and other social

services within the State. The temporary child care and crisis nurseries serve thousands of families with children who have a disability or serious illness, and families that are under stress, including families affected by HIV/AIDS, homelessness, violence, family crisis, and drugs and alcohol.

Developmental disabilities

The Committee recommends $127,347,000 for developmental disabilities programs, which is $5,019,000 higher than the request. The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

The Committee has recently learned that persons with developmental disabilities have died or received life-threatening injuries because of improper restraints and seclusion. The Committee has provided additional resources to programs serving the developmentally disabled to help prevent the occurrence of any future incidences.

The Committee understands that Parent to Parent of Vermont in Winooski, Vermont plans to establish a Family Faculty Institute to train primary care physicians in family centered health and to recruit and train respite care providers.

State councils

For State councils, the Committee recommends $65,803,000. 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.

Protection and advocacy grants

For protection and advocacy grants, the Committee recommends $31,000,000. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

Projects of national significance

The Committee recommends $10,244,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

The Committee recognizes the work of the Family Friends program in training senior volunteers to provide respite to families whose members have disabilities. The Committee believes that ad-

ditional funds from the Department will assist in the development of a Family Friends pilot project to provide technical assistance and training in the application of the successful Family Friends volunteer respite care model to the needs of aging parents of adult individuals with developmental disabilities.

The Committee recognizes the efforts of the Special Learning Center in Jefferson City, Missouri in seeking innovative ways to provide a variety of services to children with developmental problems or disabilities.

University-affiliated programs

For university-affiliated programs, the Committee recommends $20,300,000. This program provides operational and administrative support for a national network of 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 budget request in recommending $40,420,000 for Native American programs, $5,000,000 more than the 2000 level. The Administration for Native Americans [ANA] assists Indian tribes and native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee recognizes the efforts of the Inter-Tribal Bison Cooperative in rebuilding bison herds on Indian reservations. The Cooperative's efforts have not only restored a national treasure, but have brought significant economic benefits to participating tribes.

The Committee is supportive of the efforts of Red Star, Inc. to establish a Shawnee language immersion program. The Committee is concerned that fewer than 500 of the 12,000 members of the three Shawnee tribes are fluent speakers of the Shawnee language. The Committee encourages ANA to give serious consideration to this proposal to preserve the endangered Shawnee language through a system of instruction known as total immersion provided to preschool, school-aged and adult members of the three Shawnee tribes.

The Committee applauds the Department for its efforts in capacity building for Cook Inlet Tribal Council and Kawerik, Inc. to assume responsibility for Native foster care (IV–E) services in the Anchorage area. These funds were not taken from ANA's Alaska set-aside. The Committee is supportive of a continuation of these efforts.

The Committee is aware that in Alaska Native villages, disparate programs exist to deal with problems of infants, children, the disabled, the elderly and others, as well as for alcohol and drug use, physical and sexual abuse, and mental health, and that the Alaska Federation of Natives has proposed a program to bring together the resources of all such programs to help Native commu-

nities in Alaska heal themselves and their members on a holistic basis, without social stigma attached to any individual or family.

Community services

The Committee recommends an appropriation of $606,676,000 for the community services programs. This is $12,300,000 above the fiscal year 2000 level and $66,176,000 higher than the administration request.

Within the funds provided, the Committee recommends $550,000,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. The Committee recommendation recognizes the increased demand by the low-income population for services provided by CSBG-funded community action agencies.

The Committee believes that CSBG is a unique tool for addressing the causes and effects of poverty at the local level. The Committee has provided for increases in CSBG appropriations in each of the last 5 fiscal years in support of this mission. However, the Committee is aware of local communities that have not benefitted from this investment. There are a number of local eligible entities that have not received an equitable share of past increases in the block grant. The Committee believes that all eligible entities that are in good standing in the Community Services Block Grant program should receive increases in funding proportionate to the appropriations increase provided for CSBG for fiscal year 2001.

The Committee bill again contains a provision requiring that carryover CSBG funds remain with the local grantee. This is the same language that was contained in the fiscal year 2000 appropriations bill.

The Committee also expects fiscal year 2001 CSBG funding to be allocated to the States in a timely manner. In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2001: rural community facilities, $5,321,000; national youth sports, $15,000,000; community food and nutrition, $6,315,000; and community economic development, $30,040,000. Community economic development grants are made to private, nonprofit community development corporations, which in turn provide technical and financial assistance to business and economic development projects that target job and business opportunities for low income citizens. Of the total provided, the Committee has included $5,500,000 for the Job Creation Demonstration authorized under the Family Support Act to target community development activities to create jobs for people on public assistance. As in the past, the Committee expects that a priority for grants under this program go to experienced community development corporations. The Committee reiterates its expectation that national youth sports funds be awarded competitively.

The Committee has provided funding for Rural Community Facilities Technical Assistance. Most of the drinking water and waste water systems in the country that are not in compliance with federal standards are in communities of 3,000 or fewer. Rural Community Assistance Programs [RCAPs] use these funds to assist a number of communities in gaining access to adequate community facilities, gaining financing for new or improved water and waste water systems and in complying with federal standards.

The Committee is aware of the excellent work of the Community Loan Fund of Southwestern Pennsylvania, Inc. [CLF] in serving low-income communities through loans to nonprofit organizations and small to medium-sized businesses. CLF targets enterprises that are owned or controlled by women, minorities, the unemployed, or the underemployed. The Committee believes that additional funds from the Department will provide more opportunities to serve these disadvantaged groups in struggling neighborhoods.

The Committee continues to support the Job Creation Demonstration program, authorized by the Family Support Act. Approximately 46 nonprofit organizations have been funded under this program since 1990, providing welfare recipients and low income individuals an estimated 4,000 new jobs and allowing them to start 2,000 new micro-businesses. The Committee recognizes that continued and additional funding of the Job Creation Demonstration program would provide opportunities for more low-income individuals.

Violent crime reduction programs

The Committee recommends $134,074,000 for violent crime reduction programs, the same as the fiscal year 2000 appropriation. The Committee notes that an additional $50,225,000 for crime bill activities is provided under the Centers for Disease Control and Prevention.

For the runaway youth prevention program, the Committee recommends $14,999,000, which is the same as the fiscal year 2000 appropriation and the administration request. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for these youths, many of whom have been subjected to or are at risk of being subjected to sexual abuse.

For the national domestic violence hotline, the Committee recommends $2,157,000, which is the same as the administration request. This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence.

The Committee recommends $116,918,000 for the grants for battered women's shelters program, $15,800,000 above the fiscal year 2000 program level. This is a formula grant program to support community-based projects which operate shelters for victims of domestic violence. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children.

Program administration

The Committee recommends $157,131,000 for program administration, $9,223,000 above the fiscal year 2000 appropriation and $7,317,000 below the administration request.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2000	$295,000,000
Budget estimate, 2001	305,000,000
Committee recommendation	305,000,000

The Committee recommends $305,000,000 for fiscal year 2001, the same as the amount requested by the administration and $10,000,000 above the fiscal year 2000 level. 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, 2000	$5,697,300,000
Budget estimate, 2001	6,406,100,000
Committee recommendation	6,406,100,000

The Committee recommends $6,406,100,000 for this account, which is the same as the budget request and $708,800,000 more than the 2000 comparable level. Also included is the administration's request of $1,735,900,000 for an advance appropriation for the first quarter of fiscal year 2002 as requested by the administration. The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs and the nonrecurring costs of adoption for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

ADMINISTRATION ON AGING

Appropriations, 2000	$932,848,000
Budget estimate, 2001	1,083,619,000
Committee recommendation	954,619,000

The Committee recommends an appropriation of $954,619,000 for aging programs, $21,771,000 above the 2000 appropriation and $129,000,000 below the administration request.

Supportive services and senior centers

The Committee recommends an appropriation of $325,082,000 for supportive services and senior centers, $125,000,000 less than the administration and $15,000,000 more than the amount appropriated in fiscal year 2000. The increased funding will provide additional in-house services for frail older individuals. 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 award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals. Under the basic law, States have the option to transfer up to 20 percent of funds appropriated between the senior centers program and the nutrition programs which allows the State to determine where the resources are most needed.

Ombudsman/elder abuse

The Committee recommends $9,449,000 for the ombudsman services program and $4,732,000 for the prevention of elder abuse program. The amount recommended for the ombudsman services program is $1,000,000 more than the fiscal year 2000 level. The amount recommended for the elder abuse prevention program is the same as the fiscal year 2000 level. 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.

The Committee supports continued and additional funding for the long-term care ombudsman resource center and its training and clearinghouse functions, which provide information, technical assistance, programmatic, and other support for State and regional long-term care ombudsmen.

Preventive health services

The Committee recommends $16,123,000 for preventive health services, the same amount as the budget request and the amount appropriated in fiscal year 2000. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need. Preventive health services include nutritional counseling and education, exercise programs, health screening and assessments, and prevention of depression.

Congregate and home-delivered nutrition services

For congregate nutrition services, the Committee recommends an appropriation of $374,412,000, the same amount as the budget request and the amount appropriated in fiscal year 2000. For home-delivered meals, the Committee recommends $147,000,000, the same as the amount recommended by the administration and the amount appropriated in fiscal year 2000. These programs address the nutritional need of older individuals. Projects funded must

make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 30 percent of funds between these programs.

The Committee has included a provision carried in last year's bill which requires the Assistant Secretary to provide the maximum flexibility to applicants who seek to take into account subsistence, local customs, and other characteristics that are appropriate to the unique cultural, regional, and geographic needs. The provision clarifies that applicants who serve American Indian, native Hawaiian, and Alaska Native recipients in highly rural and geographically isolated areas are permitted to continue to tailor nutrition services that are appropriate to the circumstances associated with the served population.

In-home services for frail older individuals

The Committee agrees with the President's request to include in-home services for frail older individuals in the supportive services and centers program. The Committee has provided additional funds in that program to allow these in-home services to continue.

Aging grants to Indian tribes and native Hawaiian organizations

The Committee recommends $23,457,000 for grants to Indian tribes, the same amount as the budget request and $5,000,000 above the amount appropriated in fiscal year 2000. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of services and assure that nutrition services and information and assistance services are available.

State and local innovations/projects of national significance

The Committee recommends $31,162,000 for aging research, training, and discretionary programs, the same as the fiscal year 2000 enacted level and $5,000,000 less than the budget request. 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. The Committee has included funding for a national program of statewide senior legal services hotlines and related elder rights projects.

The Committee has provided last year's level of funding to continue the "Senior Waste Patrol" pilot project to test the best ways of using the skills of retired nurses, doctors, accountants and other professionals to train seniors and to serve as expert resources to detect and stop Medicare fraud, waste and abuse. The Committee expects that these funds will be used to make grants and that administrative costs will be minimized. In addition, the Committee expects that an improved system will be developed and implemented in coordination with HCFA and the OIG to track cases referred by this initiative.

The Committee recognizes the efforts of the National Asian Pacific Center on Aging to develop, strengthen, and expand linkages of a rapidly growing Asian Pacific aging community with local, State, and national community service providers and organizations.

The Committee recommendation includes sufficient funds for the pension information and counseling demonstration program, authorized under title IV of the Older Americans Act, to continue the existing demonstration projects, technical assistance and training projects. Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and pursuing claims when pension problems arise.

The Committee recognizes the efforts of the City of Norwalk's Adult Day Care Services to individuals afflicted with Alzheimer's Disease and other dementia. The Adult Day Care Program allows families to rest 8 hours per week from the strains of care-giving.

The Committee commends the Family Friends Project for its work in training senior volunteers to provide respite to families whose members have chronic illnesses, disabilities, and related problems. The Committee is aware that the program provides obvious benefits to families receiving the assistance, as well as savings of public dollars by allowing families to continue to provide in-home care.

The Committee is aware of the Anchorage Senior Center's success in providing services to elderly Alaskans. The Center provides fitness facilities, educational opportunities, and leisure activities to seniors that would not otherwise have access to these services. With additional funds, the Center would be able to make the lives of more seniors active and productive.

The Committee is aware that counties in southern Illinois have twice the national percentage of individuals aged 65 and over who suffer from chronic diseases. The Committee recognizes that the Aging and Outreach Institute at Southern Illinois University in Carbondale could address these problems with post-graduate training for healthcare workers; support, training, and information to family members; and guidance for facilities that care for the elderly.

The Committee understands that the newly-established Texas Tech University Center for Aging is a state-of-the-art teaching nursing home and geriatric outpatient clinic that is providing comprehensive care to patients, training, and education to care providers, and research on health and aging issues. With additional funds, the Center will be able to provide services for more patients and training for more students specializing in geriatric care.

The Committee continues to support the efforts of the Northwest Area Center for Studies on Aging, which is currently using existing telemedicine and video conferencing technology to improve the health status of aging Americans residing in underserved rural areas and is educating physicians and health care professionals in those areas.

The Committee is aware that Montana State University-Billings proposes to develop a telemedicine program in collaboration with the area's medical facilities. The focus of the project would be on serving nursing homes and assistive care facilities.

The Committee is supportive of the University of Missouri-Columbia School of Medicine's research and demonstration project to develop innovative care programs for rural elderly at risk of disability.

The Committee applauds the work of the Senior Outreach Center at the Sinai Family Health Centers in Chicago. The program, which features physician-led health screening visits to seniors in low-income housing facilities, could provide services to additional seniors if adequate funding were provided.

The Committee is aware of the efforts of the National Resource Centers on Native American Aging, located at the University of North Dakota and the University of Colorado, in providing aging-related research, training, and technical assistance to American Indians, Alaskan Natives, and Native Hawaiians.

The Committee continues to have a strong interest in efforts to promote seniors' access to health information and senior services through the World Wide Web. In this regard, the Committee recognizes the continued efforts of the Setting Priorities for Retirement Years Foundation [SPRY], and looks forward to the results of such outreach efforts.

The Committee supports the efforts of the agency in implementing the Government Performance and Results Act and believes that the agency should continue work in this area.

The Committee supports the continuation of the elder care locator program, a toll-free telephone service for older Americans and their caregivers. The Committee notes that the National Association of Area Agencies on Aging is currently providing this service.

The Committee understands that a consortium of leading health systems proposes to develop, test, and evaluate tools and methods to maintain and improve the health status of elderly persons living at home who are frail and at risk of long term disability resulting from multiple chronic conditions. If the progression of a chronic disease and/or disability can be reversed, halted, or delayed, the need for high cost hospital and nursing home care can be reduced.

The Committee is aware that the University of Montana plans to partner with local, tribal, regional, and national senior advocates to provide a state-of-of-the-art Internet portal and community-based support system for seniors located in remote communities. The goal of the Center is to promote the well aging process and help seniors remain in their homes and local communities by supporting their personal and community independence. The Committee recognizes the plans of the Center for Aging at the University of Montana to create information systems and related support programs that are culturally and geographically relevant for seniors living in Native American and rural communities.

The Committee commends the progress of the Texas Tech University Center for Healthy Aging in establishing a unique center of excellence, combining academic and clinical innovation in the study of the human aging process and state-of-the-art geriatric care on an in-patient and out-patient basis.

The Committee recognizes that the Public Policy Institute on Aging in Arkansas provides an excellent link between public policy and medical research on aging issues. It will be associated with the Donald Reynolds Center on Aging at the University of Arkansas

Medical School, the country's newest and second-only national center for geriatrics.

The Committee supports continued funding of Nutrition 2030, Florida International University's program to reduce malnutrition in older Americans.

The Committee recognizes the efforts of the Champlain Valley Area Agency on Aging's efforts to establish a statewide senior mental health project and notes that additional resources would allow more seniors to be served.

Last year, the Committee supported the efforts of the West Virginia University's Year 2000 International Aging Conference. The Committee understands that WVU plans to test some of the recommended policies in rural communities to develop best practices for addressing issues that affect senior citizens. The Committee is supportive of these efforts.

The Committee applauds the work of the Senior Fitness and Wellness program at the East Providence Senior Center in helping seniors to delay the degeneration of their health through exercise and flexibility training.

The Committee understands that the Motion Picture and Television Fund (MPTF) has identified a new way of thinking about the needs of older individuals that can improve the quality of living and can also reduce the cost of medical interventions, known as the Eden Alternative. The Committee is aware that this represents a new paradigm by creating surroundings that are as similar as possible to those of an individual's earlier life.

The Committee understands that the City of Compton was recently ranked as having the highest percentage of elderly persons at risk of disease and malnutrition. Over the last decade, funding for nutritional services has declined while the demand has increased. Moreover, there are no adult day care programs available for the elderly. The Committee believes that, with additional funding, the needs of more seniors will be met.

The Committee understands that the elderly population in the southwest suburbs of Cleveland is growing at a faster rate than the national average. The Committee is supportive of the model work of the Southwest General Health Center Gatekeeper Program in identifying older individuals in the community that need assistance.

The Committee understands that Southern Illinois University plans to expand its Aging and Outreach Institute in Carbondale.

The Committee is aware that the Sinai Family Health Center is continuing to operate a Senior Outreach Program and is supportive of those efforts.

The Committee understands that the County of Mecklenburg in North Carolina is developing an innovative program to provide a comprehensive nutritional care model at the local level for homebound senior citizens.

The Committee recognizes the innovative efforts of the research initiative at the Center for Enhancing Quality of Life in Chronic Illness at Indiana University.

The Committee is impressed with the development of models of nursing care for patients with Alzheimer's Disease through Florida Atlantic University Department of Nursing.

The Committee recognizes that Medicare provides coverage for bone density tests for five qualified groups of "at risk" individuals. However, a low number of beneficiaries have taken advantage of this benefit. The Committee believes the Department could work in conjunction with the national osteoporosis foundation to develop educational materials for Area Agencies on Aging (AAA) to modify, adopt and share with older Americans to inform them of this benefit. Materials such as posters, brochures, videos or guides should include information on the risk factors for osteoporosis, the value and benefit of screening, the options available for the prevention and treatment of the disease and the existence of Medicare coverage for bone density testing. The Committee believes that the AoA could work with the AAA to use the materials to effectively reach older Americans, particularly those at greatest risk of osteoporosis.

The Committee is supportive of the Life Center in Germantown Pennsylvania which is providing dayhealth services for senior citizens.

The Committee is aware of programs by the Champlain Senior Center in Burlington, Vermont to ensure that low income seniors are able to maintain active and independent lives as they age. These programs are intended to reduce the "digital divide" by providing low income seniors with access to the internet and to expand an innovative Adult Day Care program to allow medically ill seniors to continue interacting with their peers through participation in the Senior center programs.

The Committee is aware of the efforts of the NW Parkinson's Foundation to develop comprehensive care for seniors affected by Parkinson's disease.

Alzheimer's Disease Demonstration Grants to States

As a result of the aging of the Baby Boom generation, the number of individuals affected by Alzheimer's Disease will double in the next twenty years. The Committee recommends a funding level of $5,970,000, the same as the fiscal year 2000 level and the Administration's request.

Currently, an estimated 70 percent of individuals with Alzheimer's disease live at home, where families provide the preponderance of care. For these families, care giving comes at enormous physical, emotional and financial sacrifice. The Alzheimer's disease demonstration grant program provides matching grants to 15 States to stimulate and better coordinate services for families coping with Alzheimer's. With a relatively small amount of Federal support to provide the stimulus, States have found innovative ways to adapt existing health, long-term care, and community services to reach previously underserved populations, particularly minorities and those living in rural communities.

National Family Caregiver Support

The Committee does not recommend funding for the National Family Caregiver Support Program because this program requires new authorizing legislation.

Health Disparities Interventions

The Committee has included $30,000,000 for a health disparities demonstration within the Centers for Disease Control and Prevention [CDC]. These funds will support prevention activities to eliminate health disparities among racial and ethnic minorities. The Committee expects that CDC will use a portion of these funds to partner with the Administration on Aging to provide culturally appropriate prevention activities aimed at minority elders.

Program administration

The Committee recommends $17,232,000 to support Federal staff that administer the programs in the Administration on Aging, the same amount as the budget request and $771,000 above the 2000 level. These funds provide administrative and management support for programs administered by the Department.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2000	$231,424,000
Budget estimate, 2001	229,592,000
Committee recommendation	212,617,000

The Committee recommends $212,617,000 for general departmental management [GDM]. This is $16,975,000 below the administration request and $18,807,000 below the fiscal year 2000 level, which included new funding from an emergency fund. Within this amount, the Committee includes the transfer of $5,851,000 from Medicare trust funds, which is the same as the administration request and the fiscal year 2000 level.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health and Science, including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

Last year, the Committee expressed its concern over the fact that the Surgeon General does not have direct authority over all PHS officers, and the impact that lack of authority may have on the ability of the Corps to respond to biosecurity or other emergency situations. The Committee urges the Secretary to review this situation and act to ensure that, in the event of a biosecurity incident or other national emergency, the Surgeon General has the necessary authority to direct the response of all Commissioned Corps officers, regardless of the agency to which the officer is assigned.

U.S.-Mexico Border Health Commission.—The Committee has provided $2,000,000 to support the activities of the United States-Mexico Border Health Commission as authorized by Public Law 103–400. The Commission is authorized to assess and resolve current and potential health problems that affect the general population of the United States-Mexico border area. The Committee again encourages the Commission and the Secretary to support the effort underway at the Baylor College of Dentistry to study, diagnose, and treat craniofacial deformities of U.S./Mexico border residents, which represents the kind of collaborative academic and clinical effort that could be pursued by the Commission in the future.

Leadership for the National Suicide Prevention Strategy.—The Committee is pleased with the leadership of the Surgeon General in issuing the Call to Action to Prevent Suicide and the subsequent successful effort to bring together suicide prevention experts, advocates, and practitioners to develop a National Strategy for the Prevention of Suicide with a timeline for its progress and completion. The Committee notes that several Public Health Agencies including NIH, CDC, HRSA and SAMHSA are involved in this effort and the Committee expects the Office of the Assistant Secretary for Public Health-Surgeon General to continue to lead and coordinate this effort through the implementation phase. The Committee requests that the National Strategy for the Prevention of Suicide along with the specific action steps and the associated fiscal year 2001 and 2002 resources for each of the participating public health agencies be submitted to the Committee along with the submission of the President's fiscal year 2002 budget.

The Committee commends the Secretary's recent action to convene a National Suicide Prevention Strategy Steering Group to begin work on a National Suicide Prevention Strategy (NSPS). The Committee appreciates the fact that an effective NSPS requires broad collaboration between the Federal Government and the private sector. Past experience has shown that broad involvement is critical for implementation of effective suicide prevention programs. The Committee believes that SPAN USA could play an important role in the development of an NSPS.

The Committee has included funding for the Human Services Transportation Technical Assistance Program. As in previous years, this program is to be administered by a national membership organization with expertise in working with local transit organizations. The program provides technical assistance and training to organizations that provide transportation services to the elderly, people with physical and developmental disabilities, and the economically disadvantaged. With these funds, the Committee expects a continued emphasis on assisting communities with transportation issues related to welfare reform since in many rural communities the largest obstacle in gaining employment is transportation to work sites. The Committee further expects the technical assistance to be provided include developing strategies for cost-effective transportation under Medicaid. The Committee also notes that the technical assistance provided by the Community Transportation Association of America is vital to the success of this project. To improve coordination, the Committee will expect that the funds made avail-

able under this program be allocated to a national membership organization with a demonstrated record of achievement in this area.

The Committee reiterates its support of the Chronic Fatigue Syndrome Coordinating Committee [DHHS CFSCC]. The Committee urges the DHHS CFSCC to coordinate CFIDS research across the Public Health Service by defining priorities and creating a yearly action plan.

The yearly action plan should focus attention on expanding research on CFS, augment health care provider education, and execute the CFSCC's charter to provide coordination and ensure accountability of the federal agencies' CFS programs. The Committee also urges DHHS and the agencies represented on the CFSCC to take a leadership role in informing health care professionals and the general public about CFS, focusing on the prevalent and serious nature of CFS. The Committee believes that it is important that the Secretary and the Surgeon General undertake a prominent educational campaign to inform the public that CFS is a serious, prevalent and disabling illness. The Committee is pleased that during fiscal year 2001 Appropriations Hearings, the Secretary committed to ensuring that the accounts of CFS research activity and spending reported to Congress are thorough and accurate. The Committee directs the Secretary to ensure that all of the Public Health Service agencies' CFS research programs are effective and ambitious. The Committee understands that the General Accounting Office (GAO) is studying and reporting on overall CFS activities at CDC and expects that the Secretary will respond swiftly to correct problems revealed by the GAO study.

Cancer registries.—The Committee understands that cancer registries monitor trends in cancer—by site of the cancer, age and ethnicity of the patient, geographic region, and treatment outcome. Enhancing statewide cancer registries and providing national support for quality assurance and reporting standards ensures that critical information on cancer trends and outcomes is available. It has been brought to the Committee's attention that inadequate resources and a changing health care environment have strained cancer registries around the country, limiting the States' ability to collect data; forcing certain data (e.g., occupational history) to be no longer collected; and in some cases, forcing the closure of regional cancer registries. The Committee encourages increasing the support for these registries in order to enable States to more aggressively utilize State cancer data integrating the registries into their cancer prevention and control programs. The Committee also encourages NIH to work with CDC, the States and national organizations on this issue.

The Committee is supportive of efforts by the Secretary to give priority to projects that will promote the development of a national strategy for the prevention of alcohol-related birth defects and for the provision and coordination of appropriate interventions for affected individuals and their families. The Committee recognizes the prevalence of secondary disabilities among those with alcohol-related birth defects, including interaction with the criminal justice system, mental health problems, failure to live independently, and difficulties in school. The Committee understands that many of these secondary disabilities can be prevented, and it supports grant

projects that will improve our ability to help children and families minimize the impact of alcohol-related birth defects. The Committee urges the Secretary to target appropriate funding to areas that demonstrate significant need and a high incidence or risk of alcohol-related birth defects. Special consideration could be given to Native American applicants, with recognition of the value of non-traditional or culturally-based treatment methods and reservation-based substance abuse treatment services. The Committee also urges the National Institute of Alcohol Abuse and Alcoholism, the Centers for Disease Control, the Indian Health Service and the Substance Abuse and Mental Health Services Administration to work collaboratively on administration of the grant program.

The Committee is pleased that a representative of the primary immune deficiency community has been appointed to the Department's Advisory Committee on Blood Safety and Availability. The Committee encourages the Advisory Committee to continue to address the longstanding shortage of intravenous immune globulin (IGIV), a pooled plasma derivative that primary immune deficient patients need to maintain their health.

Delivery of Healthcare.—The health care industry in Alaska is a major employer in Alaska, but there currently is no capacity to evaluate health care delivery and training needs for health care workers in order to use this information to improve the health status of Alaskans. The Committee encourages the Department to consider funding a project to evaluate and assess on a statewide basis the health care delivery and training needs in Alaska. The Committee is aware of the University of Alaska's capabilities for undertaking such a project.

The Committee encourages the development of an innovative service delivery model and day health center facility to care for the elderly. The Committee recognizes the multi-disciplinary management program operated by the Albert Einstein Healthcare Network in Philadelphia, PA.

The Committee is aware of the planned project, supported by a consortium including the Texas A&M Health Science Center, Texas A&M Colleges of Veterinary Medicine and Engineering, Texas Children's Hospital, and the Baylor College of Medicine, to establish a national institute for the study of cardiovascular disease and the development of associated biomedical devices.

The Committee urges the Secretary to consider consulting with the National Academy of Sciences to provide an evaluation on childrens' health. This evaluation could assess the adequacy of currently available methods for assessing risks to children, identify scientific uncertainties associated with these methods, and develop a prioritized research agenda to reduce such uncertainties and improve risk assessment for children's health and safety.

The Committee is aware of a model initiative by Delta State University which plans to focus on the developmental needs of children beginning at birth until kindergarten enrollment. The plan will consider the intellectual, social, psychological, and physical development of children in the Mississippi Delta. The Committee understands that a key aspect of this model will be to address the parenting needs of mothers and fathers regarding child rearing, nutrition, healthcare, and child development.

Reducing IV medication errors.—The Committee is aware of efforts by Harvard clinical Technology, Inc. to reduce medical errors by developing an automated drug infusion system that uses a bar code on the medication to determine appropriate dosages.

The Committee is aware of a program called Children's Health Life Skills Initiative as proposed by UNC Chapel Hill, UNC Greensboro, NC A&T, NC State, East Carolina University, and Appalachian State University.

The Committee is aware of the interest in an integrative medicine program which combines conventional medical science with promising alternative therapies.

The Committee recognizes the unique programs being conducted at the Center for Integrative Medicine at Thomas Jefferson University Hospital (TJUH) in Philadelphia, PA, especially in treating oncology, cardio-vascular and rheumatology patients.

The Committee is aware of the Program for Training Research in Preventive Maternal Health and Child Health Services at the Lawton and Reah Chiles Center for Healthy Mothers and Babies, co-located at the University of Florida and the University of South Florida.

Internet and Grant Applications.—The Committee has been impressed with the efforts of the NIH to apply the technology of the Internet and specifically its weekly electronic mail service announcing grant opportunities. The Committee encourages the Department and those components that make funds available through grants and cooperative agreements to supplement the publication in the Federal Register with a weekly listserv to all interested parties, that links back to the full document. In addition, the Department should announce such availability in the Federal Register and at each of the Department's component pages. The Committee expects that this will improve the flow to all potential applicants concurrently in urban as well as in isolated communities, for example, Hawaii, Alaska, the western Pacific and rural America that must now rely on the Federal Register to arrive in a timely manner to obtain the knowledge to apply for grant programs.

Adolescent family life

The Committee has provided $19,327,000 for the Adolescent Family Life Program [AFL]. This is $11,700,000 more than the administration request and is the same as the fiscal year 2000 appropriation.

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.

Within the total provided, the Committee continues the prevention projects begun in fiscal year 1998, as well as new prevention projects. The Committee again expects the Department to fund new prevention projects which enable smaller communities to begin the organization and implementation of coalitions to implement abstinence-based education programs. The Committee again expects the Department, when announcing grant competitions, to provide a

reasonable length of time for applicants to complete application packages, provide extensive technical assistance to applicants, with special assistance given to new applicants, and revise the terminology and instructions in grant applications to assure that the information being requested is as clear as possible.

Physical fitness and sports

The Committee recommends $1,091,000 for the Federal staff which supports the President's Council on Physical Fitness and Sports. This is the same as the fiscal year 2000 appropriation and $61,000 less than the budget request.

The President's Council on Physical Fitness and Sports serves as a catalyst for 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 $37,638,000 for the Office of Minority Health. This is $1,000,000 less than the budget request and the same as the fiscal year 2000 appropriation.

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.

Health care fairness.—The Committee supports efforts to increase understanding of health disparities among minority communities, because increased public awareness of minority health issues will improve public health throughout the nation. Many current public health efforts and medical breakthroughs are not accessed by minority communities. Establishing awareness and an agenda for minority health through research and curriculum development for cultural competency are an essential part of quality medical care for minority communities. The Committee is aware that there are significant differences in health outcomes in minority communities and supports the additional resources needed to effectively address the high incidences in diseases such as diabetes and asthma in Hispanics, lower life expectancy and higher infant mortality and cancer rates for African Americans, and cervical cancer and tuberculosis rates in Asian Americans.

The Committee is aware of the initiative at the University of Miami/Jackson Memorial Medical Center to systematize the development, maintenance, and utilization of medical information to mitigate health disparities in minority populations by linking the diagnosis, care, and therapeutic procedures with patient outcomes to increase the ability to enhance the effectiveness and efficiency

of dealing with the complete spectrum of diseases affecting patients cared for at the medical center.

The Committee is aware of The Community Medical Centers of Fresno, California. These Centers offer a comprehensive program of diabetes and renal dialysis educational outreach and care to address the needs of the underserved populations in the Central San Joaquin Valley.

The Committee is aware of Santa Marta Hospital in Los Angeles. The hospital provides outreach and offers health education to underserved populations suffering from diabetes. The program is culturally and linguistically sensitive and primarily serves the Latino community.

The Committee is pleased that the HHS Office of Minority Health has taken a leadership role in conducting and coordinating a study on managed care and historically minority health professions schools and encourages continued support.

The Committee is aware of the University of Florida's interest in creating a center for Human Brain Imaging Technology. The goal of the center would be to accelerate the pace of invention and improvement of imaging technologies, to enhance their applications to the diagnosis and treatment of brain diseases and to enhance guided imagery for neurosurgery.

The Committee is aware of The Jessie Trice Cancer Prevention Project, a cancer prevention, education and early detection program which provides comprehensive primary and preventive health care to low-income and uninsured African-American and Hispanic populations in south Florida.

The Committee is aware of Jackson State University's Epidemiological Research Institute.

The Committee is aware of efforts by the CORE Center at Cook County Hospital in Chicago, Illinois to develop a model HIV/AIDS education and training initiative that incorporates modern technology.

The Committee is aware of the University of Pennsylvania School of Dental Medicine Minority Outreach Oral Health Initiative.

Office on Women's Health

The Committee recommends $16,895,000 for the Office on Women's Health. This is $400,000 more than the administration request and $1,400,000 more than the fiscal year 2000 appropriation.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

The Committee is aware of the unique and important role played by the various offices, advisors and coordinators throughout HHS dedicated to women's health and women's health research. This includes the NIH, CDC, FDA, AHRQ, HRSA, SAMHSA, IHS and HCFA, as well as in the Office of the Secretary. The Committee believes that it is essential to the mission of the Department and that

these offices, advisors and coordinators be adequately supported to accomplish their goals. For this reason, the Committee requests the Secretary provide a report by January 1, 2001, outlining in detail the major programs of each of these entities and the Department's plans for the future.

Osteoporosis.—The Committee commends the commitment of the Public Health Service's Office on Women's Health to the National Bone Health Campaign aimed at adolescent girls, which is being developed and implemented in partnership with the National Osteoporosis Foundation (NOF) and the Centers for Disease Control and Prevention (CDC) and urges continued support of that program. The Committee also recognizes that eating disorders and autoimmune diseases impact bone health and are associated with the development of osteoporosis and encourages the Office of Women's Health and the National Osteoporosis Foundation to develop information and outreach activities on these conditions. In addition, the Committee urges the Office of Women's Health to support development and dissemination of these education materials and information through the NIH Osteoporosis and Related Bone Diseases-National Resource Center (ORBD–NRC).

The Committee is aware of Spelman College's African-American Women's Health and Wellness Project to assist national efforts to close the health disparity gaps that exist between African-Americans and other communities.

Office of Emergency Preparedness

The Committee has provided $9,668,000, which is the same as last year's level and $2,000,000 less than the budget request, for activities to counter the adverse health and medical consequences from major terrorist events. Within this amount, sufficient funds are provided for the Office of Emergency Preparedness to staff and administer this program, as well as the other OEP activities specified in the administration's request. The amount provided by the Committee is intended to continue the formation of new metropolitan medical strike teams in key uncovered urban areas of the country. The Committee has provided additional funding for bioterrorism within the public health and social services emergency fund.

The Department has lead responsibility for health, medical, and health-related support under the Federal response plan to catastrophic disasters. On behalf of the Department, the Office of Emergency Preparedness assesses the potential health and medical consequences of a terrorist incident and to formulate necessary responses. The funds provided would support activities to build local, State, and Federal capacity to respond to terrorist acts with public health implications. Such activities would include assisting local emergency managers through the MMST system to build an enhanced capability to detect and identify biologic and chemical agents.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2000	$31,394,000
Budget estimate, 2001	33,849,000
Committee recommendation	33,849,000

The Committee recommends an appropriation of $33,849,000 for the Office of Inspector General. This is the same as the administration request and $2,455,000 higher than the fiscal year 2000 level. In addition to discretionary funds, the Health Insurance Portability and Accountability Act of 1996 provides $130,000,000 in mandatory funds for the Office of the Inspector General in fiscal year 2001; the total funds provided to the Office by this bill and the authorizing bill would be $$163,849,000 in fiscal year 2001.

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.

The Committee commends the Office of Inspector General for their continued good work to reduce waste, fraud and abuse in Department programs. The Committee expects efforts to reduce Medicare mispayments will be continued and expanded. The Committee urges the OIG to perform an analysis of Medicare payment rates for medical supplies and equipment to compare these rates to those of other Federal and State health programs as well as wholesale and retail prices. Medicare, as the largest purchaser of supplies and equipment should use this purchasing power to achieve taxpayer savings. The Committee also wants to assure that seniors calling into the toll-free telephone line to report Medicare fraud, waste and abuse get a prompt and complete response. Finally, the Committee has provided increased funding for the OIG's work in other critical areas such as child support enforcement and discretionary program audits.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2000	$18,774,000
Budget estimate, 2001	20,742,000
Committee recommendation	20,742,000

The Committee recommends $20,742,000 for the Office for Civil Rights. This is the same as the administration request and $1,968,000 more than the the fiscal year 2000 level.

This recommendation includes the transfer of $3,314,000 from the Medicare trust funds, which is the same as the administration request and the fiscal year 2000 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.

POLICY RESEARCH

Appropriations, 2000	$16,738,000
Budget estimate, 2001	16,738,000
Committee recommendation	16,738,000

The Committee recommends an appropriation of $16,738,000 for policy research. This is the same as the administration request and the same as the fiscal year 2000 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.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2000	$214,905,000
Budget estimate, 2001	219,772,000
Committee recommendation	219,772,000

The Committee provides an estimated $219,772,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the administration request and is $4,867,000 over the estimated payments for fiscal year 2000.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2000	$488,280,000
Budget estimate, 2001	264,600,000
Committee recommendation	264,600,000

The Committee recommendation includes $264,600,000 for the public health and social services emergency fund. This is the same as the administration request and $223,680,000 below the fiscal year 2000 level.

The Committee recommendation includes the following adjustments to the administration request:

—Worker safety research is increased from $1,200,000 to $2,000,000.

—$10,000,000 is included, for transfer to the Department of Labor, for the Global HIV/AIDS Workplace Initiative of the Bureau of International Labor Affairs.

—$35,000,000 is provided for the Health Alert Network, an increase of $5,000,000 over the fiscal year 2000 level.

—$6,000,000 to combat the spread of malaria worldwide.

The recommended increases over the budget request are offset by a reduction in the $91,733,000 requested for research and development activities. Specifically, the Committee recommendation defers consideration of the $30,237,000 requested for basic research, genomics and pathogenesis, pending submission of an operations plan for this activity. The recommendation also defers funding for FDA review and approval activities which are under the jurisdiction of a separate subcommittee.

The Committee recommendation of $6,000,000 for the Centers for Disease Control and Prevention is to continue surveillance for resistance, to evaluate new drugs and insecticides, develop and use assays to test the malaria parasite for drug resistance and mosquitoes for insecticide resistance and other associated activities. The Committee is aware of the promising work conducted by the University of Mississippi Laboratory for Applied Drug Design and Synthesis in conjunction with the CDC's Global Malaria Initiative, and recognizes that Federal funding could support continued malaria research at the University of Mississippi with collaboration from Tulane University.

Biosecurity.—For activities relating to the protection of civilian populations against potential biological threats ("bioterrorism") and to the building of the nation's public health infrastructure, the Committee recommends $249,333,000, including funds in this account as well as other components of the Department of Health and Human Services. The administration requested separate funding in this account for the Centers for Disease Control and Prevention, Office of Emergency Preparedness, Food and Drug Administration and the authority to distribute funding to other HHS agencies. Funds were requested for biosecurity activities among these agencies including: deterrence, disease surveillance, medical and public health response preparation and planning, the national pharmaceutical stockpile, and research and development.

The Committee expects that, within the amount provided to the Secretary for biosecurity, the rebuilding of the nation's public health infrastructure be given the highest priority. Communications, information technology, laboratories and associated technologies, hospital capacity, and trained professionals are essential elements of a national public health infrastructure which protects the civilian population against both bioterrorist threats and the rapid onset of naturally occurring diseases.

The Committee has deferred funding of $10,700,000 identified in the administration request for the Food and Drug Administration, whose appropriations are under the jurisdiction of a separate subcommittee.

The Committee reiterates its support of the Health Alert Network, which is administered by CDC and assists State and local public health entities to establish a working communications network dedicated to rapid response, analysis and information sharing. The Committee's intent remains that Health Alert Network funds be used to build electronic information and communications capacity at local public health agencies to support prompt, effective responses to episodes of bioterrorism and the public health threats. CDC has required that State grantees spend 85 percent of Health Alert Network funds at the local level and that State and local public health officials plan Health Alert Network activities jointly. The Committee expects that this requirement will be enforced and that CDC will require States to report on the proportion of funds spent to improve local capacities and the mechanisms by which local public health agencies have been consulted and involved in Health Alert Network planning.

The Committee recommends continuation of the following fiscal year 2000 projects and activities in the fiscal year 2000 conference request:

—Carnegie Mellon Research Institute
—St. Louis University School of Public Health
—University of Texas Medical Branch at Galveston
—John Hopkins University Center for Civilian Biodefense
—Noble Army Hospital of Alabama bioterorism program

The Committee is aware of the following projects that it encourages the Department to consider supporting:

—The University of Findlay National Center for Terrorism Preparedness, Findlay, Ohio
—The University of Maryland Medical and Shock Trauma Center, emergency preparedness response guidelines
—Rhode Island research effect to establish a best practices model for effective disaster preparedness
—Louisville and Jefferson County Health Alert Network/Training Exemplar Project

The Committee is aware of the need for Federal support, in cooperation with the Environmental and Public Health Alliance, to perform necessary public health services during the 2002 Winter Olympic Games.

The Committee recognizes the critical need to ensure a highly trained public health workforce in the United States, particularly in the event of a possible bioterrorist attack, and the important role public health officials play as first responders. The Committee encourages the Centers for Disease Control and Prevention to provide training for public health department employees nationwide using distance learning technologies. Such training should focus on detecting and responding to bioterrorist threats.

HIV/AIDS in minority communities.—To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee recommends $50,000,000. These funds are available to key operating divisions of the department with capability and expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

GENERAL PROVISIONS

The Committee recommendation includes language placing a $37,000 ceiling on official representation expenses (sec. 201), the same as existing law.

The Committee recommendation includes language included in fiscal year 2000 which limits assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language carried in fiscal year 2000 regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation retains a provision carried in fiscal year 2000 to limit use of grant funds to pay individuals more than an annual rate of Executive level III (sec. 204).

The Committee recommendation retains language from fiscal year 2000 restricting the use of taps (sec. 205) for program evaluation activities by the Secretary prior to submitting a report on the

proposed use of the funds to the Appropriations Committee. Section 241 of the Public Health Service Act authorizes the Secretary to redirect up to 1.6 percent of the appropriations provided for programs authorized under the act for evaluation activities.

The Committee recommendation retains language included in fiscal year 2000 restricting transfers of appropriated funds among accounts and requiring a 15-day notification of both Appropriations Committees prior to any transfer (sec. 206).

The Committee recommendation includes language included in fiscal year 2000 permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers (sec. 207) by the Director of NIH and the Director of the Office of AIDS Research of NIH.

The recommendation also includes language included in fiscal year 1999 which directs that the funding for AIDS research as determined by the Directors of the National Institutes of Health and the Office of AIDS Research be allocated directly to the OAR for distribution to the Institutes and Centers consistent with the AIDS research plan (sec. 208).

The Committee recommendation includes a provision (sec. 209) regarding family planning applicants to certify to the Secretary to encourage family participation in the decision of a minor who seeks family planning services.

The Committee recommendation includes a provision included in fiscal year 2000 which restricts the use of funds to carry out the Medicare + Choice Program if the Secretary denies participation to an otherwise eligible entity (sec. 210).

The Committee includes a provision to ensure that States receive no less than the amount they received in fiscal year 2000 for substance abuse and mental health services (sec. 211).

The Committee includes a provision (sec. 212) which states that no provider of services under Title X of the PHS Act except from State laws regarding child abuse.

The Committee includes a provision (sec. 213) extending the refugee status for persecuted religious groups.

The Committee has continued last year's prohibition on administering or implementing a Medicare Competitive Pricing Demonstration (sec. 214).

The Committee continues to include a provision prohibiting the Secretary from withholding substance abuse treatment funds (sec. 215).

The Committee has included a provision, requested by the President, which cuts Temporary Assistance to Needy Families (TANF) by $240,000,000 in fiscal year 2001. TANF Supplemental Grants are bonus payments to 17 States with high population increases and low levels of welfare spending per person. At the time TANF was enacted, States expecting large population increases were concerned that under a block grant they would not be able to meet the demands of increased caseloads since the basic TANF grant amount was based on historical AFDC caseloads. However, States receiving supplemental grants have experienced the same caseload declines as other States (sec. 216).

The Committee has shifted unspent fiscal year 1998 State Children's Health Insurance Program (SCHIP) funds to fiscal year 2003 to more closely reflect State spending patterns. The Committee un-

derstands that as many as 37 States with unspent fiscal year 1998 allocations would otherwise lose these funds at the end of fiscal year 2000. The funds appropriated for fiscal year 2003 are made available for 2 years. The Committee believes that the remaining appropriations from fiscal years 1999, 2000, and 2001 will be sufficient to meet the needs of States in fiscal year 2001 (sec. 217).

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION REFORM

Appropriations, 2000	$1,765,182,000
Budget estimate, 2001	2,106,000,000
Committee recommendation	1,434,500,000

The Committee has provided $1,434,500,000 in this account for education reform initiatives. The recommendation includes $40,000,000 for education reform activities authorized by title IV of the Goals 2000: Educate America Act, $794,500,000 for education technology authorized by the Elementary and Secondary Education Act and $600,000,000 for 21st century community learning centers.

The Committee understands that programs authorized by the Elementary and Secondary Education Act of 1965, as amended, currently are under consideration for reauthorization. Until this process is completed, appropriations generally will be made consistent with the current authorization for these programs. The Committee defers action on all new programs proposed by the Administration pending the outcome of the reauthorization process.

Goals 2000: State and local education systemic improvement grants

The Committee recommendation does not include resources for activities authorized by title III of the Goals 2000: Educate America Act. This action is consistent with the Department of Education Appropriations Act, 2000, which repealed this program effective September 30, 2000. The recommendation is $458,000,000 less than the fiscal year 2000 comparable level and the same as the amount requested by the Administration.

Funds from the fiscal year 2000 appropriation will 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. By law, 1 percent is reserved for the outlying areas, schools supported by the Bureau of Indian Affairs and the Alaska Federation of Natives.

Parental assistance

The Committee recommends $40,000,000 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 children, including those aged birth through 5.

Under the Administration's reauthorization proposal, the Administration requested $33,000,000 for parental information resource centers (PIRCs) in the school improvement programs account for fiscal year 2001, the same level as provided last year for parent as-

sistance centers. Instead of providing direct assistance to parents of students in low income communities as is currently authorized, the PIRCs would disseminate information and provide training and support to State and local educational agencies and schools. The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs.

The increase of $7,000,000, which is above the administration request and the fiscal year 2000 amount, is provided as part of the Committee's youth violence prevention initiative. Sociological and scientific studies show that the first 3 years of a child's cognitive development set the foundation for life-long learning and can determine an individual's emotional capabilities. Parents, having the primary and strongest influence on their child, play a pivotal role at this stage of development. Scientists have found that parental relationships affect their child's brain in many ways. Research further indicates that a secure connection with the parent will better equip a child to handle stressful events throughout life.

Statistics show that the Department of Education's parental assistance program in particular has helped to lower the incidence of child abuse and neglect, reduces placement of children in special education programs, and involves parents more actively throughout their child's school years. The Committee recognizes that early intervention activities conducted through the Parental Assistance Program can make a critical difference in addressing the national epidemic of youth violence, and therefore includes additional funds to expand its services to educate parents to work with professionals in preventing and identifying violent behavioral tendencies in their children.

The Committee strongly urges the Department to stipulate that at least 50 percent of each grant award shall be used only for parents as teachers Programs.

The Committee notes that Alaska is the only State which does not currently have a Parents as Teachers program in place to provide ongoing parent education and support in parents' home communities. Studies have shown that children whose parents participate in PAT training perform significantly above national norms on measures of intellectual abilities. The Committee urges the Department to provide funding for the State of Alaska to establish a PAT program in conjunction with a "Read With Your Child" program workshop and continuing follow up.

Recognition and Reward

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration request includes $50,000,000 for the proposed Recognition and Reward program for fiscal year 2001. This new program would reward States that demonstrate significant gains in student achievement and reduce the achievement gap in mathematics between high- and low-performing students.

School-to-work opportunities

The Committee recommendation does not include funding for this program. The School-to-Work Opportunities Act authorized appropriations through September 30, 1999. Funds appropriated under

the School-to-Work Opportunities Act, made available through both the Departments of Labor and Education, provided every State with access to seed money to design and implement a comprehensive school-to-work transition system. The Committee recommendation is $55,000,000 less than the amount provided to the Department of Education for fiscal year 2000 and the same as the budget request.

Local school-to-work programs include a combination of work-based learning involving job training and school-based learning tied to both occupational skill standards and the voluntary academic standards States established 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.

Technology literacy challenge fund

The Committee recommends $425,000,000 for the technology literacy challenge fund authorized by section 3132 of the Elementary and Secondary Education Act, the same as the fiscal year 2000 comparable and $25,000,000 below the budget request.

The fund helps States put into practice strategies to enable schools to integrate technology into school curricula. Funds are used to enhance students' critical thinking skills, support training for teachers, connect classrooms to the information superhighway, and purchase computers and software. Grants are made according to each State's share of funds appropriated under part A of title I. To be eligible for funds, each State submitted a statewide technology plan describing long-term strategies for financing technology education in the State, including private-sector participation and initiatives targeting funds to school districts with the greatest need.

Regional technology consortia

The Committee recommends $10,000,000, the same as the amount appropriated in fiscal year 2000 and the administration request, to continue the regional technology in education consortia program. 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.

Technology innovation challenge grants

The Committee recommends $100,000,000 for the technology challenge grants authorized under part A of title III of the ESEA, $46,255,000 less than the fiscal year 2000 comparable.

The administration requested $170,000,000 for the Next-Generation Innovation program for fiscal year 2001. Under the Administration's reauthorization proposal, the Technology Innovation Challenge Grants program and Star Schools program would be replaced by the Next-Generation Innovation program to encourage the use

of educational technologies to provide access to challenging content. The request is $26,805,000 less than the fiscal year 2000 comparable level for these programs. The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs.

Technology innovation challenge grants support partnerships among educators, business and industry, and other organizations in the community to develop innovative new applications of technology and community plans for fully integrating technology into schools.

It has been brought to the Committee's attention that grants issued since this program's creation in fiscal year 1995, appear to be made disproportionately to States with high access to technology, high levels of private funding, and high concentrations of disadvantaged students, while the applications from predominantly rural, less populated States have been turned down, citing a lack of community resource contributions and low numbers of children benefiting from the proposals. The Committee encourages the Department to reexamine the criteria by which review panels score applications to ensure that the community resource contribution effort is taken into account and, that true innovation is also considered. Such innovation might include new applications of software, state-of-the-art professional training programs and multicounty and multistate consortia affecting underprivileged children in technologically underserved areas and rural demographic limitations, for example in Mississippi.

The Committee is pleased to see that schools are engaging in resource-sharing to build collaborations with nonprofit organizations and the business community to bring technology into the classroom. Several innovative projects that are currently being developed to meet specific regional needs and pursue the goals described above have been brought to the Committee's attention. The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The C*R*E*A*T*E* for Mississippi project developed by the Tupelo Public School District in Tupelo, Mississippi will join teachers in several districts in a network to model successful, replicable technology application and utilization in classrooms throughout the State.

The LINKS project, a collaborative effort between education entities in Arkansas, California, Illinois, Pennsylvania, and Washington, is designed to increase learning opportunities through the integration of educational technology and reform.

Northern Kentucky University continues to enhance its collaboration with area school districts to support technology-based math and science instruction.

Concord College, located in Athens, West Virginia, has developed an innovative program designed to equip new teachers with the technical skills essential for the utilization of information technologies in the classroom. This program would foster collaboration between the teacher education community and local elementary and secondary schools to enhance the technological skills of current teachers through campus programs and distance learning. A special emphasis would be given to math and science instruction.

The Technological Research and Development Authority of Florida has developed a Mathematics, Science & Technology Teacher Education program for mathematics, science and technology teacher education for grades 9 through 12. Teachers will get hands-on experience with new technologies that can be incorporated into math, science and technology curriculum.

The Westside Community School's "The Community Discovered Project" will integrate technology and the arts into the core curriculum for enhancing student learning.

Bozeman High School in Montana will utilize portable computer labs, laptop computers, and wireless Internet connections to accommodate the growth in student populations and improve student competency in the use of educational technology.

The Northwood School District in cooperation with the local community, businesses, families, and community service groups in rural northwestern Wisconsin will bring needed distance education programs into the area. This effort will enhance learning opportunities, and provide useful skill development through a high-technology wireless computer network.

The University of Vermont is developing a distance learning professional development program to increase teacher proficiency in utilizing technology.

Western Kentucky University's collaboration with area school districts is designed to ensure that new and existing teachers are trained to effectively use technology in the classroom.

The Houston Independent School District continues to develop and maintain an advanced telecommunications system for all the district's schools. This will help HISD achieve its goal of having all its 12,000 teachers and other education professionals linked to key voice, video, and data systems in support of classroom instruction.

The Montgomery Public School system will enhance the technological capabilities of the Brewbaker Technology Magnet High School in support of improved educational outcomes.

The Learning with Laptops program developed by the Beaufort County Public School District in South Carolina utilizes technology to improve academic achievement.

The Bridges Demonstration Project, a private-public collaboration, will involve parents and teachers in developing new models for using technology to improve student achievement.

The Maine Center for Educational Services will utilize Maine's State-wide telecommunications infrastructure to implement the Schools & Technology for Assessment & Reflection program.

The Interactive Computer Aided Natural Learning program continues to enhance access to and support for computer assisted learning activities.

The Project Family Net: Linking Providence Students and Their Parents as Partners in Learning has established a private-public partnership with the Metropolitan Regional Career and Technical Center in Rhode Island to provide training and support in computer technology for parents in low income areas, which ultimately improves their children's educational opportunities by bringing computers into the home.

The Webster School District in collaboration with the Lake Area Vocational Schools and Waubay, Roslyn, Bristol, and Enemy Swim

Day School will utilize advanced software and computer technology to integrate the power of the Internet with an advanced database to provide personalized instruction to students, and increase their access to technology.

Loyola University-Chicago is enhancing the distance learning opportunities of underserved populations in the Chicago area.

The Discovery Center in partnership with the Springfield Public School district and other area schools will utilize advanced technologies to continue to enhance student access to and effective use of technology-based learning in the Springfield, Missouri area.

The Fairfax County Public Schools Computer for Families program will increase student understanding of computer technology through repair of donated computers that can then be used by students and their families.

The Hospitals, Universities, Businesses, and Schools (HUBS) program has developed a distance learning pilot initiative utilizing videoconferencing and other technology-based systems.

SpaceNet, a program developed by Fairfax County Public Schools, in collaboration with schools in Texas, California, and Wisconsin, will enhance science and mathematics instruction through the use of data gathered from NASA missions to simulate space exploration.

Baltimore City Public School System continues to implement its education technology plan to provide each public school classroom with the tools necessary to bridge the digital divide, and ensure that every student in the system receives a quality, high-tech education.

The Montana TREK Center at Flathead Community College supports a collaboration between government, education and business to improve technology literacy through professional development and educational training.

The non-profit organization Tequity will work with elementary and secondary schools located within the Philadelphia-Camden and Boston Empowerment Zones to increase access to educational technology.

The Committee recognizes the significant policy benefits of the Digital Education Content Collaborative program which would provide matching funds to establish partnerships creating digital teaching resources based on State curriculum requirements. These resources would be distributed through the Public Broadcasting System's expanded digital transmission system and through new school digital networks. Digital content resources are necessary for schools to make use of the major Federal and State investments in school networks and computer equipment. The Committee will take action on this proposal subsequent to the outcome of the reauthorization of elementary and secondary education programs.

National activities

The Committee recommends $192,000,000 for educational technology national activities, $82,500,000 more than the fiscal year 2000 appropriation. The administration requested $252,000,000 for the activities authorized by title III, part A of the ESEA. Funds support Federal leadership activities that promote the use of technology in education, and may be used for teacher training in tech-

nology, community-based technology, and technology leadership activities.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The City of Philadelphia in collaboration with community partners will improve access to and training in technology for city residents through its community technology center initiative.

The New Iberia Community Technology Center will provide access to technology including two teaching labs, a lab for individual use, and distance learning and technology education activities for residents of the community.

The Township of North Bergen, New Jersey, in collaboration with other community partners, will establish three Technology Literacy Centers to provide access to and instruction in computer technology to area residents.

Carl Sandburg College, in partnership with Knox College and the Galesburg Public Schools, will increase access to technology in the Galesburg area through development of a community technology center.

Star schools

For the star schools program, the Committee recommends $43,000,000, a decrease of $7,550,000 from the fiscal year 2000 comparable level. The administration did not request any funds for this program, and instead requested under its reauthorization proposal to fund similar activities under the Next Generation Technology Innovation program. The Committee defers action on the administration proposal.

This program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, to underserved populations by means of telecommunications technologies. The program supports eligible telecommunications partnerships to develop and acquire telecommunications facilities and equipment, instructional programming, teacher training programs and technical assistance.

The Committee recognizes the efforts of the Star Schools Program to provide educational resources for traditionally underserved populations, including disadvantaged, illiterate, and limited-English proficient persons, and individuals with disabilities through the use of distance learning technologies. The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The Florida School Net at the Florida Department of Education has developed an on-line web site to provide comprehensive information to Florida parents, teachers and school administrators interested and involved in school and community partnerships dedicated to student achievement.

The Committee continues to be supportive of innovative voice-video-data systems that will enable institutions of higher education to extend their reach into K–12 education with programs such as teacher training, access to faculty, libraries, and research facilities, and distance learning opportunities for students. Rutgers—The State University of New Jersey has been a particular leader in this field.

Interactive statewide educational networks provide great promise for expanding access to high quality academic programs for all students, especially students in rural areas as demonstrated by the Iowa Communications Network, which now includes nearly 700 interactive classrooms throughout the State. However, few are located in elementary or middle schools and assistance is needed to bring these schools on-line. These connections would provide elementary and secondary schools with high-speed Internet access; desktop conference capabilities; and connections to digital libraries, teacher training and other educational resources.

The Vermont Institute of Science, Math and Technology and the Vermont Department of Education have developed the statewide Vermont Distance Learning Project.

The New Mexico Department of Education will create a dynamic student-centered learning environment utilizing advanced technologies to provide all New Mexico students with access to a strong academic foundation.

The Illinois Century Network is being developed by the Federation of Illinois Colleges and Universities to establish a high bandwidth network and implement training programs to link all Illinois educational institutions.

Ready to learn television

The Committee recommends an appropriation of $16,000,000 for the ready to learn television program, the same amount as the fiscal year 2000 level and the administration request.

This program has supported 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 supported the development, production, and dissemination of educational materials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming. Since its inception in 1994, participation in the program has grown from 10 to 132 local public television stations. Local educational workshops have reached approximately 5 million children, and research indicates that the program is meeting its goals in encouraging family literacy activities. Funding will support the growth in demand for local educational activities, improve training for professional caregivers, provide new Spanish language translations of children's programs, enhance the internet components of the program, and demonstrate the use of digital broadcasting to provide programming and training to underserved populations.

Telecommunications demonstration project for mathematics

The Committee recommends $8,500,000 for the continuation of this PBS initiative called Mathline, $8,500,000 more than the amount recommended by the administration and the same as the fiscal year 2000 comparable amount. Funds are used to carry out a national telecommunication-based demonstration project designed to train elementary and secondary school teachers in preparing all students for achieving State content standards in mathematics.

The administration requested $5,000,000 for the proposed Telecommunications Program for Professional Development in fiscal year 2001. The proposal is similar to the current authorization for Mathline, except that it would broaden the focus to include core content areas and expand the category of eligible partner agencies. The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs.

The Mathline program provides state-of-the-art training for math teachers through video, print, and online, leader-led, group discussions. The Committee is pleased with the independent research that indicates that teachers value the program highly because it allows them to improve their teaching skills on their own schedules, and it breaks down the isolation of the classroom. The project has begun to expand to pre-service, as well as in-service teacher training in technology through the existing PBS satellite links at colleges and schools across the country. The Committee is encouraged by the effectiveness of the program and its potential to reach most of our nation's current teachers, as well as those undergoing training in colleges and universities.

Funding is needed to expand the program to reach 30,000 teachers directly, make additional resources available online and on-demand through new school networks, update materials for new mathematics teaching standards, and continue to offer pre-service and in-service training in the use of technology in the classroom.

21st Century Community Learning Centers

The Committee recommends an appropriation of $600,000,000 for the 21st Century Community Learning Centers program, an increase of $146,623,000 over the comparable level for 2000 and $400,000,000 below the administration request.

The Committee has included bill language permitting funds to be provided to community-based organizations that, individually or in partnership with a school district, apply for funding for activities authorized under this program.

The Committee urges the Department to support projects that emphasize safety, crime awareness, and substance abuse prevention in their after-school plans. The Committee provides an additional $146,623,000 for the 21st Century Community Learning Centers Program to conduct programs that include such activities as part of the Youth Violence Prevention Initiative.

The purpose of the program is to support rural and inner-city public elementary and secondary schools, or consortia of such schools, to implement or expand projects that benefit the educational, health, social service, cultural, and recreational needs of the community.

The Committee has been alerted to the increasing demands made by parents and school administrators for after-school programming and encourages local innovation to remedy the multitude of social problems that arise after school hours. The Committee encourages the Secretary to target funds to areas of high need that have low-achieving students and lack resources to establish after-school centers. The Committee notes that successful after-school programs often combine academic enrichment, through the use of supple-

mentary educational materials and instruction, with other extracurricular activities.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The SafeKids initiative in South Bend, Indiana, a collaboration between the City of South Bend, the Boys and Girls Club and the South Bend School Corporation will support extended learning opportunities for area youth.

Fayette County Public Schools has developed an innovative approach to addressing the educational, health, cultural and recreational needs of the community.

The Schools Uniting Neighborhoods (SUN), Portland program provides educational and social support to students in the Portland, Oregon area.

In partnership with the Boys and Girls Clubs of Springfield, the Discovery Center in Springfield, Missouri will expand after school science education programs provided to at risk youth.

The City of Cranston, Rhode Island has formed a successful partnership with the Cranston Public Schools, the YMCA, and the "Teen Center" to enhance the use of technology offered in after school programs and will ensure that parents are full participants in this innovative arrangement.

The 21st Century Learning Center in Macon, Georgia has contributed significantly to supporting safer learning environments, to reducing juvenile crime, and helping bridge the digital divide.

The ARC of East Central Iowa is developing a promising project in Cedar Rapids which will provide a comprehensive center designed to meet the learning, medical and day care needs of children and adolescents with disabilities.

John A. Logan College plans to enhance the educational and social support provided to the community through development of a community learning center.

The Right Start program proposed by the State of Alaska will help kindergarten-age schoolchildren prepare for success. The program will provide extended day programs for young children who are behind expected developmental levels and will hire academic intervention program coordinators.

The Boys and Girls Club of Palmer and Wasilla have proposed an outreach program to provide before and after-school programs for four schools in the Mat-Su Valley, including a summer school element, to ensure that children residing in the rural Mat-Su Valley region of Alaska have access to high quality before and after school care.

Small, Safe and Successful High Schools

The Committee defers actions on this proposal pending the outcome of the reauthorization of elementary and secondary education programs. The administration requested $120,000,000 for this new program for fiscal year 2001. This new initiative would allow the Department to make competitive grants to local educational agencies on behalf of the high schools that they serve to assist them in implementing smaller, safer learning environments. Two types of grants would be made under this program: planning award to assist schools with developing an approach for creating smaller learn-

ing environments; and implementation awards for schools that have developed an approach and generated requisite community support.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2000	$8,700,986,000
Budget estimate, 2001	9,149,500,000
Committee recommendation	8,986,800,000

The Committee recommends an appropriation of $8,986,800,000 for education for the disadvantaged. This is $285,814,000 more than the fiscal year 2000 appropriation and $162,700,000 less than the administration request. In fiscal year 2000 $6,204,763,000 was made available for this account in fiscal year 2001 funds. This year, the Committee recommendation includes $6,223,342,000 in advance funding.

Programs financed under this account are authorized under title I 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 [LEAs] 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 most of these programs are allocated through 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 LEAs.

The Committee recognizes that elementary and secondary education programs authorized by the Elementary and Secondary Education Act of 1965, as amended, currently are under consideration for reauthorization. Until this process is completed, appropriations generally will be made consistent with the current authorization for these programs. The Committee defers action on all new programs proposed by the Administration pending reauthorization of elementary and secondary education programs.

Grants to local educational agencies

Title I grants to local educational agencies provide supplemental education funding to LEAs and schools, especially in high-poverty areas, to help low-income, low-achieving students learn to the same high standards as other children. The program currently provides services to more than 11 million children. The formula for basic grants is based on the number of children from low-income families in each LEA, weighted by per-pupil expenditures for education in the State. The Department makes Federal allocations to the LEA level. States have the option to reallocate funds to LEAs serving areas with fewer than 20,000 residents 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 LEAs for dropout prevention programs involving youth from correctional facilities and other at-risk children.

By law, 1 percent of the total LEA grant appropriation is set aside for the Bureau of Indian Affairs and the outlying areas.

For title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of $7,113,403,000. This amount is $330,403,000 more than appropriated in fiscal year 2000 and $1,430,303,000 more than the budget request.

The Committee has provided no funding for the targeted grants program. The administration requested $1,671,500,000 for this program which distributes funds in a manner that provides higher per-child amounts for LEAs with the highest percentage of poor children.

The Committee recommends $1,222,397,000 for concentration grants, $64,000,000 more than the amount appropriated in fiscal year 2000 and $219,497,000 more than the budget request. Funds under this program are distributed according to the basic grants formula, except that they only go to LEAs where the number of poor children equals at least 6,500, or 15 percent, of the total school-aged population. Approximately 66 percent of LEAs nationally receive funds.

The Committee has included hold harmless bill language for local educational agencies that would be affected by the use of updated census data in making Concentration Grants awards for academic year 2001–02. The Committee has also included bill language clarifying that any funds appropriated in excess of the fiscal year 2000 appropriation for Title I basic and concentration grants be used first to fund the hold harmless provision, and then be allocated to LEAs in accordance with the Title I statutory formula. The Committee recommendation provides $58,400,000 to accommodate the estimated effect of the hold harmless provision.

The Department of Education Appropriations Act, 2000 also set aside $134,000,000 within the appropriation for the Title I basic grant program for States to help schools in improvement status increase student achievement through various mechanisms, including public school choice. The Administration requested a $250,000,000 set aside for fiscal year 2001. The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs.

Capital expenses for private school students

The Committee recommends $6,000,000 for the capital expenses program, a decrease of $6,000,000. The Administration has requested no funds and has proposed eliminating the program. It has been brought to the Committee's attention that several states require continued assistance under this program and in some cases, states have declared a need for additional funds to cover administrative costs incurred in serving private school students.

The Supreme Court's 1985 *Aguilar* v. *Felton* decision prohibited districts from sending public schoolteachers or other employees to private sectarian schools for the purpose of providing title I services. The capital expenses program has helped districts comply with *Felton* by paying a portion of the additional capital costs associated with serving religious school students outside school premises. Funds are 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.

On June 23, 1997, the Court reversed its earlier ruling, and districts may now provide title I instruction in private schools. However, many school districts will continue, over the short term, to incur costs as a result of the original 1985 decision. For example, some may have entered into multiyear leases for vans, portable classrooms, or other neutral instructional sites. The Committee, therefore, has recommended continuation of this program until an assessment has been made as to what the final costs are for *Felton* compliance.

Funds are allocated to States according to the proportion of nonpublic school students served under the 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 recommends $185,000,000, an increase of $35,000,000 above the fiscal year 2000 appropriation and the budget request.

The Even Start program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education and Family Literacy Act. Programs combine early childhood education, adult literacy, and parenting education.

States receive funds on the basis of their proportion of title I LEA grant allocations and make competitive 4-year grants to partnerships of 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, 40 percent in the fourth year, 50 percent in years 5 through 8, before reaching a cap of 65 percent after 8 years.

Migrant

For the State agency migrant program, the Committee recommends $380,000,000, an increase of $25,311,000 over the amount appropriated in fiscal year 2000 and the same as the budget 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 within the States. 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 624,000 migrant students; however, 720,000 are eligible to receive services and that number is increasing since states have been actively identifying and recruiting migrant children into educational programs.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs.

Neglected and delinquent

The Committee recommends $50,000,000 for the title I neglected and delinquent program, an increase of $8,000,000 more than amount recommended by the administration and the 2000 fiscal year level. The Committee recognizes this program as an essential component of the Youth Violence Prevention Initiative.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions.

Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside up to 10 percent of their neglected and delinquent funds to help students in State-operated institutions 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.

Evaluation

The Committee bill includes no funds for title I evaluation activities, $8,900,000 less than the amount appropriated in fiscal year 2000. The administration did not request any funds for evaluation within this line item. Under its reauthorization proposal and fiscal year 2001 budget, set asides are established within each individual program's appropriation. The Committee defers actions on this proposal pending reauthorization of elementary and secondary education programs.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is contributing to student performance.

Comprehensive school reform

The Committee recommends no funds for the comprehensive school reform program which was created through the fiscal year 1998 appropriations act and is funded under the title I demonstration authority. The administration requested $190,000,000 for this purpose in fiscal year 2001. This program provides schools with funding to develop or adopt, and implement, comprehensive school reforms based on reliable research and effective teaching practices.

High school equivalency program

The Committee bill includes $20,000,000 for the high school equivalency program [HEP]. This amount is $5,000,000 more than the amount appropriated in fiscal year 2000 and the same as the amount requested by the administration.

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 post-secondary institution or a job-training program, or join the mili-

tary. Projects provide counseling, health services, stipends, and placement assistance. HEP serves about 6,000 migrants.

College assistance migrant program

For the college assistance migrant program [CAMP], the Committee recommends $10,000,000, an increase of $3,000,000 over the fiscal year 2000 appropriation and the same as the amount requested by the administration.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for followup services after students have completed their first year of college, including assistance in obtaining student financial aid. CAMP serves about 1,000 students.

IMPACT AID

Appropriations, 2000	$906,452,000
Budget estimate, 2001	770,000,000
Committee recommendation	1,030,000,000

The Committee recommends an appropriation of $1,030,000,000 for impact aid for the Department of Education. This amount is $123,548,000 above the 2000 appropriation and $260,000,000 above the administration request.

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. During the current school year, approximately 1,400 school districts will receive payments on behalf of 1.2 million eligible children.

The Committee recognizes that the Impact Aid program is under review as part of reauthorization of the Elementary and Secondary Education Act of 1965, as amended. The Committee defers actions on the Administration proposals for this program pending the outcome of the reauthorization of elementary and secondary education programs.

Basic support payments.—The Committee recommends $818,000,000 for basic support payments, $80,800,000 more than the amount appropriated in fiscal year 2000 and $98,000,000 above the amount recommended by the administration. 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 $50,000,000 for this pur-

pose, the same as the 2000 level and $10,000,000 more than the administration request.

Payments for heavily impacted districts.—These payments provide additional assistance to certain local educational agencies that enroll large numbers or proportions of federally connected children. The Committee recommends $82,000,000, an increase of $9,800,000 over the amount appropriated in fiscal year 2000. No funds were requested by the administration for this activity.

Facilities maintenance.—This activity provides funding for maintaining certain school facilities owned by the Department of Education. The Committee recommends $8,000,000 for this purpose in fiscal year 2001, $3,000,000 more than the budget request and the amount appropriated in fiscal year 2000.

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 $25,000,000 for this program, $14,948,000 more than the amount appropriated in fiscal year 2000 and $20,000,000 more than requested by the administration.

The Committee is aware of conditions at the Cannon Ball Elementary School, one of two schools that comprise the Solen, North Dakota school district. The school, which is located on the Standing Rock Sioux Reservation is more than 70 years old, with classrooms and other school facilities inadequate to support an environment conducive to learning. The Committee encourages the Department to provide assistance to the school district to remedy this situation.

The Committee recognizes that the Harlem Elementary School in Harlem Public School District, Montana serves students in drastically deteriorating facilities and portable classrooms that are not conducive to student learning. The Committee encourages the Department to work with the school district to identify possible solutions to this situation.

The Committee is aware that Brockton School in Montana is experiencing significant problems with its K–8 facility, including a leaking roof, faulty boilers, deteriorating pipes and plumbing, and asbestos removal. These conditions at Brockton School need to be remedied in order to promote the academic success of its students. The Committee encourages the Department to provide assistance to the Brockton School in identifying appropriate measures to improve the learning environment at the school.

The Committee understands that schools of the Knob Noster and Waynesville Public School systems are in need of improvement given the increasing student population related to the military presence on the military bases of Whiteman Air Force Base and Fort Leonard Wood. The Committee urges the Department to work with the school districts to explore potential solutions that will provide an appropriate educational environment for students attending school in these districts.

The Committee is aware of the critical construction needs for a new high school in the City of Craig, Alaska. The Committee requests that the Department work with this school district to address this issue and ensure that all possible solutions are explored.

It has come to the Committee's attention that schools in the Eminence R–1 School District in Missouri are in urgent need of up-

grade and expansion. The high school building that serves the district was constructed in 1910 and the cafeteria is capable of handling just one-third of the students at any one time. The Committee requests that the Department provide assistance to the School District in addressing this issue.

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 $47,000,000 for this activity in 2001, $15,000,000 more than the fiscal year 2000 amount. No funds were requested by the administration for this activity.

The Committee is aware of the unique circumstances that the Kadoka School District in Jackson County, South Dakota faces in proving eligibility for an appropriate level of funding for this program. Over time, the consolidation of two counties that form the current school district boundaries and the transfer of land ownership have made it difficult to produce the documentation required to prove eligibility for the all of the property within the school district's boundaries. The Committee encourages the Department to work with the school district and local officials to address this situation.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2000	$3,006,884,000
Budget estimate, 2001	3,869,034,000
Committee recommendation	4,672,534,000

The Committee recommends an appropriation of $4,672,534,000 for school improvement programs. This amount is $1,665,650,000 more than the 2000 appropriation and $803,500,000 more than the administration's request.

Teaching to High Standards

The Committee defers action on this proposal pending the outcome of reauthorization of elementary and secondary education programs. The administration requested $690,000,000 for the proposed Teaching to High Standards State grants program for fiscal year 2001. This new program would replace the Eisenhower Professional Development State Grants program, and distribute funds by formula to State educational agencies. Grants would support State and local efforts to align curricula and assessments with content standards, and provide teachers with high quality professional development in the core academic subjects.

Eisenhower professional development State grants.—The Committee recommends $435,000,000 for Eisenhower professional development State grants, $100,000,000 more than the fiscal year 2000 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.

The Committee emphasizes the priority of professional development in the fields of Math and Science. It also encourages state

and local educational agencies to scrutinize the appropriateness and quality of training in all fields to be funded by this program.

School Leadership Initiative

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration requested $40,000,000 for a new School Leadership Initiative. This new program is designed to provide professional development opportunities to current and prospective school administrators through a network of leadership development centers established by program grantees.

National Activities for the Improvement of Teaching and School Leadership

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration requested $25,000,000 for the proposed National Activities for the Improvement of Teaching and School Leadership program. This initiative would replace the Eisenhower Professional Development Federal Activities program. The proposed program seeks to provide Federal leadership in support of improvement in classroom instruction so that all students are prepared to meet challenging State content and student performance standards in the core academic areas.

Hometown Teachers

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration requested $75,000,000 for the proposed Hometown Teachers initiative. This new program would provide competitive grants to high-poverty school districts to develop a comprehensive approach to teacher recruitment and retention.

Higher Standards, Higher Pay

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration requested $50,000,000 for a new initiative on Higher Standards, Higher Pay. This new program would provide competitive grants to high-poverty school districts to help them attract and retain high-quality teachers and principals by increasing pay for all teachers in school districts that formed partnerships that design and implement reforms to raise teacher performance.

Teacher Quality Incentives

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration requested $50,000,000 for the new Teacher Quality Incentives program. The purpose of this new initiative is to provide monetary rewards to school districts in high-poverty areas for increasing the percentage of certified teachers and decreasing the percentage of teachers who are teaching out of field.

Transition to Teaching: Troops to Teachers

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration requested $25,000,000 for the new Transition to Teaching: Troops to Teachers program. This new proposal would authorize the Secretary of Education to award grants or contracts to institutions of higher education, public agencies and nonprofit organizations to recruit, prepare, place and support mid-career professionals for teaching positions in high-poverty school districts.

Early Childhood Educator Professional Development

The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs. The administration requested $30,000,000 for the proposed Early Childhood Educator Professional Development program. This new initiative would award competitive grants to improve the knowledge and skills of early childhood educators and caregivers who work in communities with high concentrations of young children living in poverty.

Innovative education program strategies State grants.—The Committee recommends $3,100,000,000, of which $2,585,000,000 will become available on October 1, 2001 for innovative education program strategies State grants. This represents an increase of $1,434,250,000 over the 2000 level. The administration proposed to eliminate funding for this program. This program makes 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; and reform activities consistent with Goals 2000. Teacher training and other related activities in support of any of these purposes is also authorized.

Within the Committee recommendation, $2,700,000,000 has been provided under the title VI block grant for purposes consistent with Title VI to be determined by the local education agency as part of a local strategy to help improve academic achievement of students. Funds may also be used to address the shortage of highly qualified teachers to reduce class sizes, particularly in early grades, using highly qualified teachers to improve educational achievement for regular and special needs children; to support efforts to recruit, train and retrain highly qualified teachers; or for renovating and constructing school facilities. It shall be the sole discretion of the LEA to determine how best to use these funds.

Safe and drug free schools and communities

The Committee remains extremely concerned about the frequent and horrific occurrence of violence in our Nation's schools. Last year, the Committee provided $163,000,000 within this account for a school violence prevention initiative. As part of an enhanced and

more comprehensive effort, the Committee has provided $195,000,000 within the safe and drug free schools and communities program to support activities that promote safe learning environments for students. Such activities should include: targeted assistance, through competitive grants, to local educational agencies for community wide approaches to creating safe and drug free schools; and training for teachers and school security officers to help them identify students who exhibit signs of violent behavior, and respond to disruptive and violent behavior by students. The Committee continues to encourage the Department to coordinate its efforts with children's mental health programs.

The Committee urges the Department to include in its research on risk behavior, students from both the elementary and secondary grades. The Committee also urges the Department to expand studies to include research on gambling attitudes and behavior.

State grant program.—The Committee bill provides $447,000,000 for the safe and drug free schools and communities State grant program. The amount recommended is $7,750,000 more than the fiscal year 2000 appropriation and the budget request. Of the funds provided, $330,000,000 will become available on October 1, 2001 for the 2001–02 academic year.

National programs.—The Committee has included $145,000,000 for the national programs portion of the safe and drug free schools program, $5,750,000 less than the budget request and $34,250,000 more than the fiscal year 2000 appropriation. The Committee has provided resources for this program as part of its youth violence prevention initiative. Funds for this program are used for discretionary grants, joint projects with other Federal agencies, development and dissemination of materials, data collection and evaluation and a variety of other activities designed to improve the field of drug and violence prevention at the elementary and secondary school level. Discretionary grants also are provided for campus-based projects.

The Committee is aware of the increasing problem of alcohol and drug abuse on college campuses, and therefore, has included $850,000 to continue the National Recognition Awards program under the same guidelines outlined by Section 120(f) of Public Law 105–244. This amount is the same as the administration request and the fiscal year 2000 level. This program identifies and provides models of alcohol and drug abuse prevention and education programs in higher education. The Committee encourages the Secretary to make fiscal year 2001 awards to institutions of higher education not having received an award in the fiscal year 2000 competition.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The SAFE HAVENS Training Project provides child care givers with the necessary tools and skills to mitigate the effects of violence through a video-based training program and workshops. SAFE HAVENS will expand its program to teach caregivers in more States across the country about children's responses to violence and practical strategies to supporting both children and coworkers, beginning with a demonstration program involving the

States of Pennsylvania, Mississippi, Massachusetts, Missouri, and California.

Ashland Community College and Southern Oregon University continue efforts to research and pilot a comprehensive program for preventing alcohol and drug use.

The Montana Division of Educational Research and Service and the Board of Crime Control will collaborate to facilitate a statewide community-based curriculum development initiative that promotes responsible behavior and prevents violence in schools.

The National Youth Safety Corps, a partnership program involving the National Crime Prevention Council and the Crime Prevention Coalition of America, will be piloted in 4 States: Nevada, Illinois, Iowa, and Texas, and is designed to improve the learning environment of America's schools by implementing youth crime, violence, and drug abuse prevention strategies.

The Fairfax County Public School system, in collaboration with Fairfax County Police Department, are developing an innovative, automated system for improving coordination and information sharing in order to improve school safety.

Coordinator initiative

The Committee has included $50,000,000 for the Coordinator Initiative. This is the same as the fiscal year 2000 appropriation and the budget request. The Committee has provided resources for this program as part of its youth violence prevention initiative. The Committee recommendation will enable the Department to provide assistance to LEAs to recruit, hire, and train drug prevention and school safety program coordinators in middle schools with significant drug and school safety problems. These coordinators will be responsible for developing, conducting and analyzing assessments of their school's drug and crime problems, and identifying promising research-based drug and violence prevention strategies and programs to address these problems.

Project SERV

The Committee has deferred action for the new Project SERV (School Emergency Response to Violence), pending enactment of authorizing legislation. The administration requested $10,000,000 for this purpose in fiscal year 2001.

Under this initiative, the Department would collaborate with the Departments of Justice and Health and Human Services and the Federal Emergency Management Administration to help school districts respond to major crises.

Inexpensive book distribution

For the inexpensive book distribution program, the Committee provides $23,000,000, an increase of $3,000,000 over the 2000 appropriation and the amount recommended by the administration. The increase has been provided as part of the Committee's youth violence prevention initiative. This program is operated by Reading Is Fundamental [RIF], a private nonprofit organization associated with the Smithsonian Institution. RIF supports over 5,600 projects at over 26,000 sites to distribute books to children from low-income families to help motivate them to read. In 2000, an estimated 10.8

million books will be distributed to 3.4 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. As mentioned earlier, the Committee believes that literacy promotion is important to preventing violence among youth.

Arts in education

For the arts in education program, the Committee recommends $18,000,000, an increase of $6,500,000 more than the 2000 appropriation and $5,000,000 less than the administration request. The amount recommended will support grant awards: $6,500,000 for a grant to USAarts which supports the development of programs to integrate the arts into the lives of children and adults with disabilities; and $5,500,000 for a grant to the John F. Kennedy Center for the Performing Arts, which supports a variety of activities through its education department that promote the arts throughout the Nation, and for youth violence prevention activities. Funds provided in this account also support model professional development activities to support the increasing demand for arts and music teachers.

The Committee has provided sufficient resources for additional grants to support programs targeting youth violence, delinquency and substance abuse, both in-school and during the after school hours, through innovative arts programming and youth arts education initiatives.

The Committee is aware that recent data and empirical evidence indicate that specific instruction in music, art, and dance improves the success of K–12 students. The Committee supports grants, authorized under this program, to eligible recipients for: the development and implementation of curriculum frameworks for arts education; the development of model preservice and inservice professional development programs for arts educators and other instructional staff; specific instruction in music, art, theatre, and dance; the development of model arts education assessments based on high standards; and supporting model projects and programs to integrate arts education into the regular elementary and secondary school curriculum. The Committee encourages the Department to give full and fair consideration to proposals from any Mississippi LEA, and Mississippi State and local arts agency implementing the Whole Schools Program model and training provided by the Mississippi Arts Commission.

The Committee recognizes the merits of the Kennedy Center working with the Salt Lake Organizing Committee in creating a National Commission and participating in the Olympic Imagination Celebration for the Winter Olympic and Paralympic Games of 2002.

Magnet schools assistance

For the magnet schools assistance program, the Committee bill provides $110,000,000, the same as the amount recommended by the administration and the 2000 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.

Within the amount provided, the Committee has included $5,000,000 for innovative programs, the same as the budget request and the fiscal year 2000 appropriation.

Fiscal year 2001 marks the beginning of a new round of competition for Magnet School grant awards. The Committee is aware that the Yakima, Tacoma and Seattle School Districts will be applying for grant awards to continue the education reform that began with a previous Magnet School grant. The Committee urges that full and fair consideration be given to these grant requests.

Education for homeless children and youth

For carrying out education activities authorized by part B, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends $31,700,000, an increase of $2,900,000 over the fiscal year 2000 amount and the same as the budget request.

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 State receives under the title I program.

Women's educational equity

The Committee recommends $3,000,000 for the women's educational equity program, the same as the fiscal year 2000 appropriation and the same as the amount requested by the administration. The program supports projects that assist in the local implementation of gender equity policies and practices.

Training and advisory services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee recommends $7,334,000, the same as the fiscal year 2000 appropriation and the administration's request.

The funds provided will continue the 10 regional equity assistance centers [EACs] formerly known as regional desegregation assistance centers. Each EACs provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs. No funds are included for civil rights units in State education agencies.

Ellender fellowships

For Ellender fellowships, the Committee bill includes $1,500,000, the same as the 2000 appropriation. The administration recommended no funding for this program. 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 1 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 $28,000,000, which is $5,000,000 above the 2000 appropriation and the administration request.

Education for Native Hawaiians.—The programs for the education of native Hawaiians, the Committee bill includes $28,000,000. The Committee urges the Department when allocating these funds to provide the following: $6,500,000 for curricula development, teacher training, and recruitment programs, including native language revitalization and encourages priority be given to the University of Hawaii at Hilo Native Language College, aquaculture, prisoner education initiatives, waste management, computer literacy, big island astronomy, and indigenous health programs; $1,600,000 for the community based learning centers; $3,200,000 for the Hawaii higher education program; $2,700,000 for the gifted and talented programs; $2,600,000 for the special education programs; $500,000 for the native Hawaiian education councils, $10,900,000 for family based education centers, including early childhood education for native Hawaiian children.

Child Literacy Initiative.—The Committee is concerned that Hawaiian students are significantly behind in quantitative literacy and encourages teachers to promote teacher training in this area. The Committee is aware that the Hawaii State Department of Education, the American Statistical Association, and the Kamehameha school district have collaborated to design and implement workshops for teachers in quantitative.

Education for Native Hawaiians in Agriculture and Business.—The Committee supports the expansion of the partnerships between community-based agricultural businesses and cooperating Hawaii high schools where agricultural and business practices are integrated into the curriculum, resulting in hands-on agribusiness training, exposure to entrepreneurship, and marketable products. For timely and efficient use of these funds, the Committee recommends that the funds be administered by the Economic Development Alliance of Hawaii, a not for profit corporation capable of administering Federal funds.

Education for Native Hawaiians in Community Education.—The Committee is aware of the Malama Hawaii initiative and the effort to provide for community education programs that address issues of education, health, justice, environment, culture, and the economy through experiential and outdoor education programs that involve children, youth and families. These community-led outreach projects foster community stewardship of geographic areas and natural resources employing cultural practices and protocols in programs that train formal and informal teachers to educate others about critical issues facing the Hawaii community, and through interpretive programs that educate the public and increase apprecia-

tion and support for significant cultural and natural heritage sites. The Committee recommends that $300,000 be made available in fiscal year 2001 under the authority of the Native Hawaiian Education Act for the Malama Hawaii Community Education Initiative.

Native Hawaiian agriculture partnership.—The Committee is aware of the dismal economic and social conditions in the rural areas of Hawaii resulting from the closure of several sugar cane plantations that formerly provided infrastructure for these communities. The Committee favors and continues to support the expansion of the partnerships between community-based agricultural businesses and cooperating high schools, where agricultural and business practices are integrated into the curriculum and products that are ultimately purchased by the cooperating businesses.

Computer literacy and access for Hawaiian and part-Hawaiian children.—The importance of literacy for success in school has been clearly demonstrated. Disadvantaged native Hawaiian and part-Hawaiian children struggle for opportunities. The Committee urges that students interested in becoming elementary and high school teachers be strongly encouraged to pursue these fields of study.

Indigenous health.—The Native Hawaiian Health Care Improvement Act provides authority for inclusion of native Hawaiian traditional healers in the comprehensive health care delivery system. There is similar recognition of traditional healing within the Indian Health Service health care delivery system. Because of a lack of available instruction in traditional medicine, this knowledge is being lost for younger generations of native Americans and native Hawaiians. The Committee is aware of the benefits of educating health care practitioners in traditional medicines and techniques in native Indian and native Hawaiian communities.

Hawaii Marine Resource Management.—The Committee notes that the Hui Malama o Mo'omoni has been working to document the traditional fishery management techniques used in the Hawaiian culture. These techniques have both scientific and cultural relevance to the efficient management of Hawaii's marine resources. The Committee understands the value of a community-based outreach program that could teach Hawaiian children these traditional marine management practices and recognizes the expertise that Hui Malama o Mo'omoni and their consortium partners have in this area.

Alaska Native educational equity

The Committee recommends $15,000,000 for the Alaska Native educational equity assistance program, authorized under title IX, part C, of the Elementary and Secondary Education Act. This amount is $2,000,000 over the 2000 appropriation and the budget request. Additional funds in fiscal year 2001 will allow expansion of this program to include cultural education programs operated by the Alaska Native Heritage Center and for continued operation of the Rose program, including publication and distribution of literature, operated by the Alaska Humanities Forum to expose urban students to Native culture in rural Alaska. These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for development of supplemental educational programs to benefit Alaska Natives. The Committee di-

rects the Department to consult with the Alaska Federation of Natives in developing criteria for grant proposals, in developing a simplified and streamlined application form, and in developing criteria for evaluating projects.

It has been brought to the Committee's attention that in urban areas, 60 percent of Alaska Natives entering high school do not graduate, and that Alaska Natives test scores are on average 40 percent lower than those of other students. In some districts, none of the Alaska Native elementary students and 40 percent of Native high school students are performing at their grade levels. The funds provided under the Alaska Native educational equity assistance program will help to address some of the barriers faced by Native Alaskan children and develop programs tailored to the unique needs of these children to improve performance levels.

Charter schools

The Committee recommends $210,000,000 for support of charter schools, an increase of $65,000,000 over the 2000 appropriation and $35,000,000 more than the budget request.

This program, authorized under title X, part C of the Elementary and Secondary Act of 1965, as amended, provides funds to the Secretary to make 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 may be used for planning and program design, not more than 2 years for the initial implementation of a charter school, and not more than 2 years to carry out dissemination activities.

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, charter schools can operate with considerable autonomy from external controls such as district, State, and union requirements.

Opportunities to Improve Our Nation's Schools

The administration requested $20,000,000 for the proposed Opportunities to Improve Our Nation's Schools program. Under this new initiative, the Department would make grants to States and local school districts to support innovative approaches to high-quality public school choice within school districts and States. The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs.

Comprehensive regional assistance centers

The Committee recommends $28,000,000 for the comprehensive regional technical assistance centers. This recommendation is the same as the fiscal year 2000 level and will continue to fund all current activities. The administration recommended no funding for this program. This program supports 15 regional centers that provide support, training, and technical assistance to Department of

Education grantees. Of the amount recommended, up to $750,000 is for an evaluation to collect performance indicator data that would improve the delivery of technical assistance centers.

Strengthening Technical Capacity Grants

The administration requested $38,000,000 for the new Strengthening Technical Capacity Grants program. The Department proposal would replace the Comprehensive Regional Assistance Center. This new proposal would make formula grants to States and the 100 LEAs with the largest number of children in poverty that would enable them to purchase appropriate technical assistance and strengthen their capacity to acquire and use it. The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs.

Advanced placement test fees

The Committee recommends $20,000,000 for the advanced placement test fees program, the same as the amount requested by the administration and an increase of $5,000,000 more than the amount appropriated in fiscal year 2000. This program awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income individuals who are enrolled in an advanced placement class and plan to take an advanced placement test. The Committee is aware of the benefits of Internet-based AP pilot programs in rural parts of the country or other underserved districts where students would otherwise not have access to AP instruction and encourages the Department to consider proposals that meet the needs of students in these areas of the country.

READING EXCELLENCE

Appropriations, 2000	$260,000,000
Budget estimate, 2001	286,000,000
Committee recommendation	286,000,000

The Committee recommends $286,000,000 for Reading Excellence Act programs, $26,000,000 more than fiscal year 2000 appropriation and the same as the budget request. These funds support reading and literacy grants to State and local educational agencies to build upon what they are already providing to promote literacy and to establish new efforts to link parents, teachers, trained reading professionals, and trained tutors in school, library, and community literacy efforts. In addition, the program includes an emphasis on improving the quality of teaching in the area through professional development and by using scientifically based reading research.

INDIAN EDUCATION

Appropriations, 2000	$77,000,000
Budget estimate, 2001	115,500,000
Committee recommendation	115,500,000

The Committee recommends $115,500,000 for Indian education programs, an increase of $38,500,000 above the fiscal year 2000 appropriation and the same as the budget request.

Grants to local education agencies

For grants to local education agencies, the Committee recommends $92,765,000, an increase of $30,765,000 over the fiscal year 2000 appropriation and the same as the budget request. These funds provide financial support to reform elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to local educational agencies, the Bureau of Indian Affairs [BIA]-supported schools and BIA operated schools.

Special programs for Indian children

The Committee recommends $20,000,000 for special programs for Indian children, the same as the budget request and $6,735,000 above the amount appropriated in fiscal year 2000. Funds will be used for demonstration grants to improve Indian student achievement through early childhood and preschool education programs, and professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National activities

The Committee recommends $2,735,000 for national activities, the same as the budget request and $1,000,000 more than the fiscal year 2000 appropriation. Funds are used for research, evaluation, and data collection to provide information on the educational status for the Indian population and on the effectiveness of Indian education programs.

SCHOOL RENOVATION

Appropriations, 2000	.....
Budget estimate, 2001	$1,300,000,000
Committee recommendation	.....

The Committee recommends no funding for the Administration's proposed School Renovation program. The Administration requested $1,300,000,000 for this purpose.

Under the budget request, $50,000,000 would be available to 118 LEAs with 50 percent or more of their children in average daily attendance residing on Indian lands. The budget request also requested $125,000,000 for direct grants and $1,125,000,000 in loan subsidies for other LEAs.

BILINGUAL AND IMMIGRANT EDUCATION

Appropriations, 2000	$406,000,000
Budget estimate, 2001	460,000,000
Committee recommendation	443,000,000

The Committee recommends an appropriation of $443,000,000 for bilingual and immigrant education. This is $37,000,000 above the 2000 appropriation and $17,000,000 below the administration's request.

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. The Committee defers action on all new programs and programmatic

changes proposed by the Administration pending reauthorization of elementary and secondary education programs.

Instructional services

The Committee bill includes $180,000,000 for bilingual instructional programs, $17,500,000 above the 2000 level and the same as the President's request.

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 has included $14,000,000 for support services, the same as the fiscal year 2000 appropriation and $2,000,000 less than the administration's request. 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 $85,000,000 for professional development, an increase of $13,500,000 above the fiscal year 2000 appropriation and $15,000,000 below the budget request.

These funds support the training and retraining of bilingual education teachers and teacher aides, graduate fellowships related to the field of bilingual education, and grants to institutions of higher education to improve bilingual teacher training programs.

Immigrant education

The Committee recommends $150,000,000 for immigrant education, the same as the administration request and the fiscal year 2000 appropriation.

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 educational 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.

Foreign language assistance

The Committee recommends $14,000,000 for competitive foreign language assistance grants, $6,000,000 above the amount appropriated in fiscal year 2000 and the same as the amount requested

by the administration. This activity provides grants to increase the quantity and quality of instruction in foreign languages.

The Committee notes the lack of Federal incentives to provide adequate instruction in second language acquisition to elementary and secondary students. Recent research shows that the optimum human learning time for all languages is between birth and age 10. The Committee is especially concerned that the nation's educational system is not meeting a critical need for speakers of foreign languages to fill sensitive Federal agency jobs, and is not preparing enough students to face an internationally competitive business environment.

The Committee supports an increase in funding for this program by $6,000,000 for total funding in fiscal year 2001 of $14,000,000 to help encourage local and State school agencies to meet the challenges of foreign language instruction. However, the Committee is distressed that the only Federal program designed to help schools meet this need is unavailable to the poorest schools. The Administration's description of the continuation of this program does not include incentive grants for initiating elementary level programs and nor does it provide special assistance to needy schools. The Committee encourages the Secretary to utilize his ability to waive the matching requirement for qualifying schools and to increase awareness of this accommodation among the affected school population.

SPECIAL EDUCATION

Appropriations, 2000	$6,036,196,000
Budget estimate, 2001	6,368,841,000
Committee recommendation	7,352,341,000

The Committee recommends a program level of $7,352,341,000 for special education. This is $1,316,145,000 more than the 2000 appropriation and $983,500,000 above the administration request. This amount includes $4,624,000,000 advance funded in fiscal year 2002.

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 provided through State grants that offset a portion of the costs incurred by States and local educational agencies in educating children with disabilities and in developing and implementing statewide systems of early intervention services, and through six programs that provide a streamlined structure to help States improve educational and early intervention results for children with disabilities.

Grants to States

The Committee bill provides $6,279,685,000, including $4,624,000,000 in advanced funding for fiscal year 2002 for special education grants to States. The amount recommended is $1,290,000,000 more than the fiscal year 2000 appropriation and $1,000,000,000 above the budget request. This program supports formula grants to States to finance a portion of the cost of provid-

ing special education and related services for children with disabilities.

The Committee's recommended funding level represents approximately 15 percent of the estimated average per-pupil expenditure and 13 percent of excess costs, and would provide an estimated Federal share of $984 per child for the 6.4 million children expected to receive special education services.

Preschool grants

The Committee recommends $390,000,000 for preschool grants, the same as the fiscal year 2000 appropriation and the budget request. The preschool grants program provides formula grants to States based on the amount of funding received in fiscal year 1997, the number of preschool children aged 3 through 5 years, and the number of preschool children aged 3 through 5 living in poverty.

The amount provided by the Committee is approximately $672 per child for the 580,500 preschoolers expected to receive special education and related services in the next school year.

States may retain an amount equal to 25 percent of their 1997 allocation, cumulatively adjusted upward by the lesser of inflation or the percentage increase in the State's allocation, of which 20 percent may be used for administration. These funds may be used for direct and support services for 3- through 5-year-olds; at a State's discretion, to serve 2-year-olds with disabilities who will turn age 3 during the school year; and, for other purposes. The remaining funds must be distributed to local educational agencies.

Grants for infants and families

The Committee bill provides $383,567,000 for the part C grants for infants and families program, an increase of $8,567,000 above the fiscal year 2000 appropriation and the same as the budget request. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages birth through 2, and their families.

State improvement

For State improvement, the bill provides $35,200,000, the same as the fiscal year 2000 appropriation and $10,000,000 below the budget request. This program supports competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational systems.

Research and innovation

The Committee has included $74,433,000 for research and innovation, $10,000,000 more than the fiscal year 2000 appropriation and the same as the budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The Baird Center, Burlington, Vermont has developed programs that educate students with serious emotional and behavioral problems.

The Yukon-Kuskokwim Community Parent Resource Center has developed an plan for utilizing distance communication technology to serve the parents of special education children in the Yukon-Kuskokwim area of western Alaska.

The National Easter Seal Society and the Easter Seal Societies of Arkansas, Louisiana and Mississippi have targeted remote areas in the Mississippi Delta Region to improve early intervention and child development services.

The Mat-Su Borough High School has developed a high-tech pilot program for special education high school students in the Borough to expose them to and provide training in technology-related career opportunities.

The Texas A&M International Reading Research Center and Clinic in Laredo, Texas supports a dual-purpose reading research center and clinic, concentrating on reading disabilities and disorders experienced by language minority students.

Children requiring special education in rural Alaska are frequently not able to access needed services because specialists in teaching learning disabled children are not located in these remote areas. Parents, Inc. in Alaska is developing a network of mobile video conferencing kits to bring expert trainers and specialists in special education to multiple remote sites in Alaska, and to train parents, facilitators and advocates who live in these remote sites in Alaska.

Technical assistance and dissemination

The Committee bill provides $45,481,000, the same as the fiscal year 2000 level and $8,000,000 less than the budget request. These funds provide technical assistance and information through competitive awards that support institutes, regional resource centers, clearinghouses, and efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

The Committee recognizes the efforts of the University of Northern Iowa, through its We Build Communications Access through Technology program, which seeks to provide technical information and support on accessing and using assistive technology for families of children and youth with disabilities.

Personnel preparation

The Committee recommends $81,952,000 for the personnel preparation program. The amount recommended is the same as the fiscal year 2000 appropriation and the budget request. Funds support competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that these personnel have the skills and knowledge they need to serve these children.

The appropriation includes funds to provide preparation for personnel to serve children with high incidence disabilities including grants for graduate support to ensure a proper balance among all authorized grant categories.

Parent information centers

The Committee bill provides $26,000,000 for parent information centers, $7,465,000 more than the fiscal year 2000 appropriation and the same as the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and media services

The Committee recommends $34,523,000 for technology and media services, $113,000 above the fiscal year 2000 appropriation and same as the budget request. This program makes competitive awards to support the development, demonstration, and use of technology, and educational media activities of value to children with disabilities.

The Committee recommendation includes $8,000,000 for Recording for the Blind and Dyslexic (RFB&D), an increase of $500,000 over the amount appropriated for fiscal year 2000. These funds support continued production and circulation of recorded textbooks, increased outreach activities to print-disabled students and their teachers, and accelerated use of digital technology. The Committee believes that the increase recommended will enable RFB&D to significantly expand its outreach activities, and to accelerate its efforts to digitize its vast storehouse of materials.

Readline

The Committee recommends $1,500,000 for the Readline Program. The amount recommended is the same as the fiscal year 2000 appropriation for this activity. This activity is authorized by section 687(b)(2)(G) of the Individuals With Disabilities Education Act, as amended. The Committee recognizes the progress of the Readline Program, which is developing a wide range of media resources to disseminate research conducted by the National Institutes of Health, as well as other research concerning effective teaching strategies, early diagnosis of, and intervention for, young children with reading disabilities. These resources include an extensive Internet website, videos, and programming for television and radio broadcast. The Committee includes funding for the continued development and distribution of media resources to reach the parents and teachers of children with reading disabilities.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2000	$2,706,989,000
Budget estimate, 2001	2,798,651,000
Committee recommendation	2,799,519,000

The Committee recommends $2,799,519,000 for rehabilitation services and disability research, $92,530,000 more than the 2000 appropriation and $868,000 more than the administration request.

Vocational rehabilitation State grants

The Committee provides $2,399,790,000 for vocational rehabilitation grants to States, which is $60,813,000 more than the fiscal year 2000 appropriation and the same as the budget request.

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 legislation requires States to give priority to persons with significant 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, except the State's share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

The Rehabilitation Act requires that no less than 1.0 percent and not more than 1.5 percent of the appropriation in fiscal year 2001 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

The Committee is concerned that the agency may be considering a change in policy which would result in prohibiting State vocational rehabilitation agencies from counting blind or visually impaired persons as successfully rehabilitated if they are placed in a noncompetitive environment, even if the individual made an informed choice to accept employment in a noncompetitive environment, at the Federal minimum wage or higher. Such a decision by the agency would result in thousands of blind and visually impaired persons at risk of loss of services. However, the Committee believes that if the blind or visually impaired individual makes an informed choice to accept employment in a noncompetitive environment, at the Federal minimum wage or higher, the placement should be treated the same as any other successful Rehabilitation Employment Placement, and urges the agency not to change existing policy.

Client assistance

The Committee bill recommends $11,147,000 for the client assistance program, an increase of $219,000 over the fiscal year 2000 appropriation and the same amount recommended by the administration request.

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 that minimum grants of $100,000 are guaranteed to each of the 50 States, the District of Columbia, and Puerto Rico and $45,000 is guaranteed to each of the outlying areas, 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 2000 appropriation and the administration request.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental and innovative, and continuing education programs are funded, as well as special training programs and programs to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

Demonstration and training programs

The Committee bill includes $21,671,500 for demonstration and training programs for persons with disabilities, the same as the fiscal year 2000 appropriation and the administration request.

This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals with a wide array of disabilities.

The Salt Lake Organizing Committee seeks to offer comparable programs and services for the VIII Paralympic Winter Games as those being planned for the 2002 Olympic Games. The Committee encourages the Department to help meet this objective by providing assistance with Paralympic planning and implementing programs, consistent with the goals of the Rehabilitation Act.

The Committee is aware of the profound un-met need to upgrade and keep current the skills of the cadre of teachers across the country that teach visually impaired children and adults. This critical need can best be met by the establishment of a training center to support all the teachers of visually impaired children and adults across the nation. The National Literacy Center for the Visually Impaired in Atlanta, Georgia, a project associated with the American Foundation for the Blind is well suited to address this growing need.

The Committee recognizes the unique and progressive work of the University of Southern Mississippi's Center for Literacy and Assessment. For over 30 years, this Center has served as the South's only comprehensive resource for reading disabled students. The National Reading Panel is currently assessing and establishing a measurable evaluation of current research based practices in the teaching of reading. In providing Federal assistance to broaden the scope of the Center to a national level, it is expected that it will use the information provided by the National Reading Panel. Reading difficulty is the most prevalent disability, and recent research by the National Institute of Health suggests that it is treatable, and most important, preventable in a large portion of the population. The Center will continue to increase its research dissemina-

tion, teacher and parent training, development of replicable models for reading assessment and intervention.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The Training, Research and Assistive Technology Center at the University of New Orleans has developed a model demonstration program for entrepreneurship training for disabled individuals.

The Way Station, Inc. provides vocational programs for ethnically diverse disabled adults and after school programs for adolescents with serious emotional disturbances. The program also evaluates the efficacy of the application of technology in providing education and training to these individuals in order to identify better models for increasing academic and employment success.

The National Research and Training Institute for the Blind (NRTIB) will support ongoing efforts to reduce the illiteracy rate among blind and visually-impaired children, encourage independent living among senior citizens losing vision, develop speech and Braille access technology, and reduce the 70 percent unemployment rate among blind people of working-age.

The Lighthouse for the Blind, in Seattle, WA, plans to expand orientation and mobility services, assistive technology training and independent living services specifically for Deaf-Blind adults.

The Virtual Reality-Based Education and Training for Deaf and Hearing Impaired Children and Adults Project allows hearing impaired children and adults to gain life experience skills through the use of virtual reality and military simulation technology. The project will also provide a medium for adults to acquire job skills and allow teacher training and professional development.

Migrant and seasonal farmworkers

The Committee recommends $2,850,000 for migrant and seasonal farmworkers, $500,000 more than the 2000 appropriation and the same level as the budget request.

This program provides a 90-percent Federal match for comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

The Committee provides $2,596,000 for recreational programs, $925,000 less than the 2000 appropriation and the same as the administration request.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment, mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

Protection and advocacy of individual rights

The Committee recommends $13,000,000 for protection and advocacy of individual rights, an increase of $1,106,000 over the 2000 appropriation and $868,000 more than the budget request.

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 2000 appropriation and the administration request.

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's bill includes $38,152,000 for the supported employment State grant program, the same as the 2000 appropriation and the budget request.

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.

Independent living State grants

The Committee recommends $22,296,000 for independent living State grants, which is the same as the amount appropriated in 2000 and the budget request.

The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

Independent living centers

For independent living centers, the Committee bill includes $58,000,000, which is $10,000,000 more than the 2000 appropriation and the same as the budget request.

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 $20,000,000 for independent living services to older blind individuals, an increase of $5,000,000 above the 2000 appropriation and the administration request.

States participating in the program must match every $9 of Federal funds with not less than $1 in non-Federal resources. Assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently and avoid societal costs associated with dependent care. Services may include the provision of eyeglasses and other visual aids, mobility training, braille instruction and other communication services, community integration, and information and referral. These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care. The services most commonly provided by this program are daily living skills training, counseling, the provision of low-vision devices community integration, information and referral, communication devices, and low-vision screening. The Committee notes that there are 5 million Americans in this country age 55 and older who are experiencing vision loss and that the number of Americans in this category is expected to double in the next 30 years. The Committee recognizes the very important and cost-effective work carried out through this program. By allowing older individuals to remain in their homes and communities, substantial savings are achieved. The Committee is informed that the yearly savings to society for just ten percent of the clients now receiving independent living services is $56,000,000. The Committee believes this program is deserving of future increases.

Program improvement activities

For program improvement activities, the Committee provides $1,900,000, the same as the budget request and the 2000 appropriation. In fiscal year 2001, funds for these activities will continue to support technical assistance efforts to improve the efficiency and effectiveness of the vocational rehabilitation program and improve accountability efforts. The funds provided are sufficient to support ongoing program improvement activities and to support a national conference on the findings of the longitudinal study of the vocational rehabilitation program.

Evaluation

The Committee recommends $1,587,000 for evaluation activities, the same as the 2000 appropriation and the administration request.

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 $8,717,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, $167,000 more than the 2000 appropriation and the same as the budget request.

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 pro-

vide referral and counseling assistance to deaf-blind persons; and an affiliate network of 47 agencies. At the recommended level, the center would serve approximately 102 persons with deaf-blindness at its headquarters facility and provide field services to approximately 1,825 individuals and families.

National Institute on Disability and Rehabilitation Research

The Committee recommends $95,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR], $8,538,000 more than the amount appropriated in 2000 and $5,000,000 below the budget request.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

The Committee is aware of an effort to establish an American Center for International Rehabilitation Research, which would promote an international exchange of information and rehabilitation experts. The Center would collaborate with the World Health Organization to develop rehabilitation curricula and training materials necessary to support WHO rehabilitation services worldwide. The Committee encourages NIDRR to support this effort, and suggests the convening of an international conference to explore the best means to attain these goals.

The Committee recommends that the Department inform educators about Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS) and the special educational needs required by students with CFIDS. The Committee is pleased that the National Institute on Disability and Rehabilitation Research has recognized Chronic Fatigue Syndrome (CFS) as an unmet area of research and encourages NIDRR to actively solicit CFS-related research proposals.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

Minot State University has initiated a program designed to meet the unique needs of persons with disabilities living in remote rural communities through the use of telecommunications technology and ongoing training for families and professionals.

The Cerebral Palsy Research Foundation and The Wichita State University will study and recommend incentives for employers to hire persons with significant disabilities.

Assistive technology

The Committee bill provides $41,112,000 for assistive technology, the same as the budget request and $7,112,000 more than the fiscal year 2000 appropriation.

The Assistive Technology Program is designed to improve occupational and educational opportunities and the quality of life for peo-

ple of all ages with disabilities through increased access to assistive technology services and devices. It provides 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.

The Committee recommendation includes $7,000,000 to support grants to States and technical assistance activities, authorized under Title III of the Assistive Technology Act, to establish or maintain alternative loan financing programs, an increase of $2,972,225 over the fiscal year 2000 level. Currently, major service programs such as Medicaid, Medicare, special education, and vocational rehabilitation cannot meet the growing demand for assistive technology. Loan programs offer individuals with disabilities attractive options that significantly enhance their ability to purchase assistive technology devices and services.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2000	$10,100,000
Budget estimate, 2001	10,265,000
Committee recommendation	12,500,000

The Committee recommends $12,500,000 for the American Printing House for the Blind [APH], $2,235,000 above the budget request and an increase of $2,400,000 above the 2000 appropriation.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides about 49 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2000	$48,151,000
Budget estimate, 2001	51,786,000
Committee recommendation	54,366,000

The Committee recommends an appropriation of $54,366,000 for the National Technical Institute for the Deaf [NTID], an increase of $6,215,000 over the 2000 appropriation and $2,580,000 above the budget request.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research. Within the amount provided, $7,176,000 is for construction.

It has come to the Committee's attention that the Administration request of $5,376,000 for the second of three installments towards NTID's $13,568,000 dormitory renovations project has been re-

duced by a total of $1,800,000 to reflect its expectation that NTID raise 15 percent of the funds necessary from private sources. It is NTID's professional judgment, based on extensive discussions with potential donors, that they are far better served using their very limited fundraising resources on raising funds for scholarships, classroom technology and new academic programs. The Committee notes that NTID has been very successful in raising nearly $12,000,000 for these purposes over the past 5 years.

Given NTID's efforts in reducing its appropriation needs in these other areas through fundraising, the fact that it has already contributed $1,100,000 from its operating funds to supplement the dormitory project and the hardship placed upon the institution to raise private funds for this purpose, the Committee directs the Department of Education to waive the 15 percent matching requirement imposed on this construction project.

GALLAUDET UNIVERSITY

Appropriations, 2000	$85,980,000
Budget estimate, 2001	87,650,000
Committee recommendation	87,650,000

The Committee recommends $87,650,000 for Gallaudet University, an increase of $1,670,000 above the amount appropriated in 2000 and the same as the administration request.

Gallaudet University is a private, nonprofit institution offering undergraduate, and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing-impaired. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 2000	$1,672,750,000
Budget estimate, 2001	1,751,250,000
Committee recommendation	1,726,600,000

The Committee recommendation includes a total of $1,726,600,000 for vocational and adult education, consisting of $1,214,100,000 for vocational education and $490,500,000 for adult education, and $22,000,000 for State grants for incarcerated youth offenders. Of the total, $791,000,000 is advanced funded in fiscal year 2002.

VOCATIONAL EDUCATION

The Committee recommendation of $1,214,100,000 for vocational education is $30,350,000 more than the administration's request and $21,350,000 more than the fiscal year 2000 amount.

Basic grants.—The Committee has included $1,071,000,000 for basic grants, $15,350,000 more than the 2000 appropriation and $215,350,000 more than the administration request. Of the recommended amount, $791,000,000 will become available on October 1, 2001.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational education for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

Tech-prep education.—The Committee recommends $106,000,000 for tech-prep programs. This is the same as the 2000 appropriation and $200,000,000 less than the administration request. 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.

Tribally controlled postsecondary vocational institutions.—The Committee has provided $5,600,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. This is an increase of $1,000,000 over the fiscal year 2000 appropriation and the administration recommendation. 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.

National programs, research.—The Committee recommends $26,500,000 for national research programs, an increase of $9,000,000 above the 2000 appropriation and the administration request.

The amount of $9,000,000 has been provided to continue activities authorized by Section 118 of the Carl Perkins Act. The Act requires that at least 85 percent of the amount be provided directly to State Occupational Information Coordinating Committees (SOICC) to develop and deliver occupational and career information to students, job seekers, employers, education, employment and training programs. Of the total, up to $2,000,000 will support con-

tinuation of national and State career development and related capacity building programs that train personnel in assisting students and adults to understand themselves in the context of their career development and career transition, to be aware of the world of work, to understand the linkage between academic skills and work-related skills, to understand the linkages among related occupations and their skills requirements, and to make more informed and effective career decisions. The remaining funds may be used by a National entity to support the efforts of the SOICCs, including paying the costs of Federal salaries and expenses.

The National Research Center for Career and Technical Education and the National Dissemination Center for Career and Technical Education 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 the provision of state-of-the-art job-related instruction that, in turn, will strengthen our Nation's economy.

Tech Prep Education Demonstration Program

The Committee recommendation includes $5,000,000 for this program. The Administration did not request funding for this program, nor did it receive funding in fiscal year 2000. Under this program, the Secretary must award grants competitively to consortia that involve a business as a member, locate a secondary school on the site of a community college, and require voluntary participation of secondary school students. The purpose of the consortia is to link educators and employers to provide high school students the academic and vocational skills they need in a practical work-based learning environment.

The Committee is aware of the collaborative efforts between the College of Rural Alaska at the Mat-Su campus, the Borough and School District of Mat-Su, the Alaska Human Resource Development Council and other private-and public-sector partners to develop vocational educational programs, where none currently exist, to address the local needs of the community.

ADULT EDUCATION

The Committee has included $490,500,000 for adult education, $65,000,000 less than the administration request and $20,500,000 above the 2000 appropriation.

Adult education State programs.—For adult education State programs, the Committee recommends $470,000,000, an increase of $10,000,000 over the administration request and $20,000,000 above the 2000 appropriation. These funds are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

National activities.—The Committee has included $14,000,000, the same as the 2000 appropriation and a decrease of $75,000,000 below the administration request.

National Institute for Literacy.—The Committee recommends $6,500,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act, $500,000 more than the amount appropriated in 2000 and the same as the budget request. 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 grants for incarcerated youth offenders

The Committee has included $22,000,000 for a program authorized by part D of title VIII of the Higher Education Act, $3,000,000 above the amount appropriated in fiscal year 2000 and $10,000,000 more than the administration requested. This program provides grants to State correctional education agencies to assist and encourage incarcerated youth to acquire functional literacy, life and job skills, through the pursuit of a postsecondary education certificate or an associate of arts or bachelor's degree. Grants will also assist correction agencies in providing employment counseling and other related services that start during incarceration and continue through prerelease and while on parole. Each student is eligible for a grant of not more than $1,500 annually for tuition, books, and essential materials, and not more than $300 annually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

The Committee also has included bill language providing $5,000,000 to continue the prisoner literacy initiative as part of the Youth Violence Prevention Initiative. The Committee notes that the extremely high rates of illiteracy or marginal reading skills among inmates is a national problem and therefore encourages the development of a uniform model to evaluate literacy programs across the country.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2000	$9,364,717,000
Budget estimate, 2001	10,258,000,000
Committee recommendation	10,624,000,000

The Committee recommends an appropriation of $10,624,000,000 for student financial assistance, an increase of $1,259,283,000 over the fiscal year 2000 appropriation and $366,000,000 over the administration request.

Federal Pell Grant Program

For Pell grant awards in the 2001–2002 academic year, the Committee recommends $8,692,000,000.

Pell grants provide need-based financial assistance that helps low- and middle-income undergraduate students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a statutory need analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions. Pell grants are considered the foundation of Federal postsecondary student aid.

The amount recommended is sufficient to raise the maximum Pell grant to $3,650 the highest level in the program's history and an increase of $350 over the maximum grant for the 2000–2001 academic year.

Federal supplemental educational opportunity grants

The Committee recommends $691,000,000 for Federal supplemental educational opportunity grants [SEOG], an increase of $70,000,000 above the 2000 appropriation level and the same as the budget request.

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 $1,011,000,000 for the Federal Work-Study Program, an increase of $77,000,000 above the 2000 level and the same as the administration request. This program provides grants to approximately 3,400 institutions to help an estimated 1 million undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings. Institutions also must use at least 7 percent of their grants for community-service jobs.

The Committee supports continuing funding for the work colleges authorized in section 448 of the Higher Education Act. These funds help support comprehensive work-service-learning programs at qualifying institutions around the Nation. Of the funds provided, the Committee has included $3,000,000 to continue and expand the work colleges program.

Federal Perkins loans

The Committee bill includes $100,000,000 for Federal Perkins loans capital contributions, which is the same as the 2000 appropriation and the budget request. The amount recommended when combined with institutional revolving funds, would maintain the 2001 loan volume at the current estimated level of $1,058,000,000. At this funding level nearly 700,000 loans would be made.

The Federal Perkins Loan Program supports student loan revolving funds built up with capital contributions to about 2,000 participating institutions. Institutions use these revolving funds, which also include Federal capital contributions (FCC), institutional con-

tributions equal to one-third of the FCC, and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee bill also includes $60,000,000 for loan cancellations, an increase of $30,000,000 over the 2000 level and the same amount requested by the administration. These funds reimburse institutional revolving funds on behalf of borrowers whose loans are cancelled in exchange for statutorily-specified types of public or military service, such as working in a Head Start Program, serving in the Peace Corps or VISTA, or teaching in a qualified low-income school.

Leveraging educational assistance partnership program

For the Leveraging educational assistance partnership [LEAP] program, formerly known as the State Student Incentive Grant Program [SSIG], the Committee includes $70,000,000, $30,000,000 more than the 2000 appropriation and the administration request. This program provides a Federal match to States as an incentive for providing need-based grant and work-study assistance to eligible students.

FEDERAL FAMILY EDUCATION LOAN PROGRAM

Appropriations, 2000	$48,000,000
Budget estimate, 2001	48,000,000
Committee recommendation	48,000,000

The Committee recommends $48,000,000 for discretionary Federal administrative expenses related to the Federal Family Education Loan [FFEL] Program, formerly known as the Guaranteed Student Loan Program. The amount recommended is the same as the budget request and the amount appropriated in fiscal year 2000.

Funds appropriated for Federal administrative expenses will partially cover the fiscal year 2000 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 guaranty agencies that insure loans directly, collect defaulted loans, and provide various services to lenders. The Federal Government supports the guaranty agencies by providing loan advances and reinsurance payments for borrower default, death, disability, and bankruptcy. The Federal Government also pays guaranty agencies loan processing and issuance fees out of the FFEL subsidy and account maintenance fees in the administrative funds under section 458 of the Higher Education Act.

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, be enrolled at least half time, and not be incarcerated. Federal Stafford loans may be borrowed by eligible students, regardless of their school year or dependency status. Borrowing limits are tied to the extent of need, for the cost of attendance minus an expected family contribution, and other aid as determined by a statutory need analysis system.

An 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 and certain loan limits, 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.

HIGHER EDUCATION

Appropriations, 2000	$1,529,579,000
Budget estimate, 2001	1,795,973,000
Committee recommendation	1,694,520,000

The Committee recommends an appropriation of $1,694,520,000 for higher education programs, $164,941,000 more than the 2000 amount and $101,453,000 below the budget request.

Aid for institutional development

The Committee recommends $352,500,000 for aid for institutional development authorized by titles III and V of the Higher Education Act, $59,250,000 above the 2000 appropriation and $36,000,000 below the budget request.

The Committee encourages the Department to provide technical assistance and conduct research on issues germane to predominately and Historically Black Colleges and Universities (HBCUs) and other institutions of higher education that have large minority student populations, ranging from disseminating best practices information to the most efficient and cost-effective use of title III funding, reducing student loan default rates, increasing graduation rates, and grant writing training.

Strengthening institutions.—The Committee bill includes $65,000,000 for the part A strengthening institutions program, an increase of $4,750,000 over the 2000 level and $2,000,000 more than the budget request. 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.

Hispanic-serving institutions [HSI].—The Committee recommends $62,500,000 for institutions at which Hispanic students make up at least 25 percent of enrollment, $20,250,000 above the

2000 level and the same as the administration request. Institutions applying for title V funds must meet the regular part A requirements and show that at least one-half of their Hispanic students are low-income college students. Funds may be used for acquisition, rental or lease of scientific or laboratory equipment, renovation of instructional facilities, development of faculty, support for academic programs, strengthen institutional management, and purchase of educational materials. Title V recipients are not eligible for other awards provided under title III, parts A and B.

Dual Degree Programs for Minority-Serving Institutions

The Administration requested $40,000,000 for the new Dual Degree Programs for Minority-Serving Institutions. This initiative intends to make grants available to consortia of minority-serving institutions and partner institutions that have or will establish 5-year dual-degree programs. The Committee defers action on this proposal pending reauthorization of elementary and secondary education programs.

Strengthening historically black colleges and universities.—The Committee provides $169,000,000 for part B grants, $20,250,000 above the 2000 level and the same as the administration request. 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 $40,000,000 for the part B, section 326 program, $9,000,000 above the 2000 level and the same amount as the administration request. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGI's]. The Higher Education Amendments of 1998 increased the number of recipients to 18 named institutions, but reserved the first $26,600,000 appropriated each year to the first 16 institutions included in the previous authorization. Grants may be used for any part B purpose and to establish an endowment.

Strengthening Alaska native and native Hawaiian-serving institutions

The Committee recommends $6,000,000 for this program, an increase of $1,000,000 over the fiscal year 2000 appropriation and the budget request. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students. Funds may be used to plan, develop, and implement activities that encourage: faculty and curriculum development; better fund and administrative management; renovation and improvement of instructional facilities, student services, and the purchase of library books and other educational materials.

Strengthening tribal colleges and universities

Over the past three decades, tribal colleges and universities (TCUs) have emerged to play a pivotal role in meeting the educational needs of American Indian students. Driven by the premise that education is the key to social renewal, TCUs have demonstrated their ability to educate students who might not otherwise be served by mainstream postsecondary institutions. However, TCUs are among the most poorly funded institutions in America. Unlike non-Indian institutions, TCUs cannot rely on endowments, State appropriations or wealthy alumni to defray costs. Consequently, the Committee recommends $10,000,000, an increase of $4,000,000 over the fiscal year 2000 appropriation and $1,000,000 more than the President's budget request. The funds will enable the nation's 32 TCUs to continue to address basic infrastructure needs, enhance their facilities, support faculty and curriculum development and provide vital services to a growing number of students.

Fund for the improvement of postsecondary education

The Committee recommends $56,247,000 for the fund for the improvement of postsecondary education [FIPSE], which is $18,002,000 less than the 2000 appropriation and $25,047,000 more than the administration request. 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 non-profit institutions and organizations concerned with education beyond high school. The Committee has included a number of report language items and requests that the Department afford them the opportunity to compete through the regular peer review competitive process.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The Howard Baker School of Government at the University of Tennessee would comprise political science, public administration, regional planning, and social science research programs; house manuscript collections and institute a lecture series on public policy issues.

The 2+2 program developed through a partnership of 18 community colleges in Florida will provide access to baccalaureate degrees to community college students through the expansion of their distance learning education program.

Stetson University is planning equipment and technology infrastructure investments to support contemporary standards for university level teaching and research in various science areas.

Minnesota State Colleges and Universities' Emerging Curriculum project supports the development and design of emerging curriculum, professional development, development of an e-monitoring environment to support e-learning needs and formulating and implementing pilot policies for the new era of e-learning.

The Post-Secondary Technical Degree Distance Education Consortium is a collaboration involving Iowa community colleges and the University of Northern Iowa, and will provide exemplary distance education courses and support services for individuals pursuing a 2 year technical or 4 year technology management degree.

The Applied Technology Learning Center at the University of Northern Iowa will assess the use of technology in effective learning and identify best practices for dissemination nationally.

The University of Oklahoma has taken an innovative approach to increase the number of students studying mathematics and science through the expansion of its unique practical robotics program.

The University of Hawaii's efforts support development of a Globalization Research Consortium.

Brandeis University continues to develop a National Center for the Study of Behavioral Genetics and Genomics.

Pennsylvania Technologies, a consortium of 105 Pennsylvania universities, will improve access to learning opportunities through a statewide distance learning and training program.

The Alaska Distance Education Consortium continues to work with the State's colleges, school districts and other public and private organizations to develop a plan to utilize distance education technologies to serve all of the students in the State.

The Corpus Christi Early Childhood Development Center at Texas A&M University operates an innovative and effective program to serve its unique roll as both a childhood development center for at-risk children, a professional training and education center for the Center's and the surrounding school district's teachers, and a clinical research facility in the study of early childhood development.

Edmonds Community College Center has developed supportive services for students and innovative programs to increase access to postsecondary education for nontraditional students.

The State of Alaska and the University of Alaska are planning a practical, occupation-based curriculum and distance learning program in an alternative boarding school setting to provide a seamless transition for students in grades 11 to 14. Students will earn associate degrees after completing the program and be better prepared to assume jobs available in Alaskan businesses.

A joint proposal of the Galena City School District, Mt. Edgecumbe High School, the University of Alaska Southeast and the Alaska Association of School Boards has been developed to address the needs of Alaska Native students attending boarding schools and colleges because they are frequently unsuccessful in making the transition from rural village life to an educational residence facility.

The National Center for Competency-Based Distance Learning, administered by the Association of Jesuit Colleges and Universities, will address competency-based assessment, delivery and cost-effectiveness for online instruction.

The Pennsylvania Digital Greenhouse has developed an electronic design education program that would establish a set of courses that cover all aspects of system of chip (SOC) for practicing engineers.

The Enterprise State Junior College Center for High Technology will support distance learning and other activities to improve educational opportunities of area residents.

The Philadelphia University supports the development and evaluation of the highest and best uses of technology through implementation of demonstration programs aimed at full integration of technology in the classroom.

The University of Nebraska-Omaha School of Criminal Justice will continue its program expansion and curriculum development.

The Crime Victims Law Institute at the Lewis and Clark College, in Portland, Oregon will pursue a study of and enhancement of the role of victims in the criminal justice system.

The Community Law Program at Rutgers University's Newark campus will continue providing practical experience for program students, while also supporting community involvement.

The Technology Enhanced Learning Project will help meet the critical need in California and in the nation for teachers, engineers, and computer professionals.

The Ivy-Tech State College—Central Indiana will expand distance learning capabilities and other postsecondary education enhancements to increase access to the institution's postsecondary programs.

The Indiana State University has engaged in a collaboration designed to enhance postsecondary technology management programs.

The Project TEAM at Indiana University will continue expansion of model teacher preparation programs.

The Professional Development School partnership of Indiana State University in collaboration with the Indianapolis Public Schools and other schools will support teacher retention activities in low income communities.

Campblesville University in Campblesville, Kentucky for the Kentucky Heartland Institute for Public Policy and Issues will prepare students, faculty and the community in public policy.

The College of Rural Alaska-Interior Aleutians Campus and the University of Alaska Fairbanks in partnership with the Galena City School District have developed an innovative technology training program to support distance learning in remote Alaskan communities.

City University, based in Bellevue, Washington, continues to enhance its distance learning capability, infrastructure, course offerings, and personnel to students in Eastern Europe, and support student exchange opportunities between its Washington and Eastern European campuses.

The Western Montana College, through its Rural Education Technology Center, will infuse technology to positively impact teaching and learning on this rural campus, bring the resources of various other schools to Western, and export course offerings to underserved student audiences.

Northern Kentucky University's Metropolitan Education and Training Services Center continues to develop innovative educational programming to respond to local community needs.

The University of Louisville's Metropolitan Scholars Project will increase access to postsecondary education by extending educational opportunities for nontraditional students.

Huntingdon College in Montgomery, Alabama has developed a creative program for enhancing effective integration of computer technology in math and science instruction.

Washington and Jefferson College Center of Excellence in Teaching and Learning will address kindergarten through postsecondary education in Western Pennsylvania through partnerships with three local school districts, and enhance the quality of student instruction in skill competencies.

WNVT and MNVC in Virginia in collaboration with several area universities will utilize digital and advanced technology to make high-tech education and career training available through digital broadcast.

The Central Virginia Council of Chambers is undertaking a study to develop an effective delivery system for improving access to quality postsecondary education programs in South Central Virginia.

Neumann College will continue providing the community at large a range of cultural and educational resources, and continue outreach programs for under-served and needy populations in Chester County, Pennsylvania through an innovative combination of technology utilization and programmatic outreach.

Virginia Tech University and the Future of the Piedmont Foundation are utilizing advanced technologies to improve professional development and increase the efficacy of technology-based education programs.

Washington and Lee University is increasing the learning opportunities of low income communities through its Shepherd Program for the Interdisciplinary Study of Poverty.

The College of William and Mary, in collaboration with Colonial Williamsburg, will create the Institute of American History and Democracy to help improve history education and scholarship.

The Oregon Graduate Institute will enhance its academic offerings through the development of programs in environmental information technology.

The Native American Tribal Government Center at Portland State University will provide academic and professional development opportunities for Tribal governments.

Suomi College in Hancock, Michigan continues to provide unique higher educational opportunities as the only Finish heritage institution operating outside of Finland.

The University of Great Falls seeks to utilize distance learning technologies to increase access to higher education for students in geographically isolated areas.

The Western Governors University is a unique initiative involving 19 States which seeks to increase student access to postsecondary education through use of advanced technologies and distance learning.

The Polytechnic Institute located at Southeast Missouri State University will continue to support the technical education needs of a 24-county area in the Lower Mississippi Delta region.

The Campus Technology Infrastructure initiative at Western New Mexico University will enable it to increase educational access and opportunity for students living in underserved areas.

Delaware County Community College seeks to expand access to high quality postsecondary education in previously underserved areas.

The Idaho Urban Research and Design Center (IURDC) in Boise is operated by the University of Idaho (UI) and emphasizes public-private-educational collaboration, thereby serving the dual purpose of providing practical training and experience for UI students and graduates, as well as serving the needs of growing communities as traditionally rural areas adjust to urban growth and community and demographic changes.

Cleveland State University continues to implement technology infrastructure enhancements that will enable it to support technology-based instruction and effective communication with the community.

The Advanced Computing and Modeling Laboratory at the University of Idaho in Boise, Idaho supports advanced computing and computer modeling, which are increasingly important to research and education in U.S. institutions of higher education. The University has been working to expand and enhance its advanced computing and modeling capabilities in order to provide a state-of-the-art educational experience for students.

The Regents University Center in Sioux Falls, South Dakota will provide higher educational opportunities to non-traditional students and working adults by using technology to provide access to faculty from Dakota State, South Dakota State University, the University of South Dakota, and others from the State university system.

The Center for the Advancement of Distance Education in Rural America (CADERA) will continue its set of pilot projects in New Mexico and Pennsylvania which connect rural Americans to distance education and on-line career training through the use of education technology.

Regents College, Albany, New York, is developing a model of services for distance learners that will promote high quality learning, and increase student retention and degree attainment.

Albany Technical Institute has developed a distance learning program to reach out to rural communities and other underserved areas to increase access to postsecondary education. The Institute will partner with the Dougherty County, Georgia public school system, and other private and public organizations.

The Washington Virtual Classroom—Foreign Language Project is expanding access to foreign language instruction in rural areas through development of a distance learning program.

The Kansas State University is developing virtual college and graduate level courses for national and international students to improve access to University programs.

The collaborative efforts of the University of Charleston and the Clay Center for Arts and Sciences will promote access to and effective use of technology equipment for arts and science education and outreach.

The North Dakota State University will continue to address the need for technical personnel through its Tech Based Industry Traineeship program designed to enhance student postsecondary experience while providing innovative solutions to small business needs.

The Electronic Commerce Education program at the North Dakota State University will enhance the educational experience of students and the academic portfolio of the University, while helping stimulate the economy of North Dakota and other rural States.

The Ohio State University John Glenn Public Policy Center will stimulate student participation in public service, support scholarly research of public policy, and enhance organizational skills and policy making abilities of public officials.

The Lorain County Community College Learning Technology Center will provide students with access to interactive distance learning opportunities through cooperation with Kent State, Ohio State, Youngstown State, and other schools.

The Johnson C. Smith University and University of North Carolina at Charlotte have developed a model program to move minority students into graduate programs in engineering, computer science, and information technology.

The University of Missouri-St. Louis, through its Teacher Workforce Replenishment Program, will promote networking and sharing of knowledge among veteran educators, new teachers and high school students, and recruit new teachers and generate reform in high need school districts.

The Eastern New Mexico University in Roswell, New Mexico is providing valuable education and training to New Mexico students in a field where, given the growth in the aviation industry, jobs are currently at a premium. The University will expand and enhance its program to respond to this growing need.

The Pittsburgh Tissue Engineering Institute (PTEI) is developing a national demonstration project to prepare biotechnology-based science education for grades K–12, and a Postdoctoral Fellowship Program in tissue engineering.

Michigan Technological University, renown for its high quality engineering research and education, will build on its expertise by increasing student exposure to high-tech instructional and advanced learning technologies through its Center for Microsystems Technology.

The Lehigh University Integrated Product, Project, and Process Development program provides students with a complete, interdisciplinary education in industrial design, engineering, and business through a model collaboration involving three colleges and area employers.

Efforts by Marquette University to establish joint curricula programs with the sixteen technical colleges in the State of Wisconsin could allow graduates of the technical colleges to enter Marquette University as juniors prepared to finish their bachelors' degrees in their fields of study. By linking libraries and distance education technology, this model program will be an effective way to increase the skills of workers throughout the State, and allow more non-traditional students an opportunity to pursue 4-year degrees.

The partnership of Jackson State University, located in Jackson, Mississippi, with three other Historically Black Universities, Alabama A & M, Prairie View A&M University in Texas and Southern University and A&M College in Louisiana will establish four Minority Centers of Excellence for Math & Science Teacher Preparation. This concerted effort to prepare minority teachers of math and science will help reduce the disproportionate representation of minorities in the math and science teaching field, where less than 6 percent of teachers are minorities.

Minority science and engineering improvement

The Committee recommends $8,500,000 for the minority science and engineering improvement program [MSEIP], $1,000,000 more than the 2000 level and the same as the administration request. 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 and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

International education and foreign language studies

The bill includes a total of $73,022,000 for international education programs, $3,320,000 above the 2000 level and the same as the budget request.

Domestic programs.—The Committee recommends $62,000,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA, the same as the 2000 appropriation and the administration request. Domestic programs include national resource centers, undergraduate international studies and foreign language programs, international research and studies projects, international business education projects and centers, American overseas research centers, language resource centers, foreign language and area studies fellowships, and technological innovation and cooperation for foreign information access.

Overseas programs.—The bill includes $10,000,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. This is $3,320,000 above the 2000 level and the same as the budget request. 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 and students in order to improve foreign language and area studies education in the United States. The Committee intends that most of the additional funding being provided be used to strengthen and expand programs in the emerging democracies of Central and Eastern Europe and the former Soviet Union, the purpose for which the original legislation was enacted.

Institute for International Public Policy.—The Committee bill recommends $1,022,000 for the Institute for International Public Pol-

icy. This is the same amount as the 2000 level and the budget request. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 50 percent is required.

Interest subsidy grants

The Committee recommends $10,000,000 for interest subsidy grants, the same as the administration request and $2,000,000 less than the 2000 level. This appropriation is required to meet the Federal commitment to pay interest subsidies on approximately 160 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 $736,500,000 for Federal TRIO programs, an increase of $91,500,000 above the fiscal year 2000 appropriation and $11,500,000 more than the administration request.

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 11 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 graduate programs.

Gaining Early Awareness and Readiness For Undergraduate Programs [GEAR UP]

The Committee recommends $225,000,000, an increase of $25,000,000 more than the amount provided in fiscal year 2000. The administration requested $325,000,000 for this program. Under this program funds would be used by States and partnerships of colleges, middle and high schools, and community organizations to assist middle and high schools serving a high percentage of low-income students. Services provided would help students to prepare for and pursue a postsecondary education.

Byrd honors scholarships

The Committee recommends $41,001,000 for the Byrd honors scholarship program, $1,142,000 more than the 2000 appropriation and the same as the budget request.

The Byrd honors scholarship program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents. The funds provided will support a new cohort of first-year students in 2001, and continue support for the 1998, 1999, and 2000 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of $1,500 to 27,334 students.

Javits Fellowships

The Committee recommends $11,000,000 for the Javits Fellowships program, a decrease of $9,000,000 from the fiscal year 2000 amount and $1,000,000 more than the budget request. Last year, the Committee provided an additional $10,000,000 for this program in order to operate the program on an advance funded basis, thus resulting in an apparent decrease in funding available to this program.

The Javits Fellowships program provides fellowships of up to 4 years to students of superior ability who are pursuing doctoral degrees in the arts, humanities, and social sciences at any institution of their choice. Each fellowship consists of a student stipend to cover living costs, and an institutional payment to cover each fellow's tuition and other expenses. Funds provided in the fiscal year 2001 appropriation support fellowships for the 2002–2003 academic year, and up to $1,000,000 may be used for continuation of 2000–2001 awards.

Graduate assistance in areas of national need [GAANN]

The Committee recommends $33,000,000 for graduate assistance in areas of national need, $2,000,000 more than the 2000 level and $2,000,000 more than the 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, geology and related sciences and computer and information sciences. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

Learning anytime anywhere partnerships

The Committee recommends $30,000,000 for the learning anytime anywhere partnerships (LAAP), $6,731,000 more than the fiscal year 2000 level. The administration requested $30,000,000 for this program. Funds support projects using technology and other innovations to enhance the delivery of postsecondary education and lifelong learning opportunities.

LAAP will develop an on-line internet based university curriculum for learners of all ages, create and assess appropriate teaching methodologies for distance learning, develop an appropriate method for testing the knowledge of students who learn through distance education, and create a computerized assessment method for this

and other learning models. The partnership will consist of universities, community colleges, secondary schools, NASA, and may include private companies and other community based groups.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The ATLAS Program at the University of Colorado, Boulder continues to develop new curricula and teaching methods that employ leading technologies for use in classrooms throughout the country.

The University of Idaho continues to support development of interactive learning environments through the design, development, evaluation, and use of Internet technologies. The University has been an early leader in Internet-based interactive learning environment in Idaho and nationally, is providing technology leadership in the 40-university NOVA consortium and in the Idaho Virtual Campus, and has a team of nationally recognized educators and scientists.

Teacher quality enhancement grants

The Committee recommends $98,000,000 for the teacher quality enhancement grants program, the same amount as the 2000 level and the budget request. The program was established to support statewide initiatives that best meet their specific teacher preparation and recruitment needs. Further, the Act provides and designates funding for the program in three focus areas: 45 percent of resources support a state grant program, 45 percent of funds are used for a partnership program, and 10 percent is designated for a recruitment grant program.

Within this amount, the Committee recommends $43,770,000 for the state grant program. Funds may be used for a variety of state-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

The Committee also recommends that $43,770,000 shall be used for the teacher training partnership grants, which are awarded to local partnerships comprised of at least one school of arts and science, one school or program of education, a local education agency, and a K–12 school.

Partnerships may work with other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level. Funds may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum.

The Committee recommends $9,725,000 for the teacher recruitment grants. The recruitment grant program supports efforts to reduce shortages of qualified teachers in high-need school districts as well as provide assistance for high-quality teacher preparation and

induction programs to meet the specific educational needs of the local area.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The Great Cities' Universities, a coalition of 17 public research universities, have collaborated with their local educational partners on an Urban Educator Corps Partnership to recruit, prepare, and induct more high quality, fully certified teachers and principals in urban elementary, middle and secondary schools, and provide in-service professional development to current teachers and principals.

The Mississippi Delta Education Initiative of Delta State University is a comprehensive effort to improve access to and the quality of education in the Delta area. The Committee encourages the Department to assist the University in developing a component of the program to meet the qualifications of a Teacher Quality Enhancement Grant.

Child care means parents in schools

The Committee recommends an appropriation of $10,000,000 for the Child Care Access Means Parents in School (CAMPUS) program, which is $5,000,000 more than the 2000 appropriation and $5,000,000 below the budget request. This program was established in the Higher Education Amendments of 1998 to support the efforts of a growing number of non-traditional students who are struggling to complete their college degrees at the same time that they take care of their children.

Demonstration projects to ensure quality higher education for students with disabilities

The Committee recommends $5,000,000 for this program, the same as the budget request and the fiscal year 2000 appropriation. This program's purpose is to ensure that students with disabilities receive a high-quality postsecondary education. Grants are made to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

Muhlenberg College is proposing to develop a national model program to effectively teach higher education students with disabilities. Specifically, emphasizing curriculum development centered on collaborative-based instruction and active learning, Muhlenberg College will expand its existing emphasis on reaching at-risk students and evaluate the effectiveness of the specialized teaching techniques employed with criteria including increased grade point averages, increased enrollment and retention in concentrations in which the learning disabled are traditionally underrepresented, such as physics, math, science, and foreign language, and placement in competitive workforce careers or graduate school.

The University of Northern Colorado, a leader in disability education, provides needed support to special education teachers through its teacher training program and by providing professional development activities for existing teachers through innovative ap-

proaches, including distance learning. This support will be coordinated through its new National Center for Low Incidence Disabilities.

Underground railroad program

The Committee recommends $1,750,000, the same as the budget request and the fiscal year 2000 appropriation. The program was newly authorized by the Higher Education Amendments Act of 1998 and was funded for the first time in fiscal year 1999. Grants are provided to research, display, interpret, and collect artifacts relating to the history of the underground railroad. Educational organizations receiving funds must demonstrate substantial private support through a public-private partnership, create an endowment fund that provides for ongoing operation of the facility, and establish a network of satellite centers throughout the United States to share information and teach people about the significance of the underground railroad in American history.

Community Scholarship Mobilization Program

The Committee recommendation does not include funding for this program, the same as the budget request. Funds appropriated for fiscal year 2000 will be used to provide one or two grants to establish centers in high poverty areas that promote higher education goals for low-income families.

GPRA/Higher Education Act Program Evaluation

The Committee recommends $3,000,000 for the Government Performance and Results Act data collection and for the Higher Education Act Program Evaluation program, the same as the 2000 appropriation and the budget request. The administration requested these additional funds to comply with the Government Performance and Results Act, which requires the collection of data and evaluation of Higher Education programs and the performance of recipients of Higher Education funds.

HOWARD UNIVERSITY

Appropriations, 2000	$219,444,000
Budget estimate, 2001	224,000,000
Committee recommendation	224,000,000

The Committee recommends an appropriation of $224,000,000 for Howard University, which is the same as the budget request and an increase of $4,556,000 over the fiscal year 2000 appropriation. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support about 54 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee agrees with the administration and recommends, within the funds provided, $3,530,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends $30,374,000 for the Howard University

Hospital, the same as the budget request and the fiscal year 2000 level. 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 17 specialty areas. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 2000	$737,000
Budget estimate, 2001	737,000
Committee recommendation	737,000

Federal administration.—The Committee bill includes $737,000 for Federal administration of the CHAFL program, the same as the 2000 level and the same as the administration request.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2001. 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, 2000	$207,000
Budget estimate, 2001	208,000
Committee recommendation	208,000

Federal administration.—The Committee recommends $208,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program, the same as the administration request and an increase of $1,000 above the 2000 level.

The HBCU Capital Financing Program makes capital available to HBCU's for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Appropriations, 2000	$591,081,000
Budget estimate, 2001	517,567,000
Committee recommendation	496,519,000

The bill includes $496,519,000 for educational research, statistics, assessment, and improvement programs. This amount is $94,562,000 less than the 2000 appropriation and $21,048,000 below the administration request. This account supports education research, statistics, and assessment activities, as well as a variety of other discretionary programs for educational improvement.

Research, development, and dissemination

The Committee recommends $103,567,000 for educational research and national dissemination activities, the same as the 2000 appropriation level. The Committee has also included $65,000,000 for regional educational laboratories, the same as the 2000 appro-

priation. These activities are administered by the Office of Educational Research and Improvement [OERI], which was reauthorized by the Educational Research, Development, Dissemination, and Improvement Act of 1994. The administration requested $198,567,000 for research, development and dissemination activities under proposed legislation which would establish a new National Institute for Education Research. The Committee defers action on this proposal pending the outcome of reauthorization of elementary and secondary education programs.

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.

On April 13, 2000, the Committee was pleased to receive the National Reading Panel report, "Teaching Children to Read: An Evidence-Based Assessment of the Scientific Research Literature on Reading and its Implications for Reading Instruction." The Committee supports the development of a Strategic Plan for the Dissemination and Implementation of the work of NICHD and the Department of Education in order to ensure that research findings on effective reading instructional approaches are fully implemented to improve the education of our Nation's children. The Committee suggests that the Director of the National Institute of Child Health and Human Development and the Assistant Secretary for Educational Research and Improvement convene a strategic planning team, the members of which should include the Chairman of the National Reading Panel and citizen members representative of elementary and secondary education professionals, higher education administrators, State education officials, parents, private business and publishers of text books and other classroom materials. The Committee expects the plan to be completed by December 31, 2000. The Secretary of Education should begin implementation of the plan immediately thereafter.

Statistics

The Committee recommends $68,000,000 for data gathering and statistical analysis activities of the National Center for Education Statistics [NCES], the same as the fiscal year 2000 appropriation and a decrease of $16,000,000 below the administration request.

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 $40,000,000 for assessment, the same as the amount appropriated in fiscal year 2000 and $2,500,000 below the administration request.

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.

Also included is $4,000,000 for the National Assessment Governing Board, $500,000 less than the administration request and the same as the fiscal year 2000 appropriation.

Fund for the improvement of education

The Committee bill provides $142,152,000 for the fund for the improvement of education [FIE], which is $101,712,000 below the 2000 appropriation and $5,002,000 more than the administration request. 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.

Within the amount recommended, the Committee includes $30,000,000 for the Elementary School Counseling Demonstration Program to establish or expand counseling programs in elementary schools as part of the Youth Violence Prevention Initiative. The Committee continues to be concerned about the inaccessibility of school counselors for young children. Many students who are having a difficult time handling the pressures of social and academic demands could benefit from having mental health care readily available. The Committee believes that increasing the visibility of mental health care professionals would legitimize their role as part of the school's administrative framework, thereby encouraging students to seek assistance before resorting to violence.

Within the amount recommended, the Committee has included $12,262,000 for character education partnership grants, $3,000,000 more than the amount requested by the administration. Of that amount, the Committee recommends $5,000,000 be designated to conduct activities as part of the Youth Violence Prevention Initiative. The funds will be used to encourage states and school districts to develop pilot projects that promote strong character, which is fundamental to violence prevention. Character education programs should be designed to equip young individuals with a greater sense of responsibility, respect, trustworthiness, caring, civic virtue, citizenship, justice and fairness, and a better understanding of the consequences of their actions and the effects they may impose on family and society.

The Committee has included sufficient funds to continue and expand the Student/Parent Mock Election, a national, nonpartisan organization noted for its achievements in promoting voter education activities for students and their parents. In 1996, 6 million students and parents participated in the Presidential Mock Election, and with more than 70 million youths in our country today, the Mock Election of 2000 has the potential to engage more youth in the political process than any time in the program's history.

The Committee continues to be concerned about the increasing rates of obesity among children as well as the overall lack of activity and physical fitness in today's lifestyle, which can lead to obesity and other health risks. The Committee believes that the strengthening of physical education programs for elementary and secondary school students could improve academic achievement, prevent health problems, and deter children from crime. The Committee encourages the Department to demonstrate programs that reintroduce physical education into our nation's schools.

The Committee is encouraged by the continued development of the National Constitution Center. Funds will support the design, planning and operation of the center, which is incorporated by the National Park Service as a part of the Independence National Historical Park.

The Committee is aware of the following projects and encourages the Department to give them full and fair consideration:

The Reading as Tutors program, an innovative approach developed by the Northwest Regional Education Laboratory, will train seniors as reading tutors for K–12 school settings.

CALARTS will upgrade and expand its communications with its nine satellite campuses to conduct distance learning classes at night.

California State University at Long Beach in collaboration with other California State University campuses and organizations established the Technology Enhanced Learning Project to prototype innovative methods of applying new instructional technologies to enhance teaching and learning.

Alameda County is establishing the Castlemont Multi-Service Center, which will service youth and families of East Oakland through job training, college prep and occupational skills programs.

ACCESS 2000 will continue to enhance the programs it offers to students in more than 30 school districts in Northwest Missouri with educational services designed to improve their career planning opportunities, leadership development, and evaluation of personal skills.

Self-Enhancement, Inc. supports alternatives for kids through the after school programs it offers in the Portland, Oregon community.

Babyland Family Services of Newark, New Jersey, will enhance its telecommunications infrastructure and technology training to strengthen children's and family's educational skills and promote self sufficiency.

The Riverside School for the Arts provides an incentive for students to stay in high school while training them for careers in the entertainment/technology industry.

The Yosemite National Institutes (YNI) is a private, non-profit organization dedicated to providing educational adventures. Through the Diversity initiative, YNI aggressively develops programs and funding that address the educational needs of communities that have historically had very limited access to quality science-based environmental education.

The "I Have a Dream" Foundation provides needed academic and social support to at-risk students to ensure that students complete their high school education. The Foundation plans to develop a pro-

fessional training program for project coordinators, and to expand the Project Support Team in the New York National Office, which serves as a clearinghouse of information for the 65 projects which still have children in grade school or high school.

The Miami-Dade County Public School career academies offer students the opportunity to specialize in international business, travel and tourism, financial services, arts, film, entertainment or biomedical research programs to better prepare them for post-secondary education, technical training, and successful employment.

The California School of Professional Psychology (CSPP) in cooperation with school districts in the San Diego, Los Angles, San Francisco and Fresno metropolitan areas plan to develop and implement model teacher training programs regarding using technology in the classroom, violence prevention and brain functioning. The Committee believes the CSPP model will serve as an important demonstration for other areas of the country.

Through the Vermont Education Leadership Initiative, Vermont School Boards, Superintendents, Principals, and the State Department of Education have come together to address the shortage of school leaders in the State.

The Committee is aware that "From the Top," a nationally broadcast public radio program featuring the stories and performances of young classical musicians, serves as a national resource for pre-college music education, creating greater awareness of how music catalyzes young people to collaborate, create, and learn—both at home and in public schools.

The model program developed by the Hampshire College of Amherst, Massachusetts at the National Center for Science Education will serve as a national model for inquiry-based science learning as a foundation upon which to help guide reform of science education in the United States. This framework will provide a unique environment in which K–16 science educators and researchers can learn alongside students.

Reach Out and Read continues to generate strong demand for its expansion into offices where pediatricians provide literacy training to low-income, at-risk children and their parents. Reach Out and Read programs are now operating in 46 States and serve nearly one million children per year. The program is seeking to expand its services which allow doctors and nurses, during health care visits, to provide books and talk with parents about the benefits of reading to their children at a young age.

The Alaska Initiative for Community Engagement (Alaska ICE) program will utilize community resources to develop sound value bases for schoolchildren to increase academic performance and involve them in their own communities.

The Southwest Texas State University Center for School Improvement, in conjunction with a consortium of universities from other States, will develop innovative and pragmatic programs to address specific kindergarten through 12th grade educational problems facing teachers and students in underperforming school districts in Texas and nationally. The Center will directly assist teachers and other education professionals through the use of response teams in the areas of reading, math, and science.

The Houston Public Library ASPIRE Program targets at-risk students in grades five through nine for after-school tutorial assistance in public libraries, and has demonstrated encouraging early results with regard to improved student performance.

The Committee is aware that Sheldon Jackson College Center for Life-Long Learning has proposed a program to train teachers, especially Alaska Natives, to teach in remote Alaskan villages to alleviate the critical shortage of teachers and lack of Alaska Native teachers in remote Alaskan villages.

The "I Can Learn" computer-based tutorial learning system has demonstrated positive results for students in a number of school districts across the country, including at the Fort Worth Independent School District.

The State of Alaska has developed a comprehensive proposal to address the severe shortage of qualified teachers in Alaska, especially in remote arctic communities. The initiative will promote development of rural teacher support consortia, preparation of teachers new to Alaska, career ladder programs for educators in their own villages, and teacher signing and retention bonuses.

The Tonasket School District, Washington has developed the Learning Plan, which supports staff development and lesson plan integration, in order to improve student achievement in reading, writing, math and science.

The Educational Technology Leadership Institute in Montana will provide training to school administrators and educators in rural areas to improve their skills to make effective use of technology.

The Sunnyside School District, Washington has developed a motivational reading program that dramatically increases literature-based reading practices of students.

Big Brothers Big Sisters of America continues to expand its capacity to serve more children through their school based mentoring project.

The Committee notes that the Challenger Learning Center in Kenai, AK has proposed a pilot program to develop curricula in science and space technology for distance delivery to primary and secondary schools across the country.

The Rose Urban Rural Alaska Partnership Program, created by the Alaska Humanities Forum, is taking urban youth to rural villages. This initiative will provide a greater awareness and understanding by urban Alaska residents of the rural and Native way of life in some of Alaska's more than 200 villages and will broaden the educational experiences of Alaskan schoolchildren.

The Necessarily Existent Small Schools Assistance Program provides assistance to schools who qualify for assistance due to their isolation and small number of students. The program ensures that much needed education student services, such as books in elementary school libraries or courses necessary for high school students to qualify for University admittance are available.

Imaginarium in Anchorage, Alaska plans to develop new courses in math and science for students and teachers in rural communities in Alaska using distance delivery in order to improve access to coursework, teaching materials and teacher training in science

and mathematics, for students and teachers in remote and rural areas.

Carnegie Hall has engaged in instrumental work providing educational outreach and plans to expand this outreach to the entire nation through the use of modern technology.

The Alaska Department of Education's intense summer reading program for high school students supports school efforts to ensure that students graduate on time and with their classmates. This initiative is designed to eliminate the problem of low literacy skills that challenge and often discourage American youth from continuing their education, which ultimately prevents them from securing productive and gainful employment.

The Southeastern Louisiana University's Alternate Teacher Certification Technology Program will utilize distance learning to improve access to and the quality of teacher training.

The Mid-South Center for Applied Teaching and Learning to Yield Scientific Thinking (CATALYST) program will serve as a regional center dedicated to improving the scientific literacy of the citizens of primarily rural areas of Louisiana, Arkansas, Texas, and New Mexico.

Project LIFE, a professional development program developed by Louisiana Tech University, will improve the teaching skills of life science and biology teachers in grades 5–12.

Grambling State University has developed the Science and Mathematics Pipeline Program which offers monthly math and science workshops and a summer science camp for junior and senior high school students.

The William L. Gilbert Academy, an initiative undertaken by Dillard University, offers a summer program for low income, high achieving high school students to provide them with a life enriching educational environment.

The Rock School of Pennsylvania Ballet will continue to expand its innovative arts education program for at-risk and developmentally disabled youth from Greater Philadelphia and the Camden, New Jersey area.

The New Jersey Historical Society's innovative program, Engaging New Jersey's Children in the Past, supports experiential-based learning utilizing technology-based programs.

Western Kentucky University's Middle School Development Initiative seeks to redesign support programs for middle schools and disseminate best practices on a national basis.

The Alaska Native Heritage Center has developed innovative cultural education programs designed to teach Alaskan schoolchildren in grades K to 12 the rich history and cultural traditions of the Alaska Native people. The Center plans to design curricula on Alaska Native history, culture and the arts for grades K to 12, and will incorporate new technology to provide the courses to schoolchildren across the country.

The Charter Friends National Network, DC Public Charter School Resource Center, and DC Public Charter School Cooperative collaboration will document, disseminate, and replicate innovative models for providing technical assistance to charter schools related to financing and delivering special education services to students attending charter schools.

The Temple University Center for Research in Human Development and Education has developed innovative models to address teacher recruitment, training and mentoring that will enhance student achievement and raise the capabilities of low-performing schools.

The National Science Center Foundation continues to develop computer-based software for assisting non-English speaking students learn English and pass exit exams required to graduate.

The University of Alabama continues to support its technology-based initiative to improve mathematics instruction and education.

Alabama A&M University's Center for Science, Mathematics and Technology Education will prepare prospective and current teachers for effective use of technology in the classroom.

The Teacher Education Reform Mentoring project and related technology education initiative at Auburn University in Montgomery, Alabama will improve educational outcomes through preservice support to new teachers and professional development opportunities for existing teachers.

The Alabama Reading Initiative seeks to improve reading instruction, particularly effective intervention instruction, in order to achieve the goal of 100 percent literacy among public school students.

The University of Maine will build on its current efforts to improve math and science teacher training by developing a national, research-based model math and science teacher training program.

An Achievable Dream in Newport News, Virginia continues to provide unique and innovative services to prepare at-risk youth to succeed in school and in life.

The Virginia Living Museum in Newport News, Virginia will build on its proven track record of providing outstanding, hands-on science education experiences to support area school systems.

The Virginia Marine Science Museum's Marine Science Camp for schools provides hands-on marine science activities to thousands of students to help them meet rigorous science education standards.

The Youth Leadership Initiative sponsored by the University of Virginia's Center for Governmental Studies utilizes high-tech interactive software and other educational programming to increase student awareness of their role in our democracy and prepares them for a lifetime of political participation.

Lewis and Clark College's Life of the Mind Education initiative will develop educational programming celebrating the 200th anniversary of the Lewis and Clark Expedition and the Louisiana Purchase.

The American Village in Montavallo, Alabama has developed an innovative program to provide students with a better understanding of the Constitution and the foundation of American self-government.

The New York Historical Society, in collaboration with area high schools, has developed the American Revolution Project, a technology-based program designed to enhance teaching and learning.

KidsPeace, the National Center for Kids Overcoming Crisis in Orefield, Pennsylvania has designed special education programs and expressive treatment activities to support recovery for and academic achievement of at-risk students.

Project 2000 will provide academic support services and mentoring programs for inner city African-American youth to ensure that they receive a quality high school education and are fully prepared for post secondary education.

The Milton S. Eisenhower Foundation has developed a scientific evaluation for public schools which have established partnerships with local health, social service, and other community agencies to meet the myriad of needs of children and their families. The study will specifically evaluate and replicate full community school programs that emphasized the school as the central point of the community, particularly schools which have extended hours and remain open on the weekends and the summer.

MICROSOCIETY is recognized in the Northwest Regional Educational Laboratory's Catalog of School Reform Models as a whole school reform model meeting the nine criteria of the Comprehensive School Reform Model. MICROSOCIETY should further develop and disseminate the MICROSOCIETY whole school model of comprehensive school reform.

The National Foundation for Teaching Entrepreneurship introduces low-income teens from local communities to the world of business and entrepreneurship by teaching them how to develop and operate their own legitimate business.

Big Brothers Big Sisters provides one-to-one services to boys and girls in need of additional adult support and guidance. These services have been proven to help adolescents say no to drugs, improve school attendance, and get along better with their peers. Big Brothers Big Sisters seeks assistance to expand these services, and establish 5,000 new school based mentoring programs.

The Freedom Foundation at Valley Forge will sustain and expand its educational mission by developing new programs integrating citizenship education, character and leadership development, literacy, and patriotism.

The Avian Conservation Center for Educational Development at the Philadelphia Zoo will advance discovery, understanding, and stewardship of the natural world through compelling exhibition and interpretation of living things.

The Martin Luther King Foundation has created a College for Teens Program in response to the continuing achievement gap of poor, minority and disadvantaged students, escalating crime, and violence among youth.

The Southeastern Pennsylvania Consortium for Higher Education has developed an Institute for Lifelong Learning which is designed to prepare faculty and students for a technology-based future.

The Washington Jefferson College Center for Excellence in Teaching will address kindergarten through post-secondary education in the Western Pennsylvania region.

The George C. Marshall Foundation continues to pilot programs focused on at-risk youth involved in the JR ROTC program through leadership development and related activities, including convening the best JR ROTC students from around the country in Lexington, Virginia for briefings by State Department, Foreign Service and Pentagon officials.

Jazz in the Schools outreach project in Philadelphia, Pennsylvania is an educational outreach program for students of all ages designed to teach students to express themselves through the creative arts and to apply the skills and disciplines learned through personal creativity to the traditional areas of study. The program engages inner-city high school students in a hands-on program that uses jazz, as America's classic music, as a means to maintain student interest in academic subjects in the core curriculum.

Lock Haven University in collaboration with the Keystone Central School District are collaborating to form a successful alternative education program to provide educational opportunities for students who are not able to succeed in the conventional classroom. To extend the impact of this program, the Center will also create and operate an extensive "lending library" with state-of-the-art teaching materials, references, and instructional technology.

The Mississippi Writing and Thinking Institute strives to improve the teaching of writing across the State of Mississippi, and has identified a road map to reach this goal through its Mississippi Strategic Plan for Writing Improvement (MWTI). The MWTI through its partnership with State universities, local education agencies and schools throughout Mississippi will establish a research based network of professional development, classroom material and lesson plan development, and support services including community awareness, and online support for teachers and students.

The University of Notre Dame's Institute for Educational Initiatives plans a research initiative to explore the ways that institutional, organizational and social factors affect how students learn.

The Albuquerque Public Schools 2nd Grade Reading Academy has developed an innovative program for improving student literacy skills through early intervention and extended learning activities.

The Montana State University-Billings has created a model program designed to prepare and assist Native Americans, Hispanics, and low-income individuals to help them succeed in college or other postsecondary education programs.

The NASA Center for Educational Technologies in West Virginia has developed a program to provide all West Virginia elementary and secondary math and science teachers with first-phase interactive technology training. This training will permit enhanced classroom interfacing between teachers and students with the computer technology necessary for a well-equipped 21st Century workforce.

The world scholar-athlete competitions to be conducted in 2001 will engage students from a variety of countries and from throughout the United States. Participants should be athletes who are talented in the arts and accomplished academically.

The Providence Public School District has developed a comprehensive and innovative plan to ensure that all school children are reading at grade level.

The Educational Leadership Initiative undertaken by Spelman College in Atlanta, Georgia is a collaboration with Atlanta public schools to provide literacy training to students and parents, profes-

sional development, and technical support for the design of school reform and curricula.

The Georgia Project, a unique partnership among the Dalton and Whitfield County, Georgia public school systems, the local business community, and the University of Monterrey in Mexico, seeks to effectively assimilate Hispanic immigrant children into the mainstream curriculum to improve the education of all its students and to build bridges across social and political lines.

The Native American Community Board has developed an innovative approach to reducing the school drop out rate and improving educational opportunities of Native American youth by developing and applying culturally-relevant curriculum in Lake Andes South Dakota on the Yankton Sioux reservation.

The John Carroll University Center for Mathematics, Science Education, Teaching, and Technology continues to develop creative and effective programs for advancing the quality of science and mathematics teaching in K–12, particularly in urban schools.

The University of Findlay Intergenerational Studies programs, a recognized leader in its field, has developed its distance learning capacity in order to expand access to course offerings and ensure that qualified and certified professionals are available to work with children, youth, adults, and senior adults.

The National Aviation Hall of Fame continues to provide innovative educational programming to area students to support and enhance their understanding of science, physics, math, and engineering.

Chicago's John G. Shedd Aquarium, Baltimore's National Aquarium and Seattle Aquarium are working together to establish the Young Naturalist National Program, an innovative conservation education and youth mentoring initiative. Through job training, mentoring, and on-site exposure to the workings and conservation ethic of an Aquarium, the Program will spur the academic and professional advancement of minority and other traditionally underserved youths, and foster the next generation of scientists.

The University of Southern Illinois at Carbondale has developed an innovative teacher preparation program designed specifically for the needs of urban school districts.

The Digital Media Center at the Illinois Institute of Technology will increase access to technology for area school children.

Parkland College, in support of the Illinois Prairie Internet Consortium, will develop a Regional Center for Virtual Learning to enhance educational opportunities in the community.

The Center for Black Music Research at Columbia College will enhance its use of technology and launch a national education and outreach program by the New Black Music Repertory Ensemble.

Barat College, through its Center for Teaching and Learning, will establish a technology center to support student use and understanding of technology.

The North Carolina State University Science House will continue to develop its outreach efforts to area school students and teachers by providing computer-based instruction and demonstration programs directly to middle and high schools.

The ExplorNet Technology Learning Project involves educational, governmental, and industrial organizations in a collaborative effort

to provide students with a strong foundation in technology and practical technical skills. The program has expanded from its base in North Carolina to serve students in North Dakota and Mississippi.

Reading Together USA at the University of North Carolina at Greensboro engages 5th graders in the tutoring of 2nd grade students in order to improve their fluency and comprehension with the goal of creating successful, independent readers and proficient learners. The program has been operating for 4 years and has expanded to school districts in Florida, Illinois, Pennsylvania, and Carrollton, Texas.

The State of New Mexico's Department of Education continues to explore innovative ways of developing and implementing accountability systems to help schools increase student performance through proven models of success.

The New Mexico Department of Education will continue to expand use of the Individual Services Model to help reduce the rate of drop out for high school students in the State.

Museums & Universities Supporting Educational Enrichment, Inc. has developed an innovative program that integrates educational technology and museum content to help improve school curriculum and provide additional educational tools for schools nationwide.

The Northwest Natural Resources Institute will provide additional curricular material for teachers attending the Natural Resources Teacher Institute; expand the Ag Kids who Care program to Western Washington; enhance the Model Farm program to provide participating teachers with curricular materials before and after visits to the farm; and export the Model Farm Program to other parts of Washington State.

The Cook Inlet Tribal Council proposes to stimulate interest in science among disadvantaged Alaska Native middle school students from urban areas through a science-based, culturally relevant summer educational program in the Alaska wilderness, with instruction in culture and traditional values provided by Native elders and Native college students.

The Integrated Performance and Benchmarking System (IPBS) has been successfully tested in the States of Nebraska and Oregon where it fostered quicker data collection and sharing among and between the States and Federal Government. An eight-State demonstration program would evaluate more fully the efficacy of the IPBS.

The Odyssey Maritime Discovery Center in Seattle is an educational center that offers interactive exhibits and serves as a focal point for Washington State's maritime, fishing and international trade sectors. Odyssey can serve as a gateway connecting the worlds of school and work, creating new partnerships between business, labor, K–12 schools, post secondary education institutions to improve academic achievement.

The Education, Social and Public Services Association (ESPSA) plans to develop a targeted communications effort to educate low income parents about Washington State's new academic standards as well as information about district assessments, Advance Placement courses and tests, a glossary of new terminology, and the

rights and responsibilities of students, teachers, and the school district in Seattle, Washington.

The Washington Virtual Classroom Consortium (WVCC), a coalition of nine school districts each representing a different educational service district in the State of Washington, will continue to demonstrate its leadership in the area of distance learning with the development of Internet-based learning modules and coursework on the topic of water quality and Salmonid restoration. The WVCC now proposes to expand their course offerings to include Forest Ecosystem Management and Agriculture Management and the Environment.

The Sounds-of-Learning Education Program in Philadelphia, Pennsylvania has developed a hands-on program that engages high school students in opera as a means to maintain student interested in academic subjects in the core curriculum. This program responds to the needs created by the elimination of performing arts programs in public schools and provides children with the opportunity to experience the performing arts and preserve music and arts education.

First Book has developed an innovative program distributing books to and promoting improved literacy skills for disadvantaged students.

The teacher induction program developed by the New Mexico Department of Education combines professional development, peer interaction, and mentoring and intervention for new teachers to help retain qualified teachers in the State's public schools.

Programming developed by Semos Unlimited, Inc. will utilize the Internet and other technology-based media to improve literacy skills and support academic achievement of residents of New Mexico and throughout the United States.

The University of Northern Iowa, in collaboration with the Waterloo Community Schools and other partners, are developing a model early childhood development program to prepare children from low income communities for success in school.

The nonprofit organization, Create a World Class School, will expand access to its national clearinghouse to facilitate the distribution and implementation of the methodology and pedagogy utilized by blue ribbon schools.

The Partners for Literacy program administered by the University of South Carolina works with at-risk children and their parents to improve family literacy.

The Pee Dee Education Center has developed an innovative program, Science South, which will offer innovative approaches to teaching math, science, and technology for students of the Pee Dee region.

The Southeastern New Mexico Educational Resource Center, a collaboration of 11 school districts, increases the educational opportunities of students through hands-on science instruction and other activities.

Western Village Elementary School located in Oklahoma City, Oklahoma has engaged in an innovative community partnership to meet the educational needs of the students served by this school.

Hofstra University, located on Long Island, is developing a demonstration program for early grade elementary school students to

provide an enriched curriculum that integrates math, science, technology, and literacy studies with arts and cultural studies.

The Center for Excellence in Urban and Rural Education at Buffalo State College is working in partnership with area school districts and other community organizations to improve teacher recruitment and preparedness for service in urban and rural school districts.

ReadNet is promoting literacy through an innovative computer curriculum, including web-based educational programming, that supports individualized instruction to at-risk youth.

The Boys and Girls Club of Whatcom County, in partnership with public schools, community organizations, parents, and the private sector, has forged a demonstration program to help disadvantaged students overcome the barriers to learning by providing health and social services programs located within local public schools.

The Olympic Park Institute in Washington State provides high-quality science education programs to traditionally underserved populations through its Diversity Initiative.

The Wilderness Technology Alliance, a non profit created by Trinity Technology, has implemented a statewide demonstration project designed to address four major issues in education today: funding, access to technology, school violence and character education, and preparing students for success in a high-tech labor market.

The Alabama On-line High School is an initiative designed to use high technology to afford all students an opportunity to access the courses needed to graduate from high school, and increase technological competence in working with computers.

The Hattie I. Farrow Children's Center Literacy and Drop Out Prevention program continues to develop successful approaches to literacy, mentoring, and tutoring for at-risk youth in inner-city South Providence.

The 24 Challenge/Jumping Levels Math Program will bring 24 program tools to over 3 million new elementary and secondary students in Pennsylvania and in Southern California.

The RAVEN project, a collaboration led by the National Aviary in partnership with the Carnegie Mellon University Robotics Institute will increase access to environmental education programs at the National Aviary through a unique technology network that provides real time audio and visual accessible to anyone via the Internet.

The American Visionary Art Museum in Baltimore continues to support innovative learning opportunities for under-served communities through its educational and out-reach programs.

The Institute for Student Achievement in Lake Success, New York, and Fairfax, Virginia plans to nationalize its model program designed to support school districts' overall strategy for helping students overcome academic, personal and social challenges adversely affecting their achievement.

The Chester Upland School District, Pennsylvania is developing an innovative approach for recruiting, preparing, and retaining teachers and teacher candidates in this high poverty school district.

The Los Angeles County Office of Education will design and implement a pilot project, Early Advantage, to promote school readiness by maximizing the early learning experience of young children.

KCTS in Seattle will combine DVD technology and the Internet with KCTS's video library with thematically related social studies content to make the media library available to area schools for use in classroom projects.

The Minot State University is developing an Institute for Rural Human Services to study and develop systems designed to meet the unique needs of persons with disabilities living in rural communities, with a special emphasis on working with hearing-impaired children.

International education exchange

The Committee has provided $10,000,000 for the International Education Exchange Program authorized by section 601(c) of Public Law 103–227. These funds are $2,000,000 more than the amount recommended by the administration and $3,000,000 more than the amount appropriated in fiscal year 2000. The program provides funds to support democracy and free market economies in Eastern Europe, the Commonwealth of Independent States, and other countries that formerly were part of the Soviet Union, by providing educators and other leaders from those countries curricula and teacher training programs in civic and economic education, as well as the opportunity to exchange ideas and experiences with teachers in the United States and other participating countries.

Included within this amount is $1,000,000 to continue a civic education program begun in fiscal year 1999 for the Republic of Ireland and Northern Ireland and civic education assistance to democracies in developing countries. The Committee also provides sufficient funds for the initiative underway in Bosnia-Herzegovina.

Civic education

The Committee recommends $12,000,000 for the Center for Civic Education, $2,150,000 more than in fiscal year 2000 and $2,150,000 more than the administration request. The Committee intends that the authorized programs be funded at least at the fiscal year 2000 level. 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.

Within the amounts provided, the Committee has included $1,500,000 to continue the violence prevention initiative begun in fiscal year 1999. The Committee encourages that funds be used to conduct a five State violence prevention demonstration program on public and private elementary, middle, and secondary schools involving students, parents, community leaders, volunteers, and public and private sector agencies, such as law enforcement, courts, bar associations, and community based organizations.

Eisenhower professional development Federal activities

The Committee recommends $23,300,000 for the Eisenhower Professional Development Federal Activities Program, the same as the 2000 appropriation and $1,700,000 below the administration request.

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 include development of teacher training programs, or dissemination of information about exemplary programs of professional development.

The Committee continues funding for the National Board for Professional Teaching Standards.

The Committee has included $5,000,000 for the Eisenhower National Clearinghouse for Mathematics and Science Education, an increase of $200,000 over the fiscal year 2000 level. The clearinghouse 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 $15,000,000 for the Eisenhower regional mathematics and science education consortia, the same amount appropriated in fiscal year 2000 and the amount recommended by the administration. 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.

Javits gifted and talented students education

The Committee has included $7,500,000 for the Javits Gifted and Talented Students Education Program, the same amount recommended by the administration and $1,000,000 more than the fiscal year 2000 appropriation.

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 may not be identified and served through traditional assessment methods, including those who are economically disadvantaged or limited English proficient, or have 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 conducts research on methods and techniques for identifying and teaching gifted and talented students.

National writing project

The Committee bill provides $10,000,000 for the National Writing Project, an increase of $1,000,000 above the 2000 appropriation and the same as the administration request.

These funds are awarded to the National Writing Project in Berkeley, CA, which in turn funds projects in 47 States, Washington, DC and Puerto Rico, to train teachers of all subjects how to teach effective writing.

The writing project is the only federally funded program for the teaching of writing skills at all grade levels. The additional funds provided will expand the sites from 160 to 177, creating the ability to reach almost every teacher in the Nation. The Committee is pleased with the continued success of this program, and for its ability to leverage up to seven times its Federal appropriation from State, local, and private funds. The Committee encourages the Department to continue its close association with this project, and to use it as a model for teacher training initiatives in other disciplines, taking advantage of the infrastructure and network of facilities and personnel already in place.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2000	$382,934,000
Budget estimate, 2001	413,184,000
Committee recommendation	396,672,000

The Committee recommends $396,672,000 for program administration, an increase of $13,738,000 above the 2000 appropriation and $16,512,000 below the budget request.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor approximately 170 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2000	$71,200,000
Budget estimate, 2001	76,000,000
Committee recommendation	73,224,000

The Committee bill includes $73,224,000 for the Office for Civil Rights [OCR], $2,024,000 above the 2000 appropriation and $2,776,000 below the budget request.

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.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2000	$34,000,000
Budget estimate, 2001	36,500,000
Committee recommendation	35,456,000

The Committee recommends $35,456,000 for the Office of the Inspector General, $1,456,000 above the 2000 appropriation and $1,044,000 less than the administration request.

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.

GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the student's home (sec. 302).

The Committee bill contains language which has been included in the bill since 1980, prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools (sec. 303).

The Committee bill includes a provision giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations (sec. 304).

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME BOARD

Appropriations, 2000	$68,295,000
Budget estimate, 2001	69,832,000
Committee recommendation	69,832,000

The Committee recommends authority to expend $69,832,000 from the Armed Forces Home Trust Fund to operate and maintain the United States Soldiers' and Airmens' Home and the United States Naval Home. This amount is equal to the budget request.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

Appropriations, 2000	$294,521,000
Budget estimate, 2001	312,616,000
Committee recommendation	302,504,000

The Committee recommends an appropriation of $302,504,000 for the domestic volunteer service programs of the Corporation for National and Community Service. The Committee recommendation is $7,983,000 above the fiscal year 2000 comparable level, and $10,112,000 less than the budget request.

VISTA

The Committee bill provides $83,074,000 for the Volunteers in Service to America (VISTA) Program, $2,500,000 above the fiscal year 2000 level and $2,926,000 below the budget request.

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.

National Senior Volunteer Corps

The Committee bill provides $187,330,000 for the National Senior Volunteer Corps programs, $4,512,000 above the fiscal year 2000 level and $5,186,000 less than the budget request.

The Committee has included $1,494,000 for senior demonstration programs. The Committee has provided these resources solely for the purpose of continuing grants for existing demonstration activities and its recommendation does not include resources for any new grants or activities.

The Committee recognizes the valuable contributions of seniors participating in the Foster Grandparent (FGP), Retired and Senior Volunteer (RSVP) and Senior Companion Programs (SCP). In accordance with the Domestic Volunteer Service Act (DVSA), the

Committee intends that one-third of each program's increase over the fiscal year 2000 level shall be used to fund Program of National Significance (PNS) expansion grants to allow existing FGP, RSVP and SCP programs to expand the number of volunteers serving in areas of critical need as identified by Congress in the DVSA. Within the appropriation, sufficient funding has been included to provide adequate resources for administrative cost increases realized by all current grantees in each DVSA program. Remaining funds should be used to begin new FGP, RSVP and SCP programs in geographic areas currently underserved. The Committee expects these projects to be awarded via a nationwide competition among potential community-based sponsors.

Foster Grandparent Program

The Committee recommends $97,500,000 for the Foster Grandparent Program, $1,512,000 above the fiscal year 2000 appropriations level and $282,000 less than the budget request.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program involves seniors in their communities and provides a host of services to children.

The Committee notes that the southeastern portion of Iowa is without a Foster Grandparent program (FGP), and urges the Corporation to give full and fair consideration to a new FGP project in Ottumwa, Iowa.

Senior Companion Program

For the Senior Companion Program, the Committee bill includes $40,219,000, an increase of $1,000,000 over the fiscal year 2000 appropriations level and $1,450,000 less than the budget request.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

The Committee recognizes the work of the Civic Venture's Experience Corps in developing a model program that mobilizes the time, talent, and experience of older adults in service to the younger generation. The Committee encourages the Corporation to give full and fair consideration to this project which is already operating in San Francisco, Kansas City, and Philadelphia among other areas, and will expand to sixteen other sites this year.

Retired and Senior Volunteer Program

The Committee bill provides $48,117,000 for the Retired and Senior Volunteer Program (RSVP), $2,000,000 above the fiscal year 2000 level and $2,448,000 less than the budget request.

This program involves persons age 55 and over in volunteer opportunities in their communities.

Program support

The Committee bill includes $32,100,000 for program support, $971,000 above the fiscal year 2000 appropriation and $2,000,000 less than the budget request.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2000	$340,000,000
Appropriations, 2001	350,000,000
Budget estimate, 2002	365,000,000
Committee recommendation	365,000,000

The Committee recommends an appropriation of $365,000,000 for the Corporation for Public Broadcasting (CPB), an advance appropriation for fiscal year 2003. This amount is $15,000,000 more than the fiscal year 2002 appropriation and the same as the budget request.

The Committee recommends $20,000,000 for the conversion to digital broadcasting. The recommendation is the same as the administration request for fiscal year 2001 and $10,000,000 more than provided last year. These funds are contingent upon enactment of specific authorization.

The Committee encourages CPB to explore new methodologies for distribution of Federal matching dollars which take into account measures such as per capita support and other factors that would serve to level the playing field between urban and rural stations in the distribution of matching funds.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 2000	$36,693,000
Budget estimate, 2001	39,001,000
Committee recommendation	38,200,000

The Committee recommends an appropriation of $38,200,000 for the Federal Mediation and Conciliation Service (FMCS), $1,507,000 above the fiscal year 2000 appropriation and $801,000 less than the budget request.

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, 2000	$6,136,000
Budget estimate, 2001	6,320,000
Committee recommendation	6,320,000

The Committee recommends an appropriation of $6,320,000 for the Federal Mine Safety and Health Review Commission, an increase of $184,000 over the fiscal year 2000 appropriation and the same as the budget request.

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 judge decisions.

OFFICE OF LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriations, 2000	$166,251,000
Budget estimate, 2001	173,000,000
Committee recommendation	168,000,000

The Committee recommends an appropriation of $168,000,000 for the Office of Library Services: Grants and Administration. This is $1,749,000 more than the 2000 level and $5,000,000 less than the administration request.

Office of Library Services State Grants

The Committee recommends $143,118,000 for State grants. Funds are provided to States by formula to carry out 5-year State plans. These plans must set goals and priorities for the State consistent with the purpose of the act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. Within the total recommended, $3,030,000 has been provided for library services to Native Americans and Native Hawaiians.

National leadership projects

The Committee recommends $13,000,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide.

The Committee recognizes the unique, collaborative initiative, between the Alaska Native Heritage Center and the Bishop Museum, the "New Trade Winds" project, to establish an educational and cultural demonstration project to help youth strengthen their appreciation and knowledge of regional heritage. The institutions are participating in the resource-sharing of educational materials, telecommunications technology, and Alaska Native art. The Committee encourages the Department to give the project full and fair consideration for continued support.

The Committee has included sufficient funds to assist the National Women's History Museum in improving its internet website, which serves as a national repository for virtual exhibits on issues like women's suffrage and women's achievements in fields such as science, politics, education, healthcare, and business.

The following programs under this account have been brought to the Committee's attention. The Committee believes that each will support improvements to the quality of services provided to communities, consistent with the priorities of the Institute.

The Committee encourages the Department to give each of the following projects full and fair consideration:

—the Clay Center for Arts and Science for a planetarium multimedia display screen, and the fabrication and design of a science exhibit;

—the Wisconson Maritime Museum to enhance its facility with interactive exhibits;

—the Weis Earth Science Museum at the University of Wisconsin-Fox Valley for exhibits and interactive simulations of lead and iron mine tunnels, and other gem and mineral educational displays;

—The Walt Whitman Cultural Arts Center (WWCAC) in Camden, New Jersey to expand its cultural education programs;

—the Plainfield Public Library's Technology Tower to upgrade and expand computer and internet services;

—the New York Public Library's Schomburg Center for Research in Black Culture to digitize material about African American migration to the United States;

—Robert T. Stafford Institute for Public Policy to implement and expand the education program to foster appreciation of public service;

—Newark Museum's New Science Education Initiative to create major science exhibits, develop innovative uses of existing resources for teaching and training of educators, and enhance science education in New Jersey;

—for digitalization and cataloging of the collection at the George Eastman House in New York;

—a collaborative effort being lead by the New Bedford Whaling Museum to enhance and expand the collection and historical artifacts educating students and scholars about maritime history;

—the Perkins Geology Museum at the University of Vermont to digitalize its collection;

—for technology upgrades at the Kellogg-Hubbard Library in Montpelier, Vermont;

—Old Sturbridge Village educational museum for a digital exhibit which will be made available on the Internet;

—the Center for New Deal Studies at Roosevelt University in Chicago, Illinois for exhibits and library improvements for the Franklin and Eleanor Roosevelt collection;

—the George C. Page Museum in Los Angeles, California to implement educational programs based on the work at Rancho La Brea Tar Pits;

—the Dian Fossey Mountain Gorilla Program at the Louisville Zoo;

—expansion of the Newsline for the Blind service, including the West Virginia and the Iowa Federation of the Blind Newslines, to distribute national and local newspapers to libraries in all States with access provided through dial-in distribution sites maintained and served by a national network;

—the American Visionary Art Museum in Baltimore, Maryland;

—the American Museum of Natural History for specimen and library collection storage and expansion of the digitization effort;

—the Pollock Krasner House in New York;

—the Discovery Square project in Erie, Pennsylvania;
—the Please Touch Museum in Philadelphia, Pennsylvania to develop hands-on learning experiences for young children and their families;
—the Franklin Institute to enhance the Design of Life exhibition;
—the Wayne Arts Center for a program designed as a community resource for teachers;
—Ursinus College for expansion of college-based community, cultural, and education programs in the arts;
—Temple University Library in Philadelphia, Pennsylvania for digitization of photographs, manuscripts, video and audio interviews, among other resources, from its Urban History and African American Collections;
—Mobile Public Library to update and expand its reference system and electronic databases;
—Southeast Missouri State University River Campus and Museum to restore the historic former St. Vincent Seminary to focus on the arts, sciences, and technology through quality teaching, education, outreach and museum programs;
—the Institute for the Historic Study of Jazz at the University of Idaho to develop an archival library. Funding would help with the digitalization process, development of an online database, and preservation of archival materials;
—the City of Rancho Cucamonga, California to expand reading and educational opportunities for its citizens through the use of bookmobiles;
—Taft Branch Library in the City of Orange, California to provide ADA accessibility;
—a collaborative, multicultural institution being formed in Rhode Island known as the Heritage Harbor Museum. Any funds would be used for cataloging of materials;
—the National Museum of American Jewish History for expansion of its exhibition core in Philadelphia, Pennsylvania;
—the Life Center at Franklin Pierce College in Rindge, New Hampshire to be used to acquire collections and for various programming needs;
—the Montana State Library to coordinate and develop an online library catalog to ensure access for residents, patrons, and visitors to Montana's libraries.

Administration

The Committee recommends $5,190,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

MEDICARE PAYMENT ADVISORY COMMISSION

Appropriations, 2000	$7,015,000
Budget estimate, 2001	8,000,000
Committee recommendation	8,000,000

The Committee recommends an appropriation of $8,000,000 for the Medicare Payment Advisory Commission, $985,000 more than

the fiscal year 2000 appropriation and the same as the budget request.

The Medicare Payment Advisory Commission (MedPAC) was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105–33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

The Committee has included sufficient funds for the Commission to complete a study of the differences in total fee-for-service payment on behalf of Medicare beneficiaries residing in different States, and in different regions of the same States. This study shall focus on identity differences attributable to: (a) use and mix of services, by major category (e.g., inpatient hospital care, outpatient services, home health, ambulatory); (b) site of service delivery; (c) price of services, by major category; (d) severity of illness at time of service; (e) gender and race; (f) regional practice variations. The study shall include recommendations for changes in public policy to reduce these disparities.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

Appropriations, 2000	$1,295,000
Budget estimate, 2001	1,495,000
Committee recommendation	1,495,000

The Committee recommends an appropriation of $1,495,000 for the National Commission on Libraries and Information Science, an increase of $200,000 over the fiscal year 2000 appropriation and the same as the budget request.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in library and information sciences.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 2000	$2,391,000
Budget estimate, 2001	2,615,000
Committee recommendation	2,615,000

The Committee recommends an appropriation of $2,615,000 for the National Council on Disability, $224,000 above the fiscal year 2000 appropriation and the same as the budget request.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research, on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans With Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

NATIONAL EDUCATION GOALS PANEL

Appropriations, 2000	$2,241,000
Budget estimate, 2001	2,350,000
Committee recommendation	2,350,000

The Committee recommends $2,350,000 for the national education goals panel, $109,000 above the 2000 appropriation and the same as the budget request.

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 eight annual reports delineating National and State progress toward the national education goals.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 2000	$205,717,000
Budget estimate, 2001	216,438,000
Committee recommendation	216,438,000

The Committee recommends an appropriation of $216,438,000 for the National Labor Relations Board (NLRB), $10,721,000 more than the fiscal year 2000 comparable level and the same as the budget request.

While the bulk of this increase is intended to meet built in costs, such as the mandatory cost of living adjustments, the Committee recommendation also includes the requested increases for field operations and the National Board to help reduce backlogged cases.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

NATIONAL MEDIATION BOARD

Appropriations, 2000	$9,562,000
Budget estimate, 2001	10,400,000
Committee recommendation	10,400,000

The Committee recommends an appropriation of $10,400,000 for the National Mediation Board, $838,000 more than the fiscal year 2000 appropriation and the same as the budget request.

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.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 2000	$8,470,000
Budget estimate, 2001	8,720,000
Committee recommendation	8,720,000

The Committee recommends an appropriation of $8,720,000 for the Occupational Safety and Health Review Commission, $250,000 above the fiscal year 2000 appropriation and the same as the budget request.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration (OSHA) and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2000	$173,339,000
Budget estimate, 2001	160,000,000
Committee recommendation	160,000,000

The Committee has provided a total of $160,000,000 for dual benefits, including $10,000,000 in income tax receipts on dual benefits as authorized by law. The Committee recommendation is $13,339,000 less than the fiscal year 2000 level and the same as the budget request.

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, 2000	$150,000
Budget estimate, 2001	150,000
Committee recommendation	150,000

The Committee recommends $150,000 for interest earned on unnegotiated checks. This is the same as the fiscal year 2000 appropriation and budget request.

LIMITATION ON ADMINISTRATION

Appropriations, 2000	$90,655,000
Budget estimate, 2001	92,500,000
Committee recommendation	92,500,000

The Committee recommends an appropriation of $92,500,000 for the administration of railroad retirement/survivor benefit programs. This amount is $1,845,000 more than the fiscal year 2000 comparable level, and the same as the budget request.

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.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2000	$5,380,000
Budget estimate, 2001	5,700,000
Committee recommendation	5,700,000

The Committee recommends $5,700,000 for the Office of the Inspector General, $320,000 above the 2000 appropriation and the same as the budget request.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2000	$20,764,000
Budget estimate, 2001	20,400,000
Committee recommendation	20,400,000

The Committee recommends an appropriation of $20,400,000 for payments to Social Security trust funds, the same as the administration request. This amount reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2000	$383,638,000
Budget estimate, 2001	365,748,000
Committee recommendation	365,748,000

The Committee recommends an appropriation of $365,748,000 for special benefits for disabled coal miners. This is in addition to the $124,000,000 appropriated last year as an advance for the first quarter of fiscal year 2000. The recommendation is the same as the administration request. 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.

The Social Security Administration holds primary responsibility for claims filed before July 1973, with the Department of Labor responsible for claims filed after that. By law, increases in black lung benefit payments are tied directly to Federal pay increases. The year-to-year decrease in this account reflects a declining beneficiary population.

The Committee recommends an advance appropriation of $114,000,000 for the first quarter of fiscal year 2002, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

SUPPLEMENTAL SECURITY INCOME

Appropriations, 2000	$22,150,085,000
Budget estimate, 2001	23,354,000,000
Committee recommendation	23,354,000,000

The Committee recommends an appropriation of $23,354,000,000 for supplemental security income. This is in addition to the $9,890,000,000 appropriated last year as an advance for the first quarter of fiscal year 2001 and includes funds for continuing disability reviews. The recommendation is the same as the administration's request and $1,203,915,000 more than the fiscal year 2000 level. The Committee also recommends an advance appropriation of $10,470,000 for the first quarter of fiscal year 2002 to ensure uninterrupted benefits payments.

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 6.4 million persons will receive SSI benefits each month during fiscal year 2001. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the Social Security trust funds for the administrative costs for the program with a final settlement by the end of the subsequent fiscal year as required by law, to reimburse vocational rehabilitation agencies for costs incurred in successfully rehabilitating SSI recipients and for research and demonstration projects.

Beneficiary services

The Committee recommendation includes $71,000,000 for beneficiary services, which is the same as the administration request and $7,000,000 above the fiscal year 2000 level. This amount is available for reimbursement of State vocational rehabilitation agencies and alternate public or private providers. In 1994 SSA published a regulation permitting direct reimbursement of alternate public and private providers to provide vocational rehabilitation services. Vocational rehabilitation services are now more readily available to a larger number of people with disabilities, since the regulation allows SSA to use an alternate public or private sector provider, if a State vocational rehabilitation agency has not accepted an SSA-referred person for services or extended evaluation.

Research and demonstration projects

The Committee recommendation includes $30,000,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. This is $4,915,000 above the fiscal year 2000 level and the same as the administration request.

This amount will support SSA's efforts to strengthen its policy evaluation capability and focus on research of: program solvency issues, the impact of demographic changes on future workloads and effective return-to-work strategies for disabled beneficiaries.

The Committee understands that some patients with Lyme disease and other tick-borne disorders have encountered some difficulty when applying for assistance through SSA offices, due to SSA employees' unfamiliarity with these illnesses. SSA is encouraged to work on developing educational materials for SSA employees to facilitate a better understanding of the potential debilitating effects of these disorders. The Committee suggests that SSA collaborate with clinicians who have expertise on the multi-system chronic effects of Lyme, as well as patient and voluntary communities, to accomplish this goal.

The Committee is pleased that the Social Security Administration, in coordination with the Health Care Financing Administration and appropriate State agencies, has undertaken a demonstration program designed to identify potential Medicare buy-in eligibles, including widowed spouses who may have recently become eligible due to the recalculation of their Social Security benefits based on their spouses' death. The Committee encourages the Adminstration to incorporate findings from this effort when consid-

ering any changes required to protect this vulnerable population and ensure that they receive the benefits to which they are entitled.

The Committee is pleased that SSA officials have created muliple opportunities to educate adjudicators at all levels of the SSA process about the April 1999 CFS ruling (99–2p). The Committee encourages SSA to continue these educational efforts, to ensure SSA employees are properly informed about CFS and the functional limitations it imposes. Finally, the Committee encourages SSA to continue its investigation of obstacles to benefits for persons with CFIDS, to assess the impact of the new ruling on CFS patients' access to benefits, and to keep medical information updated throughout all levels of the application and review process.

The Committee is aware that minority seniors face added challenges in accessing Social Security and Supplemental Security Income benefits to which they are entitled because of linguistic, cultural, and other barriers. The Committee also recognizes that the Social Security Administration (SSA) has initiated steps to lower or reduce these barriers. To speed this process, however, the Committee urges SSA to aggressively demonstrate ways that enable the agency to enhance the services that it provides to all of its customers. Such a demonstration could include: (1) innovative ways to utilize the experience and talents of other seniors, including but not limited to those having knowledge of a familiarity with the linguistic and cultural backgrounds of underserved minority senior populations, an approach successfully demonstrated at the Environmental Protection Agency; and (2) cooperative agreements, especially with national aging organizations with proven experience in serving minority seniors, in conducting these outreach demonstrations.

Administration

The Committee recommendation includes $2,359,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. This is $217,000,000 above the fiscal year 2000 level and the same as the administration request.

Continuing disability reviews

The recommendation includes $210,000,000 for payments to the Social Security trust fund to process continuing reviews and redeterminations of the disability and nondisability eligibility factors of entitlement for individuals receiving supplemental security income on the basis of their disability.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2000	$6,572,036,000
Budget estimate, 2001	7,134,000,000
Committee recommendation	7,010,800,000

The Committee recommends a program funding level of $7,010,800,000 for the limitation on administrative expenses, which is $123,200,000 less than the administration request and $438,764,000 higher than the fiscal year 2000 level.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors

and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make initial and continuing disability determinations on behalf of the Social Security Administration. Additionally, the limitation provides funding for computer support, and other administrative costs.

The limitation includes $6,469,800,000 for routine operating expenses of the agency, which is $123,200,000 less than the amount requested by the President and $362,764,000 over the 2000 comparable amount. These funds, as well as those derived from an increase in the user fees which are discussed below, cover the mandatory costs of maintaining equipment and facilities, as well as staffing.

The Committee recognizes the significant problems facing the Social Security Appeals Council, due to their overwhelming workload. Although the amount of appeals processed by the Council has almost doubled in the past four years, the number of pending cases has doubled as well. Since improvements have been made to other aspects of the hearings process of the Social Security Administration, the Committee understands that more resources could be directed towards the appeals council workload. By doing this, the Committee believes that many of the cases still pending will be processed in a more timely manner.

Social Security Advisory Board

The Committee has included $1,800,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2001, the same level as the administration request and the same as the fiscal year 2000 level.

User fees

In addition to other amounts provided, the Committee recommends $91,000,000 for administrative activities funded from user fees that were authorized in fiscal year 1998. This is the same as the administration's request and an increase of $11,000,000 over the fiscal year 1999 level.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2000	$65,752,000
Budget estimate, 2001	73,000,000
Committee recommendation	69,444,000

The Committee recommends $69,444,000 for activities for the Office of the Inspector General, $3,692,000 more than fiscal year 2000 and $3,556,000 below the administration request. This includes a general fund appropriation of $16,944,000 together with an obligation limitation of $52,500,000 from the Federal old-age and sur-

vivors insurance trust fund and the Federal disability insurance trust fund.

Protecting the Privacy of Social Security Numbers.—The Committee is concerned that with the advent of the Internet, there are new challenges to protecting the privacy of individuals' Social Security Numbers (SSNs). The number of complaints of identity theft and other abuses due to the inappropriate sale or misuse of SSNs has risen dramatically. The Committee commends the Office of Inspector General for their work on the inappropriate sale and misuse of SSNs and has included additional funds to allow an expansion of these important consumer protection efforts and to appropriately respond to the rapidly rising number of complaints.

U.S. Institute of Peace

Appropriations, 2000	$12,951,000
Budget estimate, 2001	14,450,000
Committee recommendation	12,951,000

The Committee recommends an appropriation of $12,951,000 for the U.S. Institute of Peace, the same as the fiscal year 2000 appropriation and $1,499,000 less than the budget request.

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 recommendation retains 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 and sec. 509).

The Committee recommendation includes language on human embryo research (sec. 510).

The Committee recommendation retains the limitation on use of funds for promotion of legalization of controlled substances included last year (sec. 511).

The Committee recommendation retains the bill language limitation on use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 512).

The Committee recommendation continues authority for agencies to use unobligated balances through the first quarter of fiscal year 2002 (sec. 513).

The Committee bill includes language regarding the individual health identifier (sec. 514).

The Committee has included bill language which repeals the provision in Public Law 105–33 which delays the October SSI payment until October 2, 2000. Consequently, the SSI benefit due October 1, 2000 (Sunday) will be paid September 29, 2000 (Friday) consistent with the normal rules for making SSI payments which come due on a weekend or non-banking day and preventing a hardship on beneficiaries who may be depending on the regular payment date in order to meet their expenses for food and shelter (sec. 515).

Current law provides that effective for months after September 2009, a State that has entered into an agreement with the Social Security Administration for Federal administration of State supplementary payments will be required to remit payments and fees no later than the business day preceding the SSI payment date. The Committee has included bill language which accelerates the effective date to the months after September 2001. SSI and State supplementary payment beneficiaries will not be affected by this proposal (sec. 516).

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount of bill	Committee allocation	Amount of bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the First Concurrent Resolution for 2001: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies:				
General purpose non-defense discretionary	.....	97,820	.....	[1] 93,074
Mandatory	.....	237,067	.....	236,568
Projections of outlays associated with the recommendation:				
2001	.....	.....	.....	[2] 221,717
2002	.....	.....	.....	39,666
2003	.....	.....	.....	9,286
2004	.....	.....	.....	1,421
2005 and future year	.....	.....	.....	394
Financial assistance to State and local governments for 2001	NA	133,220	.....	114,294

[1] Includes outlays from prior-year budget authority.
[2] Excludes outlays from prior-year budget authority.

NA: Not applicable.

Note.—Consistent with the funding recommended in the bill for continuing disability reviews and adoption assistance, and in accordance with section 314 of the Congressional Budget Act of 1974, the Committee anticipates that the Budget Committee will file a revised section 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of $470,000,000 in budget authority and $408,000,000 in outlays.

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, $440,200,000;

National Skills Standards Board, $3,500,000;

Family Planning, $253,932,000;

Preventive Health and Health Services Block Grant, $130,899,000;

Sexually transmitted diseases, $131,978,000;

Injury Prevention and Control (Traumatic Brain Injury Research), $68,000,000;

Substance Abuse and Mental Health Services Administration (except Program Management), $2,680,814,000;

Runaway and Homeless Youth; Homeless Youth Transitional Living, $69,155,000;

Developmental Disabilities, $127,347,000;

Administration on Aging, $954,619,000;

Adolescent Family Life, $19,327,000;

Nursing Loan Payment, $2,279,000;

Universal Newborn Hearing, $4,000,000;

Organ Transplantation, $15,000,000;

Prostate Cancer, $8,721,000;

Research on Health Care Systems Cost and Access Federal Funds, $24,326,000;

Violent Crime Reduction Programs, $118,500,000.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, the bill S. 2553 was ordered reported from the Committee, subject to amendment and subject to the section 302(b) allocation, by recorded vote of 28–0, a quorum being present.

The vote was as follows:

Yeas	Nays
Chairman Stevens	
Mr. Cochran	
Mr. Specter	
Mr. Domenici	
Mr. Bond	
Mr. Gorton	
Mr. McConnell	
Mr. Burns	
Mr. Shelby	
Mr. Gregg	
Mr. Bennett	
Mr. Campbell	
Mr. Craig	
Mrs. Hutchison	
Mr. Kyl	
Mr. Byrd	
Mr. Inouye	
Mr. Hollings	
Mr. Leahy	
Mr. Lautenberg	
Mr. Harkin	
Ms. Mikulski	
Mr. Reid	
Mr. Kohl	
Mrs. Murray	

Mr. Dorgan
Mrs. Feinstein
Mr. Durbin

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.

TITLE 8—ALIENS AND NATIONALITY

* * * * * * *

CHAPTER 12—IMMIGRATION AND NATIONALITY

* * * * * * *

SUBCHAPTER II—IMMIGRATION

PART I—SELECTION SYSTEM

* * * * * * *

§ 1157. Annual admission of refugees and admission of emergency situation refugees

* * * * * * *

ESTABLISHING CATEGORIES OF ALIENS FOR PURPOSES OF REFUGEE DETERMINATIONS

* * * * * * *

"(a) * * *

* * * * * * *

"(b) ESTABLISHMENT OF CATEGORIES.—

"(1) * * *

"(3) Within the number of admissions of refugees allocated for for [sic] each of fiscal years [1997, 1998, 1999, and 2000] *1997, 1998, 1999, 2000 and 2001* for refugees who are nationals of the Soviet Union under section 207(a)(3) of the Immigration and Nationality Act [8 U.S.C. 1157(a)(3)] and within the number of such admissions allocated for each of fiscal years 1993, 1994, 1995, and 1996 for refugees who are nationals of the independent states of the former Soviet Union, Estonia,

Latvia, and Lithuania under such section, notwithstanding any other provision of law, the President shall allocate one thousand of such admissions for such fiscal year to refugees who are within the category of aliens described in paragraph (2)(B).

* * * * * * *

"(e) PERIOD OF APPLICATION.—

"(1) Subsections (a) and (b) shall take effect on the date of the enactment of this Act [Nov. 21, 1989] and shall only apply to applications for refugee status submitted before ⟦October 1, 2000⟧ *October 1, 2001*.

"(2) Subsection (c) shall apply to decisions made after the date of the enactment of this Act and before ⟦October 1, 2000⟧ *October 1, 2001*.

"(3) Subsection (d) shall take effect on the date of the enactment of this Act and shall only apply to reapplications for refugee status submitted before ⟦October 1, 2000⟧ *October 1, 2001*."

* * * * * * *

§ 1255. Adjustment of status of nonimmigrant to that of person admitted for permanent residence

* * * * * * *

ADJUSTMENT OF STATUS FOR CERTAIN SOVIET AND INDOCHINESE PAROLEES

"(a) * * *

* * * * * * *

"(b) *Aliens Eligible for Adjustment of Status*.—The benefits provided in subsection (a) shall only apply to an alien who—

"(1) was a national of an independent state of the former Soviet Union, Estonia, Latvia, Lithuania, Vietnam, Laos, or Cambodia, and

"(2) was inspected and granted parole into the United States during the period beginning on August 15, 1988, and ending on ⟦September 30, 2000⟧ *September 30, 2001*, after being denied refugee status.

* * * * * * *

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE XIX—BLOCK GRANTS

* * * * * * *

SEC. 1918. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) * * *

* * * * * * *

⟦(b) MINIMUM ALLOTMENTS FOR STATES.—For each of the fiscal years 1993 and 1994, the amount of the allotment required in section 1911 for a State for the fiscal year involved shall be the greater of—

[(1) the amount determined under subsection (a) for the State for the fiscal year; and

[(2) an amount equal to 20.6 percent of the amount received by the State from allotments made pursuant to this part for fiscal year 1992 (including reallotments under section 205(a) of the ADAMHA Reorganization Act).]

(b) MINIMUM ALLOTMENTS FOR STATES.—Each State's allotment for fiscal year 2001 for programs under this subpart shall not be less than such State's allotment for such programs for fiscal year 2000.

* * * * * * *

SEC. 1933. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) * * *

* * * * * * *

[(b) MINIMUM ALLOTMENTS FOR STATES.—For each of the fiscal years 1993 and 1994, the amount of the allotment required in section 1921 for a State for the fiscal year involved shall be the greater of—

[(1) the amount determined under subsection (a) for the State for the fiscal year; and

[(2) an amount equal to 79.4 percent of the amount received by the State from allotments made pursuant to this part for fiscal year 1992 (including reallotments under section 205(a) of the ADAMHA Reorganization Act).]

(b) MINIMUM ALLOTMENTS FOR STATES.—Each State's allotment for fiscal year 2001 for programs under this subpart shall not be less than such State's allotment for such programs for fiscal year 2000.

* * * * * * *

SOCIAL SECURITY ACT

* * * * * * *

TITLE IV OF THE SOCIAL SECURITY ACT

* * * * * * *

SEC. 403. GRANTS TO STATES.

(a) GRANTS.—

(1) FAMILY ASSISTANCE GRANT.—

* * * * * * *

(3) SUPPLEMENTAL GRANT FOR POPULATION INCREASES IN CERTAIN STATES.—

(A) IN GENERAL.—Each qualifying State shall, subject to subparagraph (F), be entitled to receive from the Secretary—

(i) for fiscal year 1998 a grant in an amount equal to 2.5 percent of the total amount required to be paid to the State under former section 403 (as in effect during fiscal year 1994) for fiscal year 1994; [and]

(ii) for each of fiscal years [1999, 2000, and 2001] *1999 and 2000*, a grant in an amount equal to the sum of—

(I) the amount (if any) required to be paid to the State under this paragraph for the immediately preceding fiscal year; and

(II) 2.5 percent of the sum of—

(aa) the total amount required to be paid to the State under former section 403 (as in effect during fiscal year 1994) for fiscal year 1994; and

(bb) the amount (if any) required to be paid to the State under this paragraph for the fiscal year preceding the fiscal year for which the grant is to be made[.] *; and*

(iii) for fiscal year 2001, a grant in an amount equal to the amount of the grant to the State under clause (i) for fiscal year 1998.

* * * * * * *

(G) BUDGET SCORING.—Notwithstanding section 257(b)(2) of the Balanced Budget and Emergency Deficit Control Act of 1985, the baseline shall assume that no grant shall be made under this paragraph after fiscal year 2001. *Upon enactment, the provisions of this Act that would have been estimated by the Director of the Office of Management and Budget as changing direct spending and receipts for fiscal year 2001 under section 252 of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177), to the extent such changes would have been estimated to result in savings in fiscal year 2001 of $240,000,000 in budget authority and $122,000,000 in outlays, shall be treated as if enacted in an appropriations act pursuant to Rule 3 of the Budget Scorekeeping Guidelines set forth in the Joint Explanatory Statement of the Committee of Conference accompanying Conference Report No. 105–217, thereby changing discretionary spending under section 251 of that Act.*

* * * * * * *

(5) WELFARE-TO-WORK GRANTS.—* * *

(A) FORMULA GRANTS.—* * *

(i) ENTITLEMENT.—A State shall be entitled to receive from the Secretary of Labor a grant for each fiscal year specified in [subparagraph (I)] *subparagraph (H)* of this paragraph for which the State is a welfare-to-work State, in an amount that does not exceed the lesser of—

* * * * * * *

(iv) * * *

(I) 75 percent of the sum of—

(aa) the amount specified in subparagraph [(I)] *(H)* for the fiscal year, minus the total of the amounts reserved pursuant to

subparagraphs (E), (F), [(G), and (H)] *and (G)* for the fiscal year; and

(bb) any amount reserved pursuant to subparagraph [(F)] *(E)* for the immediately preceding fiscal year that has not been obligated; and

* * * * * * *

(B) * * *

(i) * * *

* * * * * * *

(v) FUNDING.—For grants under this subparagraph for each fiscal year specified in subparagraph [(I)] *(H)*, there shall be available to the Secretary of Labor an amount equal to the sum of—

(I) 25 percent of the sum of—

(aa) the amount specified in subparagraph [(I)] *(H)* for the fiscal year, minus the total of the amounts reserved pursuant to subparagraphs (E), (F), [(G), and (H)] *and (G)* for the fiscal year; and

(bb) any amount reserved pursuant to subparagraph [(F)] *(E)* for the immediately preceding fiscal year that has not been obligated; and

* * * * * * *

(C) LIMITATIONS ON USE OF FUNDS.—

(i) * * *

* * * * * * *

(viii) DEADLINE FOR EXPENDITURE.—An entity to which funds are provided under this paragraph shall remit to the Secretary of Labor any part of the funds that are not expended within [3 years] *5 years* after the date the funds are so provided.

* * * * * * *

[(E) SET-ASIDE FOR SUCCESSFUL PERFORMANCE BONUS.—

(i) IN GENERAL.—The Secretary of Labor shall award a grant in accordance with this subparagraph to each successful performance State in fiscal year 2000, but shall not make any outlay to pay any such grant before October 1, 2000.

(ii) AMOUNT OF GRANT.—The Secretary of Labor shall determine the amount of the grant payable under this subparagraph to a successful performance State, which shall be based on the score assigned to the State under clause (iv)(I)(aa) for such prior period as the Secretary of Labor deems appropriate.

(iii) FORMULA FOR MEASURING STATE PERFORMANCE.—Not later than 1 year after the date of the enactment of this paragraph, the Secretary of Labor, in consultation with the Secretary of Health and Human

Services, the National Governors' Association, and the American Public Welfare Association, shall develop a formula for measuring—

(I) the success of States in placing individuals in private sector employment or in any kind of employment, through programs operated with funds provided under subparagraph (A);

(II) the duration of such placements;

(III) any increase in the earnings of such individuals; and

(IV) such other factors as the Secretary of Labor deems appropriate concerning the activities of the States with respect to such individuals.

The formula may take into account general economic conditions on a State-by-State basis.

(iv) SCORING OF STATE PERFORMANCE; SETTING OF PERFORMANCE THRESHOLDS.—

(I) IN GENERAL.—The Secretary of Labor shall—

(aa) use the formula developed under clause (iii) to assign a score to each State that was a welfare-to-work State for fiscal years 1998 and 1999; and

(bb) prescribe a performance threshold in such a manner so as to ensure that the total amount of grants to be made under this paragraph equals $50,000,000.

(II) AVAILABILITY OF WELFARE-TO-WORK DATA SUBMITTED TO THE SECRETARY OF HHS.—The Secretary of Health and Human Services shall provide the Secretary of Labor with the data reported by States under this part with respect to programs operated with funds provided under subparagraph (A).

(v) SUCCESSFUL PERFORMANCE STATE DEFINED.—As used in this subparagraph, the term "successful performance State" means a State whose score assigned pursuant to clause (iv)(I)(aa) equals or exceeds the performance threshold prescribed under clause (iv)(I)(bb).

(vi) SET-ASIDE.—$50,000,000 of the amount specified in subparagraph (I) for fiscal year 1999 shall be reserved for grants under this subparagraph.]

[(F)] *(E)* FUNDING FOR INDIAN TRIBES.—1 percent of the amount specified in subparagraph [(I)] *(H) for fiscal year 1998 and $1,500,000 of the amount so specified for fiscal year 1999 shall be reserved for grants to Indian tribes under section 412(a)(3).*

[(G)] *(F)* FUNDING FOR EVALUATIONS OF WELFARE-TO-WORK PROGRAMS.—0.6 percent of the amount specified in subparagraph [(I)] *(H)* for fiscal year 1998 and $900,000 of the amount so specified for fiscal year 1999 shall be reserved for use by the Secretary to carry out section 413(j).

[(H)] *(G)* FUNDING FOR EVALUATION OF ABSTINENCE EDUCATION PROGRAMS.—

(i) IN GENERAL.—0.2 percent of the amount specified in subparagraph [(I)] *(H)* for fiscal year 1998 and $300,000 of the amount so specified for fiscal year 1999 shall be reserved for use by the Secretary to evaluate programs under section 510, directly or through grants, contracts, or interagency agreements.

(ii) AUTHORITY TO USE FUNDS FOR EVALUATIONS OF WELFARE-TO-WORK PROGRAMS.—Any such amount not required for such evaluations shall be available for use by the Secretary to carry out section 413(j).

(iii) DEADLINE FOR OUTLAYS.—Outlays from funds used pursuant to clause (i) for evaluation of programs under section 510 shall not be made after fiscal year 2001.

[(I)] *(H)* APPROPRIATIONS.—

(i) IN GENERAL.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated for grants under this paragraph—

(I) $1,500,000,000 for fiscal year 1998; and

(II) [$1,450,000,000] *$1,400,000,000* for fiscal year 1999.

(ii) AVAILABILITY.—The amounts made available pursuant to clause (i) shall remain available for such period as is necessary to make the grants provided for in this paragraph.

[(J)] *(I)* WORKER PROTECTIONS.—

(i) NONDISPLACEMENT IN WORK ACTIVITIES.—

(I) GENERAL PROHIBITION.—Subject to this clause, an adult in a family receiving assistance attributable to funds provided under this paragraph may fill a vacant employment position in order to engage in a work activity.

(II) PROHIBITION AGAINST VIOLATION OF CONTRACTS.—A work activity engaged in under a program operated with funds provided under this paragraph shall not violate an existing contract for services or a collective bargaining agreement, and such a work activity that would violate a collective bargaining agreement shall not be undertaken without the written concurrence of the labor organization and employer concerned.

(III) OTHER PROHIBITIONS.—An adult participant in a work activity engaged in under a program operated with funds provided under this paragraph shall not be employed or assigned—

(aa) when any other individual is on layoff from the same or any substantially equivalent job;

(bb) if the employer has terminated the employment of any regular employee or otherwise caused an involuntary reduction in its

workforce with the intention of filling the vacancy so created with the participant; or

(cc) if the employer has caused an involuntary reduction to less than full time in hours of any employee in the same or a substantially equivalent job.

(ii) HEALTH AND SAFETY.—Health and safety standards established under Federal and State law otherwise applicable to working conditions of employees shall be equally applicable to working conditions of other participants engaged in a work activity under a program operated with funds provided under this paragraph.

(iii) NONDISCRIMINATION.—In addition to the protections provided under the provisions of law specified in section 408(c), an individual may not be discriminated against by reason of gender with respect to participation in work activities engaged in under a program operated with funds provided under this paragraph.

(iv) GRIEVANCE PROCEDURE.—

(I) IN GENERAL.—Each State to which a grant is made under this paragraph shall establish and maintain a procedure for grievances or complaints from employees alleging violations of clause (i) and participants in work activities alleging violations of clause (i), (ii), or (iii).

(II) HEARING.—The procedure shall include an opportunity for a hearing.

(III) REMEDIES.—The procedure shall include remedies for violation of clause (i), (ii), or (iii), which may continue during the pendency of the procedure, and which may include—

(aa) suspension or termination of payments from funds provided under this paragraph;

(bb) prohibition of placement of a participant with an employer that has violated clause (i), (ii), or (iii);

(cc) where applicable, reinstatement of an employee, payment of lost wages and benefits, and reestablishment of other relevant terms, conditions and privileges of employment; and

(dd) where appropriate, other equitable relief.

(IV) APPEALS.—

(aa) FILING.—Not later than 30 days after a grievant or complainant receives an adverse decision under the procedure established pursuant to subclause (I), the grievant or complainant may appeal the decision to a State agency designated by the State which shall be independent of the State or local agency that is administering the programs operated with

funds provided under this paragraph and the State agency administering, or supervising the administration of, the State program funded under this part.

(bb) FINAL DETERMINATION.—Not later than 120 days after the State agency designated under item (aa) receives a grievance or complaint made under the procedure established by a State pursuant to subclause (I), the State agency shall make a final determination on the appeal.

(v) RULE OF INTERPRETATION.—This subparagraph shall not be construed to affect the authority of a State to provide or require workers' compensation.

(vi) NONPREEMPTION OF STATE LAW.—The provisions of this subparagraph shall not be construed to preempt any provision of State law that affords greater protections to employees or to other participants engaged in work activities under a program funded under this part than is afforded by such provisions of this subparagraph.

[(K)**]** *(J)* INFORMATION DISCLOSURE.—If a State to which a grant is made under section 403 establishes safeguards against the use or disclosure of information about applicants or recipients of assistance under the State program funded under this part, the safeguards shall not prevent the State agency administering the program from furnishing to a private industry council the names, addresses, telephone numbers, and identifying case number information in the State program funded under this part, of noncustodial parents residing in the service delivery area of the private industry council, for the purpose of identifying and contacting noncustodial parents regarding participation in the program under this paragraph.

* * * * * * *

SEC. 412. DIRECT FUNDING AND ADMINISTRATION BY INDIAN TRIBES.

(a) * * *

(1) * * *

* * * * * * *

(3) WELFARE-TO-WORK GRANTS.—

(A) IN GENERAL.—The Secretary of Labor shall award a grant in accordance with this paragraph to an Indian tribe for each fiscal year specified in section **[**403(a)(5)(I)**]** *403(a)(5)(H)* for which the Indian tribe is a welfare-to-work tribe, in such amount as the Secretary of Labor deems appropriate, subject to subparagraph (B) of this paragraph.

* * * * * * *

BALANCED BUDGET ACT OF 1997, PUBLIC LAW 105–33

* * * * * * *

TITLE V—WELFARE AND RELATED PROVISIONS

* * * * * * *

Subtitle F—Welfare Reform Technical Corrections

* * * * * * *

CHAPTER 2—SUPPLEMENTAL SECURITY INCOME

* * * * * * *

[SEC. 5527. TIMING OF DELIVERY OF OCTOBER 1, 2000, SSI BENEFIT PAYMENTS.

Notwithstanding the provisions of section 708(a) of the Social Security Act (42 U.S.C. 908(a)), the day designated for delivery of benefit payments under title XVI of such Act for October 2000 shall be the second day of such month.]

* * * * * * *

TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT OF 1999, PUBLIC LAW 106–170

* * * * * * *

TITLE IV—MISCELLANEOUS AND TECHNICAL AMENDMENTS

* * * * * * *

SEC. 410. SCHEDULE FOR PAYMENTS UNDER SSI STATE SUPPLEMENTATION AGREEMENTS.

(a) * * *

(b) EFFECTIVE DATE.—the amendments made by subsection (a) shall apply to payments and fees arising under an agreement between a State and the Commissioner of Social Security under section 1616 of the Social Security Act (42 U.S.C. 1382e) or under section 212 of Public Law 93–66 (42 U.S.C. 1382 note) with respect to monthly benefits paid to individuals under title XVI of the Social Security Act for months after September [2009] *2001* (October [2009] *2001* in the case of a State with a fiscal year that coincides with the Federal fiscal year), without regard to whether the agreement has been modified to reflect such amendments or the Commissioner has promulgated regulations implementing such amendments.

* * * * * * *

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training, current year	238,000	238,000	238,000	.....	.....
Advance from prior year	.....	(712,000)	(712,000)	(+712,000)	.....
Fiscal year 2002	712,000	712,000	712,000	.....	.....
Adult Training, program level	950,000	950,000	950,000	.....	.....
Youth Training	1,000,965	1,022,465	1,000,965	.....	−21,500
Dislocated Worker Assistance, current year	529,025	710,510	529,025	.....	−181,485
Advance from prior year	.....	(1,060,000)	(1,060,000)	(+1,060,000)	.....
Fiscal year 2002	1,060,000	1,060,000	1,060,000	.....	.....
Dislocated Worker Assistance, program level	1,589,025	1,770,510	1,589,025	.....	−181,485
Federally administered programs:					
Native Americans	58,436	55,000	55,000	−3,436	.....
Migrant and Seasonal Farmworkers	74,195	74,445	76,770	+2,575	+2,325
Job Corps:					
Operations	633,140	681,669	652,408	+19,268	−29,261
Advance from prior year	.....	(591,000)	(591,000)	(+591,000)	.....
Fiscal year 2002	591,000	591,000	591,000	.....	.....
Construction and Renovation [1]	33,636	20,375	20,375	−13,261	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Advance from prior year	.....	(100,000)	(100,000)	(+100,000)	.....
Fiscal year 2002	100,000	100,000	100,000	.....	.....
Subtotal, Job Corps, program level	1,357,776	1,393,044	1,363,783	+6,007	−29,261
National activities:					
Pilots, Demonstrations and Research	65,095	35,000	70,000	+4,905	+35,000
Responsible Reintegration of Youthful Off	13,907	75,000	30,000	+16,093	−45,000
Evaluation	9,098	12,098	9,098	.....	−3,000
Fathers Work/Families Win	.....	255,000	.....	.....	−255,000
Incumbent Workers	.....	30,000	20,000	+20,000	−10,000
Safe Schools/Healthy Students	.....	40,000	20,000	+20,000	−20,000
Youth Opportunity Grants	250,000	375,000	250,000	.....	−125,000
Other	5,000	15,000	15,000	+10,000	.....
Subtotal, National activities	343,100	837,098	414,098	+70,998	−423,000
Subtotal, Federal activities	1,833,507	2,359,587	1,909,651	+76,144	−449,936
Total, Workforce Investment Act	5,373,497	6,102,562	5,449,641	+76,144	−652,921
Women in Apprenticeship	927	.....	.....	−927	.....
Skills Standards	7,000	3,500	3,500	−3,500	.....
Subtotal, National activities, TES	351,027	840,598	417,598	+66,571	−423,000

School-to-Work [2]	55,000	.....	.....	−55,000	.....
Total, Training and Employment Services	5,436,424	6,106,062	5,453,141	+16,717	−652,921
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS	440,200	440,200	440,200	.....	.....
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES					
Trade Adjustment	349,000	342,400	342,400	−6,600	.....
NAFTA Activities	66,150	64,150	64,150	−2,000	.....
Total	415,150	406,550	406,550	−8,600	.....
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation:					
State Operations	2,256,375	2,349,283	2,273,515	+17,140	−75,768
National Activities	10,000	10,000	10,000	.....	.....
Subtotal, Unemployment Comp (trust funds)	2,266,375	2,359,283	2,283,515	+17,140	−75,768
Employment Service:					
Allotments to States:					
Federal Funds	23,452	23,452	23,452	.....	.....
Trust Funds	738,283	788,283	763,283	+25,000	−25,000
Subtotal	761,735	811,735	786,735	+25,000	−25,000
National Activities:					
Trust Funds	55,670	44,180	49,180	−6,490	+5,000
Subtotal, Employment Service	817,405	855,915	835,915	+18,510	−20,000
Federal funds	23,452	23,452	23,452	.....	.....
Trust funds	793,953	832,463	812,463	+18,510	−20,000
One stop Career/Labor Market Information: Federal Funds	110,000	154,000	110,000	.....	−44,000
Work Incentives Grants	20,000	20,000	20,000	.....	.....
Total, State Unemployment	3,213,780	3,389,198	3,249,430	+35,650	−139,768
Federal Funds	153,452	197,452	153,452	.....	−44,000
Trust Funds	3,060,328	3,191,746	3,095,978	+35,650	−95,768

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
ADVANCES TO THE UI AND OTHER TRUST FUNDS [1]	356,000	435,000	435,000	+79,000	.....
PROGRAM ADMINISTRATION					
Adult Employment and Training	29,986	33,113	31,986	+2,000	−1,127
Trust Funds	2,420	2,797	2,797	+377	.....
Youth Employment and Training	34,086	37,660	34,086	.....	−3,574
Employment Security	4,952	5,119	5,119	+167	.....
Trust Funds	41,302	43,855	44,351	+3,049	+496
Apprenticeship Services	19,141	22,069	22,069	+2,928	.....
Executive Direction	6,348	6,660	7,960	+1,612	+1,300
Trust Funds	1,334	1,383	1,359	+25	−24
Welfare to Work	6,431	6,655	6,431	.....	−224
Total, Program Administration	146,000	159,311	156,158	+10,158	−3,153
Federal funds	100,944	111,276	107,651	+6,707	−3,625
Trust funds	45,056	48,035	48,507	+3,451	+472
Total, Employment and Training Administration	10,007,554	10,936,321	10,140,479	+132,925	−795,842
Federal funds	6,902,170	7,696,540	6,995,994	+93,824	−700,546
Current Year	(4,439,170)	(5,233,540)	(4,532,994)	(+93,824)	(−700,546)
Advance Year, fiscal year 2002	(2,463,000)	(2,463,000)	(2,463,000)	.....	.....
Trust funds	3,105,384	3,239,781	3,144,485	+39,101	−95,296
PENSION AND WELFARE BENEFITS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement and Compliance	78,283	83,652	81,995	+3,712	−1,657

Policy, Regulation and Public Service	16,803	20,205	17,372	+569	−2,833
Program Oversight	3,848	3,975	3,975	+127	.....
Total, PWBA	98,934	107,832	103,342	+4,408	−4,490
PENSION BENEFIT GUARANTY CORPORATION					
Program Administration subject to limitation (TF)	11,148	11,871	11,652	+504	−219
Termination services not subject to limitation (NA)	(153,599)	(164,834)	(161,499)	(+7,900)	(−3,335)
Total, PBGC (Program level)	(164,747)	(176,705)	(173,151)	(+8,404)	(−3,554)
EMPLOYMENT STANDARDS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement of Wage and Hour Standards	141,893	152,688	148,329	+6,436	−4,359
Office of Labor-Management Standards	29,308	30,556	30,413	+1,105	−143
Federal Contractor EEO Standards Enforcement	73,250	76,308	75,808	+2,558	−500
Federal Programs for Workers' Compensation	79,968	88,873	83,163	+3,195	−5,710
Trust Funds	1,740	1,985	1,985	+245	.....
Program Direction and Support	12,611	13,066	13,066	+455	.....
Total, ESA salaries and expenses	338,770	363,476	352,764	+13,994	−10,712
Federal funds	337,030	361,491	350,779	+13,749	−10,712
Trust funds	1,740	1,985	1,985	+245	.....
SPECIAL BENEFITS					
Federal employees compensation benefits	75,000	53,000	53,000	−22,000	.....
Longshore and harbor workers' benefits	4,000	3,000	3,000	−1,000	.....
Total, Special Benefits	79,000	56,000	56,000	−23,000	.....
BLACK LUNG DISABILITY TRUST FUND					
Benefit payments and interest on advances	963,506	975,343	975,343	+11,837	.....
Employment Standards Adm. S&E	28,676	30,393	30,393	+1,717	.....
Departmental Management S&E	20,783	21,590	21,590	+807	.....
Departmental Management, Inspector General	312	318	318	+6	.....
Subtotal, Black Lung Disability	1,013,277	1,027,644	1,027,644	+14,367	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Treasury Administrative Costs	356	356	356		
Total, Black Lung Disability Trust Fund	1,013,633	1,028,000	1,028,000	+14,367	
Total, Employment Standards Administration	1,431,403	1,447,476	1,436,764	+5,361	−10,712
Federal funds	1,429,663	1,445,491	1,434,779	+5,116	−10,712
Trust funds	1,740	1,985	1,985	+245	
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Safety and Health Standards	12,700	15,093	15,093	+2,393	
Federal Enforcement	141,000	153,073	153,073	+12,073	
State Programs	82,000	88,493	88,493	+6,493	
Technical Support	17,959	20,149	20,149	+2,190	
Compliance Assistance:					
Federal Assistance	54,154	67,073	67,073	+12,919	
State Consultation Grants	42,854	47,903	47,903	+5,049	
Subtotal	97,008	114,976	114,976	+17,968	
Safety and Health Statistics	22,753	25,637	25,637	+2,884	
Executive Direction and Administration	8,200	8,562	8,562	+362	
Total, OSHA	381,620	425,983	425,983	+44,363	

MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	110,570	114,774	114,774	+4,204	.....
Metal/Non-Metal Enforcement	49,693	55,240	55,240	+5,547	.....
Standards Development	1,509	1,762	1,762	+253	.....
Assessments	3,896	4,267	4,267	+371	.....
Educational Policy and Development	26,855	26,977	29,477	+2,622	+2,500
Technical Support	25,312	27,069	27,069	+1,757	.....
Program Administration	10,222	12,158	12,158	+1,936	.....
Total, Mine Safety and Health Administration	228,057	242,247	244,747	+16,690	+2,500
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	125,329	137,317	135,317	+9,988	−2,000
Labor Market Information (Trust Funds)	66,363	67,257	67,257	+894	.....
Prices and Cost of Living	128,753	135,408	133,444	+4,691	−1,964
Compensation and Working Conditions	68,921	71,186	71,186	+2,265	.....
Productivity and Technology	7,785	9,262	8,078	+293	−1,184
Economic Growth and Employment Projections	5,047	6,721	5,321	+274	−1,400
Executive Direction and Staff Services	24,693	26,481	25,981	+1,288	−500
Consumer Price Index Revision [3]	6,986	.....	.....	−6,986	.....
Total, Bureau of Labor Statistics	433,877	453,632	446,584	+12,707	−7,048
Federal Funds	367,514	386,375	379,327	+11,813	−7,048
Trust Funds	66,363	67,257	67,257	+894	.....
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	26,436	46,491	27,341	+905	−19,150
Departmental IT Crosscut	.....	54,444	30,000	+30,000	−24,444
Legal Services	68,928	74,502	72,087	+3,159	−2,415
Trust Funds	310	319	.....	−310	−319
International Labor Affairs	70,000	167,006	115,000	+45,000	−52,006
Administration and Management	26,609	24,768	24,768	−1,841	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Adjudication	23,664	25,070	24,745	+1,081	−325
Women's Bureau	8,824	9,596	9,201	+377	−395
Civil Rights Activities	5,684	6,384	5,848	+164	−536
Chief Financial Officer	5,793	5,972	5,972	+179	.....
Disability Policy	8,641	23,002	23,002	+14,361	.....
Total, Salaries and expenses	244,889	437,554	337,964	+93,075	−99,590
Federal funds	244,579	437,235	337,964	+93,385	−99,271
Trust funds	310	319	.....	−310	−319
VETERANS EMPLOYMENT AND TRAINING					
State Administration:					
Disabled Veterans Outreach Program	80,215	81,615	81,615	+1,400	.....
Local Veterans Employment Program	77,253	77,253	77,253	.....	.....
Subtotal, State Administration	157,468	158,868	158,868	+1,400	.....
Federal Administration	26,873	29,045	28,045	+1,172	−1,000
Homeless Veterans Program	9,636	15,000	12,500	+2,864	−2,500
Veterans Workforce Investment Programs	7,300	7,300	7,300	.....	.....
Total, Veterans Employment and Training	201,277	210,213	206,713	+5,436	−3,500
Federal Funds	16,936	22,300	19,800	+2,864	−2,500
Trust Funds	184,341	187,913	186,913	+2,572	−1,000
OFFICE OF THE INSPECTOR GENERAL					
Program Activities	42,346	44,563	43,201	+855	−1,362

Trust Funds	3,830	4,770	4,770	+940	.....
Executive Direction and Management	5,749	6,814	6,814	+1,065	.....
Total, Office of the Inspector General	51,925	56,147	54,785	+2,860	−1,362
Federal funds	48,095	51,377	50,015	+1,920	−1,362
Trust funds	3,830	4,770	4,770	+940	.....
Total, Departmental Management	498,091	703,914	599,462	+101,371	−104,452
Federal funds	309,610	510,912	407,779	+98,169	−103,133
Trust funds	188,481	193,002	191,683	+3,202	−1,319
Total, Labor Department	13,090,684	14,329,276	13,409,013	+318,329	−920,263
Federal funds	9,717,568	10,815,380	9,991,951	+274,383	−823,429
Current Year	(7,254,568)	(8,352,380)	(7,528,951)	(+274,383)	(−823,429)
Advance Year, fiscal year 2002	(2,463,000)	(2,463,000)	(2,463,000)	.....	.....
Trust funds	3,373,116	3,513,896	3,417,062	+43,946	−96,834
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION					
HEALTH RESOURCES AND SERVICES					
Health centers	1,018,700	1,068,700	1,118,700	+100,000	+50,000
National Health Service Corps:					
Field placements	38,182	38,116	38,116	−66	.....
Recruitment	78,625	78,625	78,625	.....	.....
Subtotal	116,807	116,741	116,741	−66	.....
Health Professions					
Training for Diversity:					
Centers of excellence	25,641	30,641	.....	−25,641	−30,641
Health careers opportunity program	27,799	32,799	.....	−27,799	−32,799
Faculty loan repayment	1,100	1,100	.....	−1,100	−1,100
Scholarships for disadvantaged students	38,099	38,099	.....	−38,099	−38,099
Subtotal	92,639	102,639	.....	−92,639	−102,639

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Training in Primary Care Medicine and Dentistry	78,267			−78,267	
Interdisciplinary Community-Based Linkages:					
Area health education centers	28,587	28,587		−28,587	−28,587
Health education and training centers	3,765	3,765		−3,765	−3,765
Allied health and other disciplines	7,355	3,838		−7,355	−3,838
Geriatric programs	10,640			−10,640	
Quentin N. Burdick pgm for rural training	5,132	4,720		−5,132	−4,720
Subtotal	55,479	40,910		−55,479	−40,910
Health Professions Workforce Info and Analysis	714	714	714		
Public Health Workforce Development:					
Public health, preventive med. and dental pgms	8,121	8,121		−8,121	−8,121
Health administration programs	1,112			−1,112	
Subtotal	9,233	8,121		−9,233	−8,121
Children's Hospitals Graduate Medical Educ	40,000	80,000		−40,000	−80,000
Advanced Education Nursing	50,597	50,597		−50,597	−50,597
Basic nurse education and practice	10,968	10,968		−10,968	−10,968
Nursing workforce diversity	4,010	4,010		−4,010	−4,010
Consolidated Health professions			230,000	+230,000	+230,000
Subtotal, Health professions	341,907	297,959	230,714	−111,193	−67,245
Other HRSA Programs:					
Hansen's Disease Services	20,042	17,016	17,016	−3,026	

Maternal and Child Health Block Grant	704,130	704,130	704,130	.....	.....
Healthy Start	90,000	90,000	90,000	.....	.....
Universal Newborn Hearing	3,375	3,375	4,000	+625	+625
Organ Transplantation	10,000	15,000	15,000	+5,000	.....
Health Teaching Facilities Interest Subsidies	150	.....	.....	−150	.....
Bone Marrow Program	18,000	17,959	17,959	−41	.....
Rural outreach grants	35,880	38,892	38,892	+3,012	.....
Rural Health Research	12,679	6,101	5,000	−7,679	−1,101
Telehealth	20,522	5,612	25,000	+4,478	+19,388
Critical care programs: Emergency medical services for children	17,000	15,000	15,000	−2,000	.....
Trauma care system	.....	.....	3,000	+3,000	+3,000
Traumatic brain injury	5,000	5,000	5,000	.....	.....
Poison control	3,000	1,500	6,000	+3,000	+4,500
Subtotal, Critical care programs	25,000	21,500	29,000	+4,000	+7,500
Black lung clinics	5,943	5,943	6,000	+57	+57
Nursing loan repayment for shortage area service	2,279	2,279	2,279	.....	.....
Payment to Hawaii, treatment of Hansen's	2,045	2,045	2,045	.....	.....
Subtotal, Other HRSA programs	950,045	929,852	956,321	+6,276	+26,469
Ryan White AIDS Programs:					
Emergency Assistance	546,500	586,500	556,500	+10,000	−30,000
Comprehensive Care Programs	824,000	864,000	834,000	+10,000	−30,000
AIDS Drug Assistance Program (ADAP) (NA)	(528,000)	(554,000)	(538,000)	(+10,000)	(−16,000)
Early Intervention Program	138,400	171,400	166,400	+28,000	−5,000
Pediatric HIV/AIDS	51,000	60,000	58,450	+7,450	−1,550
AIDS Dental Services	8,000	8,500	8,000	.....	−500
Education and Training Centers	26,650	29,150	26,650	.....	−2,500
Subtotal, Ryan White AIDS programs	1,594,550	1,719,550	1,650,000	+55,450	−69,550
Family Planning	238,932	273,932	253,932	+15,000	−20,000
Health Care Facilities	112,408	.....	10,000	−102,408	+10,000
Buildings and Facilities	250	250	250	.....	.....
Rural Hospital Flexibility Grants	25,000	25,000	25,000	.....	.....
National Practitioner Data Bank	16,000	17,200	17,200	+1,200	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
User Fees	−16,000	−17,200	−17,200	−1,200	.....
Health Care Access for the Uninsured	40,000	125,000	25,000	−15,000	−100,000
Program Management	124,766	124,353	135,766	+11,000	+11,413
Total, Health resources and services	4,563,365	4,681,337	4,522,424	−40,941	−158,913
RICKY RAY HEMOPHILIA ACT FUND PROGRAM	75,000	100,000	85,000	+10,000	−15,000
MEDICAL FACILITIES GUARANTEE AND LOAN FUND: Interest subsidy program	1,000	.....	.....	−1,000	.....
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM (HEAL):					
Liquidating account	(15,000)	(10,000)	(10,000)	(−5,000)	.....
Program management	3,687	3,679	3,679	−8	.....
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:					
Post-fiscal year 1988 claims	62,301	114,355	114,355	+52,054	.....
HRSA administration	2,999	2,992	2,992	−7	.....
Total, Vaccine injury	65,300	117,347	117,347	+52,047	.....
Total, Health Resources and Services Admin	4,708,352	4,902,363	4,728,450	+20,098	−173,913
CENTERS FOR DISEASE CONTROL AND PREVENTION					
DISEASE CONTROL, RESEARCH AND TRAINING					
Preventive Health Services Block Grant Program	131,824	130,899	130,899	−925	.....
Salaries and Expenses	3,380	4,246	3,380	.....	−866
Subtotal, Preventive Health Services Block Grant	135,204	135,145	134,279	−925	−866
Prevention Centers Program	17,119	14,080	14,080	−3,039	.....

Salaries and Expenses	633	665	633	.....	−32
Subtotal, Prevention Centers	17,752	14,745	14,713	−3,039	−32
CDC/HCFA vaccine program Childhood immunization Program	432,966	467,505	467,505	+34,539	.....
Salaries and Expenses	56,909	62,138	56,909	.....	−5,229
From PHSSEF	20,000	.....	.....	−20,000	.....
Subtotal, Childhood immunization	509,875	529,643	524,414	+14,539	−5,229
HCFA vaccine purchase (NA)	(545,043)	(469,054)	(469,054)	(−75,989)	.....
Subtotal, CDC/HCFA vaccine program level	1,054,918	998,697	993,468	−61,450	−5,229
Communicable Diseases:					
AIDS:					
Program	572,715	669,791	640,000	+67,285	−29,791
Salaries and Expenses	122,036	125,612	122,036	.....	−3,576
From PHSSEF	35,000	.....	.....	−35,000	.....
Subtotal, HIV/AIDS	729,751	795,403	762,036	+32,285	−33,367
Tuberculosis:					
Program	120,420	113,413	113,413	−7,007	.....
Salaries and Expenses	7,308	14,259	7,308	.....	−6,951
Subtotal, Tuberculosis	127,728	127,672	120,721	−7,007	−6,951
Sexually Transmitted Diseases:					
Program	121,809	131,978	135,978	+14,169	+4,000
Salaries and Expenses	13,925	18,690	13,925	.....	−4,765
Subtotal, Sexually Transmitted Diseases	135,734	150,668	149,903	+14,169	−765
Chronic Diseases:					
Chronic and Environmental Disease Prevention:					
Program	286,545	293,114	304,553	+18,008	+11,439
Salaries and Expenses	78,180	91,440	78,180	.....	−13,260
From PHSSEF	10,000	.....	.....	−10,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Subtotal, Chronic and Environmental	374,725	384,554	382,733	+8,008	−1,821
Breast and Cervical Cancer Screening:					
Program	156,016	160,235	167,016	+11,000	+6,781
Salaries and Expenses	10,479	11,185	10,479	.....	−706
Subtotal, Breast and Cervical Cancer Screening	166,495	171,420	177,495	+11,000	+6,075
Infectious Diseases:					
Program	86,610	112,068	106,000	+19,390	−6,068
Salaries and Expenses	80,000	89,454	80,000	.....	−9,454
From PHSSEF	9,000	.....	.....	−9,000	.....
Subtotal, Infectious diseases	175,610	201,522	186,000	+10,390	−15,522
Lead Poisoning Prevention:					
Program	30,995	30,978	30,978	−17	.....
Salaries and Expenses	7,248	7,248	7,248	.....	.....
Subtotal, Lead Poisoning Prevention	38,243	38,226	38,226	−17	.....
Injury Control:					
Program	60,432	65,197	63,000	+2,568	−2,197
Salaries and Expenses	23,840	24,035	23,840	.....	−195
Subtotal, Injury Control	84,272	89,232	86,840	+2,568	−2,392
Occupational Safety and Health (NIOSH): [4]					
Program	86,819	91,534	95,000	+8,181	+3,466

Salaries and Expenses	127,833	128,022	127,833	.....	−189
Subtotal, Occupational Safety and Health	214,652	219,556	222,833	+8,181	+3,277
Epidemic Services:					
Program	48,414	30,254	30,254	−18,160	.....
Salaries and Expenses	55,484	55,568	55,484	.....	−84
Subtotal, Epidemic Services	103,898	85,822	85,738	−18,160	−84
Office of the Director:					
Budget Authority	37,620	35,564	16,125	−21,495	−19,439
Evaluation funds (NA)	.....	.....	(19,439)	(+19,439)	(+19,439)
National Center for Health Statistics Program Operations:					
Budget Authority	15,069	13,981	13,981	−1,088	.....
Salaries and expenses:					
Budget Authority	18,241	19,314	18,241	.....	−1,073
Evaluation funds (NA)	(71,690)	(76,690)	(71,690)	.....	(−5,000)
Subtotal, Health Statistics program level	(105,000)	(109,985)	(103,912)	(−1,088)	(−6,073)
Buildings and Facilities	57,131	127,074	175,000	+117,869	+47,926
Prevention research:					
Program	12,000	13,386	13,386	+1,386	.....
Salaries and Expenses	3,000	1,607	1,607	−1,393	.....
Subtotal, Prevention research	15,000	14,993	14,993	−7	.....
Health disparities demonstration:					
Program	27,000	31,468	27,000	.....	−4,468
Salaries and Expenses	3,000	3,517	3,000	.....	−517
Subtotal, Health disparities demonstration	30,000	34,985	30,000	.....	−4,985
Subtotal, Centers for Disease Control	2,987,000	3,189,519	3,154,271	+167,271	−35,248
Violent Crime Reduction programs:					
Rape Prevention and Education	44,125	44,105	44,225	+100	+120

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Domestic Violence Community Demonstrations	5,866	5,863	6,000	+134	+137
Subtotal, Crime trust fund	49,991	49,968	50,225	+234	+257
Total, Disease Control	3,036,991	3,239,487	3,204,496	+167,505	−34,991
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	3,311,687	3,505,072	3,804,084	+492,397	+299,012
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NCI	(3,311,687)	(3,505,072)	(3,804,084)	(+492,397)	(+299,012)
National Heart, Lung, and Blood Institute	2,026,430	2,136,757	2,328,102	+301,672	+191,345
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NHLBI	(2,026,430)	(2,136,757)	(2,328,102)	(+301,672)	(+191,345)
National Institute of Dental and Craniofacial Research	269,185	284,175	309,923	+40,738	+25,748
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIDR	(269,185)	(284,175)	(309,923)	(+40,738)	(+25,748)
National Institute of Diabetes and Digestive and Kidney Diseases	1,141,415	1,209,173	1,318,106	+176,691	+108,933
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIDDK	(1,141,415)	(1,209,173)	(1,318,106)	(+176,691)	(+108,933)
National Institute of Neurological Disorders and Stroke	1,029,743	1,084,828	1,189,425	+159,682	+104,597

AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NINDS	(1,029,743)	(1,084,828)	(1,189,425)	(+159,682)	(+104,597)
National Institute of Allergy and Infectious Diseases	1,796,631	1,906,213	2,066,526	+269,895	+160,313
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIAID	(1,796,631)	(1,906,213)	(2,066,526)	(+269,895)	(+160,313)
National Institute of General Medical Sciences	1,353,943	1,428,188	1,554,176	+200,233	+125,988
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIGMS	(1,353,943)	(1,428,188)	(1,554,176)	(+200,233)	(+125,988)
National Institute of Child Health and Human Development	859,258	904,705	986,069	+126,811	+81,364
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NICHD	(859,258)	(904,705)	(986,069)	(+126,811)	(+81,364)
National Eye Institute	450,101	473,952	516,605	+66,504	+42,653
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NEI	(450,101)	(473,952)	(516,605)	(+66,504)	(+42,653)
National Institute of Environmental Health Sciences	442,688	468,649	508,263	+65,575	+39,614
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIEHS	(442,688)	(468,649)	(508,263)	(+65,575)	(+39,614)
National Institute on Aging	687,861	725,949	794,625	+106,764	+68,676
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIA	(687,861)	(725,949)	(794,625)	(+106,764)	(+68,676)
National Institute of Arthritis and Musculoskeletal and Skin Diseases	349,480	368,712	401,161	+51,681	+32,449
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIAMS	(349,480)	(368,712)	(401,161)	(+51,681)	(+32,449)
National Institute on Deafness and Other Communication Disorders	263,661	278,009	303,541	+39,880	+25,532

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIDCD	(263,661)	(278,009)	(303,541)	(+39,880)	(+25,532)
National Institute of Nursing Research	89,539	92,524	106,848	+17,309	+14,324
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NINR	(89,539)	(92,524)	(106,848)	(+17,309)	(+14,324)
National Institute on Alcohol Abuse and Alcoholism	293,234	308,661	336,848	+43,614	+28,187
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIAAA	(293,234)	(308,661)	(336,848)	(+43,614)	(+28,187)
National Institute on Drug Abuse	687,376	725,467	790,038	+102,662	+64,571
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIDA	(687,376)	(725,467)	(790,038)	(+102,662)	(+64,571)
National Institute of Mental Health	974,673	1,031,353	1,117,928	+143,255	+86,575
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NIMH	(974,673)	(1,031,353)	(1,117,928)	(+143,255)	(+86,575)
National Human Genome Research Institute	335,862	357,740	385,888	+50,026	+28,148
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NHGRI	(335,862)	(357,740)	(385,888)	(+50,026)	(+28,148)
National Center for Research Resources	675,054	714,192	775,212	+100,158	+61,020

AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NCRR	(675,054)	(714,192)	(775,212)	(+100,158)	(+61,020)
National Center for Complementary and Alternative Medicine	69,011	72,392	100,089	+31,078	+27,697
John E. Fogarty International Center	43,328	48,011	61,260	+17,932	+13,249
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, FIC	(43,328)	(48,011)	(61,260)	(+17,932)	(+13,249)
National Library of Medicine	215,199	230,135	256,953	+41,754	+26,818
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, NLM	(215,199)	(230,135)	(256,953)	(+41,754)	(+26,818)
Office of the Director	282,000	308,978	352,165	+70,165	+43,187
AIDS (NA)	.....	.....	.....	.....	.....
Subtotal, OD	(282,000)	(308,978)	(352,165)	(+70,165)	(+43,187)
Buildings and facilities:					
Current year	125,376	148,900	148,900	+23,524	.....
Advance from prior year	(40,000)	.....	.....	(−40,000)	.....
Office of AIDS Research	.....	.....	.....	.....	.....
Total, National Institutes of Health:					
Current Year, fiscal year 2001	17,772,735	18,812,735	20,512,735	+2,740,000	+1,700,000
Advance from prior year	40,000	.....	.....	−40,000	.....
Total N.I.H. program level	17,812,735	18,812,735	20,512,735	+2,700,000	+1,700,000
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION					
Mental Health:					
Knowledge development and application	136,875	166,875	146,875	+10,000	−20,000
Mental Health Performance Partnership	356,000	416,000	366,000	+10,000	−50,000
Children's Mental Health	82,763	86,763	86,763	+4,000	.....
Grants to States for the Homeless (PATH)	30,883	35,883	36,883	+6,000	+1,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Protection and Advocacy	24,903	25,903	25,903	+1,000	.....
Subtotal, mental health	631,424	731,424	662,424	+31,000	−69,000
Substance Abuse Treatment:					
Knowledge Development and Application	100,259	95,259	125,259	+25,000	+30,000
Targeted capacity expansion	114,307	163,161	124,307	+10,000	−38,854
Substance Abuse Performance Partnership	1,600,000	1,631,000	1,631,000	+31,000	.....
Subtotal, Substance Abuse Treatment	1,814,566	1,889,420	1,880,566	+66,000	−8,854
Substance Abuse Prevention:					
Knowledge Development and Application	59,541	50,022	40,541	−19,000	−9,481
Targeted capacity expansion	80,283	85,207	80,283	.....	−4,924
High Risk Youth Grants	7,000	7,000	7,000	.....	.....
Subtotal, Substance abuse prevention	146,824	142,229	127,824	−19,000	−14,405
Program Management and Buildings and Facilities	59,054	59,943	59,943	+889	.....
Total, Substance Abuse and Mental Health	2,651,868	2,823,016	2,730,757	+78,889	−92,259
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY					
Research on Health Care Systems Cost and Access:					
Federal Funds	107,739	.....	.....	−107,739	.....
Evaluation funding (NA)	(52,576)	(206,593)	(226,593)	(+174,017)	(+20,000)
Reducing Medical Errors (NA)	.....	(20,000)	(50,000)	(+50,000)	(+30,000)

Subtotal	(52,576)	(206,593)	(226,593)	(+174,017)	(+20,000)
Medical expenditure surveys: Evaluation funding (NA)	(36,000)	(40,850)	(40,850)	(+4,850)	.....
Program Support	2,484	.....	.....	−2,484	.....
Evaluation funding (NA)	.....	(2,500)	(2,500)	(+2,500)	.....
Total, AHRQ	(198,799)	(249,943)	(269,943)	(+71,144)	(+20,000)
Federal Funds	110,223	.....	.....	−110,223	.....
Evaluation funding (NA)	(88,576)	(249,943)	(269,943)	(+181,367)	(+20,000)
Total, Public Health Service	28,280,169	29,777,601	31,176,438	+2,896,269	+1,398,837
HEALTH CARE FINANCING ADMINISTRATION					
GRANTS TO STATES FOR MEDICAID					
Medicaid current law benefits	109,321,600	116,507,700	116,507,700	+7,186,100	.....
State and local administration	6,379,800	7,258,500	7,258,500	+878,700	.....
Vaccines for Children	465,383	469,054	469,054	+3,671	.....
Subtotal, Medicaid program level, current year	116,166,783	124,235,254	124,235,254	+8,068,471	.....
Less funds advanced in prior year	−28,733,605	−30,589,003	−30,589,003	−1,855,398	.....
Total, request, current year	87,433,178	93,646,251	93,646,251	+6,213,073	.....
New advance 1st quarter, fiscal year 2002	30,589,003	36,207,551	36,207,551	+5,618,548	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental medical insurance	68,690,000	69,777,000	69,777,000	+1,087,000	.....
Hospital insurance for the uninsured	349,000	321,000	321,000	−28,000	.....
Federal uninsured payment	121,000	132,000	132,000	+11,000	.....
Program management	129,100	151,600	151,600	+22,500	.....
Total, Payments to Trust Funds, current law	69,289,100	70,381,600	70,381,600	+1,092,500	.....
PROGRAM MANAGEMENT					
Research, demonstration, and evaluation: Regular Program	61,786	55,000	65,000	+3,214	+10,000
Medicare Contractors	1,244,000	1,301,287	1,244,000	.....	−57,287

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
H.R. 3103 funding (NA)	(630,000)	(680,000)	(680,000)	(+50,000)	.....
Subtotal, Contractors program level	(1,874,000)	(1,981,287)	(1,924,000)	(+50,000)	(−57,287)
State Survey and Certification	204,674	234,147	219,674	+15,000	−14,473
Federal Administration:					
Federal Administration	484,900	497,942	491,900	+7,000	−6,042
User Fees	−2,026	−2,074	−2,074	−48	.....
User fee legislative proposal	.....	.....	.....	.....	.....
Subtotal, Federal Administration	482,874	495,868	489,826	+6,952	−6,042
Total, Program management	1,993,334	2,086,302	2,018,500	+25,166	−67,802
Total, Program management, program level	(2,623,334)	(2,766,302)	(2,698,500)	(+75,166)	(−67,802)
Total, Health Care Financing Administration	189,304,615	202,321,704	202,253,902	+12,949,287	−67,802
Federal funds	187,311,281	200,235,402	200,235,402	+12,924,121	.....
Current year	(156,722,278)	(164,027,851)	(164,027,851)	(+7,305,573)	.....
New advance, 1st quarter, fiscal year 2002	(30,589,003)	(36,207,551)	(36,207,551)	(+5,618,548)	.....
Trust funds	1,993,334	2,086,302	2,018,500	+25,166	−67,802
ADMINISTRATION FOR CHILDREN AND FAMILIES					
FAMILY SUPPORT PAYMENTS TO STATES					
Payments to territories	23,000	23,000	23,000	.....	.....
Emergency assistance	98,000	.....	.....	−98,000	.....

State and Local Administrative Training	2,000	.....	.....	−2,000	.....
Repatriation	1,000	1,000	1,000	.....	.....
Subtotal, Welfare payments	124,000	24,000	24,000	−100,000	.....
Child Support Enforcement:					
State and local administration	2,818,800	3,089,800	3,089,800	+271,000	.....
Federal incentive payments	371,000	404,000	404,000	+33,000	.....
Hold Harmless payments	11,000	11,000	11,000	.....	.....
Access and visitation	10,000	10,000	10,000	.....	.....
Subtotal, Welfare payments	3,210,800	3,514,800	3,514,800	+304,000	.....
Total, Payments, current year program level	3,334,800	3,538,800	3,538,800	+204,000	.....
Less funds advanced in previous years	−750,000	−650,000	−650,000	+100,000	.....
Total, payments, current request	2,584,800	2,888,800	2,888,800	+304,000	.....
New advance, 1st quarter, fiscal year 2002	650,000	1,000,000	1,000,000	+350,000	.....
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM					
Advance from prior year (NA)	(1,100,000)	(1,100,000)	(1,100,000)	.....	.....
Emergency Allocation	300,000	300,000	300,000	.....	.....
Advance funding fiscal year 2002	1,100,000	1,100,000	.....	−1,100,000	−1,100,000
REFUGEE AND ENTRANT ASSISTANCE					
Transitional and Medical Services	220,693	225,176	220,693	.....	−4,483
Social Services	143,621	143,316	143,316	−305	.....
Preventive Health	4,835	4,835	4,835	.....	.....
Targeted Assistance	49,477	49,477	49,477	.....	.....
Victims of Torture	7,265	9,765	7,265	.....	−2,500
Total, Refugee and entrant assistance	425,891	432,569	425,586	−305	−6,983
CHILD CARE AND DEVELOPMENT GRANT					
Advance funding from prior year (NA)	(1,182,672)	(1,182,672)	(1,182,672)	.....	.....
Current year additional request	.....	817,328	817,328	+817,328	.....
Advance funding fiscal year 2002	1,182,672	2,000,000	.....	−1,182,672	−2,000,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,775,000	1,700,000	600,000	−1,175,000	−1,100,000
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth, and Families:					
Head Start, current funded	3,867,000	4,867,000	4,867,000	+1,000,000	
Advance from prior year		(1,400,000)	(1,400,000)	(+1,400,000)	
Fiscal year 2002	1,400,000	1,400,000	1,400,000		
Subtotal, Head Start program level	5,267,000	6,267,000	6,267,000	+1,000,000	
Runaway and Homeless Youth	43,652	43,652	46,152	+2,500	+2,500
Runaway Youth Transitional Living	20,503	20,503	23,003	+2,500	+2,500
Strengthening Parent/Child Relationships		10,000			−10,000
Subtotal, runaway	64,155	74,155	69,155	+5,000	−5,000
Child Abuse State Grants	21,026	21,026	21,026		
Child Abuse Discretionary Activities	18,028	18,028	18,028		
Abandoned Infants Assistance	12,207	12,207	12,207		
Child Welfare Services	291,986	291,986	291,986		
Child Welfare Training	7,000	7,000	7,000		
Adoption Opportunities	27,419	27,419	27,419		
Adoption Incentive	20,000	20,000	20,000		
Adoption Incentive (no cap adjustment)	21,791	21,791	21,791		
Social Services and Income Maintenance Research	27,491	6,500	27,491		+20,991
Community Based Resource Centers	32,835	32,835	32,835		

Developmental disabilities program:					
State Councils	65,750	65,803	65,803	+53	.....
Protection and Advocacy	28,110	28,110	31,000	+2,890	+2,890
Developmental Disabilities Special Projects	10,244	10,244	10,244	.....	.....
Developmental Disabilities University Affiliated	18,171	18,171	20,300	+2,129	+2,129
Subtotal, Developmental disabilities	122,275	122,328	127,347	+5,072	+5,019
Native American Programs	35,420	44,420	40,420	+5,000	−4,000
Community services:					
Grants to States for Community Services	527,700	510,000	550,000	+22,300	+40,000
Community initiative program:					
Economic Development	30,040	5,500	30,040	.....	+24,540
Individual Development Account Initiative	10,000	25,000	.....	−10,000	−25,000
Rural Community Facilities	5,321	.....	5,321	.....	+5,321
Subtotal, discretionary funds	45,361	30,500	35,361	−10,000	+4,861
National Youth Sports	15,000	.....	15,000	.....	+15,000
Community Food and Nutrition	6,315	.....	6,315	.....	+6,315
Subtotal, Community services	594,376	540,500	606,676	+12,300	+66,176
Violent Crime Reduction Programs:					
Crime Trust Funds:					
Runaway Youth Prevention	14,999	14,999	14,999	.....	.....
Domestic Violence Hotline	1,957	2,157	2,157	+200	.....
Battered Women's Shelters	101,118	116,918	116,918	+15,800	.....
Total, Violent crime reduction programs	118,074	134,074	134,074	+16,000	.....
Program Direction	147,908	164,448	157,131	+9,223	−7,317
Total, Children and Families Services Programs	6,828,991	7,805,717	7,881,586	+1,052,595	+75,869
Current Year	(5,428,991)	(6,405,717)	(6,481,586)	(+1,052,595)	(+75,869)
Advance Year, fiscal year 2002	(1,400,000)	(1,400,000)	(1,400,000)	.....	.....
Rescission of permanent appropriations	−21,000	.....	−21,000	.....	−21,000
PROMOTING SAFE AND STABLE FAMILIES	295,000	305,000	305,000	+10,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE					
Foster Care	4,537,200	5,063,500	5,063,500	+526,300	.....
Adoption Assistance	1,020,100	1,197,600	1,197,600	+177,500	.....
Independent living	140,000	140,000	140,000	.....	.....
Child Welfare Tribal Initiative	.....	5,000	5,000	+5,000	.....
Total, Payments, current year program level	5,697,300	6,406,100	6,406,100	+708,800	.....
Less Advances from Prior Year	−1,355,000	−1,538,000	−1,538,000	−183,000	.....
Total, payments, current request	4,342,300	4,868,100	4,868,100	+525,800	.....
New Advance, 1st quarter, fiscal year 2002	1,538,000	1,735,900	1,735,900	+197,900	.....
Total, Administration for Children and Families	21,001,654	24,953,414	20,801,300	−200,354	−4,152,114
Current year	(15,130,982)	(17,717,514)	(16,665,400)	(+1,534,418)	(−1,052,114)
Advance Year, fiscal year 2002	(5,870,672)	(7,235,900)	(4,135,900)	(−1,734,772)	(−3,100,000)
ADMINISTRATION ON AGING					
Grants to States:					
Supportive Services and Centers	310,082	450,082	325,082	+15,000	−125,000
Preventive Health	16,123	16,123	16,123	.....	.....
Title VII	13,181	13,181	14,181	+1,000	+1,000
Nutrition:					
Congregate Meals	374,412	374,412	374,412	.....	.....
Home Delivered Meals	147,000	147,000	147,000	.....	.....
Grants to Indians	18,457	23,457	23,457	+5,000	.....
Aging Research, Training and Special Projects	31,162	36,162	31,162	.....	−5,000

Alzheimer's Initiative	5,970	5,970	5,970	.....	.....
Program Administration	16,461	17,232	17,232	+771	.....
Total, Administration on Aging	932,848	1,083,619	954,619	+21,771	−129,000
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT:					
Federal Funds	116,561	127,685	121,747	+5,186	−5,938
NAS study	414	.....	.....	−414	.....
Trust Funds	5,851	5,851	5,851	.....	.....
1% Evaluation funds (ASPE) (NA)	(20,552)	(20,552)	(20,552)	.....	.....
Subtotal	(143,378)	(154,088)	(148,150)	(+4,772)	(−5,938)
Adolescent Family Life (Title XX)	19,327	7,627	19,327	.....	+11,700
Advance from prior year	.....	(20,000)	.....	.....	(−20,000)
Fiscal year 2002	20,000	.....	.....	−20,000	.....
Physical Fitness and Sports	1,091	1,152	1,091	.....	−61
Minority health	37,638	38,638	37,638	.....	−1,000
Office of Women's Health	15,495	16,495	16,895	+1,400	+400
U.S. Surgeon General violence initiative	457	476	400	−57	−76
Office of Emergency Preparedness	9,668	11,668	9,668	.....	−2,000
Other Health Activities	4,922	.....	.....	−4,922	.....
Health Informatics Initiative	.....	20,000	.....	.....	−20,000
Total, General Departmental Management	231,424	229,592	212,617	−18,807	−16,975
Federal funds	205,573	223,741	206,766	+1,193	−16,975
Trust funds	5,851	5,851	5,851	.....	.....
Federal funds, fiscal year 2002	20,000	.....	.....	−20,000	.....
OFFICE OF THE INSPECTOR GENERAL:					
Federal Funds	31,394	33,849	33,849	+2,455	.....
HIPAA funding (NA)	(120,000)	(130,000)	(130,000)	(+10,000)	.....
Total, Inspector General program level	(151,394)	(163,849)	(163,849)	(+12,455)	.....
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	18,774	20,742	20,742	+1,968	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Trust Funds	3,314	3,314	3,314	.....	.....
Total, Office for Civil Rights	22,088	24,056	24,056	+1,968	.....
POLICY RESEARCH	16,738	16,738	16,738	.....	.....
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS:					
Retirement payments	172,045	175,405	175,405	+3,360	.....
Survivors benefits	11,906	12,204	12,204	+298	.....
Dependents' medical care	29,626	30,811	30,811	+1,185	.....
Military services credits	1,328	1,352	1,352	+24	.....
Total, Retirement pay and medical benefits	214,905	219,772	219,772	+4,867	.....
PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND					
Public Health/Social service fund	488,280	264,600	264,600	−223,680	.....
Total, Office of the Secretary	1,004,829	788,607	771,632	−233,197	−16,975
Federal funds	975,664	779,442	762,467	−213,197	−16,975
Trust funds	9,165	9,165	9,165	.....	.....
Federal funds, fiscal year 2002	20,000	.....	.....	−20,000	.....
Total, Department of Health and Human Services	240,524,115	258,924,945	255,957,891	+15,433,776	−2,967,054
Federal Funds	238,521,616	256,829,478	253,930,226	+15,408,610	−2,899,252
Current year	(202,041,941)	(213,386,027)	(213,586,775)	(+11,544,834)	(+200,748)
Advance Year, fiscal year 2002	(36,479,675)	(43,443,451)	(40,343,451)	(+3,863,776)	(−3,100,000)
Trust funds	2,002,499	2,095,467	2,027,665	+25,166	−67,802

TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION REFORM					
Goals 2000: Educate America Act:					
State Grants forward funded	456,500	.....	.....	−456,500	.....
State Grants current funded	1,500	.....	.....	−1,500	.....
Parental Assistance	33,000	33,000	40,000	+7,000	+7,000
Recognition and Reward	.....	50,000	.....	.....	−50,000
Subtotal, Goals 2000	491,000	83,000	40,000	−451,000	−43,000
School-to-Work Opportunities	55,000	.....	.....	−55,000	.....
Educational Technology:					
Technology Literacy Challenge Fund	425,000	450,000	425,000	.....	−25,000
Technology Innovation Challenge Fund	146,255	.....	100,000	−46,255	+100,000
Regional Technology in Education Consortia	10,000	10,000	10,000	.....	.....
Next Generation Technology Innovation	.....	170,000	.....	.....	−170,000
Subtotal	581,255	630,000	535,000	−46,255	−95,000
National Activities:					
Technology Leadership Activities	2,000	2,000	2,000	.....	.....
Teacher Training in Technology	75,000	150,000	125,000	+50,000	−25,000
Community-Based Technology Centers	32,500	100,000	65,000	+32,500	−35,000
Subtotal	109,500	252,000	192,000	+82,500	−60,000
Star Schools	50,550	.....	43,000	−7,550	+43,000
Ready to Learn Television	16,000	16,000	16,000	.....	.....
Telcom Demo Project for Mathematics	8,500	.....	8,500	.....	+8,500
Telcom Program for Professional Devlep	.....	5,000	.....	.....	−5,000
Subtotal, Educational technology	765,805	903,000	794,500	+28,695	−108,500
21st Century Community Learning Centers	453,377	1,000,000	600,000	+146,623	−400,000
Small, Safe, and Successful High Schools	.....	120,000	.....	.....	−120,000
Total, Education Reform	1,765,182	2,106,000	1,434,500	−330,682	−671,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Subtotal, Forward funded	(511,500)			(−511,500)	
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Education Agencies (LEAs):					
Basic Grants:					
Advance from prior year	(5,046,366)	(5,046,366)	(5,046,366)		
Forward funded	1,733,134	481,237	2,108,958	+375,824	+1,627,721
Current funded	3,500		3,500		+3,500
Subtotal, Basic grants current year funding	1,736,634	481,237	2,112,458	+375,824	+1,631,221
Basic Grants fiscal year 2002 Advance	5,046,366	5,201,863	5,000,945	−45,421	−200,918
Subtotal, Basic grants, program level	6,783,000	5,683,100	7,113,403	+330,403	+1,430,303
Concentration Grants—Advance from prior year	(1,158,397)	(1,158,397)	(1,158,397)		
Concentration Grants fiscal year 2002 Advance	1,158,397	1,002,900	1,222,397	+64,000	+219,497
Targeted Grants		1,671,500			−1,671,500
Subtotal, Grants to LEAs	7,941,397	8,357,500	8,335,800	+394,403	−21,700
Capital Expenses for Private School Children	12,000		6,000	−6,000	+6,000
Even Start	150,000	150,000	185,000	+35,000	+35,000
State agency programs:					
Migrant	354,689	380,000	380,000	+25,311	
Neglected and Delinquent/High Risk Youth	42,000	42,000	50,000	+8,000	+8,000
Evaluation	8,900			−8,900	

Comprehensive School Reform Demonstration	170,000	190,000	.....	−170,000	−190,000
Total, ESEA	8,678,986	9,119,500	8,956,800	+277,814	−162,700
Migrant education:					
High School Equivalency Program	15,000	20,000	20,000	+5,000	.....
College Assistance Migrant Program	7,000	10,000	10,000	+3,000	.....
Subtotal, migrant education	22,000	30,000	30,000	+8,000	.....
Total, Education for the disadvantaged	8,700,986	9,149,500	8,986,800	+285,814	−162,700
Current Year	(2,496,223)	(2,944,737)	(2,763,458)	(+267,235)	(−181,279)
Advance Year, fiscal year 2002	(6,204,763)	(6,204,763)	(6,223,342)	(+18,579)	(+18,579)
Subtotal, forward funded	(2,461,823)	(2,914,737)	(2,729,958)	(+268,135)	(−184,779)
IMPACT AID					
Basic Support Payments	737,200	720,000	818,000	+80,800	+98,000
Payments for Children with Disabilities	50,000	40,000	50,000	.....	+10,000
Payments for Heavily Impacted Districts (Sec. f)	72,200	.....	82,000	+9,800	+82,000
Subtotal	859,400	760,000	950,000	+90,600	+190,000
Facilities Maintenance (Sec. 8008)	5,000	5,000	8,000	+3,000	+3,000
Construction (Sec. 8007)	10,052	5,000	25,000	+14,948	+20,000
Payments for Federal Property (Sec. 8002)	32,000	.....	47,000	+15,000	+47,000
Total, Impact aid	906,452	770,000	1,030,000	+123,548	+260,000
SCHOOL IMPROVEMENT PROGRAMS					
Teaching to High Standards, current	.....	405,000	.....	.....	−405,000
Fiscal year 2002	.....	285,000	.....	.....	−285,000
Eisenhower Professional Development	335,000	.....	435,000	+100,000	+435,000
National Programs:					
School Leadership Initiative	.....	40,000	.....	.....	−40,000
Improvement of Teaching and School Leadership	.....	25,000	.....	.....	−25,000
Hometown Teachers	.....	75,000	.....	.....	−75,000
Higher Standards/Higher Pay	.....	50,000	.....	.....	−50,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Teacher Quality Incentives		50,000			−50,000
Troops to Teachers		25,000			−25,000
Early Childhood Educator Professional Develp		30,000			−30,000
Innovative Education (Education Block Grant)	480,750	850,000	515,000	+34,250	−335,000
Advance from prior year		(285,000)	(1,185,000)	(+1,185,000)	(+900,000)
Fiscal year 2002	1,185,000	900,000	2,585,000	+1,400,000	+1,685,000
Education Block Grant, program level	1,665,750	1,750,000	3,100,000	+1,434,250	+1,350,000
Class Size Red'n/Teacher Assist, program level					
Safe and Drug Free Schools:					
State Grants, current funded	109,250	109,250	117,000	+7,750	+7,750
Advance from prior year		(330,000)	(330,000)	(+330,000)	
Fiscal year 2002	330,000	330,000	330,000		
State Grants, program level	439,250	439,250	447,000	+7,750	+7,750
National Programs	110,750	150,750	145,000	+34,250	−5,750
Coordinator Initiative	50,000	50,000	50,000		
Project SERV		10,000			−10,000
Subtotal, Safe and drug free schools	600,000	650,000	642,000	+42,000	−8,000
Inexpensive Book Distribution (RIF)	20,000	20,000	23,000	+3,000	+3,000
Arts in Education	11,500	23,000	18,000	+6,500	−5,000

Other school improvement programs:					
Magnet Schools Assistance	110,000	110,000	110,000	.....	.....
Education for Homeless Children and Youth	28,800	31,700	31,700	+2,900	.....
Women's Educational Equity	3,000	3,000	3,000	.....	.....
Training and Advisory Services (Civil Rights)	7,334	7,334	7,334	.....	.....
Ellender Fellowships/Close Up	1,500	.....	1,500	.....	+1,500
Education for Native Hawaiians	23,000	23,000	28,000	+5,000	+5,000
Alaska Native Education Equity	13,000	13,000	15,000	+2,000	+2,000
Charter Schools	145,000	175,000	210,000	+65,000	+35,000
Subtotal, other school improvement programs	331,634	363,034	406,534	+74,900	+43,500
Opportunities to Improve our Nation's Schools(OPTIONS)	.....	20,000	.....	.....	−20,000
Strengthening Technical assistance Capacity Grants	.....	38,000	.....	.....	−38,000
Comprehensive Regional Assistance Centers	28,000	.....	28,000	.....	+28,000
Advanced Placement Fees	15,000	20,000	20,000	+5,000	.....
Total, School improvement programs	3,006,884	3,869,034	4,672,534	+1,665,650	+803,500
Current Year	(1,491,884)	(2,354,034)	(1,757,534)	(+265,650)	(−596,500)
Advance Year, fiscal year 2002	(1,515,000)	(1,515,000)	(2,915,000)	(+1,400,000)	(+1,400,000)
Subtotal, forward funded	(955,300)	(1,020,950)	(1,100,200)	(+144,900)	(+79,250)
READING EXCELLENCE					
Reading Excellence Act	65,000	91,000	91,000	+26,000	.....
Advance from prior year	.....	(195,000)	(195,000)	(+195,000)	.....
Fiscal year 2002	195,000	195,000	195,000	.....	.....
Reading Excellence, program level	260,000	286,000	286,000	+26,000	.....
INDIAN EDUCATION					
Grants to Local Educational Agencies	62,000	92,765	92,765	+30,765	.....
Federal Programs:					
Special Programs for Indian Children	13,265	20,000	20,000	+6,735	.....
National Activities	1,735	2,735	2,735	+1,000	.....
Subtotal	15,000	22,735	22,735	+7,735	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Total, Indian Education	77,000	115,500	115,500	+38,500	.....
SCHOOL RENOVATION					
Grants to Indian LEAs	.....	50,000	.....	.....	−50,000
Grants to Other High-Need LEAs	.....	125,000	.....	.....	−125,000
School Renovation Loan Subsidies	.....	1,125,000	.....	.....	−1,125,000
Total, School Renovation	.....	1,300,000	.....	.....	−1,300,000
BILINGUAL AND IMMIGRANT EDUCATION					
Bilingual education:					
Instructional Services	162,500	180,000	180,000	+17,500	.....
Support Services	14,000	16,000	14,000	.....	−2,000
Professional Development	71,500	100,000	85,000	+13,500	−15,000
Immigrant Education	150,000	150,000	150,000	.....	.....
Foreign Language Assistance	8,000	14,000	14,000	+6,000	.....
Total, Bilingual and Immigrant Education	406,000	460,000	443,000	+37,000	−17,000
SPECIAL EDUCATION					
State grants:					
Grants to States Part B advance funded	3,742,000	3,742,000	4,624,000	+882,000	+882,000
Part B advance from prior year	.....	(3,742,000)	(3,742,000)	(+3,742,000)	.....
Grants to States Part B current year	1,247,685	1,537,685	1,655,685	+408,000	+118,000
Grants to States program level	4,989,685	5,279,685	6,279,685	+1,290,000	+1,000,000

Preschool Grants	390,000	390,000	390,000	.....	.....
Grants for Infants and Families	375,000	383,567	383,567	+8,567	.....
Subtotal, State grants program level	5,754,685	6,053,252	7,053,252	+1,298,567	+1,000,000
IDEA National Activities (current funded):					
State Program Improvement Grants	35,200	45,200	35,200	.....	−10,000
Research and Innovation	64,433	74,433	74,433	+10,000	.....
Technical Assistance and Dissemination	45,481	53,481	45,481	.....	−8,000
Personnel Preparation	81,952	81,952	81,952	.....	.....
Parent Information Centers	18,535	26,000	26,000	+7,465	.....
Technology and Media Services	34,410	34,523	34,523	+113	.....
Public Telecom Info/Training Dissemination	1,500	.....	1,500	.....	+1,500
Subtotal, IDEA special programs	281,511	315,589	299,089	+17,578	−16,500
Total, Special education	6,036,196	6,368,841	7,352,341	+1,316,145	+983,500
Current Year	(2,294,196)	(2,626,841)	(2,728,341)	(+434,145)	(+101,500)
Advance Year, fiscal year 2002	(3,742,000)	(3,742,000)	(4,624,000)	(+882,000)	(+882,000)
Subtotal, Forward funded	(2,047,885)	(2,356,452)	(2,464,452)	(+416,567)	(+108,000)
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	2,338,977	2,399,790	2,399,790	+60,813	.....
Client Assistance State grants	10,928	11,147	11,147	+219	.....
Training	39,629	39,629	39,629	.....	.....
Demonstration and training programs	21,672	21,672	21,672	.....	.....
Migrant and seasonal farmworkers	2,350	2,850	2,850	+500	.....
Recreational programs	3,521	2,596	2,596	−925	.....
Protection and advocacy of individual rights (PAIR)	11,894	12,132	13,000	+1,106	+868
Projects with industry	22,071	22,071	22,071	.....	.....
Supported employment State grants	38,152	38,152	38,152	.....	.....
Independent living:					
State grants	22,296	22,296	22,296	.....	.....
Centers	48,000	58,000	58,000	+10,000	.....
Services for older blind individuals	15,000	15,000	20,000	+5,000	+5,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Subtotal, Independent living	85,296	95,296	100,296	+15,000	+5,000
Program Improvement	1,900	1,900	1,900		
Evaluation	1,587	1,587	1,587		
Helen Keller National Center for Deaf-Blind Youths and Adults	8,550	8,717	8,717	+167	
National Institute for Disability and Rehabilitation Research (NIDRR)	86,462	100,000	95,000	+8,538	−5,000
Assistive Technology	34,000	41,112	41,112	+7,112	
Subtotal, discretionary programs	368,012	398,861	399,729	+31,717	+868
Total, Rehabilitation services	2,706,989	2,798,651	2,799,519	+92,530	+868
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	10,100	10,265	12,500	+2,400	+2,235
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF:					
Operations	45,500	46,410	47,190	+1,690	+780
Construction	2,651	5,376	7,176	+4,525	+1,800
Total	48,151	51,786	54,366	+6,215	+2,580
GALLAUDET UNIVERSITY:					
Operations	83,480	87,650	87,650	+4,170	
Construction	2,500			−2,500	
Total	85,980	87,650	87,650	+1,670	
Total, Special institutions	144,231	149,701	154,516	+10,285	+4,815

VOCATIONAL AND ADULT EDUCATION					
Vocational education:					
Basic State Grants, current funded	264,650	264,650	280,000	+15,350	+15,350
Advance from prior year	.....	(791,000)	(791,000)	(+791,000)	.....
Fiscal year 2002	791,000	591,000	791,000	.....	+200,000
Basic State Grants, program level	1,055,650	855,650	1,071,000	+15,350	+215,350
Tech-Prep Education	106,000	106,000	106,000	.....	.....
Fiscal year 2002	.....	200,000	.....	.....	−200,000
Tribally Controlled Postsecondary Vocational Institutions	4,600	4,600	5,600	+1,000	+1,000
National Programs	17,500	17,500	26,500	+9,000	+9,000
Tech Prep Education Demonstration	.....	.....	5,000	+5,000	+5,000
Subtotal, Vocational education	1,183,750	1,183,750	1,214,100	+30,350	+30,350
Adult education:					
State Grants, current funded	450,000	460,000	470,000	+20,000	+10,000
National programs:					
National Leadership Activities	14,000	89,000	14,000	.....	−75,000
National Institute for Literacy	6,000	6,500	6,500	+500	.....
Subtotal, National programs	20,000	95,500	20,500	+500	−75,000
Subtotal, adult education	470,000	555,500	490,500	+20,500	−65,000
State Grants for Incarcerated Youth Offenders	19,000	12,000	22,000	+3,000	+10,000
Total, Vocational and adult education	1,672,750	1,751,250	1,726,600	+53,850	−24,650
Current Year	(881,750)	(960,250)	(935,600)	(+53,850)	(−24,650)
Advance Year, fiscal year 2002	(791,000)	(791,000)	(791,000)	.....	.....
Subtotal, forward funded	(858,150)	(943,650)	(908,000)	(+49,850)	(−35,650)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(3,300)	(3,500)	(3,650)	(+350)	(+150)
Pell Grants—Regular Program	7,639,717	8,356,000	8,692,000	+1,052,283	+336,000
Federal Supplemental Educational Opportunity Grants	621,000	691,000	691,000	+70,000	.....
Federal Work Study	934,000	1,011,000	1,011,000	+77,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Federal Perkins loans:					
Capital Contributions	100,000	100,000	100,000	.....	.....
Loan Cancellations	30,000	60,000	60,000	+30,000	.....
Subtotal, Federal Perkins loans	130,000	160,000	160,000	+30,000	.....
LEAP program	40,000	40,000	70,000	+30,000	+30,000
Total, Student financial assistance	9,364,717	10,258,000	10,624,000	+1,259,283	+366,000
FEDERAL FAMILY EDUCATION LOAN PROGRAM					
Federal Administration	48,000	48,000	48,000	.....	.....
HIGHER EDUCATION					
Aid for institutional development:					
Strengthening Institutions	60,250	63,000	65,000	+4,750	+2,000
Hispanic Serving Institutions	42,250	62,500	62,500	+20,250	.....
Dual-Degree Programs for Minority Institutions	.....	40,000	.....	.....	−40,000
Strengthening Historically Black Colleges (HBCUs)	148,750	169,000	169,000	+20,250	.....
Strengthening historically black graduate insts	31,000	40,000	40,000	+9,000	.....
Strengthening Alaska / Native Hawaiian Instit	5,000	5,000	6,000	+1,000	+1,000
Strengthening Tribal Colleges	6,000	9,000	10,000	+4,000	+1,000
Subtotal, Institutional development	293,250	388,500	352,500	+59,250	−36,000
Program development:					
Fund for the Improvement of Postsec. Ed. (FIPSE)	74,249	31,200	56,247	−18,002	+25,047
Minority Science and Engineering Improvement	7,500	8,500	8,500	+1,000	.....

International education and foreign language:					
Domestic Programs	62,000	62,000	62,000	.....	.....
Overseas Programs	6,680	10,000	10,000	+3,320	.....
Institute for International Public Policy	1,022	1,022	1,022	.....	.....
Subtotal, International education	69,702	73,022	73,022	+3,320	.....
Interest Subsidy Grants	12,000	10,000	10,000	−2,000	.....
Federal TRIO Programs	645,000	725,000	736,500	+91,500	+11,500
GEAR UP	200,000	325,000	225,000	+25,000	−100,000
Byrd Honors Scholarships	39,859	41,001	41,001	+1,142	.....
Javits Fellowships	20,000	10,000	11,000	−9,000	+1,000
Graduate Assistance in Areas of National Need	31,000	31,000	33,000	+2,000	+2,000
Learning Anytime Anywhere Partnerships	23,269	30,000	30,000	+6,731	.....
Teacher Quality Enhancement Grants	98,000	98,000	98,000	.....	.....
Child Care Access Means Parents in School	5,000	15,000	10,000	+5,000	−5,000
Demonstration in Disabilities/Higher Education	5,000	5,000	5,000	.....	.....
Underground Railroad Program	1,750	1,750	1,750	.....	.....
Community Scholarship Mobilization	1,000	.....	.....	−1,000	.....
GPRA data/HEA program evaluation	3,000	3,000	3,000	.....	.....
Total, Higher education	1,529,579	1,795,973	1,694,520	+164,941	−101,453
HOWARD UNIVERSITY					
Academic Program	185,540	190,096	190,096	+4,556	.....
Endowment Program	3,530	3,530	3,530	.....	.....
Howard University Hospital	30,374	30,374	30,374	.....	.....
Total, Howard University	219,444	224,000	224,000	+4,556	.....
COLLEGE HOUSING and ACADEMIC FACILITIES LOANS PROGRAM: Federal Administration	737	737	737	.....	.....
HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING, PROGRAM ACCOUNT					
HBCU Capital Financing Program Federal Adm	207	208	208	+1	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT					
Research and statistics:					
Research, Development, and Dissemination		198,567			−198,567
Research	103,567		103,567		+103,567
Regional Educational Laboratories	65,000		65,000		+65,000
Statistics	68,000	84,000	68,000		−16,000
Assessment:					
National Assessment	36,000	38,000	36,000		−2,000
National Assessment Governing Board	4,000	4,500	4,000		−500
Subtotal, Assessment	40,000	42,500	40,000		−2,500
Subtotal, Research and statistics	276,567	325,067	276,567		−48,500
Fund for the Improvement of Education	243,864	137,150	142,152	−101,712	+5,002
International Education Exchange	7,000	8,000	10,000	+3,000	+2,000
Civic Education	9,850	9,850	12,000	+2,150	+2,150
Eisenhower Professional Dvp. Federal Activities	23,300		23,300		+23,300
Eisenhower Regional Math and Science Ed. Consortia	15,000	15,000	15,000		
Javits Gifted and Talented Education	6,500	7,500	7,500	+1,000	
America's Tests		5,000			−5,000
National Writing Project	9,000	10,000	10,000	+1,000	
Total, ERSI	591,081	517,567	496,519	−94,562	−21,048

DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION	382,934	413,184	396,672	+13,738	−16,512
OFFICE FOR CIVIL RIGHTS	71,200	76,000	73,224	+2,024	−2,776
OFFICE OF THE INSPECTOR GENERAL	34,000	36,500	35,456	+1,456	−1,044
Total, Departmental management	488,134	525,684	505,352	+17,218	−20,332
STUDENT LOANS					
New Annual Loan Volume (including consolidation):					
Federal Family Education Loans (FFEL)	(25,540,000)	(26,902,000)	(26,902,000)	(+1,362,000)	.....
Federal Direct Student Loans (FDSL)	(14,855,000)	(15,613,000)	(15,613,000)	(+58,000)	.....
Total Outstanding Loan Volume:					
Federal Family Education Loans (FFEL)	(281,700,000)	(303,900,000)	(303,900,000)	(+22,200,000)	.....
Federal Direct Student Loans (FDSL)	(54,200,000)	(65,400,000)	(65,400,000)	(+11,200,000)	.....
Total, Department of Education	37,924,569	42,494,646	42,594,646	+4,670,077	+100,000
Current year	(25,476,806)	(30,046,883)	(27,846,304)	(+2,369,498)	(−2,200,579)
Advance Year, fiscal year 2002	(12,447,763)	(12,447,763)	(14,748,342)	(+2,300,579)	(+2,300,579)
TITLE IV—RELATED AGENCIES					
ARMED FORCES RETIREMENT HOME					
Operations and Maintenance	55,599	60,000	60,000	+4,401	.....
Capital Program	12,696	9,832	9,832	−2,864	.....
Total, AFRH	68,295	69,832	69,832	+1,537	.....
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE [5]					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	80,574	86,000	83,074	+2,500	−2,926
National Senior Volunteer Corps:					
Foster Grandparents Program	95,988	97,782	97,500	+1,512	−282
Senior Companion Program	39,219	41,669	40,219	+1,000	−1,450
Retired Senior Volunteer Program	46,117	50,565	48,117	+2,000	−2,448
Senior Demonstration Program	1,494	2,500	1,494	.....	−1,006
Subtotal, Senior Volunteers	182,818	192,516	187,330	+4,512	−5,186

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
Program Administration	31,129	34,100	32,100	+971	−2,000
Total, Domestic Volunteer Service Programs	294,521	312,616	302,504	+7,983	−10,112
CORPORATION FOR PUBLIC BROADCASTING:					
Fiscal year 2003 (current request) with fiscal year 2002 comparable	350,000	365,000	365,000	+15,000	
Digitalization program [6]		30,000			−30,000
Fiscal year 2002 advance with fiscal year 2001 comparable (NA)	(340,000)	(350,000)	(340,000)		(−10,000)
Digitalization program [6]		35,000			−35,000
Fiscal year 2001 advance with fiscal year 2000 comparable (NA)	(300,000)	(340,000)	(300,000)		(−40,000)
Fiscal year 2000 reduction	−1,243		−1,243		−1,243
Digitalization program [6]	10,000	20,000	20,000	+10,000	
Satellite replacement supplemental fiscal year 2000	(17,300)		(17,300)		(+17,300)
Subtotal, fiscal year 2000/01 appropriation	(326,057)	(360,000)	(336,057)	(+10,000)	(−23,943)
FEDERAL MEDIATION AND CONCILIATION SERVICE	36,693	39,001	38,200	+1,507	−801
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	6,136	6,320	6,320	+184	
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	166,251	173,000	168,000	+1,749	−5,000
MEDICARE PAYMENT ADVISORY COMMISSION (TF)	7,015	8,000	8,000	+985	
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE	1,295	1,495	1,495	+200	
NATIONAL COUNCIL ON DISABILITY	2,391	2,615	2,615	+224	
NATIONAL EDUCATION GOALS PANEL	2,241	2,350	2,350	+109	
NATIONAL LABOR RELATIONS BOARD	205,717	216,438	216,438	+10,721	
NATIONAL MEDIATION BOARD	9,562	10,400	10,400	+838	
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	8,470	8,720	8,720	+250	

RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	173,339	160,000	160,000	−13,339	.....
Less Income Tax Receipts on Dual Benefits	−10,000	−10,000	−10,000	.....	.....
Subtotal, Dual Benefits	163,339	150,000	150,000	−13,339	.....
Federal Payment to the RR Retirement Account	150	150	150	.....	.....
Limitation on administration:					
Consolidated Account	90,655	92,500	92,500	+1,845	.....
Inspector General	5,380	5,700	5,700	+320	.....
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	20,764	20,400	20,400	−364	.....
SPECIAL BENEFITS FOR DISABLED COAL MINERS					
Benefit payments	520,000	484,078	484,078	−35,922	.....
Administration	4,638	5,670	5,670	+1,032	.....
Subtotal, Black Lung, current year program level	524,638	489,748	489,748	−34,890	.....
Less funds advanced in prior year	−141,000	−124,000	−124,000	+17,000	.....
Total, Black Lung, current request	383,638	365,748	365,748	−17,890	.....
New advances, 1st quarter fiscal year 2002	124,000	114,000	114,000	−10,000	.....
SUPPLEMENTAL SECURITY INCOME					
Federal benefit payments	29,189,000	30,483,000	30,483,000	+1,294,000	.....
Beneficiary services	64,000	71,000	71,000	+7,000	.....
Research and demonstration	25,085	30,000	30,000	+4,915	.....
Administration	2,142,000	2,359,000	2,359,000	+217,000	.....
Subtotal, SSI current year program level	31,420,085	32,943,000	32,943,000	+1,522,915	.....
Less funds advanced in prior year	−9,550,000	−9,890,000	−9,890,000	−340,000	.....
Subtotal, regular SSI current year (2000/2001)	21,870,085	23,053,000	23,053,000	+1,182,915	.....
Additional CDR funding [3]	200,000	210,000	210,000	+10,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2000 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2001—Continued

[In thousands of dollars]

Item	2000 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (or)	
				2000 appropriation	Budget estimate
User Fee Activities	80,000	91,000	91,000	+11,000	.....
Total, SSI, current request	22,150,085	23,354,000	23,354,000	+1,203,915	.....
New advance, 1st quarter, fiscal year 2002	9,890,000	10,470,000	10,470,000	+580,000	.....
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	2,925,236	3,138,200	3,015,000	+89,764	−123,200
HI/SMI Trust Funds	1,038,000	1,094,000	1,094,000	+56,000	.....
Social Security Advisory Board	1,800	1,800	1,800	.....	.....
SSI	2,142,000	2,359,000	2,359,000	+217,000	.....
Subtotal, regular LAE	6,107,036	6,593,000	6,469,800	+362,764	−123,200
User Fee Activities (SSI)	80,000	91,000	91,000	+11,000	.....
Total, REGULAR LAE	6,187,036	6,684,000	6,560,800	+373,764	−123,200
Additional CDR funding: [3]					
OASDI	185,000	240,000	240,000	+55,000	.....
SSI	200,000	210,000	210,000	+10,000	.....
Subtotal, CDR funding	385,000	450,000	450,000	+65,000	.....
Total, LAE	6,572,036	7,134,000	7,010,800	+438,764	−123,200
OFFICE OF INSPECTOR GENERAL					
Federal Funds	14,944	17,000	16,944	+2,000	−56

Trust Funds	50,808	56,000	52,500	+1,692	−3,500
Total, Office of the Inspector General	65,752	73,000	69,444	+3,692	−3,556
Adjustment: Trust fund transfers from general revenues	−2,422,000	−2,660,000	−2,660,000	−238,000	.....
Total, Social Security Administration	36,784,275	38,871,148	38,744,392	+1,960,117	−126,756
Federal funds	32,583,431	34,341,148	34,341,092	+1,757,661	−56
Current year	(22,569,431)	(23,757,148)	(23,757,092)	(+1,187,661)	(−56)
New advances, 1st quarter fiscal year 2001	(10,014,000)	(10,584,000)	(10,584,000)	(+570,000)	.....
Trust funds	4,200,844	4,530,000	4,403,300	+202,456	−126,700
UNITED STATES INSTITUTE OF PEACE	12,951	14,450	12,951	.....	−1,499
Total, Title IV, Related Agencies	38,224,094	40,434,735	40,224,324	+2,000,230	−210,411
Federal funds	33,920,200	35,798,535	35,714,824	+1,794,624	−83,711
Current year	(23,556,200)	(24,784,535)	(24,765,824)	(+1,209,624)	(−18,711)
Advance Year, fiscal year 2002	(10,014,000)	(10,619,000)	(10,584,000)	(+570,000)	(−35,000)
Advance Year, fiscal year 2003	(350,000)	(395,000)	(365,000)	(+15,000)	(−30,000)
Trust funds	4,303,894	4,636,200	4,509,500	+205,606	−126,700
SUMMARY					
Grand bill total	329,763,462	356,183,602	352,185,874	+22,422,412	−3,997,728
Federal Funds	320,083,953	345,938,039	342,231,647	+22,147,694	−3,706,392
Current year	(258,329,515)	(276,569,825)	(273,727,854)	(+15,398,339)	(−2,841,971)
Advance Year, fiscal year 2002	(61,404,438)	(68,973,214)	(68,138,793)	(+6,734,355)	(−834,421)
Advance Year, fiscal year 2003	(350,000)	(395,000)	(365,000)	(+15,000)	(−30,000)
Trust Funds	9,679,509	10,245,563	9,954,227	+274,718	−291,336

[1] Three year forward funded availability.
[2] 15 month forward funded availability.
[3] Two year availability.
[4] Includes Mine Safety and Health.
[5] Appropriations for Americorps are provided in the VA–HUD bill.
[6] Unauthorized. Funding is subject to enactment of authorization by September 30, 2000.

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