108TH CONGRESS, 1st Session | HOUSE OF REPRESENTATIVES | REPORT 108–188

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2004

JULY 8, 2003.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

together with

DISSENTING VIEWS

[To accompany H.R. 2660]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration and the Indian Health Service), and Education, Armed Forces Retirement Home, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicare Payment Advisory Commission, National Commission on Libraries and Information Science, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, Social Security Administration, and the United States Institute of Peace for the fiscal year ending September 30, 2004, and for other purposes.

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Summary of Estimates and Appropriations

The following table compares on a summary basis the appropriations including trust funds for fiscal year 2004, the budget estimate for fiscal year 2004 and the Committee recommendation for fiscal year 2004 in the accompanying bill.

2004 LABOR, HHS, EDUCATION APPROPRIATIONS BILL

[In millions of dollars]

	Fiscal year—			2004 committee compared to—	
	2003 comparable	2004 budget	2004 committee	2003 comparable	2004 budget
Department of Labor	$14,983	$15,076	$15,136	+$153	+$60
Advances	2,560	2,551	2,551	−9	0
Department of Health and Human Services	318,536	353,090	359,449	+40,913	+6,359
Advances	56,107	62,784	62,784	+6,677	0
Department of Education	55,646	55,808	57,964	+2,318	+2,156
Advances	17,255	15,011	15,011	−2,244	0
Related Agencies	41,825	45,722	45,857	+4,032	+135
Advances	11,470	12,590	12,920	+1,450	+330
Grand Total, current year	430,990	469,696	478,406	+47,416	+8,710
Advances	87,392	92,936	93,266	+5,874	+330
Current year total using 302(b) scorekeeping	423,137	463,938	470,011	+46,874	+6,073
Mandatory	290,781	325,948	331,975	+41,194	+6,027
Discretionary	132,356	137,990	138,036	+5,680	+46

PROGRAM LEVEL DISCRETIONARY

[In millions of dollars]

	Fiscal year—			2004 committee compared to—	
	2003 comparable	2004 budget	2004 committee	2003 comparable	2004 budget
Department of Labor	$11,848	$11,622	$11,682	−$166	$60
Department of Health and Human Services	60,083	60,862	61,195	1,112	333
Department of Education	53,113	53,139	55,380	2,267	2,241
Related Agencies	9,608	10,243	10,047	439	−196
Subtotal Program Level	134,652	135,866	138,304	3,652	2,438

Highlights of the Bill

Funding levels in the fiscal year 2004 appropriation bill for the Departments of Labor, Health and Human Services, and Education and Related Agencies reflect the Committee's attempt to establish priorities within the very stringent limitations. As in past years, the Committee has increased funding for programs that work for people and represent a core Federal responsibility.

Bill total.—Total funding, including offsets, for fiscal year 2004 in the Departments of Labor, Health, and Human Services and Education and Related Agencies Appropriations Act, 2004 is $478,406,936,000.

Discretionary Programs.—For Discretionary accounts for 2004 the bill provides $138,036,000,000, including offsets. This is $5,680,048,000 above the fiscal year 2003 comparable level. After adjusting for fluctuations in advance appropriations, the comparable program increase is $3,652,202,000, or 2.71 percent, over fiscal year 2003.

Mandatory programs.—The bill provides $331,974,965,000 for entitlement programs in fiscal year 2004. This is $41,913,697,000 above the fiscal year 2003 comparable level, or an increase of 12.4 percent. Over two thirds of the funding in the bill is for these mandatory costs. Funding requirements for entitlement programs are determined by the basic authorizing statutes. Mandatory programs include general fund support for the Medicare and Medicaid programs, Supplemental Security Income, Trade Adjustment Assistance and Black Lung payments. The following chart indicates the funding levels for the major mandatory programs in fiscal years 2003 and 2004 and the growth in these programs.

MANDATORY

[Dollars in Thousands]

Program	Fiscal year 2003	Fiscal year 2004	Change
Department of Labor:			
Federal; Umemployment Benefits and Allowances	$972,200	$1,338,200	$366,000
Energy Employees Occupational Illness Compensation Fund	104,867	55,074	−49,793
Black Lung Disability Trust Fund	1,035,000	1,043,000	+8,000
Department of Health and Human Services:			
Vaccine Injury Compensation Trust Fund	85,918	66,000	−19,918
Medicaid current law benefits	148,726,168	172,706,067	+23,979,899
CMS Vaccines for Children	823,938	980,196	+156,258
Medicare Payments to Healthcare Trust Funds	81,462,700	95,084,100	+13,621,400
Child Support Enforcement	2,936,800	3,425,270	+488,470
Payments to States for Foster Care and Adoption	4,855,000	5,068,300	+213,300
Medical Benefits for Commissioned Officers	310,017	329,868	+19,851
Department of Education:			
Vocational Rehabilitation	2,533,492	2,584,162	+50,670
Related Agencies:			
Supplemental Security Income	31,879,392	34,328,000	+2,448,608

Department of Labor.—The bill appropriates $11,682,034,000 for the discretionary programs of the Labor Department.

Employment and Training.—The Committee recommends $5,077,039,000 to carry out the provisions of the Workforce Investment Act of 1998. This is $123,122,000 below the fiscal year 2003 comparable level and $125,053,000 above the request. The Committee recommends an increase in funding over fiscal year 2003 for dislocated worker re-employment assistance of $78,105,000.

Employee Benefits Security Administration.—The Committee recommends $128,605,000 for the EBSA to carry out their responsibilities to American workers and their families who are covered by private sector pension, health, and other employee benefit plans. This is $12,322,000 above the fiscal year 2003 comparable level and the same as the request.

Employment Standards Administration.—The Committee recommends $397,753,000 for ESA. This level is $16,640,000 above the fiscal year 2003 comparable level and the same as the President's program level request for the Agency.

Occupational Safety and Health Administration.—The Committee recommends funding for OSHA at $450,008,000, $302,000 below the fiscal year 2003 comparable level and the same as the request.

Department of Health and Human Services.—The bill appropriates $61,194,650,000 for discretionary programs of the Department.

Health Resources and Services Administration.—Funding for the Health Resources and Services Administration (HRSA) programs is $6,252,256,000, $178,302,000 below the fiscal year 2003 comparable level and $586,260,000 above the request. Within HRSA, the community health centers funding is at $1,627,164,000, an increase of $122,358,000 above the fiscal year 2003 comparable level and the same as the request. Health professions training is funded at $391,203,000, $30,000,000 below last year's comparable level and $282,089,000 above the request. Ryan White AIDS Care Act programs are funded at $2,023,599,000, $30,634,000 above last year's comparable level and $14,050,000 above the request. In addition, $587,597,000 is recommended for HRSA's bioterrorism preparedness and response activities, $41,727,000 from HRSA's regular appropriation and $545,870,000 from within the Public Health and Social Services Emergency Fund. This is $38,581,000 below the fiscal year 2003 comparable level and $30,576,000 below the request.

Centers for Disease Control and Prevention.—The bill provides a total program level of $4,551,914,000 directly to the Centers for Disease Control and Prevention (CDC). This is $56,876,000 above the fiscal year 2003 comparable level and $232,603,000 above the request. In addition, $1,116,156,000 is available for CDC homeland security activities funded through the Public Health and Social Services Emergency Fund. CDC programs and activities include: Immunization; bioterrorism preparedness and response; chronic disease prevention; domestic and Global HIV/AIDS; surveillance, prevention, and control of infectious diseases, such as hepatitis, SARS, and the West Nile Virus.

National Institutes of Health.—The Committee recommends $27,663,991,000 for the biomedical research activities of the National Institutes of Health (NIH). This is $681,387,000 above the fiscal year 2003 comparable level and the same as the request. The Committee continues to support strongly the research and training activities of the NIH. The Committee has maintained its policy of resisting disease specific earmarks in the bill and report, believing that decisions as to appropriate levels of funding and appropriate avenues of research are best left to the scientific managers at NIH. It is the view of the Committee that this is the best means available for advancing our understanding of human health and disease and improving the quality of life for affected individuals and families.

Substance Abuse and Mental Health Services Administration.—The bill provides $3,345,000,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), an amount $133,260,000 above the fiscal year 2003 comparable level and $64,315,000 below the request. The Committee has provided $2,191,816,000 for the Center for Substance Abuse Treatment,

which is $182,806,000 above last year's comparable level and $150,000,000 below the request.

Agency for Healthcare Research and Quality.—The bill provides $303,695,000 for the Agency for Healthcare Research and Quality (AHRQ), an amount that is the same as the fiscal year 2003 comparable level and $24,695,000 above the request.

Medicare and Medicaid.—The bill provides $182,753,583,000 for Medicaid and $95,084,100,000 in Federal funds for the Government's share of payments to Medicare.

Low Income Home Energy Assistance.—The Committee provides $1,700,000,000 for the Low Income Home Energy Assistance Program formula grants to States in fiscal year 2004. This is $11,050,000 more than the fiscal year 2003 comparable level and the same as the request. The Committee includes $100,000,000 in contingent emergency funding for heating and cooling emergencies, which is $100,000,000 more than last year's comparable level and $200,000,000 less than the request.

Child Care and Development Block Grant.—The Committee includes $2,099,729,000 for the Child Care and Development Block Grant for fiscal year 2004. This is $13,385,000 above the fiscal year 2003 comparable level and the same as the request.

Social Services Block Grant.—The Committee provides $1,700,000,000 for the Social Services Block Grant, the same as both the fiscal year 2003 level and the request.

Head Start.—The bill includes $6,815,570,000 for Head Start, $148,037,000 above last year's level and the same as the request.

Human Embryo Research.—The bill includes the same language included for the past several years to prohibit the use of federal funds for research involving human embryos. This language also has the effect of prohibiting the use of funds in the bill to support human cloning.

Needle Exchange.—The bill includes a prohibition on the use of Federal funds for needle exchange programs, which is the same as last year.

Title X Family Participation in Decisions of Minors to Seek Family Planning.—The bill includes language requiring recipients of title X funding, family planning funding, to certify that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. This language has been included in the bill for several years.

Title X Compliance With State Laws.—The bill includes a provision, continued from last year, requiring Title X clinics to comply with State laws relating to notification or reporting of child abuse, child molestation, sexual abuse, rape or incest.

Department of Education.—The bill funds programmatic and support activities in the Department of Education at $55,380,003,000, an increase of $2,240,800,000 above the request and $2,267,244,000 above last year's comparable level (adjusted for advance appropriations in fiscal year 2003).

Education for the Disadvantaged.—The bill provides $14,507,000,000, for grants to local education agencies under title I of the Elementary and Secondary Education Act. This level is $768,727,000 above the fiscal year 2003 amount and $323,000,000 above the request level.

Impact Aid.—The bill provides $1,238,324,000 for school districts that are impacted by Federal activities, such as military bases or Indian lands. This is an increase of $50,098,000 above the fiscal year 2003 level, and $222,824,000 above the President's request.

School Improvement Programs.—The bill provides $5,797,637,000 for the school improvement programs. The bill includes $2,930,825,000 for state grants for improving teacher quality, the same as year's level and $80,825,000 above the request. The bill also includes $150,000,000 for math and science partnerships, an increase of $49,656,000 above last year's level and $137,500,000 above the request.

Innovation and Improvement.—The bill provides $814,959,000 for innovation and improvement programs. Included within this account is $49,400,000 for the Transition to Teaching program, an increase of $7,673,000 above the fiscal year 2003 level and $220,000,000 for charter schools, an increase of $21,300,000 above last year's levels.

English Language Acquisition.—English language acquisition programs are funded at $685,515,000, the same as the fiscal year 2003 amount and $20,515,000 above the President's request.

Special Education.—The Committee recommends an overall program funding level for special education programs of $11,049,790,000, $1,015,873,000 above last year's level and $359,686,000 above the President's request. The bill provides a $1,000,000,000 increase for grants to states under part B of the Individuals with Disabilities Education Act.

Vocational and Adult Education.—Vocational education state grants are funded at $1,200,000,000 and adult education state grants are funded at $584,300,000.

Student Financial Assistance and Higher Education.—The Committee places a high priority on direct assistance to students. For Student Financial Aid, the Committee provides $14,247,432,000, $884,360,000 above last year and $271,068,000 below the President. For Higher Education, the Committee provides $1,985,991,000. This level is $107,460,000 below last year and $81,553,000 above the request. The bill allows the maximum Pell grant to be maintained at $4,050—the highest in history.

Institute of Education Sciences.—The Committee propose $500,599,000 for education research and statistics. For on-going activities, this level is $52,643,000 above last year and $124,684,000 above the request level.

TITLE IV—RELATED AGENCIES

Institute of Museum and Library Services.—Funding for the Institute of Museum and Library Services is $238,126,000 including $20,000,000 for a librarian recruitment initiative.

Social Security Administrative Costs.—Funding for the cost of administering the Social Security programs is $8,361,800,000, $476,663,000 above the fiscal year 2003 comparable level and $168,200,000 below the request.

GOVERNMENT PERFORMANCE AND RESULTS ACT

The Committee commends the Departments and Agencies under its jurisdiction for the progress they have made toward the estab-

lishment of goals and other benchmarks as required by the Government Performance and Results Act. However, these Departments and Agencies remain a long way from meeting its overall intent. The Committee continues to feel that quantifiable and measurable individual performance indicators need to be developed for each program. Individual indicators need to be specific and measurable wherever possible, need to be consistent with other measures used in similar programs and need to be supported by systems that can provide annual information on the progress being made toward achieving the stated goals. There are still far too many programs with indicators using the terms "increase," or "decrease," or "improve" rather than specific numerical goals.

In addition, these indicators must increasingly focus on the improvements in employment and income, worker safety, health status, biomedical discoveries, the quality of life of various populations, educational achievement, and the many other goals that are the primary purpose of the programs funded by this bill. Again, the indicators are far too often related to the issuance of program guidance or focus on the number of individuals served.

Finally, the Committee continues to urge the Departments and Agencies under its jurisdiction to manage themselves based on performance and outcomes. They should use outcome and performance measures as the primary management tool for resource allocation and the evaluation of programs and individuals. The Committee expects that each Department and office funded in the bill will be prepared to testify during the fiscal year 2005 cycle on how performance and outcome measures are being used to manage their programs, including:

How outcome and performance goals are being established for individual offices within departments and how they are held accountable for the achievement of these goals;

How such data is used to establish individual performance goals; and

How actual performance is measured against these goals and the kinds of incentives, both positive and negative, that are in place to assure the achievement of overall goals.

EFFECT STATEMENTS

The Committee directs the Departments and agencies identified in the report accompanying the fiscal year 1998 bill to continue to provide it with effects statements within 45 days of enactment of this Act.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

The Committee recommends $5,077,039,000 for this account, which provides funding authorized primarily by the Workforce Investment Act of 1998 (WIA). This is $123,122,000 below the fiscal year 2003 level and $125,053,000 above the budget request.

The Training and Employment Services account is comprised of programs that enhance the employment and earnings of those in need of such services, operated through a decentralized system of

skill training and related services. The account is mostly forward-funded on a July to June cycle, with funds provided for fiscal year 2004 supporting the effort from July 1, 2004 through June 30, 2005.

Adult employment and training activities

For adult employment and training activities, the Committee recommends $900,000,000. This is $1,222,000 above the fiscal year 2003 and the same as the budget request. Of the amount recommended $712,000,000 will become available on October 1, 2004. This program is authorized by the Workforce Investment Act of 1998. The funds are allocated by formula 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, available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

Dislocated worker employment and training activities

For dislocated worker employment and training activities, the Committee recommends $1,461,145,000. This is the same as the fiscal year 2003 level and $78,105,000 above the budget request. Of the amount recommended, $1,060,000,000 will become available on October 1, 2003. Of the total, $1,155,152,000 is designated for State formula grants that support core services, intensive services, training, and supportive services. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. The bill includes $305,993,000 for the National Reserve which supports National Emergency Grants 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. Within the total for the National Reserve the Committee expects that up to $3,000,000 shall be available to the Secretary to support health insurance coverage assistance authorized in the Trade Act of 2002.

Youth activities

For youth activities, the Committee recommends $1,000,965,000. This is $6,506,000 below the fiscal year 2003 level and the same as the budget request.

The Workforce Investment Act of 1998 consolidated the Summer Youth Employment and Training Program and Youth Training Grants under the Job Training Partnership Act into a single youth training activity. The funds are allocated by formula to States and further distributed to local workforce investment boards.

Youth opportunity grants

The Committee has not included funding for Youth Opportunity grants. The budget request did not include funds for Youth Opportunity grants. The fiscal year 2003 level was $44,211,000 to maintain the current projects administered in this program.

Job Corps

For Job Corps, the Committee recommends $1,541,216,000. This is $28,045,000 above the fiscal year 2003 level and $24,667,000 below the budget request. Of the amount recommended, $691,000,000 will become available on October 1, 2003.

The Job Corps, authorized by the Workforce Investment Act of 1998, 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 open to economically disadvantaged young people in the 16 to 24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation. The Committee supports the effort of the Workforce Investment Act of 1998 to more fully integrate Job Corps centers in their local communities.

The Committee believes that Job Corps' partnerships with National Training Contractors, such as the Home Builders Institute (HBI), the workforce development arm of the National Association of Home Builders, are essential to the success of Job Corps. The Committee commends HBI for its proven record in providing at-risk youth with the craft skills training and employment opportunities they need to succeed while helping the building industry meet its workforce needs. As such, the Committee encourages the Department to expand its Job Corps partnership with the building industry in order to ensure the continued availability of skilled workers for this thriving industry.

The evaluation and overall goals of the Job Corps program and other job training programs at the Department of Labor are a concern to the Committee. The Committee is interested in the long-term effects of job-training programs at the Department of Labor. The department is encouraged to submit an assessment of previous studies of the long-term effectiveness of job training programs and a proposal on collecting data that will enhance the overall job-training program and more effectively identify deficiencies.

The Committee commends the Job Corps program for establishing cost-effective national and local partnerships with the U.S. Army, Navy, and Coast Guard to recruit high quality military personnel. Job Corps students' average scores on military entrance exams exceed the national average. Last year, the Army recruited more than 2,000 Job Corps graduates. The Committee also recognizes that the Job Corps is training young people with skills that are in high demand by civilian support contractors who service the military, including computer technology, nursing, and welding. The Committee directs the Job Corps to explore further options to expand programs that provide all branches of the military with high quality recruits, and to assist contractors in filing their entry-level positions with qualified Job Corps graduates.

The Committee commends the Job Corps for developing programs to help address the nation's shortfall of staff in health professions, including nurses, pharmacists, and lab technicians. Private sector companies including HCR Manor Care, HCA, CVS, Walgreens and others have formed partnerships with Job Corps to help fill vacancies with qualified, trained, entry level staff. Efforts such as the Nursing Career Ladder pilot program and CareCareers.net will help address the caregiver shortage. To build upon these initiatives, the Committee directs the Department to explore the possibility of establishing one or more Job Corps centers that are dedicated to training Job Corps students in the health sciences, including licensed practical nurses, health records technicians, certified nurse assistants, dieticians, pharmacy technicians, and healthcare facilities maintenance.

Native Americans

For Native Americans, the Committee recommends $55,000,000. This is $636,000 below the fiscal year 2003 level and the same as the budget request. This program, authorized by the Workforce Investment Act of 1998, 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 regulations.

Migrant and seasonal farmworkers

For Migrant and Seasonal Farmworkers, the Committee recommends $60,000,000. This is $17,330,000 below the fiscal year 2003 level. The budget request did not include funds for this program. The Committee recommendation includes bill language directing that $3,600,000 of this amount be used for migrant and seasonal farmworker housing grants, including permanent housing. This recommendation also provides that the remaining amount be used for State service area grants, including funding grantees in those States impacted by formula reductions at no less than eighty-five percent of the comparable 1998 levels for such States. Within the National Activities/Other line item, the conference agreement includes $400,000 to be used for Section 167 training, technical assistance and related activities, including continuing funding for migrant rest center activities at the current level.

This program, authorized by the Workforce Investment Act of 1998, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Enrollees and their families are provided with employment training and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee has also included bill language directing that migrant and seasonal farmworker funds appropriated in fiscal year 2003 be made available under the terms and conditions in effect June 30, 2002, the end of the performance period for which funds were last competed. For Fiscal 2003, for migrant and seasonal

housing, the Committee believes that the Department pursued a program initiative that was inconsistent with the intent of Congress. Further, in fiscal year 2003 the Department neither requested funds for the Migrant and Seasonal Farmworker Program in its 2003 budget justification nor did the Department inform the Committee that it would be changing the focus of the housing program for farmworkers. Absent notification and approval regarding a refocus or redirection of a program or activity, the Committee expects that funds will continue to be used in the manner for which they had been previously requested and appropriated. It is the intent of the Committee that the Department restore the farmworker housing program to its longstanding principal emphasis: development of permanent housing and related facilities for migrant and seasonal farmworkers.

National programs

This activity includes Workforce Investment Act authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research.

Pilots, Demonstrations and Research: The Committee recommends $46,615,000 for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs. This is $29,240,000 below the fiscal year 2003 level and $11,615,000 above the budget request.

The Committee points to the success rates and effectiveness of the YouthBuild Louisville public/private partnership in Louisville, Kentucky, and encourages the Department of Labor (DOL) to establish a demonstration evaluating the feasibility of expanding this program to include within the purvey of DOL. The purpose of this demonstration should be to evaluate the possibility of using this program as model for DOL youth employment initiatives.

Evaluation: The Committee recommends $9,098,000 to provide for the continuing evaluation of program conducted under the Workforce Investment Act of 1998, as well as of federally-funded employment-related activities under other provisions of law. This is $59,000 above the fiscal year 2003 level and the same as the budget request.

Responsible Reintegration of Youthful Offenders: The Committee concurs with administration's request not to include funding for the Responsible Reintegration of Youthful Offenders. The fiscal year 2003 level was $54,642,000.

Technical Assistance: The Committee recommends $3,000,000. The funds recommended support the development of performance management systems, the provision of quality services, and promoting accountability and collaboration.

Women in Apprenticeship for Non-Traditional Occupations: The Committee concurs with the Administration's request not to include funding for this program. In fiscal year 2003, $993,000 was provided.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommends $440,200,000 for community service employment for older Americans. This is $2,106,000 below the fiscal year 2003 level and the same as the budget request.

The community service employment for older Americans program provides grants to public and private nonprofit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older, whose family's annual income does not exceed 125 percent of the poverty level.

The Committee commends the Department of Labor's action, consistent with the Older Americans Act Amendments of 2000, to open the national grants portion of the Senior Community Service Employment Program (SCSEP) to competition. Competing the SCSEP grants will spur innovation, improve services, and help more low-income, older workers achieve economic independence through this program. In addition, competition enables all qualified organizations to have the opportunity to participate and provide services to seniors in the most efficient and effective manner possible. The Committee is also encouraged by the Department's efforts to ensure that services to SCSEP participants are not disrupted and that these seniors retain the right to remain in the program no matter which grantee or subgrantee serves their geographic area. The Committee also urges the Department to encourage new national contractors to work closely with subgrantees of predecessor national contractors where appropriate to ensure that program participants will not be adversely affected by the change of national contractor status.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The Committee recommends $1,338,200,000. This is $366,000,000 above the fiscal year 2003 level and the same as the budget request.

The Trade Adjustment Assistance Program provides assistance to certified workers adversely affected by imports and trade with countries covered by the North America Free Trade Agreement. Funding will continue the implementation of the TAA program with an emphasis on integrating the program into the One-Stop System. The Trade Adjustment Assistance Reform Act of 2002 increased the possibility of training and income support benefits.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The Committee recommends $3,615,381,000 for this account. This is $20,000,000 above the fiscal year 2003 level and $31,402,000 less than the budget request. Included in the total availability is $3,472,861,000 authorized to be drawn from the Employment Security Administration Account of the Unemployment Trust Fund and $142,520,000 to be provided from the general fund of the Treasury. The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service.

For Unemployment Insurance Services, the Committee recommends $2,634,253,000. This total includes $2,624,318,000 for State Operations and $9,935,000 for national activities. This is the same as the fiscal year 2003 level and $16,249,000 below the budget request.

For the Employment Service, the Committee recommends $861,908,000, which includes $23,300,000 in general funds together

with an authorization to spend $838,608,000 from the Employment Security Administration Account of the Unemployment Trust Fund. This is $20,000,000 above the fiscal year 2003 level and $13,373,000 below the budget request. Included in the bill for the Employment Service grants to States is $791,557,000, available for the program year of July 1, 2004 through June 30, 2005. This is the same as the fiscal year 2003 level and $5,178,000 below the budget request.

The Committee recommends $70,351,000 for ES national activities. This is $20,000,000 above the fiscal year 2003 level and $8,195,000 below the budget request. Funds provided support the Foreign Labor Certification Programs, the Work Opportunity Tax Credit and Welfare-to-Work tax credit programs, and capacity building and technical assistance focused on the integration of ES into the Workforce Investment Act delivery system.

The Committee recommends $99,350,000 for America's Labor Market Information System. This is the same as the fiscal year 2003 level and $1,650,000 below the budget request. This funding supports core employment statistics, universal access for customers, improving efficiency in labor market transactions, and measuring and displaying WIA performance information.

The Committee recommendation includes $19,870,000 for the Work Incentives Grants program, the same as last year's level and $130,000 less than 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.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends $467,000,000. This is $4,000,000 above the fiscal year 2003 level and the same as the budget request. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

The Committee recommends $172,327,000. This is $2,184,000 below the fiscal year 2003 level and $11,038,000 below the budget request. This includes $115,824,000 in general funds and authority to expend $56,503,000 from the Employment Security Administration Account of the Unemployment Trust Fund. General funds in this account provide the Federal staff to administer employment and training programs under the Workforce Investment Act of 1998, the Older Americans Act, the welfare-to-work program, 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.

The Committee acknowledges the important work of the New York Regional Employment and Training Office, which oversees employment and training activities in New York, New Jersey,

Puerto Rico, and the Virgin Islands. The Department has not provided the Committee with requested information including a list of criteria, rationale, and cost benefit analysis. The Committee, therefore, directs the Department to maintain the current office structure of the New York City and Boston Employment and Training Administration Offices until the Committee has had sufficient time to review this proposal.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

The bill provides $128,605,000 for the Employee Benefits Security Administration (formerly known as the Pension and Welfare Benefits Administration), an increase of $12,322,000 over the fiscal year 2003 level and the same amount as the budget request.

The Employee Benefits Security Administration (EBSA) is responsible for the enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA) in both civil and criminal areas. This involves ERISA fiduciary and reporting/disclosure requirements. EBSA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986. The agency was also given responsibilities under the Health Insurance Portability and Accountability Act of 1996.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's budget for fiscal year 2003 is $228,772,000, which is $35,963,000 above the fiscal year 2003 level and the same as the budget request. The previous amount in the administrative expense limitation was $12,965,000 and the comparable estimate for fiscal year 2004 scoring is $16,553,000.

The Corporation is a wholly-owned government corporation established by the Employee Retirement Income Security Act of 1974 (ERISA). The law places it within the Department of Labor and makes the Secretary of Labor the chairperson of its board of directors. The Corporation receives its income from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by ERISA, and investment earnings. It is also authorized to borrow up to $100,000,000 from the United States 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.

The bill does not include a limit on administrative expenses. However the Committee has included language permitting obligations in excess of the amount provided in the bill after approval by both the Office of Management and Budget as well as the Committee on Appropriations. The Committee has an interest in approving obligations that may change the total amount available to any agency. Further, the Committee remains concerned regarding actions taken by the Pension Benefit Guaranty Corporation (PBGC) on June 14, 2002 to terminate pension plans in advance of a plant shutdown in order to avoid paying "shutdown" benefits that had been negotiated between a company and its workers. This policy shift was made without advance notice to the parties involved. Furthermore, this policy adjustment is a significant change in the practice that the PBGC had engaged in over the past eight years.

The action taken by the PBGC has resulted in disparate treatment of workers in similar situations, with workers in a plant that shutdown prior to June 14, 2002 receiving "shutdown" benefits and workers in a plant that shutdown after June 14, 2002 not receiving "shutdown" benefits.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $397,753,000 for this account. This is $16,640,000 above the budget request and the same as the fiscal year 2003 comparable level. The bill includes $395,697,000 in general funds for this account and contains authority to expend $2,056,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

The Committee did not include authority for the Department to impose a surcharge totaling $87,573,000 collected from Federal agencies for workers compensation for administration of the Federal Employees' Compensation Act program as requested in the Treasury, Postal and General Government Appropriations Act.

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, the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung). The agency also administers Executive Order 11246 related to affirmative action by Federal contractors and the Labor-Management Reporting and Disclosure Act.

SPECIAL BENEFITS

The bill includes $163,000,000. This is the same as the fiscal year 2003 appropriation and the budget request. This appropriation primarily provides benefits under the Federal Employees' Compensation Act (FECA). The payments are required by law. In fiscal year 2004, an estimated 155,000 injured Federal workers or their survivors will file claims; 55,500 will receive long-term wage replacement benefits for job-related injuries, diseases, or deaths.

The total amount to be available in fiscal year 2004 for FECA payments, including anticipated reimbursements from Federal agencies of $1,462,000,000, is expected to be $3,448,761,000, an increase of $100,000,000 over the fiscal year 2003 comparable level.

The Committee recommends continuation of appropriation language to provide authority to deposit into the Special Benefits account 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 also includes appropriation language to provide that up to $39,315,000 of the funds transferred from the "fair share" agencies to pay the costs of administration will be available to the Secretary of Labor to finance capital improvement projects meant to enhance fund oversight and control. The remaining balance of the administrative costs paid by the "fair

share" entities will revert to the United States Treasury as miscellaneous receipts.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The Committee recommends an appropriation of $300,000,000 for special benefits for disabled coal miners. This is in addition to the $97,000,000 appropriated last year as an advance for the first quarter of fiscal year 2003, the same as the budget 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 Committee recommends an advance appropriation of $88,000,000 for the first quarter of fiscal year 2005, the same as the budget request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

The Black Lung Consolidation of Administrative Responsibility Act of 2002 amends the Black Lung Benefits Act to transfer part B black lung benefits responsibility from the Commissioner of Social Security to the Secretary of Labor. In fiscal year 2004 an estimated 56,000 beneficiaries will receive benefits.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

The bill includes $55,074,000 for the Energy Employees Occupational Illness Compensation Program authorized by Title XXXVI of the National Defense Authorization Act of 2001. This is $49,793,000 below the fiscal year 2003 level and the same as the budget request. Funds will be used to administer the program that provides compensation to employees or survivors of employees of the Department of Energy (DOE), its contractors and subcontractors, companies that provided beryllium to DOE, and atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons, and uranium workers covered under the Radiation Exposure Compensation Act. Benefit costs of $385,000,000 are anticipated in fiscal year 2004.

BLACK LUNG DISABILITY TRUST FUND

The bill includes $1,043,000,000 for this account, of which $56,099,000 is definite budget authority and $986,901,000 is indefinite budget authority. The bill language provides such sums as may be necessary to pay for benefits. The amount available will provide $346,901,000 for benefit payments and $56,099,000 for administration expenses for the Department of Labor.

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

It is estimated that 44,500 people will be receiving black lung benefits financed from the Trust Fund in fiscal year 2004. This compares with an estimated 49,000 receiving benefits in 2003.

The basic financing for the Trust Fund comes from a coal excise tax for underground and surface-mines 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. The advances to the Fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $450,008,000 for the Occupational Safety and Health Administration. This is the same as the budget request and $302,000 below the fiscal year 2003 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee is very pleased with OSHA's efforts in placing high priority on the Voluntary Protection Program (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 2003, the Committee expects OSHA to continue to place 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 important to an employer's ability to assure worker safety and health.

The committee recognizes that needlestick injuries can expose nurses and doctors to dangerous and even deadly viruses such as Hepatitis C and HIV, and directs OSHA to undertake efforts to educate healthcare employers and clinicians about these threats, particularly with regard to needlestick protection and alternatives to the use of tape and suture to secure IV catheters. The committee notes the effectiveness of IV catheter securement devices, sometimes referred to as adhesive anchors or catheter fixation devices and directs OSHA to better inform clinicians of safety securement devices, and to encourage employers to consider these devices when compiling and updating the required annual Exposure Control Plan.

The Committee is disappointed with the lack of progress on the agency's regulation concerning Employer Payment for Personal Protective Equipment, the public comment period for which ended over four years ago. The Committee is especially concerned because the rate of worker deaths and injuries, which has decreased in the last decade for all American workers, has increased among Hispanic workers during that same time because they take on a disproportionate number of jobs in the nation's most dangerous professions, including the construction industry. The Committee expects the agency to, report to the Committee on the status of this regulation.

In the face of uncertain risk to their own health and that of their families, our country's doctors, nurses and other health care workers have courageously stepped forward to provide professional and compassionate care to patients with a variety of newly emerging, naturally occurring airborne infectious diseases such as SARS and

monkeypox. With SARS, approximately half of all suspected and probable SARS cases in Canada are among health care workers who become infected while caring for their patients.

With our country confronting these new airborne biological threats, we have asked our health care professionals to do more to protect all of us. These workers have responded. The Committee believes that the Congress now owes a debt of gratitude and has a responsibility to protect these same health care workers from the occupational hazards they face, so that they can focus on doing the best job possible in caring for, and treating their patients.

To protect health care workers from newly emerging intentional and unintentional airborne infectious disease threats, the Committee urges OSHA to consider an airborne disease standard.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The bill includes $266,767,000 for this agency. This is $6,189,000 above the fiscal year 2003 comparable level and the same as the budget request. This agency enforces the Federal Mine Safety and Health Act in underground and surface coal and metal and nonmetal mines.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The total funding recommended by the Committee for the Bureau of Labor Statistics (BLS) is $512,262,000. This is $20,029,000 above the fiscal year 2003 comparable level and the same as the budget request. The bill includes $437,152,000 in general funds for this account and authority to spend $75,110,000 from the Employment Security Administration Account of the Unemployment Trust Fund. The BLS is the principal fact-finding agency in the Federal government in the broad field of labor economics. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

The bill includes $47,333,000 for the Office of Disability Employment Policy, which is $155,000 above the fiscal year 2003 comparable level and the same as the budget request. The Office provides leadership to eliminate employment barriers to people with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

The bill includes $253,018,000 for Departmental Management activities. This is $134,823,000 below the fiscal year 2003 level and $20,518,000 below the budget request. The bill includes $252,701,000 in general funds for this account along with authority to transfer $317,000 from the Employment Security Administration Account of the Unemployment Trust Fund. In addition, an amount

of $23,401,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The Committee recommendation includes $28,260,000 for Executive Direction, $1,964,000 above the fiscal year 2003 level and the same as the budget request.

The bill provides the budget request for the Department-wide information technology crosscut, which is $6,077,000 below the fiscal year 2003 comparable level. The Committee commends the Department in streamlining its information technology infrastructure into a single, uniform system and encourages the Department in this effort.

The bill includes $34,391,000 for the Administration and Management program that provides leadership and policy guidance for a number of Department-wide activities. This is $718,000 above the fiscal year 2003 level and $2,000,000 above the budget request. Funding provided above the budget request is intended to address the initiatives requested in the management crosscut.

The bill includes $12,270,000 for the Bureau of International Labor Affairs (ILAB), which is the same as the budget request and $134,783,000 below the fiscal year 2003 comparable level. The Committee continues to be concerned about the growth of ILAB's programs and funding in recent years. At the level in this bill, ILAB will continue to coordinate the Department's global responsibilities in 2004 and to provide expert support for many of the Administration's international initiatives, including the promotion of core labor standards and the elimination of exploitative child labor.

The Committee intends that the Women's Bureau provide funding for Women Work! training and technical assistance services for programs that assist women in transition to enter/reenter the workforce; Women Work! has valuable experience and is uniquely qualified to deliver these services through its national network. Women Work! has demonstrated results through outcome assessments and the Committee expects Women Work! to continue to refine measurable standards for training and technical assistance services in collaboration with the Women's Bureau.

On June 18, 2002, the Department of Justice published final regulations regarding EO 13166. The committee remains concerned about the potential costs of implementation to the Department of Labor and DOL programs, state agencies, local workforce investment boards, and other grant recipients. Therefore, the department should prepare a report for submission to the committee and all interested Members which outlines: implementation of the new policy guidance as interpreted by the department including enforcement policies; costs to the department and all affected entities under the jurisdiction of the Department of Labor including State labor departments or agencies. In addition, the committee requests that the report also include what assistance the department will offer to assist grant recipients in complying with the revised policy guidance.

The committee recognizes the growing crisis in recruiting and training quality direct support professionals to serve people with mental retardation and other developmental disabilities living in the community. The Department of Labor is encouraged to work with the Department of Health and Human Services to commission a joint national commission to examine recruitment and retention of direct support professionals that includes all relevant stake holders, from both for profit and not-for-profit providers, to study and make recommendations to address the critical shortage of this work force.

The Committee encourages the Department to enhance personal retirement readiness and security of our nation's workforce and to work with the International Foundation for Retirement Education (InFRE), to identify the real rate of retirement readiness of our nation's workforce segmented by age, gender, income, education, employment, and ethnicity.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

The Committee recommends $219,933,000 for veteran employment and training activities. This is $7,174,000 above the fiscal year 2003 level and the same as the budget request. Within this amount, the bill includes $193,443,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund for the traditional State and Federal administration of veterans employment and training activities.

For State grants the Committee recommends $162,415,000. This is $2,593,000 above the fiscal year 2003 level and the same as the budget request.

For Federal administration, the Committee recommends $29,028,000. This is $1,539,000 above the fiscal year 2003 level and the same as the budget request. The Committee recommends $2,000,000 for the National Veterans Training Institute, the same as the budget request. The Committee recommends $19,000,000 for the homeless veterans reintegration program assisting homeless veterans to find jobs. This is $869,000 above the fiscal year 2003 level and the same as the budget request. The Committee recommends $7,550,000 for veterans workforce investment programs. This is $173,000 more than the fiscal year 2003 level and the same as the budget request.

OFFICE OF THE INSPECTOR GENERAL

The bill includes $66,795,000 for the Office of the Inspector General (OIG). This is $4,943,000 above the fiscal year 2003 comparable level and the same as the budget request. This includes $60,896,000 in general funds for this account along with the authority to transfer $5,899,000 from the Employment Security Administration Account of the Unemployment Trust Fund. The Committee has included $2,500,000, as proposed in the budget request, for the Labor Racketeering initiative to combat such problems as pension plan corruption and organized crime affecting industries and unions.

The 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 program of audits, investigations, and program evaluations, the OIG attempts to reduce the incidence of

fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness throughout the Department.

WORKING CAPITAL FUND

The Committee includes $18,000,000 for a new core accounting system for the Department of Labor, including hardware and software infrastructure.

GENERAL PROVISIONS

Sec. 101. The Committee continues a provision to prohibit the use of Job Corps funding for compensation of an individual at a rate in excess of Executive Level II.

Sec. 102. The Committee includes a provision to permit transfers of up to one percent between appropriations, the same as the budget request.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

The bill includes $6,252,256,000 for health resources and services programs, which is $178,302,000 below the fiscal year 2003 comparable level for these activities and $586,260,000 above the budget request. In addition, the Committee provides $545,870,000 in the Public Health and Social Services Emergency Fund for two programs administered by the Health Resources and Services Administration (HRSA)—$518,000,000 for hospital preparedness and $27,870,000 for education incentives for medical school curriculum.

HRSA supports programs which provide health services to disadvantaged, medically undeserved, and special populations; improve infant mortality rates; direct the education, supply, and distribution of a wide range of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

Community health centers

The Committee provides $1,627,164,000 for community health centers, which is $122,358,000 above the fiscal year 2003 comparable level and the same as the budget request. These funds support programs which include community health centers, migrant health centers, health care for the homeless and public housing health service grants.

The Committee includes bill language similar to previous years limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to $45,000,000, which is the same as the Administration request and $5,000,000 higher than the limitation in the fiscal year 2003 bill. The Committee recognizes the value of this program for health centers and as additional health centers participate in the program, the number of claims submitted and paid also increases.

The Committee does not provide additional funds for loan guarantee authority under section 330(d) of the Public Health Service

Act. The Committee notes that $121 million remains, of the $160 million appropriated in fiscal years 1997 and 1998, for loan guarantee authority for guarantees of both loan principal and interest.

Although the Committee continues to support the expansion of the health center program to double the number of patients served, the Committee is concerned that current funding methodologies may not recognize the increased cost of providing services for current patients at existing health centers. The Committee expects HRSA to use a portion of the increased funding provided to increase support for existing health centers based on performance-related criteria in addition to site and service expansion applications.

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 and other medically underserved populations.

Community health centers are encouraged to make untrasound services available to their low income patients at no charge.

National Health Service Corps: Field placements

The Committee provides $45,948,000 for field placements, which is the same as the fiscal year 2003 comparable level and the $643,000 above the budget request. These funds are used to support the activities of National Health Service Corps (NHSC) obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of students, residents and clinicians and retention activities. Salary costs of most new assignees are paid by the employing entity.

National Health Service Corps: Recruitment

The Committee provides $125,140,000 for recruitment activities, which is the same as the fiscal year 2003 comparable level and $42,402,000 below the budget request. The program awards scholarships to health professions students and assists graduates in repaying their student loans. In return for every year of support, these individuals are obligated to provide a year of service in health professional shortage areas of greatest need. The minimum obligation is two years.

Health professions

The Committee provides $391,203,000 for all health professions training programs, which is $30,000,000 below the fiscal year 2003 comparable level and $282,089,000 above the budget request. The Committee was unable to restore completely the $312,089,000 reduction in health professions funding proposed by the Administration, but intends to continue all the programs at manageable operating levels with the funds provided. The Bureau of Health Professions provides both policy leadership and support for health professions workforce enhancement and educational infrastructure development.

Centers of excellence

The Committee provides $29,718,000 for centers of excellence, which is $4,370,000 below the fiscal year 2003 comparable level.

The Administration did not request funding for this program. The program is designed to strengthen the national capacity to educate underrepresented minority (URM) students in the health professions by offering special support to those institutions which train a significant number of URM individuals, including African-Americans, Hispanics and Native Americans. Funds are used for the recruitment and retention of students and faculty, information resources and curricula, faculty and student research, and the development of plans to achieve institutional improvements.

The Committee is pleased that HRSA has re-focused the minority centers of excellence program on providing support to historically minority health professions institutions. The Committee recognizes the important role of this program in supporting faculty and other academic programs at minority institutions. The Committee encourages the program to consider applications that are responsive to allied health professions that are experiencing shortages and high vacancy rates, such as laboratory personnel.

Health careers opportunity program

The Committee provides $31,548,000 for the health careers opportunity program, which is $4,604,000 below the fiscal year 2003 comparable level. The Administration did not request funding for this program. This program provides grants and contracts to eligible health professions schools for identifying, recruiting, and selecting individuals from the various racial and ethnic populations who are from disadvantaged backgrounds for education and training in a health profession and facilitating their entry into, retention and completion of their education at a health professions school.

The Committee is pleased that HRSA has given priority consideration for health careers opportunities program grants to minority health professions institutions and recommends that grant review committees have adequate representation from these institutions. The Committee encourages the program to consider applications that are responsive to allied health professions that are experiencing shortages and high vacancy rates, such as laboratory personnel.

Faculty loan repayments

The Committee provides $1,171,000 for loan repayments and fellowships regarding faculty positions, which is $150,000 below the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program provides for the repayment of educational loans of individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than two years as a faculty member of an eligible health professions school. The school matches the Federal contribution toward loan repayment. The program also supports fellowships for URM faculty members.

Scholarships for disadvantaged students

The Committee provides $42,374,000 for scholarships for disadvantaged students, which is $5,421,000 below the fiscal year 2003 comparable level and $32,474,000 above the budget request. The program provides grants to eligible health professions and nursing schools to provide scholarships to eligible individuals from

disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. By statute, not less than 16 percent of the funds must go to schools of nursing.

Training in primary care medicine and dentistry

The Committee provides $79,249,000 for training in primary care medicine and dentistry, which is $13,183,000 below the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program is comprised of four elements: (1) family medicine programs; (2) general internal medicine and general pediatrics (GIM/GP) training; (3) physician assistants (PA) training; and (4) general or pediatric dentistry training. Family medicine grants and contracts promote the predoctoral training of medical students, support family medicine residency programs and their trainees, train physicians who plan to teach in family medicine programs, and assist in establishing or improving family medicine academic administrative units. GIM/GP grants and contracts are to plan and operate residency programs and to provide financial assistance for residents, meet the costs of training programs for physicians who plan to teach in GIM/GP, as well as to support the faculty trainees, and develop programs to support predoctoral activities. PA training grants and contracts are to plan, develop, and operate programs for the training of PAs and for the training of individuals who will teach in programs to provide such training. General or pediatric dentistry training grants and contracts are to meet the costs of planning, developing, or operating programs and to provide financial assistance to residents in such programs.

Area health education centers

The Committee provides $29,382,000 for area health education centers (AHEC), which is $3,759,000 below the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program links university health science centers with community health service delivery systems to provide community-based training sites for students, faculty, and practitioners. The program supports two types of projects: (1) basic/core AHEC cooperative agreement projects to plan and implement new and developing programs; and (2) model programs to extend AHEC cooperative agreement projects, with not less than 50 percent of the project costs supported by non-Federal monetary contributions. The Committee encourages AHEC programs to coordinate with the rural health outreach program for the greater effectiveness of both programs.

Health education and training centers

The Committee provides $3,875,000 for health education and training centers, which is $496,000 below the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program funds schools of medicine and osteopathy to conduct training and education programs for health professions students to improve the access, diversity, and quality of health personnel along the border between the United States and Mexico, in the State of Florida, and in other urban and rural areas with populations with serious unmet health care needs. The program also

provides educational support to health professionals, including nursing, practicing in the area.

Allied health and other disciplines

The Committee provides $11,922,000 for allied health and other disciplines, which is the same as the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program is comprised of three elements: (1) allied health special projects; (2) podiatric primary care residency training; and (3) chiropractic demonstration projects. Allied health special projects assist entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Activities included are those that: (1) expand enrollments; (2) provide rapid transition and career advancement training programs; (3) establish community-based training programs; (4) expand or establish interdisciplinary training programs, demonstration centers, and clinical training sites in medically underserved or rural communities; (5) provide traineeships to students; and (6) plan, develop, and operate or maintain graduate programs in behavioral and mental health practice. Podiatric primary care residency training grants and contracts are for planning and implementing projects in residency programs and providing traineeships to residents who plan to specialize in primary care. Chiropractic demonstration grants and contracts are to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower-back conditions.

Within the total provided, level funding is provided to continue the graduate psychology education program to train health service psychologists as well as the new geropsychology training program. 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 is concerned about high vacancy rates for these laboratory personnel and urges HRSA to redouble efforts to address these shortages.

Geriatric programs

The Committee provides $32,000,000 for geriatric programs, which is $4,182,000 above the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program provides grants and contracts to eligible entities to: (1) establish geriatric education centers to provide training for health care professionals who provide treatment and for training and retraining of faculty who teach geriatrics; (2) provide support for geriatric training projects to train physicians, dentists, and behavioral and mental health professionals who plan to teach geriatrics; and (3) establish a program to provide Geriatric Academic Career Awards to eligible individuals to promote the career development of such individuals as academic geriatricians.

The Committee intends that $19,000,000 of the total be provided to geriatric education centers, $7,000,000 be allocated to geriatric training programs, and $6,000,000 be distributed to geriatric academic career awards. The Committee is concerned that there is an insufficient number of health care providers trained to address the

health care needs of the growing older population. With only a small number of new physicians going into the field and those already in the field approaching retirement age, incentives are needed to increase the number of academic geriatricians to competently train health professionals from a variety of disciplines, including geriatric medicine. The Committee believes that to meet the needs of an aging population, HRSA needs to improve the training of all health professionals in geriatrics.

Quentin N. Burdick program for rural interdisciplinary training

The Committee provides $6,165,000 for the Quentin N. Burdick program for rural interdisciplinary training, which is $789,000 below the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program provides grants and contracts to entities for the purpose of funding interdisciplinary training projects that are designed to train, recruit, and retain teams of interdisciplinary professionals to work in underserved areas.

Health professions workforce information and analysis

The Committee provides $726,000 for health professions workforce information and analysis, which is $93,000 below the fiscal year 2003 comparable level and $274,000 below the budget request. The program provides grants and contracts to eligible entities to provide for the collection and analysis of targeted information, research on high priority workforce questions, the development of a non-Federal analytic and research infrastructure, and the conduct of program evaluation and assessment.

The Committee encourages HRSA to review the distribution and need for mental health service professionals who serve children and adolescents, disaggregated by state, including with respect to such information as specialty certifications, practice characteristics, professional licensure, practice types, locations, education, and training.

The Committee commends HRSA for its efforts to address the gap between the size of the nation's aging baby boom population and the number of pulmonary/critical care physicians. The Committee understands that HRSA is presently developing a report on the workforce shortage issue and that a portion of this report will attempt to identify the causes of, and potential responses to, the critical care workforce shortage. The Committee hopes that HRSA will use the pulmonary/critical care specialty as a model for developing and testing policy options to address workforce shortage issues.

Public health, preventive medicine and dental public health programs

The Committee provides $9,225,000 for public health, preventive medicine and dental public health programs, which is $1,180,000 below the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program is comprised of three elements: (1) public health training centers; (2) public health traineeships; and (3) preventive medicine and dental public health residencies. Grants or contracts for the operation of public health training centers are awarded to an accredited school of pub-

lic health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities. Public health traineeship grants provide graduate or specialized public health training to individuals in the fields of epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health. Preventive medicine and dental public health residency grants and contracts assist schools in developing new residency training programs or improving existing programs and in providing financial assistance to residency trainees.

Health administration programs

The Committee provides $1,085,000 for health administration programs, which is $137,000 below the fiscal year 2003 comparable level. The Administration did not request funds for this program. These programs provide grants to eligible entities with an accredited program in health administration, hospital administration, or health policy analysis and planning to provide traineeships to students and to assist accredited health administration programs in the development or improvement of programs to prepare students for employment with public or nonprofit private agencies.

Advanced education nursing

The Committee provides $50,174,000 for advanced education nursing, which is the same as the fiscal year 2003 comparable level and $23,626,000 above the budget request. The program provides grants and contracts to eligible entities to meet the costs of: (1) projects that support the enhancement of advanced nursing education and practice; and (2) traineeships for individuals in advanced nursing education programs. The program prepares nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, public health nurses or other nurse specialists for advanced practice roles. Within the allocation, the Committee encourages HRSA to allocate funding at least at the fiscal year 2001 levels for nurse anesthetist education.

Nurse education, practice and retention

The Committee provides $26,824,000 for nurse education, practice and retention, which is the same as the fiscal year 2003 comparable level and $2,622,000 above the budget request. As amended by the Nurse Reinvestment Act of 2002, the Nurse Education, Practice and Retention Program is a broad authority with targeted purposes under three priority areas—education, practice and retention—in response to the growing nursing shortage. Under this authority, purposes identified under the Education Priority Area include: (1) expanding enrollment in baccalaureate nursing programs to increase the number of registered nurses; (2) developing and implementing internship and residency programs with mentoring components designed to retain new nurses, bring nurses back into the workforce and support the development of specialties for experienced nurses; and (3) providing education in new technologies, in-

cluding distance learning methodologies. Purposes identified under the Practice Priority Area include: (1) establishing or expanding nursing practice arrangements, commonly referred to as nurse managed centers, in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities; (2) providing care for underserved populations and other high risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence; (3) providing managed care, quality improvement, and other skills needed to practice in existing and emerging organized health care systems; and (4) developing cultural competencies among nurses. Purposes identified under the Retention Priority Area include: (1) career ladder programs to promote advancement in a variety of training settings and assisting individuals in obtaining education and training required to enter the nursing profession; and (2) projects to improve the retention of nurses and enhance patient care that is directly related to nursing activities.

Nursing workforce diversity

The Committee provides $9,935,000 for nursing workforce diversity, which is the same as the fiscal year 2003 comparable level and $10,629,000 below the budget request. The program provides grants and contracts to schools of nursing and other eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities, by providing student scholarships or stipends, pre-entry preparation, and retention activities. The program also contributes to the basic preparation of disadvantaged and minority nurses for leadership positions within the nursing and health care community.

Loan repayment and scholarship program

The Committee provides $19,870,000 for nurse loan repayment for shortage area service, which is the same as the fiscal year 2003 comparable level and $7,030,000 below the budget request. This program offers student loan repayment to nurses in exchange for an agreement to serve not less than two years in an Indian Health Service health center, Native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic.

Comprehensive geriatric education

The committee provides $2,980,000 for comprehensive education, which is the same as the fiscal year 2003 comparable level. The Administration did not request funds for this program. The Comprehensive Geriatric Education Program supports grants to develop and implement, in coordination with programs under section 753 (Geriatric Education Programs), programs and initiatives to train and educate individuals providing care for the elderly. Funds are to be used for (1) providing training to individuals who will provide geriatric care for the elderly; (2) develop and disseminate curricula relating to the treatment of the health care problems of elderly individuals; (3) train faculty members in geriatrics; or (4) provide continuing education to individuals who provide geriatric care.

Nurse faculty loan program

The Committee provides $2,980,000 for the nurse faculty loan program, which is the same as the fiscal year 2003 comparable level. The Administration did not request funds for this program. The Nurse Faculty Loan Program addresses the problem of a growing shortage of nursing faculty. Both the National League for Nursing and the American Association of Colleges of Nursing have published data on the severity of the shortage and the implications. Potential nursing students are being turned away from nursing schools because faculty are not available. The Nurse Faculty Loan Program supports the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty. Students may receive loans up to $30,000 per year for a maximum of 5 years. The program has a cancellation provision for up to 85 percent of the loan for recipients working full-time as nursing faculty for a period of 4 years. Twenty percent of the principal and interest may be canceled for each of the first, second and third year, and 25 percent may be canceled for the fourth year of full-time employment as nursing faculty.

Hansen's disease services

The Committee provides $17,570,000 for the Hansen's disease program, which is $454,000 below the fiscal year 2003 comparable level and the same as the budget request. This program offers Hansen's disease treatment to about 40 long term residents who continue to receive care from the National Hansen's Disease Center and to others who receive care from grant-supported outpatient regional clinics. Other former long term residents have been offered and elected to receive a living allowance from the program and now live independently. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the continental United States.

Maternal and child health block grant

The Committee provides $732,965,000 for the maternal and child health (MCH) block grant, which is $3,000,000 above the fiscal year 2003 comparable level and $17,866,000 below the budget request. The MCH block grant provides funds to States to meet a broad range of basic and enabling health services, including personal health services; general, population-wide health services, such as screening; family support services; and integrated systems of care. The authorizing statute provides that, up to a funding level of $600,000,000, 85 percent of the funds are distributed to the States, with 15 percent of the funds set aside for special projects of regional and national significance (SPRANS). When the appropriation exceeds $600,000,000, 12.75 percent of the amount over $600,000,000 is directed to the Community Integrated Service Systems set-aside program. The remaining 87.25 percent is distributed by the same 85/15 percent allocation as in the basic block grant formula.

The Committee has included bill language identifying $117,831,000 for the SPRANS set-aside. Within that total, $5,000,000 is provided for the continuation of oral health programs in the States. These programs address reduction of early childhood caries and baby bottle tooth decay, community water fluoridation,

and school-linked dental sealant programs. The Committee has also provided $4,000,000 within the SPRANS set-aside to support the continuation of the locally based newborn screening follow-up and community based sickle cell disease outreach and supportive service initiative. The Committee also provides $3,000,000 for development of an epilepsy demonstration program to improve access to health and other services regarding seizures and to encourage early detection and treatment in children and others residing in medically underserved areas, especially rural medically underserved areas such as the State of Mississippi. In addition, the Committee recommends the establishment of a public education and awareness campaign directed toward racial and ethnic populations to improve access to care by partnering with a national voluntary epilepsy agency in implementing this activity.

The Committee continues to recognize the critical role of hemophilia treatment centers in the prevention and treatment of the complications of hemophilia and other bleeding and clotting disorders. The Committee urges HRSA to strengthen support for these centers and to improve services provided through the network to persons with hemophilia and other blood disorders, especially the underserved.

The Committee commends HRSA for its support of the Sudden Infant Death Syndrome (SIDS) program support center and encourages the Maternal and Child Health Bureau to continue its efforts in this area of service. The Committee is pleased that the SIDS and Other Infant Death Support Center is collaborating with the National Institutes of Health to address the disproportionately high incidence of SIDS among African Americans.

The Committee notes that HRSA has issued a program announcement that will extend support for comprehensive treatment centers for Cooley's anemia patients under SPRANS through FY2005. The Committee applauds HRSA's responsiveness to earlier expressions of interest in this program.

Newborn screening is used for early identification of infants affected by certain genetic, metabolic, hormonal and or functional conditions for which there is effective treatment or intervention. Screening detects disorders in newborns that, left untreated, can cause death, disability, mental retardation and other serious illnesses. The Committee encourages HRSA to work with States to begin to implement the heritable disorders program authorized in 2000. This program is designed to strengthen states' newborn screening programs and improve states' ability to develop, evaluate, and acquire innovative testing technologies, and establish and improve programs to provide screening, counseling, testing and special services for newborns and children at risk for heritable disorders.

Abstinence education

The Committee provides $65,000,000 for the Title V SPRANS abstinence education program, which is $10,358,000 above the fiscal year 2003 comparable level and $8,044,000 below the budget request. The program provides support to public and private entities for the development and implementation of community-based projects for abstinence education for adolescents aged 12 through 18. The entire focus of these programs is to educate young people

and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. There is no funding match requirement for these grants. The Committee intends that not more than five percent of these funds are to be used to provide technical assistance and capacity building support to grantees.

The Committee reinforces the guidance from its report accompanying the fiscal year 2002 appropriation with respect to the abstinence messages given by the public health entities that are grantees in the abstinence education program and to the conduct of evaluation activities for the program.

Healthy Start

The Committee provides $98,346,000 for Healthy Start, which is the same as the fiscal year 2003 comparable level and $383,000 below the budget request. Healthy Start provides grants to select communities with high rates of infant mortality to help them identify, plan, and implement a diverse range of community-driven strategies that can successfully and significantly reduce disparities in perinatal health that contribute to the Nation's high infant mortality rate.

Universal newborn hearing

The Committee provides $9,935,000 for the universal newborn hearing screening program, which is the same as the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program provides competitive grants to States for the purpose of implementing a national program of universal newborn hearing screening by means of physiologic testing prior to hospital discharge, audiologic evaluation by three months of age, and entry into a program of early intervention by six months of age.

Organ transplantation

The Committee provides $24,828,000 for organ transplantation activities, which is the same as the fiscal year 2003 comparable level and $96,000 below the budget request. The program supports a scientific registry of organ transplant recipients; the National Organ Procurement and Transplantation Network, which matches organ donors with potential recipients; and grants and contracts with public and private non-profit organizations to promote and improve organ donation.

The Committee encourages HRSA to support demonstration projects to increase the number of annual organ donations and to disseminate "best practices" to States on programs that are the most successful in accomplishing this.

The Committee is aware of reports that fewer than 2,000 cadaver pancreata are available each year for transplantation and research purposes, far fewer than other organs. Clinical trials involving pancreatic beta cells to cure juvenile (Type 1) diabetes have shown great promise, and approximately 80 percent of patients who have received the transplants remain free from insulin injections. The Committee urges HRSA to implement policies to encourage retrieval of pancreata so that additional transplants can be conducted.

The Committee notes that in the past year, while there were approximately 5,300 liver transplants performed, there were over 17,000 individuals on the waiting list for liver transplantations of which about 1,700 people died due to the lack of a donor liver. In view of this continuing shortage of organ donors, the Committee is encouraged by the growing number of transplants using living donors who contribute a portion of their liver to a recipient. Additionally, the Committee encourages HRSA to collect data on the outcome of all live-donor liver transplantations for both recipients and donors.

The Committee encourages the Division of Transplantation to enhance its partnership with the pulmonary hypertension community aimed at increasing awareness about the need for increased heart and lung donations.

Bone marrow program

The Committee provides $22,891,000 for the bone marrow program, which is the $1,000,000 above the fiscal year 2003 comparable level and $878,000 above the budget request. In addition to funding from HRSA in fiscal year 2003, the National Marrow Donor Program (NMDP) is expected to receive $22,000,000 from the U.S. Navy. Funds are used for donor medical costs, donor centers, tissue typing, research, minority recruitment, and program administration. The registry is run by contract.

The Committee encourages the National Marrow Donor Program to enhance its public health preparedness efforts in the area of nuclear and chemical threats to the nation. The NMDP is developing planning efforts to ensure an adequate supply of needed marrow and blood stem cells as part of a national emergency response plan. The Committee supports the NMDP efforts to develop relationships with national and state emergency response organizations and agencies, to adapt its current systems to prepare for large-scale attacks, and to increase the sources of hematopoetic stem cells.

Rural outreach grants

The Committee provides $57,410,000 for rural outreach grants, which is $1,000,000 below the fiscal year 2003 comparable level and $19,658,000 above the budget request. The program supports projects that provide health services to rural populations not currently receiving them and that enhance access to existing services.

Rural health research

The Committee provides $8,000,000 for rural health research, which is $2,630,000 below the fiscal year 2003 comparable level and $2,016,000 above the budget request. The activity supports several rural health research centers and the Office for Rural Health Policy's advisory committee.

Telehealth

The Committee provides $27,686,000 for telehealth, which is the same as the fiscal year 2003 comparable level and $22,092,000 above the budget request. The telehealth program works with and supports communities in their efforts to develop cost-effective uses of telehealth technologies. These technologies bring health services

to residents of the Nation who are isolated from health care, and health-related education to the practitioners who serve them.

The Committee strongly supports HRSA's numerous rural telehealth initiatives and continues to encourage the agency to work in partnership with medical librarians, the National Library of Medicine, and other health information specialists in the development and implementation of its telehealth projects.

Rural hospital flexibility grants

The Committee provides $39,740,00 for rural hospital flexibility grants, which is the same as the fiscal year 2003 comparable level and $9,819,000 above the budget request. The program provides grants to States to help them improve access to health care services in rural communities by: (1) developing and implementing a State rural health plan; (2) assisting small, at risk rural hospitals that wish to convert to Critical Access Hospitals and receive cost-based payments from Medicare; and (3) supporting these hospitals and the communities they serve in developing networks of care that meet the requirements of the law and integrate Critical Access Hospitals with emergency services and other sources of health care in the communities.

Rural access to emergency devices

The Committee provides $12,419,000 for rural access to emergency devices, which is the same as the fiscal year 2003 comparable level and $10,410,000 above the budget request. This program provides grants to expand the placement of automatic external defibrillators (AED) to rural areas and to address AED training needs for first responders and emergency medical technicians in rural communities.

State offices of rural health

The Committee provides $4,000,000 for State offices of rural health, which is $4,445,000 below the fiscal year 2003 comparable level and $10,000 above the budget request. The State office of rural health program creates a focal point for rural health within each of the 50 States. In each State, the office collects and disseminates information on rural health, coordinates rural health resources and activities, provides technical assistance to rural providers and communities, and helps communities recruit and retain health professionals.

Denali Commission

The Committee has not included funding for the Denali Commission, which is $27,321,000 below the fiscal year 2003 comparable level and the same as the budget request.

Emergency medical services for children

The Committee provides $19,373,000 for emergency medical services for children, which is the same as the fiscal year 2003 comparable level. The Administration proposed funding this program in the Public Health and Social Services Emergency Fund. The program supports grants for the delivery of emergency medical services to acutely ill and seriously injured children.

Poison control centers

The Committee provides $22,354,000 for poison control centers, which is the same as the fiscal year 2003 comparable level. The Administration proposed funding this program in the Public Health and Social Services Emergency Fund.

These funds will support a grant program for poison control centers. In addition, funds will be used to maintain a national toll-free number and implement a media campaign to advertise that number, as well as to support the development of uniform patient management guidelines and the improvement of data collection.

Traumatic brain injury

The Committee provides $9,438,000 for the traumatic brain injury (TBI) program, which is the same as the fiscal year 2003 comparable level and $1,959,000 above the budget request. The TBI program funds the development and implementation of statewide systems to ensure access to care including prehospital care, emergency department care, hospital care, rehabilitation, transitional services, and long-term community support. Grants also go to State protection and advocacy systems.

Black lung clinics

The Committee provides $5,961,000 for black lung clinics, which is the same as the fiscal year 2003 comparable level and $39,000 below the budget request. The program supports 14 grantees that treat a declining population of coal miners with respiratory and pulmonary impairments. The clinics presently receive more than one-third of their funding from other sources, such as Medicaid and Medicare. Of the 15 grantees, five actually receive health center funding as well as black lung grants.

Trauma care

The Committee provides $3,476,000 for trauma care, which is the same as the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program supports the development and enhancement of the basic infrastructure of trauma systems within States and territories.

Payment to Hawaii for treatment of Hansen's disease

The Committee provides $2,032,000 for the treatment of persons with Hansen's disease in the State of Hawaii, which is the same as the fiscal year 2003 comparable level and $13,000 below the budget request. The program, which provides a partial matching payment to the State of Hawaii, dates to the period of Father Damien's facility for sufferers of Hansen's disease (leprosy). That facility now has only 43 residents who live there by choice, and the grounds have been converted to a historical site. Most patients diagnosed with Hansen's disease in Hawaii are now treated in the same manner as new patients on the mainland; their care is handled on an out-patient basis, with the program paying for about 300 active ambulatory Hansen's Disease cases.

Ryan White AIDS programs

The Committee provides $2,023,599,000 for Ryan White AIDS programs, which is $30,634,000 above the fiscal year 2003 com-

parable level and $14,050,000 above the budget request. The Committee's allocation among the various titles of the Ryan White program reflect the high priority the Committee places on providing resources for the AIDS drug assistance program. Within the total provided, the Committee expects that Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders will be supported at no less than last year's funding level.

Emergency assistance

The Committee provides $618,693,000 for the Part A, emergency assistance program, which is the same as the fiscal year 2003 comparable level and $188,000 below the budget request. These funds provide grants to metropolitan areas with very high numbers of AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process.

Comprehensive care programs

The Committee provides $1,091,344,000 for Part B, comprehensive care programs, which is $37,951,000 above the fiscal year 2003 comparable level and $14,317,000 above the budget request. The funds provided support formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, for the provision of home and community-based care, for continuation of health insurance coverage for infected persons, and for purchase of therapeutic drugs.

The Committee has included bill language identifying $753,317,000 specifically to support State AIDS Drug Assistance Programs. In fiscal year 2003, $714,326,000 was designated for this purpose.

Early intervention program

The Committee provides $193,981,000 for Part C, the early intervention program, which is $4,393,000 below the fiscal year 2003 comparable level and the same as the budget request. Funds are used for discretionary grants to migrant and community health centers, health care for the homeless grantees, family planning grantees, hemophilia centers and other private non-profit entities that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, and clinical care; case management, outreach, and eligibility assistance are optional services.

Women, youth and families

The Committee provides $70,917,000 for Part D, pediatric AIDS demonstrations, which is $2,634,000 below the fiscal year 2003 comparable level and the same as the budget request. The program supports demonstration grants to foster collaboration between clinical research institutions and primary community-based medical and social service providers for the target population of HIV-in-

fected children, pregnant women and their families. The projects are intended to increase access to comprehensive care, as well as voluntary participation in NIH and other clinical trials.

AIDS dental services

The Committee provides $13,405,000 for AIDS dental services, which is the same as the fiscal year 2003 comparable level and $79,000 below the budget request. The program provides reimbursements to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with human immunodeficiency virus disease. Dental students and residents participating in this program receive extensive training in the understanding and management of the oral health care needs of people living with HIV/AIDS.

Education and training centers

The Committee provides $35,259,000 for AIDS education and training centers (AETCs), which is $290,000 below the fiscal year 2003 comparable level and the same as the budget request. The centers train health care personnel who care for AIDS patients and develop model education programs.

Family planning

The Committee provides $273,350,000 for the family planning program, which is the same as the fiscal year 2003 comparable level and $8,542,000 above the budget request. The program provides grants to public and private non-profit agencies to support a range of family planning and reproductive services, as well as screening for ancillary health problems such as hypertension and diabetes. The program also supports training for providers, an information and education program, and a research program which focuses on family planning service delivery improvements.

The bill repeats language from the 2003 appropriations bill making clear that these funds shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that these funds shall not be used to promote public opposition to or support of any legislative proposal or candidate for public office.

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.

Children's hospitals graduate medical education program

The Committee provides $305,000,000 for the children's hospitals graduate medical education program, which is $14,898,000 above the fiscal year 2003 comparable bill and $105,742,000 above the budget request. The program provides a more adequate level of 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 funding in this program is intended to make the level of Federal Graduate Medical Education support

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

Health care facilities

The Committee has not included funding for health care facilities. A total of $294,700,000 was provided for this purpose in fiscal year 2003; no funding was included in the budget request. This program provides funds to public and private nonprofit entities for construction or modernization of outpatient medical facilities.

Buildings and facilities

The Committee provides $248,000 for buildings and facilities, which is the same as the fiscal year 2003 comparable level and $2,000 below the budget request. These funds are used to finance the repair and upkeep of buildings at the Gillis W. Long Hansen's Disease Center at Carville, Louisiana.

Radiation exposure compensation act

The Committee provides $1,987,000 for the radiation exposure compensation act, which is the same as the fiscal year 2003 comparable level and $2,019,000 below the budget request. This program provides grants for the education, prevention and early detection of radiogenic cancers and diseases resulting from exposure to uranium during its mining and milling at nuclear test sites.

National practitioner data bank

The Committee does not provide funding for the national practitioner data bank for fiscal year 2004, which is the same as both the fiscal year 2003 action on appropriations and the budget request. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $19,500,000 in user fees. The national data bank receives, stores and disseminates information on paid medical malpractice judgments and settlements, sanctions taken by Boards of Medical Examiners, losses of membership in professional societies, and certain professional review actions taken by health care entities. Insurance companies, State licensure boards and authorities, and other health care entities and professional societies are required to report information to the data bank within 30 days of each action. The coverage of the data bank includes dentists and physicians, and, with respect to malpractice settlements and judgments, other categories of licensed health professionals. Hospitals are required to search the data bank when a health care provider applies for employment and once every two years thereafter. State licensing boards, other health care entities, licensing authorities, and professional societies also have access to the data bank. Traditional bill language is included to ensure that user fees are collected to cover the full costs of the data bank operations.

Health care integrity and protection data bank

The Committee does not provide funding for the health care integrity and protection data bank (HIPDB) for fiscal year 2004. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $5,600,000 in user fees. HIPDB receives, stores, and disseminates information on final adverse actions taken against health care providers, suppliers, and practitioners. This information is collected from and made available to Government agencies and health plans. In addition, disclosure of the information is made available, upon request, to health care providers, suppliers, and practitioners who wish to self-query.

Community access program

The Committee provides $104,317,000 for the community access program, which is the same as the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program is designed to increase the capacity and effectiveness of the variety of community health care institutions and providers who serve patients regardless of their ability to pay through development of community consortia.

State planning grants for health care access

The Committee provides $14,902,000 for the community access program, which is the same as the fiscal year 2003 comparable level. The Administration did not request funding for this program. The program provides one-year grants to States to develop plans for providing access to affordable health insurance coverage to all their citizens.

Program management

The Committee provides $155,974,000 for the cost of Federal staff and related activities to coordinate, direct and manage the programs of the Health Resources and Services Administration. This amount is the same as the fiscal year 2003 comparable level and $4,859,000 above the budget request. The Committee includes funding for new HRSA activities proposed by the Administration.

From the early 1980s to the present there has been a decline in oral health leadership and personnel within the agency. At the HRSA central and regional office level, the number of dental health professionals has declined from more than 100 to less than 20. Of the remaining 20, 33 percent will reach the 30-year mandatory retirement level for commissioned corps officers this year. The Committee is concerned about this situation, especially after hearing from public witnesses about the current decrease in state dental programs and an increase in dental disease and oral health disparities for the nation's most vulnerable populations. Therefore, the Committee requests that HRSA report by February 2004 on what actions it has taken to address this situation, including in the report HRSA's response to a January 2002 report submitted by HRSA Regional Dental consultants.

HRSA is directed to conduct a review of the free clinics network that provides care to uninsured patients, identifying the number of clinics and health care providers, the major sources of their financial support, their geographic dispersion, the number of patients

they serve, and the extent of their co-location with community health centers' service areas. The review should include an actuarial analysis of the liability likely to be incurred by free clinics from lawsuits filed against their practitioners, based on past legal records. This analysis should be compared to similar experiences with the Federal Tort Claims Act protection for community health centers. Such an analysis will be important for Committee consideration of any future funding for the liability protection for free clinics authorized under section 224 of the Public Health Service Act. The Committee requests this report by April 1, 2004.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

FEDERAL INTEREST SUBSIDIES FOR MEDICAL FACILITIES

The Committee does not provide funding for the Medical Facilities Guarantee and Loan Fund, which is the same as the budget request. Appropriations are used to pay interest subsidies on loans made or guaranteed prior to fiscal year 1977 for hospital construction. 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 PROGRAM

The Health Education Assistance Loans (HEAL) program insured loans provided by non-Federal lenders to students in health professions schools. Under the accounting rules established in the Budget Enforcement Act of 1990, one account is maintained to pay the obligations arising from loans guaranteed prior to fiscal year 1992. A second account pays obligations and collects income from premiums on loans guaranteed in fiscal year 1992 and beyond. Each annual cohort of loans is independently tracked in this account. The authority for this program expired in fiscal year 1999. Fiscal year 1998 was the last year in which loans were obligated to previous borrowers under the HEAL authority.

The Committee provides $7,000,000 to liquidate obligations from loans guaranteed prior to 1992, which is the same as the fiscal year 2003 level and $3,000,000 above the budget request.

The Committee provides $3,389,000 for HEAL program management, which is $300,000 below the fiscal year 2003 comparable level and the same as the budget request.

NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The Committee makes available the release of $66,000,000 from the Vaccine Injury Compensation Trust Fund in fiscal year 2003, which is $19,918,000 below the fiscal year 2003 level and the same as the budget request.

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Funds for claims from vaccines administered on or after October 1, 1988 are generated by a per-dose excise tax on the sale of selected prescribed vaccines. Revenues raised by this tax are maintained in a Vaccine Injury Compensation Trust Fund.

Trust funds made available in the bill will support the liability costs of vaccines administered after September 30, 1988. They will also support the $3,472,000 in costs incurred by the agency in the

operation of the program, which is $500,000 above fiscal year 2003 level and $481,000 above the budget request.

CENTERS FOR DISEASE CONTROL

DISEASE CONTROL, RESEARCH AND TRAINING

The Committee provides $4,588,671,000 for the Centers for Disease Control and Prevention (CDC), which is $304,031,000 above the fiscal year 2003 comparable level and $321,341,000 above the request. In addition, the Committee provides $13,226,000 in funds made available under Section 241 of the Public Health Service Act and includes a general provision (Sec. 218) that provides for a reduction of $49,982,000 in administrative and information technology expenses. The net effect is to provide a program level for CDC activities in fiscal year 2004 of $4,551,915,000. This is $56,876,000 above fiscal year 2003 and $232,603,000 above the request.

The CDC assists State and local health authorities and other health-related organizations to control and reduce disease and other health problems. The activities of CDC focus on several major priorities, including providing core public health functions, responding to urgent health threats, monitoring the Nation's health using scientific methods, building the Nation's health infrastructure to insure our national security against bioterrorist threats, promoting women's health, and providing leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

The Committee considers the table accompanying this report to be determinative of the CDC budget. Funds should be apportioned and allocated consistent with the table, and any changes in funding are subject to the normal reprogramming and notification procedures.

Birth defects, developmental disabilities, disability and health

The Committee provides $106,339,000 for birth defects, developmental disabilities, disability and health, which is $8,299,000 above the fiscal year 2003 comparable level and $18,877,000 above the request. This program collects, analyzes, and makes available data on the incidence and causes of birth defects and developmental disabilities.

Within the total provided, $2,500,000 above the fiscal year 2003 comparable level is to expand autism and developmental disabilities activities.

Within the total provided, $2,000,000 above the fiscal year 2003 comparable level is to expand surveillance and epidemiological efforts of Duchenne and Becker muscular dystrophy in the United States.

Within the total provided, $500,000 above the fiscal year 2003 comparable level is to support activities related to the National Spina Bifida Program.

Within the total provided, $500,000 above the fiscal year 2003 comparable level is to expand CDC's newborn infant hearing program.

Within the total provided, $1,000,000 above the fiscal year 2003 comparable level is to continue and expand the partnership between the CDC and the Christopher Reeve Paralysis Foundation.

Within the total provided, $1,500,000 is to establish a public health education initiative related to Tourette Syndrome.

Within the total provided, $300,000 above the fiscal year 2003 comparable level is to enhance the national campaign to increase the number of women taking folic acid daily.

Attention Deficit/Hyperactivity Disorder.—The Committee continues to support the National Resource Center on AD/HD and has provided sufficient funds to continue the activities at the Center to better reach special populations in need; to develop on-line educational tools for professionals; and, to enable CDC to expand its population-based research and surveillance.

Autism.—The Committee is concerned that the data collection and analysis within this program is not progressing at the anticipated pace and urges the CDC to allocate the resources necessary to gather and release the data, and conclusions in a timely manner. The Committee expects a status report on autism data collection before February 1, 2004.

The Committee is also interested in data demonstrating that early identification for children with autism can be valuable in identifying the appropriate services and treatments. Early intervention for children with autism has shown significant improvement in behavior and function of many children with autism. The Committee encourages the CDC to develop an early identification initiative for autism and other developmental disabilities.

Christopher and Dana Reeve Paralysis Resource Center.—In fiscal year 2001, the CDC began support of the Christopher and Dana Reeve Paralysis Resource Center to provide information and support to individuals living with paralysis, their caregivers and their families. In order to keep up with the increasing demand for information and support services, the Committee has provided $1,000,000 to augment the CDC's support of the Center. The Committee intends that the full amount of the increase be awarded to the resource center.

Down Syndrome.—The Committee received testimony during the fiscal year 2004 budget hearings regarding Down syndrome. Furthermore, the Committee is aware of proposals for CDC to conduct an epidemiological study on Down syndrome and to plan a multisite population-based study to document the onset and course of secondary and related developmental disorders and health conditions in individuals with Down syndrome. The Committee encourages the CDC to give careful consideration to these two proposals and to be prepared to report to the Committee during the fiscal year 2005 budget hearings on the need, design, and costs of undertaking these proposals.

Folic Acid Education Campaign.—Funds have been provided above the request to expand the national public and health professions education campaign designed to increase the number of women taking folic acid daily. With increased funds, and in collaboration with the National Spina Bifida Program, this campaign should be able to reach more women of childbearing age and their health care providers.

Limb Loss Information Center.—The Committee is pleased by the partnership between the CDC and the Amputee Coalition of America (ACA) and the ongoing success of the National Limb Loss Information Center which provides comprehensive resources, peer support and education programs for persons with limb loss, as well as their families, friends and health care professionals. The Committee has provided sufficient funds to support these activities at not less then the fiscal year 2003 level. In addition, the Committee commends the CDC and its partner on the Limb Loss Research and Statistics Program that is enhancing the nation's understanding of the true burden of limb loss in America and has provided funding to expand its initial research efforts.

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 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. The Committee expects CDC to be prepared to report on progress on this initiative during the fiscal year 2005 hearings.

Tourette Syndrome.—The Committee is concerned that the public's misunderstanding of the neurological disorder known as Tourette Syndrome has resulted in severe stigma, ridicule and denied learning and employment opportunities for children and adults living with the condition. The Committee has provided $1,500,000 to establish a public health education and research programs in partnership with a national voluntary health association dedicated to assist parents and families of children with Tourette Syndrome. The programs should be designed consistent with the authority and direction in Section 2301 of the Children's Health Act of 2000 (P.L. 106–310).

Chronic disease prevention and health promotion

The Committee provides $862,011,000 for chronic disease prevention and health promotion, which is $72,039,000 above the fiscal year 2003 comparable level and $27,964,000 above the request.

Chronic diseases have had a profound human and economic toll on our nation. Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, obesity and various neurological conditions such as epilepsy. Complications from these conditions include vision loss, kidney disease, limb loss, oral disease and paralysis.

The National Center for Chronic Disease Prevention and Health Promotion at CDC implements research and programs to prevent the leading causes of death and disability (e.g., heart disease and stroke, cancer, diabetes, and arthritis) which are among the most prevalent, costly, and preventable of all health problems. CDC plays a leadership role in coordinating and catalyzing the efforts of numerous public and private partners, which allows CDC to substantially extend its effectiveness in reaching people at highest risk for chronic disease. The Committee recognizes the essential infrastructure that CDC has built in state health departments and encourages CDC to expand its state-based leadership in surveillance,

public health education, communications and model programs and research.

Within the total provided, the Committee has included the following amounts above the fiscal year 2003 comparable level:

Heart Disease and Stroke	$4,000,000
Diabetes	4,000,000
Cancer Prevention and Control	16,000,000
Arthritis	500,000
Epilepsy	500,000
BRFSS	1,300,000
Vision Screening and Education	1,000,000
School Health	5,000,000
Oral Health	800,000
Steps to a Healthier U.S.	40,000,000

Arthritis.—Within the Arthritis and Other Chronic Disease, the Committee recommendation includes $500,000 over fiscal year 2003 to ensure that the CDC arthritis program can expand efforts to confront the burden of arthritis. The amount includes funds to support state-based programs and the collaboration between the agency and relevant voluntary health organizations.

Breast and Cervical Cancer.—Within the amount provided for Cancer Prevention and Control, the Committee provides $210,929,000 for the National Breast and Cervical Cancer Early Detection Program. This is $11,558,000 above the fiscal year 2003 comparable level and the same as the request.

Cancer Survivorship.—The Committee is aware of the need for additional information and support for cancer survivors, from time of diagnosis through treatment, recovery and long-term care issues. The Committee has provided sufficient funds above the request for the CDC to develop a cancer survivorship resource center focused on post-treatment needs and long-term survivorship/quality of life issues. The Committee encourages the CDC to develop the resource center in partnership with the Lance Armstrong Foundation (LAF).

Cardiovascular Health State Program.—The Committee is aware that many states do not have a state-based heart disease and stroke prevention program. The amount recommended by the Committee includes funds above fiscal year 2003 for the Heart Disease and Stroke Prevention Program to allow CDC to elevate additional states from planning to program implementation, continue to support the other currently funded states and to initiate critical public and health care provider education, prevention research and evaluation.

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

Diabetes.—The Committee recommendation includes funds above the request to enable the CDC to expand the number of state-based diabetes control programs with basic implementation grants.

Division of Adolescent School Health.—The Committee requests that the Director emphasize collaboration with prevention programs so that messages of prevention are consistent with one another and that prevention efforts are appropriate for specific popu-

lations. The Committee notes that according to CDC's own data, more than half of all adolescents are sexually abstinent. Therefore, DASH programs, in particular, should accommodate approaches that emphasize risk avoidance, abstinence education, and should make every effort to provide accurate information on the efficacy of condoms, as per the 2000 report on condom efficacy from the National Institutes of Health, for all sexually transmitted diseases. The Committee urges that in promoting HIV prevention programs, DASH emphasize those programs and approaches that have been shown to delay sexual debut or have demonstrated positive changes in the knowledge, attitudes, beliefs, and intentions of adolescents regarding the initiation of sexual activity.

Epilepsy.—The Committee recognizes epilepsy, a chronic neurological condition, as a serious health concern. Further, the Committee acknowledges that CDC has worked diligently over the last couple of years to promote better public education and treatment of people with epilepsy. The Committee urges CDC to enhance its epilepsy efforts in partnership with a leading non-profit that works on behalf of children and adults affected by seizures through research, education, advocacy and service, and should include activities addressing the relationship between older adults and epilepsy; maximizing public and provider health education programs in the schools, the public sector and in states; and supporting prevention research on stigma and self-esteem.

Inflammatory Bowel Disease.—For the past four years, the Committee has encouraged CDC to work in partnership with the IBD community to establish a national IBD epidemiology program to further our understanding of these diseases. The Committee understands that CDC has entered into a partnership with the Crohn's and Colitis Foundation of America to initiate this important program. Now that this project has been established, the Committee encourages CDC to provide funding for this program in fiscal year 2004.

Lupus.—Within the amount provided for Arthritis and Other Chronic Diseases, the Committee has provided $1,000,000 for the operation of the National Lupus Patient Registry.

Oral Health.—The Committee recognizes that to effectively reduce disparities in oral disease will require improvements at the state and local levels. The Committee has provided additional funding to allow the Division to fully fund the 13 state grants already awarded and to initiate new grants to states to strengthen their capacities to assess the prevalence of oral diseases, to target interventions, like additional water fluoridation and school-linked sealant programs, and resources to the underserved, and to evaluate changes in policies, programs and disease burden. The Committee also expects the Division to advance efforts to reduce the disparities and the health burden from oral cancers and oral diseases that are closely linked to chronic diseases like diabetes and heart disease.

Pulmonary Hypertension.—The Committee continues to be interested in pulmonary hypertension, a rare, progressive and fatal disease that predominantly affects women, regardless of age and race. The Committee looks forward to reviewing a report (as requested in the FY03 omnibus appropriations bill) from the CDC outlining the progress that has been made in establishing a pulmonary hy-

pertension awareness campaign focused on the general public and health care providers. Moreover, the Committee encourages CDC to give priority consideration to supporting a cooperative agreement with the pulmonary hypertension community designed to foster greater awareness of the disease.

Verb—It's what you do.—The Committee includes $50,967,000 for fourth year of the youth media campaign to promote positive activity, especially physical activity, among youth ages 9–13. This is the same as the fiscal year 2003 comparable amount. The request included $5,000,000.

Vision Screening and Education.—Within the funds provided for Health Promotion, the recommendation includes an increase of $1,000,000 above fiscal year 2003 to enhance the national vision screening and education program, and commends CDC for its partnership with national voluntary health agencies and associations in developing a public health action plan for vision health. The Committee has provided the necessary resources to develop public, patient and professional education, community programs, research and the necessary infrastructure to deliver vision screening and education and encourages CDC to continue its partnership with the leading voluntary health association fighting blindness and saving sight, especially with regard to macular degeneration, glaucoma, cataracts and diabetic retinopathy.

Environmental health

The Committee provides $184,829,000 for environmental health, which is $2,000,000 above the fiscal year 2003 comparable level and $34,602,000 above the request.

Asthma.—The Committee commends CDC's efforts to collect national and local data on the incidence and prevalence of asthma and to implement asthma prevention programs. The Committee encourages CDC to continue with these activities and expand its prevention programs into areas of high pediatric asthma incidence. To help facilitate this effort, CDC is urged to partner with voluntary health organizations, such as the American Lung Association, to support program activity consistent with CDC's efforts to fund community-based interventions that apply effective approaches demonstrated in research projects within the scientific and public health community.

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

The Committee is aware that Oklahoma and Texas have unique outreach programs into Hispanic communities to help identify at-risk children and help educate their parents on the source of the lead poisoning. The CDC is encouraged to work with the State Public Health Departments in Oklahoma and Texas in further developing these pilot programs.

Environmental Health Laboratory.—The Committee recognizes the important achievements in the biomonitoring of CDC's Environmental Health Laboratory that improve the detection, risk assessment, and prevention of chemical exposures that may be harm-

ful to health. The Committee provides $2,000,000 above the fiscal year 2003 comparable level to expand the activities of the laboratory. The laboratory is commended for its extensive interaction with other government agencies and other organizations that have found its services invaluable during this time of national crisis.

Health Tracking Network.—The Committee continues support for the effort to develop a Health Tracking Network at the fiscal year 2003 comparable level of $27,800,000. This Network seeks to integrate environmental hazards data with human exposure and health effects data. The Committee understands that CDC's Centers of Excellence can provide useful assistance to states in designing their health tracking initiatives, and recommends that CDC continue to ensure that the states work with the Centers to design programs and approaches that are grounded in a rigorous scientific approach and consistent with the objectives of the Information Quality Act. The Committee also reaffirms the importance of ensuring that the health tracking effort is made compatible and integrated with other CDC and government tracking systems that focus on other environmental factors that may be related to health effects, such as infectious agents, behavioral risks, ultraviolet radiation, tobacco smoke, food-borne illness, naturally occurring substances, natural disasters and temperature extremes.

Primary Immunodeficiency Diseases.—In each of the last two years, Congress has made available funds for CDC to support the national physician education and public awareness campaign developed by the Jeffrey Modell Foundation. The Committee understands that the campaign has been a success to date, featuring physician symposia throughout the country, an advertising campaign under the auspices of the Ad Council, and development of new materials and mailings to physicians and other providers. The Committee recommendation includes sufficient funds to continue support of the campaign at the fiscal year 2003 level and encourages the CDC to broaden the campaign to include an international component.

Epidemic services and response

The Committee provides $82,494,000 for epidemic services and response, which is $5,000,000 above the fiscal year 2003 comparable level and $6,336,000 above the request.

The objectives of the program include the prevention and control of epidemics, the maintenance of surveillance systems, the training of public health epidemiologists, and the operation of the quarantine program. The program supports the Epidemic Intelligence Service program, the publication of the Morbidity and Mortality Weekly Report, and a variety of infant and minority health programs.

Global Disease Detection.—The Committee provides $5,000,000 above the fiscal year 2003 comparable level for epidemic services. The part of the redirection of resources at the Agency that results from savings in the areas of information technology and administrative management recommended in the request. The Committee intends that these funds support high priority scientific and programmatic activities to expand and improve global disease detection.

Landmine Survivor Network.—The Committee commends CDC for its partnership with the Landmine Survivor Network that has developed peer support networks for landmine survivors in six mine-affected countries around the world. The Committee recommendation assumes continued support for the Network at not less than the fiscal year 2003 level.

Health statistics

The Committee provides a total of $125,899,000 for health statistics, which is the same as the fiscal year 2003 comparable level and $1,278,000 above the request. Of this amount, $112,673,000 is provided in general funds and $13,226,000 is derived from the one percent evaluation set-aside.

This program is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Surveys include the National Vital Statistics System, the National Health Interview Survey, the National Survey of Family Growth, the National Health and Nutrition Examination Survey, and the National Health Care Survey.

Health Statistics.—The Committee recognizes the critical importance of health statistics in federal policy development and urges the Director to examine the adequacy and overall coordination of the various Federal programs that collect, analyze, and report the health statistics necessary for policy development and public health interventions. The Committee encourages the Director to consider contracting for a study with the Institute of Medicine to provide for a comprehensive review the adequacy of the programs, structure, and coordination of Federal programs necessary to provide for timely, accurate, and comprehensive health statistics.

HIV/AIDS, STD and TB prevention

The Committee provides $1,247,388,000 for HIV/AIDS, STD and TB prevention, which is $61,000,000 above the fiscal year 2003 comparable level and $33,788,000 below the request. Of the amount provided, $942,189,000 is for the HIV/AIDS programs, of which $242,569,000 is for global HIV/AIDS programs; $168,572,000 is for the STD program; and $136,627,000 is for the TB program.

The HIV/AIDS programs support HIV research, surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to state and local health departments to develop and implement integrated community prevention plans. The STD program awards grants to state and local health departments and other nonprofit entities to support a wide variety of public health activities to prevent and treat STDs. CDC directly conducts special investigations, surveillance and epidemiologic research. The tuberculosis program provides grants to States and large cities for a broad range of tuberculosis control activities. In addition, the CDC supports state and local laboratories and conducts research, epidemiological investigations, and education and training seminars.

Domestic HIV/AIDS Prevention.—The Committee applauds CDC's steps to emphasize HIV testing to identify infected persons who are not aware of their own infection to get them into treatment and prevention services. This initiative seeks to incorporate HIV testing as a routine part of care in traditional medical settings; implement new models for diagnosing HIV infections outside

medical settings; prevent new infections by working with people diagnosed with HIV and their partners; and further decrease mother-to-child HIV transmission.

Mother and Child HIV/AIDS Prevention.—Within the amount provided for Global HIV/AIDS, not less than $100,000,000 is for the International Mother and Child HIV/AIDS Prevention Initiative.

Minority HIV/AIDS Initiative.—Within the total provided, the Committee expects the CDC to allocate not less than the fiscal year 2003 level for activities that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. The Committee expects CDC to follow the fiscal year 2002 report accompanying this bill regarding the disbursement of these funds.

Included in the total funding for CDC's Minority HIV/AIDS Initiative, the Committee provides funds for the Directly Funded Minority Community Based Organization Program to fund grant applications from minority community based organizations with a history of providing services to communities of color to develop and expand HIV prevention interventions and services targeted to highly impacted minority men, women, youth and sub-populations.

Tuberculosis.—The Committee provides $136,627,000 for Tuberculosis (TB) prevention and control, an increase of $1,000,000 over the fiscal year 2003 comparable level and $5,250,000 above the request.

The Committee commends CDC for its continued efforts to control TB in the U.S., as demonstrated by nearly a decade of declining TB trends reported. The Committee remains concerned that the overall decline conceals large gaps in two specific populations, U.S. born African Americans and the foreign born that accounts for two-thirds of the cases in the U.S.

With respect to the foreign born cases of TB, until global control efforts are more effective and new treatments and vaccines are developed, the global crisis on TB will continue to directly impact the U.S. Therefore, the Committee urges CDC to continue working with domestic partners to maintain strong prevention and control programs and to work with international partners assuring the success of international control programs.

The Committee is aware of unique programs in Oklahoma and Florida using faith-based organizations working with foreign-born individuals to assist in prevention, and control of TB and urges the CDC to support these model programs.

The Committee also recognizes the prevalence of TB infections in the U.S.-Mexico border territory and encourages the CDC to work with the government of Mexico to engage them on the prevention and control of TB.

Finally, the Committee encourages the CDC to support the development of new TB treatments and the development of an effective TB vaccine and recommends CDC consider partnering with private foundations in order to further research in the areas of development of vaccines, therapeutics, diagnostic tests, and new drugs and to test the applicability of new tools, as outlined in the recent Institute of Medicine Report entitled, "Ending Neglect: The Elimination of Tuberculosis in the United States".

Immunization

The Committee provides $650,586,000 for immunization, which is the same as the fiscal year 2003 comparable level after adjusting for the use of evaluation funds and $30,080,000 above the request. In addition, the Vaccines for Children (VFC) program is expected to provide $980,196,000 in vaccine purchases and distribution support in fiscal year 2003.

Immunization project grants are awarded to States and local agencies for planning, developing, and conducting childhood immunization programs including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for state and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines. The Committee notes that there are other Federal programs that provide immunizations to children, including the State Children's Health Insurance Program (SCHIP), the Maternal and Child Health Block Grant, and community health centers.

Infectious diseases control

The Committee provides $382,226,000 for infectious diseases control, which is $23,000,000 above the fiscal year 2003 comparable level and $50,586,000 above the request.

The program supports national surveillance of infectious diseases, the development of new or improved prevention and control methods and techniques, the acceleration of the general application of accepted prevention technologies, and strengthening of the capability to respond to outbreaks of new and re-emerging infectious diseases.

Within the total provided, $18,000,000 above the fiscal year 2003 comparable level is for the Director to allocate to areas of highest scientific and programmatic priority in preparing and responding to present and emerging infectious disease threats.

Within the total provided, $1,000,000 above the fiscal year 2003 comparable level is to continue expansion of the Center's prion disease surveillance, research, and prevention activities.

Within the total provided, not less than $4,000,000 above the fiscal year 2003 comparable level is to continue planned activities and expand efforts to prevent and control the West Nile virus.

Chronic Fatigue Syndrome.—The Committee is pleased that CDC is restoring funds for CFS research and that these funds are being used in substantive areas. The Committee encourages CDC to continue the establishment of a national registry to examine such things as: studies of etiologic agents, diagnostic markers, natural history, and risk factors using specialized molecular epidemiology techniques and advanced surveillance methodologies.

Cooley's Anemia.—The Committee is pleased with the progress that CDC has made with regard to the establishment of a blood safety surveillance program for Cooley's anemia patients, who are the largest consumers of red blood cells. The program involves six treatment centers that handle the medical aspects, and the Cooley's Anemia Foundation that provides education and awareness, patient recruitment and other services, while CDC has established an archive of tested and analyzed blood samples. As the program moves forward and one time start-up costs are expended, the

Committee encourages CDC to direct a growing percentage of the money to assure the highest quality services are available to the largest number of patients possible.

Hemophilia.—The Committee urges the CDC to continue working closely with the National Hemophilia Foundation to strengthen its disease management, prevention, outreach, and blood safety surveillance programs for meeting the needs of persons with hemophilia, other bleeding and clotting disorders, and particularly, women with bleeding disorders.

Hepatitis C.—The Committee is aware that the three year funding cycle for the several hepatitis C prevention demonstration projects expires at the end of fiscal year 2003 and urges that priority be given to an analysis of these several demonstrations and the development and implementation of best practices.

Monkeypox.—The Committee commends CDC for its response to the recent outbreak of monkeypox in several Midwestern states, and expects CDC to continue its efforts to analyze and contain that outbreak. In doing so, the Committee urges CDC to continue to work closely with the Agriculture Department's Animal and Plant Health Inspection Service (APHIS) to facilitate a comprehensive federal response to the outbreak.

West Nile Virus.—The Committee is aware of the Centers for Disease Control and Prevention's efforts to complete a national plan for West Nile virus response, including surveillance, prevention, and control of the virus nationwide. Local health agencies and other parts of local governments play a significant role in combating outbreaks. Consequently the Committee urges that they be integrally involved in the development and implementation of a national plan. Further, the Committee directs CDC to submit a report within 90 days of enactment of this Act detailing the amounts of FY 2002 and FY 2003 West Nile Virus funding that: (a) each State spent or plans to spend to directly benefit or improve local capacity and (b) the amount each State has directly granted to local agencies.

Injury prevention and control

The Committee provides $152,414,000 for the injury control program, which is $4,000,000 above the fiscal year 2003 comparable level and $7,618,000 above the request. The injury prevention and control program supports intramural research, injury control research centers, extramural research grants, and technical assistance to state and local health departments.

Gun Control Advocacy.—The Committee recommendation maintains language carried in the fiscal year 2003 bill and prior years prohibiting federal funds from being used to lobby for or against the passage of specific federal, state or local legislation intended to advocate or promote gun control. The Committee understands that the CDC's responsibility in this area is primarily data collection and the dissemination of that information and expects that research in this area to be objective and grants to be awarded through an impartial, scientific peer review process.

National Violent Death Reporting System.—The Committee is pleased with the progress that has been made towards implementation of a system of more timely, complete, objective and accurate

information about violent deaths and injuries. The Committee encourages CDC to continue its implementation of this model plan.

Prevention of Child Maltreatment.—The Committee recommendation includes $3,000,000 above fiscal year 2003 to support public health surveillance and research for child maltreatment prevention programs.

Traumatic Brain Injury.—Within the funds provided, $1,000,000 above the fiscal year 2003 comparable level is for expanding the activities of the Traumatic Brain Injury program.

Occupational safety and health

The Committee provides $273,385,000 for occupational safety and health, which is the same as the fiscal year 2003 comparable level, after adjusting for evaluation funds, and $27,056,000 above the request.

This program conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

National Occupational Research Agenda (NORA).—The Committee recommendation restores the reduction proposed in the request for research associated with NIOSH's NORA program.

Personal Protective Equipment.—The Committee strongly supports NIOSH's efforts for program activities in domestic terrorism preparedness and their work to carry out the NIOSH CBRN respirator program. The Committee believes significant work must be done to continue to protect emergency responders from biological and chemical terrorism exposures, as well as industrial accidents. Fire fighters, emergency medical personnel, and other on-site workers need reliable personal protective equipment, principally protective masks and respirators, but also protective clothing and detection devices to be able to effectively help victims in case of exposure to biological or chemical terrorist agents.

NIOSH has made significant progress in the past year and is to be commended for working closely with manufacturers and first-responder representatives to create equipment that will protect our nation's workers. The self-contained breathing apparatus (SCBAs) are now approved and on the market, and the upgrade kits for items in current service are being approved. From there, NIOSH is expected to look at escape hoods and other equipment needed to protect first responders and civilians in the event of a chemical or biological terrorist attack, as well as to protect them from industrial accidents.

In addition, the Committee encourages NIOSH to investigate the feasibility of the use of the military masks about to be surplused as the US military moves to a new mask that NIOSH and Fort Detrick are cooperatively creating. The Committee expects NIOSH to be prepared report on its findings during the fiscal year 2005 budget hearings.

Personal Dust Monitors.—The Committee understands that NIOSH currently is testing the next generation of monitors for measuring dust levels in mines. Within the funds provided for

NIOSH, the Committee has included sufficient funds to purchase up to 25 additional personal dosymmetry monitors.

Preventive health and health services block grant

The Committee provides $134,089,000 for the preventive health and health services block grant, which is the same as the fiscal year 2003 comparable level and $877,000 below the budget request. This program provides grants to States by formula for a wide range of public and preventive health activities.

Public health improvement

The Committee provides $144,530,000 for public health improvement, which is $8,504,000 below the fiscal year 2003 comparable level, after adjusting for evaluation funds, and $30,853,000 above the request.

This program funds activities designed to close the Nation's gap in public health capacity and strengthen the practice of public health at the front lines, develop improved interventions and services, help racial and ethnic minority communities mobilize and organize their resources to support effective and sustainable programs that will contribute to the elimination of health disparities, and develop and implement national data standards for surveillance reporting.

Health Tracking Network.—The Committee has not included funds for the development of a Health Tracking Network within Public Health Improvement as proposed in the request. Instead, funds have been included within funds available for Environmental Health as was provided for in fiscal year 2003.

Extramural Prevention Research.—The Committee recommendation restores the proposed reduction in the request for extramural prevention research. The Committee is aware of the importance of the Prevention Research program. This program awards peer-reviewed grants to academic health centers in partnership with community-based organizations to demonstrate and measure the performance of promising prevention initiatives. It is one example of CDC's commitment to extramural research in support of evidence-based prevention programs.

Global Disease Detection, Communications, and Public Health Research.—The Committee recommendation provides $30,000,000 within Public Health Improvement for high priority scientific and programmatic activities. The amount, coupled with increases provided for Infectious Disease Control, roughly equals the amount of savings resulting from the Information Technology and Management reductions assumed in the request, and provided for in Sec. 218. The Committee intends that the additional funds be directed into the following scientific and programmatic activities: Public Health Research, Global Disease Detection, and Communications.

Buildings and facilities

The Committee provides $206,000,000 for buildings and facilities, which is $60,258,000 below the fiscal year 2003 comparable level and $92,000,000 above the request.

These funds support construction and ongoing maintenance projects, as well as essential safety repairs and equipment purchases. The funds provided will support high priority work identi-

fied in the CDC's Buildings and Facilities Master Plan phased planning effort. Funds also will be used to support the 2nd year costs of replacing the CDC's Vector Borne Infectious Diseases Laboratory in Ft. Collins, CO.

The Committee recommendation includes bill language to allow the CDC to enter into a single contract or related contracts for the full scope of development and construction of facilities. It also carries language included in the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act, 2003 to allow funds appropriated to the CDC to be used to enter into a long-term ground lease for construction on non-Federal land, in order to replace their laboratory in the Fort Collins, Colorado area.

"*Data Security and Storage*.—Within the amount provided $6,000,000 is for data center storage infrastructure hardware and software upgrades. This funding is to provide for the remote mirroring of information between CDC data centers and recovery sites, and to provide heterogeneous connectivity to existing systems in use at the CDC, in order to ensure the protection, recovery, and availability of critical resources; as well as to provide for enhanced security-specific technologies and services in concert with critical infrastructure protection requirements."

Office of the Director

The Committee provides $49,707,000 for the activities of the Office of the Director, which is $281,000 above the fiscal year 2003 comparable level and $10,000,000 below the request.

The Committee intends this amount to be a ceiling. The Director may transfer these funds to non-administrative, programmatic activities at her discretion.

Public Health Resarch/Global Disease Detection and Communications.—The Committee commends CDC for efforts to achieve efficiency savings in the areas of Information Technology and Administrative Management. The Committee recommendation includes a provision, Sec. 217 that reduces funds available for information technology and administrative management by $49,982,000, the same as the amount recommended in the request. The Committee intends that the Director have the flexibility to allocate these savings across the various activities in a manner that ensures that high priority scientific and programmatic activities are not compromised.

Bioterrorism

The Committee provides $1,116,156,000 for CDC bioterrorism activities, within the Public Health and Social Services Emergency Fund. This is $119,268,000 below the fiscal year 2003 comparable level and the same as the request.

Within the total provided: $940,000,000 is for State and Local Preparedness; $151,161,000 is for Upgrading CDC Capacity; $18,040,000 is for Anthrax Vaccine Research; $4,968,000 is for Public Health Preparedness Centers; and $1,987,000 is for Independent Studies.

Smallpox Vaccination Program.—The Committee recognizes that serious public concerns about side-effects of the vaccinia vaccine for protection against smallpox pose challenges to the program's suc-

cessful implementation. The Committee encourages the CDC to explore the efficacy and feasibility of using modern pharmacogenomic technologies to identify individuals at risk for serious adverse reactions to a smallpox vaccination.

NATIONAL INSTITUTES OF HEALTH

The Committee provides $27,663,991,000 for the twenty-six appropriations which together fund the programs of the National Institutes of Health (NIH). These include appropriations for the 19 research Institutes, the National Center for Research Resources, the John E. Fogarty International Center, the National Library of Medicine, the National Center for Complementary and Alternative Medicine, the National Center on Minority Health and Health Disparities, the Office of the Director, and Buildings and Facilities. The total in the bill is $681,387,000 above the fiscal year 2003 comparable level and the same as the budget request. The Committee notes that under the President's budget proposal, one-time costs from the fiscal year 2003 budget are converted to research costs in fiscal year 2004, generating an effective real increase in NIH spending of more than six percent.

Biodefense.—The Administration's FY04 budget for NIH includes $1,625,000,000 for bioterrorism activities. The Committee recognizes the importance of this research activity, but is concerned about the limited increases this budget makes available for important non-biodefense research. The Committee has not identified a specific funding level for biodefense research, choosing to give the Director of NIH flexibility in determining what share of NIH resources should be considered biodefense activities. If, during 2004, the Director determines that a different allocation of resources is possible to increase support for high priority non-biodefense activities, the Committee would look favorably upon that reallocation.

Balance in the research portfolio.—The Committee reiterates its longstanding view that NIH should distribute funding on the basis of scientific opportunity. The Committee urges the Director and the Administration to continue to resist pressures to earmark, set aside and otherwise politicize these resources. To enhance NIH's flexibility to allocate funding based on scientific opportunity, the Committee has attempted to minimize the amount of direction provided in the report accompanying the bill. For example, there are no directives to fund particular research mechanisms, such as centers or requests for applications, or specific amounts of funding for particular diseases.

In stating that scientific opportunity should be the basis for allocating research funding, the Committee understands that other factors also are relevant to NIH's decisions, including such considerations as the infectious nature of a disease, the number of cases and deaths associated with a particular disease, the Federal and other costs of treating a disease, the years of productive life lost due to a particular disease, and the estimated proximity to research breakthroughs. The Committee does not presume to judge which criteria should take precedence or carry the greatest weight in individual funding decisions, but urges NIH to consider the full array of relevant criteria as it constructs its research portfolio.

AIDS funding.—Consistent with the philosophy outlined above, the Committee has chosen not to earmark a specific dollar amount

for AIDS research. The Committee understands that it would be NIH's intent to allocate AIDS funding consistent with the Director's recommendations. The Committee understands that this allocation may change before the beginning of the fiscal year.

The Committee intends that the funds allocated for AIDS should be spent in a manner fully consistent with the AIDS research plan developed by the Office of AIDS Research (OAR) and expects the Director of NIH to use the full authority of his office to ensure that this occurs. The Committee has provided the Director of OAR, jointly with the Director of NIH, transfer authority to reallocate up to three percent of funds designated for AIDS research among Institutes, subject to normal reprogramming procedures. The Committee encourages NIH to use this authority whenever it believes that an adjustment in the allocation of AIDS funding between Institutes is appropriate to achieve scientific objectives or to facilitate promising research efforts.

The Committee continues to support OAR, its leadership, and its coordinated budget planning process and expects the individual institutes, centers and divisions to fully cooperate with OAR's work. The Committee has provided funding for the OAR within the Office of the Director and intends that the OAR will maintain its current structure and responsibilities, including the allocation of an emergency discretionary fund.

NATIONAL CANCER INSTITUTE

The Committee provides $4,770,519,000 for the National Cancer Institute (NCI), which is $178,171,000 above the fiscal year 2003 comparable level and the same as the budget request.

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

Prostate cancer.—Cancer of the prostate is the most commonly diagnosed non-skin cancer in America and tends to disproportionately affect men who are members of minority groups. If detected early, it can be treated successfully with no negative impact on the cancer survivor's quality of life. However, existing forms of detection are insufficient, and available treatments frequently result in erectile dysfunction, urinary problems, or other disorders and disruptions that negatively impact the patient's quality of life. The Committee encourages NCI to place an increased priority on research through all available mechanisms, as appropriate, including clinical trials that result in earlier, more reliable detection methods and more effective and less disfiguring treatment regimes. The Committee encourages NCI to identify a budget strategy with specific prostate cancer funding opportunities and priority investments.

Cancer centers.—The Committee is pleased with the substantial progress in cancer research and the many opportunities that have been created by the sustained investment in biomedical research and technology. One of the most successful investments by NCI is

the Cancer Centers program, which has the potential to accelerate progress further by linking its state-of-the-art resources with the broader cancer community. In order to speed progress and promote greater collaboration among scientists, the Committee requests that NCI explore innovative and creative ways to share information throughout the cancer community, utilizing the infrastructure of the national cancer centers program.

Given that minority populations suffer disproportionately from virtually every form of cancer, the Committee encourages NCI to give consideration to the establishment of a comprehensive center at a minority institution focused on research, treatment, and prevention of cancer in African American and other minority communities.

Neurofibromatosis (NF).—The Committee is pleased that NCI is conducting phase II clinical trials of NF1 patients with plexiform neurofibromas. The Committee is concerned about recent declines in funding for NF research, recognizing NF's connection to many of the most common forms of human cancer. The Committee encourages NCI to substantially increase its efforts in NF research in further development of animal models, natural history studies, therapeutic experimentation, and clinical trials.

Liver cancer.—The Committee is concerned that primary liver cancer continues to be one of the few forms of cancer for which incidence is growing. While progress is being made, much more needs to be done. NCI is planning a joint meeting with NIDDK for April 2004. The Committee hopes that this meeting will result in a strong plan for future research in liver cancer that will reverse the current increases.

Lymphoma.—The Committee recommends that NCI increase its efforts to examine the issue of environmental and viral links to lymphoma. Although many studies have suggested an increased risk of lymphoma associated with environmental factors such as chemicals, pesticides and herbicides, other investigations have reported inconsistent results. However, many of these studies are weakened by limited sample sizes, flaws in study design, and imprecision in the measurement of environmental carcinogen exposures. The Committee recommends that NCI work to develop a well-constructed prospective study, using a multidisciplinary approach to examine environmental links to lymphoma.

In a recent report, the Institute of Medicine concluded that there is moderate to strong biological evidence supporting a role of Simian Virus 40 in human cancer. Recent reports suggest that more than 40% of lymphomas tested were positive for this virus. Additional research studies have also found an association between other viruses, such as human herpes virus 8 and hepatitis C, and lymphoma. As a result of these studies, it is possible that more than half of all lymphomas may be attributed to viruses. The Committee encourages NCI to increase its efforts to examine the viral etiology of lymphoma.

Pancreatic cancer.—Pancreatic cancer is the fifth leading cause of cancer death, and 99 percent of those diagnosed with pancreatic cancer die within six months. The Committee encourages NCI to begin to implement the short- and medium-term strategies identified in the strategic plan to address the recommendations of the pancreatic cancer progress review group. NCI is encouraged to

place particular emphasis on developing a critical mass of researchers in pancreatic cancer. The Committee requests a report in March, 2004 of the specific budgetary and programmatic actions planned to respond to the strategic plan.

Hodgkin's and Non-Hodgkin's lymphoma—More than 61,000 Americans will be diagnosed with Hodgkin's lymphoma and non-Hodgkin's lymphoma (NHL) in 2003. The Committee notes that there have been significant advances in the treatment of Hodgkin's lymphoma over the last thirty years and some improvements in the treatment of NHL. However, NHL treatments are not adequate, and treatment improvements are critical for this group of cancer patients. The Committee encourages NCI to increase its investment in clinical research on lymphoma and strengthen its collaboration with industry to improve the efficiency and timeliness of the lymphoma drug development process. The Committee recommends that, in addition to initiatives to improve the lymphoma drug development process, NCI increase its investment in several other areas of research, including research on nonablative transplants, immunomodulatory regimens, central nervous system lymphoma, the late and long-term effects of current lymphoma treatments, and lymphoma etiology and prevention. The Committee also encourages NCI to cooperate with private organizations in the development of a comprehensive lymphoma tissue bank.

Myelodysplasia and myeloproliferative disorders.—The Committee is pleased with NCI's efforts to address the lack of basic knowledge about myelodysplasia and myeloproliferative disorders, two very different types of chronic diseases of bone marrow cells that can develop into acute leukemia. The Committee encourages NCI to carry out the recommendations of its recent conference of experts on these diseases and to advance new research initiatives into developing effective treatments.

Brain tumors.—Each year, more than 100,000 new brain tumor cases are diagnosed, including tumors that arise in the brain and tumors that spread to the brain from other cancers such as breast and lung. Cancer is the second leading cause of death in children, and brain tumors are the second most common childhood cancer. The causes of brain tumors remain largely unknown, and there are virtually no means of prevention. Scientists have begun to develop better and less toxic treatments for brain tumors, which will produce longer survival and higher quality of life. The Committee encourages NCI, in cooperation with the National Institute of Neurological Disorders and Stroke, to more fully support brain tumor research, including the brain tumor specialized programs of research excellence (SPORE) grants. The Committee is aware of the ongoing need to develop brain tumor tissue banks and encourages NCI and NINDS to consider developing a plan to establish coordinated tumor banks that would bank not only tissue but also blood and cerebrospinal fluid from patients with all varieties of brain tumors. The Committee requests a copy of the plan within six months of enactment of this bill.

Cancer genomics.—The Committee commends NCI for its commitment to understanding the role of genomics and genetics in the progression of cancer. Considerable effort must now be directed toward applying those findings to tumor classification and therapeutic choice, with a focus on breast, colorectal and lung cancer, as

well as leukemia and lymphoma. An important component of this effort will be to build a public database of whole genome expression profiles from various tumor types, which includes clinical outcome information. The Committee encourages NCI to ensure that this data is available to health professionals to assist physicians and patients in choosing the best treatment options.

American Russian Cancer Alliance.—The American Russian Cancer Alliance is established to implement long-term collaborative programs for clinical and research activities that ultimately benefit cancer patients worldwide. The Committee acknowledges and recognizes the significant effort of the American Russian Cancer Alliance in reducing mortality and morbidity of cancer globally. The Committee recommends that NCI promote, facilitate, and support the development of the Alliance in order to bolster cancer research and treatment opportunities in the United States Cancer Centers.

Bone metastases.—The Committee urges NCI to continue its emphasis on studying the bone microenvironment and bone metastasis related to prostate cancer, breast cancer and multiple myeloma and to support research to delineate the mechanisms of reciprocal interactions between tumor cells and bone. NCI is also encouraged to establish a repository of human bone metastases for the scientific community and support research to generate three-dimensional in vitro and/or in vivo models that yield bone metastasis.

Tobacco harm reduction.—The Committee is aware that NCI has established the Tobacco Control Research Branch, which is designed to reduce cancer incidence and mortality caused by tobacco use through a comprehensive research program, and applauds the establishment of a collaborative research effort between the NCI and the CDC related to the analysis of tobacco products and harm reduction. The Committee is aware of a 2001 report from the Institute of Medicine entitled "Clearing the Smoke, Assessing the Science Base for Tobacco Harm Reduction." This report notes that despite overwhelming evidence and widespread recognition that tobacco use poses a serious risk to health, some tobacco users cannot or will not quit, and raises the question of whether or not addicted tobacco users who do not quit could reduce the health risks of tobacco products. NCI should be prepared to report to the Committee during the fiscal year 2005 budget hearings regarding the findings of this collaboration with regard to the effectiveness of harm reduction for those tobacco users who are unable to quit.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The Committee provides $2,867,995,000 for the National Heart, Lung, and Blood Institute (NHLBI), which is $74,262,000 above the fiscal year 2003 comparable level and the same as the budget request.

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

Cardiovascular diseases.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart disease, stroke and other cardiovascular diseases as a top priority. Cardiovascular diseases remain a leading cause of death and per-

manent disability in the United States. The Committee continues to believe that an intensive research program in these areas is necessary.

Tuberculosis and AIDS interaction.—The Committee supports the important research on the interaction of tuberculosis and AIDS conducted by the NHLBI AIDS research program and encourages NHLBI to strengthen its research in this important area.

Chronic obstructive pulmonary disease (COPD).—The Committee is aware that chronic obstructive pulmonary disease (COPD) is a major cause of chronic morbidity and mortality throughout the world. The Committee congratulates the NHLBI for its collaborative effort with the World Health Organization (WHO) to release the report on the global burden of COPD. NHLBI is encouraged to utilize the report to increase awareness of COPD in the public and research community. The Committee encourages NHLBI to expand research to improve prevention, early diagnosis and management of COPD, especially on pediatric origins of COPD.

Juvenile Diabetes.—Vascular complications including cardiovascular, peripheral vascular, and cerebrovascular are a major cause of mortality and morbidity in persons with diabetes—particularly in those with juvenile diabetes. NHLBI is urged to focus on initiatives specifically relating to individuals with juvenile diabetes, who experience accelerated and severe complications as a result of hyperglycemia, such as atherosclerosis, vascular inflammation, and microvascular disease.

Scleroderma.—The Committee encourages NHLBI to undertake research to study the cause and treatment of scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, affecting multiple systems including the heart and lungs. More research is needed in order to develop safe, effective treatments and to identify the cause or causes of the complications of scleroderma that include pulmonary fibrosis, pulmonary hypertension, myocardial fibrosis, cardiac arrhythmias, pericarditis, and Raynaud's Phenomenon.

Hemophilia.—The Committee commends NHLBI for its leadership in advancing research on bleeding disorders and the complications of these disorders, including inhibitor development and improved treatments such as gene therapy. The Committee encourages NHLBI to continue to partner with other NIH Institutes and voluntary associations in further expanding opportunities for hematologic research through clinical research networks. The Committee also requests a report by March 31, 2004 on the status of research on type 1 and 2 von Willebrand disease and how NHLBI plans to expand research in this important area.

Transmissible spongiform encephalopathies.—The Committee encourages NHLBI to enhance its efforts to develop a diagnostic test for TSE that would be suitable for screening the blood supply. Currently, there is no suitable method for identifying TSE-infected blood. In addition, the Committee encourages NHLBI to seek new technologies and procedures for inactivating blood-borne causative agents for human TSEs, further ensuring a safe blood supply. Human TSEs, for which there are no known treatments, include Creutzfeld-Jakob disease and new variant Creutzfeldt-Jakob disease.

Lupus.—There are many more data on younger women with lupus having heart disease in their teens and twenties. The Committee encourages NHLBI to enhance its efforts to study the inflammatory mechanisms of atherosclerosis that are prominent in lupus and that can be found in the wider aging population.

Cooley's anemia.—The Committee remains strongly supportive of the Institute's efforts in creating the Thalassemia Clinical Research Network, which is comprised of the country's leading research entities on thalassemia, or Cooley's anemia. The Committee believes that research into this disease has implications far beyond this patient population and that all reasonable steps should be taken to ensure that the Network reaches its maximum potential. In addition, the Committee encourages NHLBI to join with the Centers for Disease Control and Prevention and the Food and Drug Administration to enhance blood safety.

Pulmonary hypertension.—Pulmonary hypertension (PH) is a rare, progressive and fatal disease that predominantly affects women, regardless of age or race. PH causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious disorders such as scleroderma and lupus. The Committee views research in this area as a high priority and commends NHLBI's efforts to promote PH-related research. The Committee continues to urge the Institute to enhance basic research, gene therapy and clinical trials of promising pharmaceuticals, and to work with the research community to stimulate the submission of high quality proposals in this area.

Neurofibromatosis (NF).—Significant advances continue to be made in research on NF's implications with heart disease and in particular its involvement with hypertension and congenital heart disease which together affect over fifty million Americans. Accordingly, the Committee urges NHLBI to enhance its NF research portfolio.

Myelodysplasia and myeloproliferative disorders.—The Committee encourages NHLBI to fund research in myelodysplasia and myeloproliferative disorders, specifically into the vascular, thrombotic, and hemorrhagic abnormalities associated with myeloproliferative disorders, as well as the specific abnormalities in cell gene expression that are responsible for these diseases.

Obstructive sleep apnea.—Symptomatic sleep apnea is common in middle-age adults, and far more frequent in the elderly. Moreover, asymptomatic sleep apnea is epidemic with as much as 25 percent of middle-aged adults and up to 81 percent of the elderly afflicted. Untreated sleep apnea results in mortality, cardiovascular disease, and quality of life deficits. The Committee recommends that NHLBI in collaboration with the National Institute on Aging support research to define useful treatments—including surgical treatments—for the large segment of the general population that suffers from insufficiently treated obstructive sleep apnea.

Marfan syndrome.—The Committee commends NHLBI for its past and ongoing support of research on aortic aneurysms, which are pathologically related to the Marfan syndrome. Marfan syndrome is a life-threatening, progressive and degenerative genetic disorder affecting the heart, lungs, skeleton and eyes. The Committee urges NHLBI to expand its aneurysm research efforts to include both basic and clinical research in the area of Marfan syn-

drome as was suggested at a recent NHLBI Working Group Meeting.

Vascular disease and Alzheimer's.—There is a growing body of evidence that cerebrovascular disease may be a key mechanism in triggering the manifestation of Alzheimer's disease. The Committee therefore is pleased to note that NHLBI, in collaboration with the National Institute on Aging (NIA), is supporting cardiovascular health studies that are examining the natural history of the development of Alzheimer's and identifying individuals at high risk of developing the disease. Ancillary studies also are underway to determine the contribution of vascular factors to Alzheimer's. The Committee encourages NHLBI to continue to pursue this line of research and to work collaboratively with NIA.

Diamond-blackfanse anemia (DBA).—The Committee is pleased that NHLBI has developed a comprehensive research strategy for DBA based on the NIH workshop held to evaluate the state of the science. The Committee encourages NHLBI to pursue research on DBA's genetic predispositions to cancer and birth defects as well as gene therapy and to strengthen the DBA national registry.

Peripheral arterial disease (PAD).—The Committee is aware that an estimated 8 to 12 million Americans have PAD, a progressive disease that can lead to reduced mobility, amputation and death. Over the last decade a large body of evidence has established PAD as an important predictor of both heart disease and stroke. Risk factors for PAD include high blood pressure, high cholesterol levels, diabetes, smoking and obesity. Although PAD can be easily diagnosed with a simple, non-invasive test, the lack of awareness of PAD among doctors and patients leads to under-diagnosis and under-treatment. Furthermore, studies suggest that despite comparable rates of prevalence between women and men and minorities and Caucasians, women and minorities are less likely to be diagnosed with PAD and experience poorer outcomes than do white men. The Committee encourages NHLBI to develop research initiatives in the area of PAD, including studies to improve the diagnosis and treatment of women and minorities. The Committee also encourages NHLBI to support educational programs directed to health professionals, patients and the public to raise awareness of PAD as a risk factor for heart disease and stroke.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

The Committee provides $382,396,000 for the National Institute of Dental and Craniofacial Research (NIDCR), which is $10,760,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NIDCR conducts and supports research and research training to improve craniofacial, oral and dental health. The Institute's programs reflect the genetic, behavioral and environmental factors that result in complex human disease and are clustered into the following areas: inherited disorders; infection and immunity; oral, pharyngeal and laryngeal cancers; chronic and disabling conditions such as bone and joint diseases and chronic pain; behavioral science, epidemiology and health promotion; and tissue engineering and biomimetics research to improve diagnostics and tissue repair and regeneration.

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

Saliva.—The Committee is aware that research on saliva has progressed rapidly and holds the potential to be an inexpensive non-invasive diagnostic tool for early detection of breast cancer, osteoporosis, hepatitis, HIV, and Sjogren's disease. The Committee encourages NIDCR to work cooperatively with NCI and other appropriate institutes in pursuing research initiatives on the development of saliva as a diagnostic tool.

Dental caries among native populations.—The Committee is concerned about the exceptionally high rate of severe dental caries suffered by American Indian and Alaska Native children. The Committee encourages NIDCR to consider the needs of these populations in its research agenda, especially focusing on the etiology and pathogenesis of dental caries in these populations.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

The Committee provides $1,670,007,000 for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which is $47,277,000 above the fiscal year 2003 comparable level and the same as the budget request. In addition, $150,000,000 in mandatory funds are available for juvenile diabetes research.

Mission.—The NIDDK supports research in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. The NIDDK 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.

Juvenile diabetes.—The Committee applauds NIDDK for the launch of TrialNet. TrialNet establishes an infrastructure to coordinate and support clinical trials in diabetes dealing with the preservation of pancreatic beta cell function to prevent juvenile diabetes in high-risk individuals.

Translational research.—The Committee commends NIDDK for its development of the platform technologies of genomics and proteomics to expand clinical research capability. The Committee urges NIDDK to continue the effort to remove the most common barriers between laboratory discoveries and clinical trials, including by making available on a competitive basis the resources for pre-clinical development of drugs and therapies.

Digestive diseases.—Diseases of the digestive system continue to affect more than one-half of all Americans at some time in their lives. Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, hemochromatosis, celiac disease, and hepatitis take a serious toll in terms of human suffering, mortality, and economic burden. The Committee commends NIDDK on the success of its Digestive Disease Centers program and continues to encourage NIDDK to enhance this important program with an increased emphasis on irritable bowel syndrome.

Irritable bowel syndrome (IBS).—The Committee is pleased that NIDDK is considering the development of a strategic plan for IBS research. The Committee, however, remains concerned about the increasing frequency of IBS, a chronic complex of disorders that affect the digestive system. These common dysfunctions strike approximately sixty million Americans annually and result in significant human suffering and disability. The Committee encourages NIDDK to give priority consideration to funding grants that will increase the IBS portfolio.

Inflammatory bowel disease.—The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). These extremely complex disorders represent the major cause of morbidity and mortality from intestinal illness. The Committee commends NIDDK for its strong leadership in this area and encourages the Institute to continue 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) translation of basic research findings into patient clinical trials as outlined in the research agenda developed by the scientific community entitled, "Challenges in Inflammatory Bowel Disease." Finally, the Committee also encourages NIDDK to continue to strengthen its partnership with the IBD community on innovative research projects.

Urologic disorders.—Bladder diseases, such as interstitial cystitis, urinary tract infections and urinary incontinence, disproportionately affect women, and the Committee urges NIDDK to develop a comprehensive program to address these and other urological needs of women. The report of the Bladder Research Progress Review Group outlines a strategic plan for research in this area. The Committee encourages NIDDK to pursue promising leads on bladder epithelium, bladder afferent nerve cells, and urinary markers of IC patients. This report also identifies the considerable urologic complications of diabetes, which continue to worsen. Related to this problem is the issue of obesity and incontinence, which particularly affects minority women and should be given priority in the Institute's plans for the coming fiscal year.

Pediatric kidney disease.—Although significant strides have been made in understanding kidney disease in adults, much less is known about its complications in children, including obstacles to full growth potential and neurocognitive development. For this reason, the Committee is encouraged that the NIDDK has solicited proposals for a prospective cohort study of chronic kidney insufficiency in children and looks forward to the implementation of this study. Given the long-term implications when children reach adult-

hood, the Committee continues to urge the NIDDK to undertake research into the history and treatment of cardiovascular problems in children suffering from chronic kidney disease, giving careful consideration to (1) the role of hypertension, lipid abnormalities, obesity, cardiovascular calcification and cardiac arrhythmia; and (2) neurocognitive and developmental deficits including learning disabilities, with related issues of chronic neurological, intellectual and emotional impairment; poor linear growth; and abnormal bone formation. Funding for ancillary studies to determine the pathophysiology of these problems in children, including the ongoing clinical trial for focal segmental glomerulosclerosis, should be supported in order to develop new approaches to their treatment and prevention.

Interstitial cystitis (IC).—The Committee was pleased to learn about NIDDK's recent investment in IC-focused basic science research, continuation of the IC Clinical Trials Group, and publication of the Bladder Research Review Group document entitled "Overcoming Bladder Disorders; A Strategic Plan For Research." However, the Committee is concerned about the direction of the studies on IC currently being funded by NIDDK. In fiscal year 2000, the Committee urged NIDDK to undertake a comprehensive epidemiology study of IC, including scientifically valid statistics of the incidence of the disease, the demographics, occurrence in minority populations, and the health care costs. The Committee is concerned that the current studies may not adequately address these aims and requests that NIDDK address any shortcomings in the epidemiology effort. The Committee would like a report on the status of this initiative by the time of the FY 2005 hearings. The Committee also requests NIDDK to work with voluntary associations to undertake a national IC awareness campaign aimed at reducing the delay in diagnosing IC.

Glomerular injury research.—The Committee is pleased with NIDDK's glomerular injury research initiatives, including a clinical trial for patients with focal segmental glomerulosclerosis. The Committee understands that in addition to the clinical trial, NIDDK is collaborating on a joint research program with a voluntary association to include basic and genetic studies. Further, the Committee continues to encourage NIDDK to consider initiating a scientific conference on glomerular injury research, and to explore support for gathering prevalence data on glomerular injury.

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

Cooley's anemia.—The Committee continues to support the outstanding work being done at NIDDK on such issues as iron chela-

tion, non-invasive iron measurement, fetal hemoglobin and other topics that are critical to the health and well-being of Cooley's anemia patients. The development of a less burdensome method of iron chelation, which currently involves a daily infusion of up to twelve hours, is urgently needed. In addition, NIDDK is urged to continue its collaboration with the National Institute of Biomedical Imaging and Bioengineering on imaging issues related to iron measurement.

Living donor liver transplants.—The Committee is aware that more than 1,700 people died over the last year waiting for a liver transplant due to a lack of a donor liver. As of March, 2003, there were almost 17,000 on the list waiting for a liver transplant. In view of the continuing shortage of livers available for transplantation, the Committee is pleased with the award in the past year of funding for a study of adult-to-adult living donor transplants which will compare outcomes of living donor transplants to cadaver transplants. The Committee encourages additional research that would facilitate the success of living donor liver transplants and the number of livers available for transplantation.

Pediatric liver disease database.—The Committee encourages NIDDK to consider supporting a pediatric liver disease national database and registry. Such a registry would permit hypothesis testing and outcomes research to determine the health and financial impact of liver transplants on a child and the child's family.

Hepatitis C in children.—The Committee is aware that recent studies have indicated that one in every 200 children over the age of twelve is infected with the hepatitis C virus. The Committee urges NIDDK, with appropriate support from the National Institute of Child Health and Human Development (NICHD), to study the natural history of hepatitis C in infected children to help determine the optimal timing and medical regimen for treatment.

Hepatitis C consensus development conference.—The Committee is aware that the conference, which met in June, 2002 made seventeen specific recommendations to develop better treatments and a cure for hepatitis, including the creation of a clinical research network. The Committee requests a report by March 1, 2004 regarding the plans and progress to address the conference's recommendations.

Lupus.—Because more than one-third of lupus patients have some form of kidney disease, a leading cause of death among the 1.5 million Americans afflicted with lupus, the Committee encourages NIDDK to increase support for studies that will lead to better understanding of this dangerous manifestation of lupus.

Polycystic kidney disease (PKD).—The Committee anticipates important scientific advances resulting from the recent NIDDK-sponsored International PKD Strategic Planning Meeting. In addition, the Committee is pleased with the start of the "Halt PKD Interventional Trials Network," designed to identify therapeutic strategies for retarding the progression of PKD. Recent discoveries bode well for developing drug therapies to decrease abnormal cell growth that occurs in PKD, a disease that causes pain, suffering and premature death for 600,000 patients. The Committee encourages NIDDK to expeditiously implement the new PKD Strategic Plan and thus intensify its efforts to find a treatment and cure, and in so doing to consider establishing additional PKD Centers and issuing new RFAs in key areas of PKD science.

Cystic fibrosis.—Advances have been achieved in the treatment of cystic fibrosis (CF), resulting in significant improvements in life expectancy for individuals with CF. This progress can be attributed to strong public and private sector investment in CF research, including clinical trials evaluating a wide range of possible new treatments. The Committee urges NIDDK to continue its support for CF researchers engaged in basic and clinical CF research.

Mucopolysaccharidosis (MPS).—The Committee recognizes the efforts of the NIDDK to enhance research efforts to achieve a greater understanding and pursue development of effective therapies for MPS disorders. The Committee encourages continued investment in MPS-related research and enhanced collaborative efforts with the NINDS, NICHD and appropriate institutes and centers involved in this crucial research, including bone and joint involvement in MPS disorders and pathophysiology of brain damage as they relate to MPS disorders.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

The Committee provides $1,468,926,000 for the National Institute of Neurological Disorders and Stroke (NINDS), which is $12,450,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NINDS supports and conducts basic and clinical neurological research and research training to increase understanding of the brain and improve the prevention and treatment of neurological and neuromuscular disorders. The NINDS mission encompasses over 600 disorders, including stroke; head and spinal cord injury; epilepsy; multiple sclerosis; and neurodegenerative disorders such as Parkinson's disease.

Epilepsy.—Epilepsy remains a major, unsolved public health problem affecting the lives of millions of Americans and their families. The Committee seeks intensified efforts by the Institute in the prevention, treatment, and eventual cure of epilepsy. The Committee applauds the development of benchmarks for epilepsy research resulting from the "Curing Epilepsy: Focus on the Future" conference held in March, 2000. The Committee encourages NINDS to address the research issues related to the impact of seizures on young women, children, the elderly and those with intractable or uncontrolled epilepsy. The Committee urges NINDS to develop specific research plans and goals for the anti-epileptic drug development program that has led to the discovery of many important anti-epileptic medications.

Alzheimer's disease.—Research supported by NINDS continues to play an integral role in widening the scientific base of knowledge about Alzheimer's disease. NINDS is working closely with the National Institute on Aging (NIA) in the area of immunotherapy for Alzheimer's disease, which can involve the production of antibodies that reduce the cellular and behavioral effects of the disease. The Committee encourages NINDS to continue to assign a high priority to its Alzheimer's research portfolio, and to continue to work closely with NIA and other institutes.

Amyotrophic lateral sclerosis (ALS).—ALS is one of a family of neurodegenerative diseases that plague millions of Americans. The Committee is pleased by the Institute's recent efforts to intensify its research into ALS, and commends NINDS on its multiple initia-

tives involving high throughput screening and assay development to identify compounds with activity in neurodegenerative disorders, including ALS. The Committee understands that the Institute has worked with voluntary associations as co-sponsors of some of these activities, and encourages NINDS to continue such productive partnerships to understand and develop treatments for ALS. These efforts may lead to possible prevention and treatment interventions for other degenerative disorders.

The Committee is also pleased by the January 2003 scientific workshop on ALS that NINDS held with the Department of Veteran Affairs (VA), as well as other entities. The Committee encourages the Institute's further collaboration with the VA in developing an initiative to address the scientific questions and gaps in the knowledge of ALS and motor neuron biology discussed at the workshop. The Committee also encourages the NINDS to coordinate, and collaborate on, ALS research with other appropriate NIH Institutes, particularly the NIEHS, and continue its partnership with other organizations, as appropriate, to advance ALS research.

Transmissible spongiform encephalopathies (TSE).—The Committee recognizes the efforts of NINDS, in collaboration with NHLBI, to fund contracts for the development of a biological assay for TSE. The Committee requests that the Director of the Institute to be prepared to provide a report on the progress made toward the development of a TSE bioassay at the fiscal year 2005 appropriations hearing. The Committee is particularly interested in the success in detecting disease-causing agents in blood, saliva, cerebrospinal fluid, and other bodily fluids, as well as lymphoid tissue, especially tonsils.

Therapies for multiple sclerosis and other immune system diseases.—The Committee encourages NINDS and NIAID to continue collaborative efforts to investigate the role of neutralizing antibodies as described in the FY 2003 conference report. The Committee further encourages NIH to use all available mechanisms, including conducting a scientific workshop, to investigate the use of existing, approved pharmaceuticals, biologicals, and other therapies as platforms for combination therapies to address diseases of the immune system, such as multiple sclerosis, and other diseases.

Dystonia.—The Committee continues to support the expansion of research on the neurological movement disorder dystonia, the third most common movement disorder. The Committee encourages NINDS to support additional research on both focal and generalized dystonia, and commends NINDS for its study of the DYT1 gene. The Committee encourages the Institute to continue its collaboration with the dystonia research community in supporting epidemiological studies on dystonia and in increasing public and professional awareness. The Committee commends NINDS for the recent release with other Institutes of the joint dystonia research program announcement. The Committee would like NINDS to be prepared to report on the dystonia research portfolio at the FY04 budget hearings.

Spina bifida.—Spina bifida is the leading, permanently disabling birth defect in the U.S. The Committee urges NINDS to allocate resources to and prioritize research on primary and secondary prevention for spina bifida.

Tuberous sclerosis.—Tuberous sclerosis complex (TSC) is a genetic disorder that affects many different organ systems. Genetic links provided by the TSC genes and research on TSC provide significant implications for scientific advancement benefiting other large patient populations suffering from epilepsy, lung disease, cancer, diabetes, autism, learning disabilities, and mental retardation. The Committee encourages NINDS to enhance research in this area, including consideration of the development of a comprehensive TSC patient registry, epidemiology studies on the natural history of TSC, and animal models/cell lines.

Juvenile diabetes.—The Committee commends NINDS for its efforts to prevent and treat hypoglycemia and neuropathy, both of which are serious complications of diabetes and demonstrate accelerated development in individuals with juvenile diabetes. The Committee encourages NINDS to expand its research in neuropathy by considering the establishment of centers specifically for detection and prevention of this dangerous complication of diabetes.

Neurofibromatosis (NF).—Advances in NF research have linked NF to cancer, brain tumors, learning disabilities and heart disease affecting over 150 million Americans. Because NF regulates both the RAS and cAMP pathways relating to cell growth and cognition, NF plays a pivotal role both in disorders of the brain and in cancer. The enormous promise of NF research is now reaching fruition in the testing of potential therapies. Therefore, the Committee encourages NINDS to enhance its NF clinical and basic research portfolios through clinical trials, RFAs, and other funding mechanisms to accelerate and exploit the substantial progress in NF research. The Committee commends NINDS for its leadership role in NF research and in coordinating efforts with other Institutes engaged in NF research.

Reflex sympathetic dystrophy syndrome (RSD).—The Committee recognizes the substantial burden RSD imposes upon people and the lack of understanding and adequate treatment for this disease. The Committee commends the NINDS for holding the December, 2001 state of the science meeting on RSD and encourages NINDS to follow through on the meeting's recommendations, including efforts to develop standardized diagnostic criteria, to assess risk factors and incidence through epidemiology studies, to develop and validate animal models and to explore avenues for developing treatments.

Spinal muscular atrophy (SMA).—SMA is the most common genetic killer of infants and toddlers and is the most prevalent genetic motor neuron disease. While there is currently no cure for the disease, the research outlook is promising. Researchers have already identified the genes involved in SMA as well as compounds that may lead to potential treatments. The Committee understands that the severity of the disease, its relatively high incidence, and the possibility of imminent treatments have led the NINDS to select SMA as a model for a new approach to funding translational research. The Committee encourages NINDS to sponsor and convene a scientific and clinical workshop on SMA with a focus on implementing SMA translational research, and to employ existing mechanisms such as websites, publications, and participation in conferences to promote awareness of funding opportunities. The Director is also encouraged to work with other Institutes and Federal

agencies to develop formal programs that increase public and professional awareness of the disease. The Committee requests NINDS to submit a report by March, 2004 on progress on all aspects of SSMA translational research.

Lupus.—Individuals with lupus commonly experience headaches, confusion, difficulty concentrating, and occasionally seizures, strokes, or other disorders of the nervous system. Stroke and seizures are a serious health effect of lupus. The Committee encourages NINDS to enhance efforts to study the neurological aspects of lupus.

Down syndrome.—Down syndrome is caused by extra genetic material on the 21st chromosome. It is the leading genetic cause of mental retardation in humans. The Committee encourages NINDS to enhance its efforts on Down syndrome, particularly as it relates to cognitive enhancement.

Mucolipidosis type IV (ML4).—Building on the identification of the gene that causes this debilitating genetic metabolic disorder, the Committee encourages NINDS to expand its efforts to support research leading to possible treatments and cures for those with ML4. In particular, NINDS is encouraged to support research involving other organisms which bear genes resembling the one whose mutation in humans causes ML4. This research should also offer insight into other genetic disorders.

Mucopolysaccharidosis (MPS).—The Committee is encouraged by NINDS sponsorship of a scientific conference focusing on central nervous system issues and the barriers to and development of effective therapies for MPS disorders. The Committee urges NINDS to solicit and provide for investigator proposals resulting from the findings of this conference. The Committee encourages NINDS, in collaboration with NIDDK and NICHD, to support current MPS research and study of the blood brain barrier as an impediment to treatment, and to use all available mechanisms to further stimulate and enhance efforts to better understand and treat MPS disorders.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The Committee provides $4,335,255,000 for the National Institute of Allergy and Infectious Diseases (NIAID), which is $629,116,000 above the fiscal year 2003 comparable level and the same as the budget request. Bill language is repeated from last year that permits the transfer of $100,000,000 to the global AIDS, tuberculosis, and malaria fund.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases caused by, or associated with, disorders of the immune system. NIAID supported research includes research on acquired immunodeficiency syndrome (AIDS), asthma and allergies, tuberculosis, sexually transmitted diseases, tropical diseases, and emerging microbes. The goals of NIAID research are to better understand disease pathogenesis, to improve disease diagnosis, to develop new and improved drugs to treat diseases, and to develop new and improved vaccines to prevent disease, many of which significantly affect public health.

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, as noted by the NIAID-developed Blueprint for Tuberculosis Vaccine Development.

Kidney and islet transplantation.—The Committee commends NIAID for its leadership role in the evaluation of strategies to achieve tolerance in the context of kidney and islet transplantation. These two areas of investigation hold the most promise for moving research into the clinical setting.

Hemophilia.—The Committee supports NIAID's efforts with voluntary organizations to ensure access for persons with hemophilia to clinical trials for improving the treatment of HIV and complications of hemophilia, including hepatitis C. The Committee urges the Institute to continue its efforts related to research on liver disease progression and response to hepatitis C treatment among HIV infected persons with hemophilia.

Hepatitis C vaccine.—The Committee notes the slow progress to date in developing a vaccine to prevent infection from the hepatitis C virus and encourages NIAID to redouble its efforts. The Committee requests a report by March 1, 2004 on progress made and the most promising avenues of research.

Lupus.—Lupus is a prototypic polygenic, multi-organ disease of hyperactive immune function. Therefore, by unraveling the genetic disorders that lead to lupus, much could be learned about the structure and balance of interacting forces in the body's natural defenses against infections, allergies and cancer. The Committee encourages NIAID to enhance its research on this prototypical autoimmune disease.

Primary immune deficiency diseases.—The Committee notes that more than 70 primary immune deficiency diseases have been identified to date. 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 deficiencies afflict more than 50,000 Americans. The Committee commends NIAID for the establishment of its Primary Immunodeficiency Disease Research Consortium. As part of this new initiative, the Committee encourages the Institute to provide adequate support for primary immune deficiency research, clinical registries, and a repository for biomedical specimens. The Committee encourages NIAID to work closely with the patient community on this promising new program.

Autoimmune disease prevention and treatment.—The Committee commends NIAID for implementing a new model for clinical research. The autoimmunity centers of excellence support an integrated basic and clinical research program focused on approaches for the treatment or prevention of immune-mediated diseases like Type 1 diabetes, rheumatoid arthritis, and multiple sclerosis. The involvement of clinical specialists in planning, conduct, and evaluation of trials and studies should lead to a more coordinated approach to development of new immune-based therapies for all autoimmune diseases as well as accelerate the translation of basic advances to the clinic.

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 functions of the immune system and IBD. The Committee is aware of NIAID's research partnerships with the IBD community 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.

Adverse reactions to smallpox vaccine.—The Committee is pleased that NIAID has focused considerable attention on research efforts aimed at reducing adverse reactions to the smallpox vaccine. The Committee understands that the risk of adverse reactions is particularly high in individuals who have or have experienced atopic dermatitis. Given the high incidence of atopic dermatitis among those with asthma and allergies, and the potential for their adverse reactions to the smallpox vaccine, the Committee is pleased that NIAID has undertaken a major initiative in this area, the atopic dermatitis and vaccinia immunization network. NIAID is encouraged to take additional steps to encourage investigator-initiated research to complement this effort.

Asthma research and severe acute respiratory syndrome (SARS).—The Committee encourages NIAID to continue its strong efforts in the area of asthma research. Research in this area is closely related to research on SARS. Therapies currently used to treat SARS are commonly used to treat complications of asthma. Therefore, the Committee encourages NIAID to engage the asthma research community in efforts related to SARS so that knowledge gained from studies of immune reaction to viruses in the lung among asthma patients can be applied.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

The Committee provides $1,923,133,000 for the National Institute of General Medical Sciences (NIGMS), which is $76,133,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The 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 supports 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 find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia.

Training programs.—The Committee continues to be pleased with the quality of NIGMS's training programs, particularly those that have a special focus on increasing the number of minority scientists, such as the Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS) programs. The Committee expects NIGMS to continue to support these important initiatives, and is particularly pleased that NIGMS has supported biomedical research career opportunity programs for high school

and undergraduate college students in conjunction with historically black health professions schools.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

The Committee provides $1,245,371,000 for the National Institute of Child Health and Human Development (NICHD), which is $39,444,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NICHD conducts and supports laboratory and clinical research on the reproductive, developmental, and behavioral processes that determine and maintain the health and well-being of children, adults, families and populations. In addition, research in medical rehabilitation is supported.

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 five-year research plan. This third five-year plan will continue the efforts of the past two five-year plans, which have been responsible for many of the research breakthroughs in the effort to reduce SIDS cases in the U.S. The Committee requests that this five year plan be re-examined to determine the appropriateness and scientific validity of including research on stillbirth and miscarriage as components of the five-year plan.

Neurofibromatosis (NF).—Learning disabilities occur with high frequency in children with NF. Enormous advances have been made in NF research in just the past year unlocking the mysteries of how the NF gene is related to learning disabilities, which significantly advances the prospects of finding a treatment for learning disabilities not only in children with NF but in the general population as well. The Committee encourages NICHD to enhance this promising NF research.

Pre-term labor and delivery.—Pre-term labor and delivery is the leading cause of neonatal mortality, and many babies born prematurely have serious physical and mental disabilities, such as cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss. Rates of pre-term birth vary significantly by race and ethnicity. The Committee encourages NICHD to increase its efforts in researching the underlying causes of pre-term delivery, to identify prevention strategies and to improve the treatment and outcomes for infants born pre-term.

Pediatric liver disease.—The Committee urges the Institute to more aggressively pursue opportunities to participate with NIDDK and other Institutes in pediatric liver disease research, particularly related to the optimal timing and medical treatment regimens for children infected with the hepatitis C virus.

Spina bifida.—The Committee is pleased that NICHD co-sponsored a spina bifida research conference in May 2003. The Institute is encouraged to pursue research recommendations generated by the conference to address the prevention and treatment of spina bifida and associated secondary conditions. The Institute should be prepared to testify on its efforts to advance these areas of research at the fiscal year 2005 appropriations hearing.

Primary immunodeficiencies (PI) diseases.—The Committee continues to be impressed with the commitment NICHD has shown to addressing PI. With the availability of cutting-edge microarray technologies, the Committee encourages NICHD to identify specific molecular biomarkers, improve diagnostic methodologies, and develop newborn screening procedures for PI.

Juvenile diabetes.—The Committee encourages NICHD to work closely with NIDDK on the continued development of Trial Net, which is designed to coordinate and support clinical trials in diabetes with the ultimate goal of preventing juvenile diabetes in high risk individuals.

Pediatric kidney disease.—Kidney disease remains a persistent and little-understood problem among infants, children, and adolescents. The NICHD is encouraged to undertake research to identify factors responsible for poor linear growth, abnormal bone formation and cognitive deficits in children; epidemiological studies designed to quantify the magnitude of the problem and identify which kidney diseases present the highest risk; and initiatives aimed at maximizing the academic potential of children with kidney disease.

Traumatic brain injury (TBI).—The Committee encourages NICHD to continue and enhance the cooperative multi-center traumatic brain injury clinical trials network in order to identify which intervention variables result in improvements in long-term outcomes for individuals with TBI.

Bone density.—The Committee encourages NICHD to conduct research into quantification of bone mass and its biomechanical properties in children, and the relationship of diet and exercise to bone health. The Committee also encourages the expansion of osteogenesis imperfecta research in genetic therapies, drug treatment and rehabilitation.

Bleeding disorders.—The Committee encourages the Institute to work collaboratively with voluntary associations to address issues related to neonatal intracranial hemorrhage and pediatric complications of bleeding disorders, including medical, psychosocial, and quality-of-life issues.

Down syndrome.—About one in 800 babies born alive in the U.S. has Down syndrome, and approximately 350,000 people in the U.S. live with the disorder. The Committee encourages NICHD to place a high priority on researching the causes and treatment of Down syndrome, particularly in the areas of cognitive enhancement and the early onset of dementia. The Committee encourages NICHD to strengthen its support for the production of the Ts65Dn mouse, which is used extensively in the research of Down syndrome and Alzheimer's disease. Current production levels of this mouse strain are not adequate for planned research.

Mucopolysaccharidosis (MPS).—The Committee encourages NICHD to enhance efforts to engage in collaborative research support with NINDS and NIDDK with respect to MPS disorders. The Committee also encourages NICHD to examine the issues pertaining to the loss of cognitive function in those affected by MPS disorders and barriers to delivery of effective therapies to the central nervous system.

Maternal-fetal medicine network.—The Committee recognizes the important contributions of the Maternal-Fetal Medicine Network (MFMU) in addressing clinical questions related to the care and

treatment of high-risk and complicated pregnancies. By studying large numbers of patients, the network has demonstrated that it offers the most effective and cost-efficient way to study high-risk conditions. The Committee encourages NICHD to strengthen its support of the network so that it can continue to address these important research questions, with an emphasis on issues pertaining to preterm births and low birth weight deliveries.

Limb loss.—The Committee is aware of the development of the Amputee Care Center at Walter Reed Army Medical Center to improve the level of care within military medicine for those who are injured and lose limbs. The Committee urges NICHD, working through the National Center for Medical Rehabilitation Research, to work in partnership with Walter Reed to support its efforts to conduct clinical research focused on developing new amputee-care metrics applicable to the rehabilitation of highly active persons with limb loss. Additional clinical research is also needed, however, to better understand the applicability of new technology to various segments of the limb-loss population, including older Americans who might not otherwise ambulate with traditional prosthetic technology. advances have recently been made by the private sector to develop breakthrough prosthetic limb technologies which have dramatically improved the functionality, stamina and psycho-social well being of patients, in particular, the microprocessor-controlled hydraulic fluid swing and stance phase knee device technology. The Committee encourages NICHD to consider supporting this type of research, using all available mechanisms.

Best pharmaceuticals for children.—The Committee recognizes the importance of ensuring that drugs are safe and effective for use by children. The Committee strongly supports the research being conducted by NIH to implement the Best Pharmaceuticals for Children Act of 2002. NICHD should coordinate its activities with other Institutes within NIH for which pediatric pharmacological drug research may have therapeutic relevance. The committee requests NIH to provide by March 30, 2004 information on the number of studies supported; the estimated cost of each study undertaken; the number of label changes resulting from completed studies; the patent status of the drugs studied; and the number of drugs remaining on the priority list.

National children's study.—The Committee continues to support implementation of the national children's study, which aims to quantify the impacts of environmental influences, including physical, chemical, biological and social influences, on child health and development. The Committee encourages NICHD to continue to coordinate closely with the CDC, EPA, other institutes and agencies and non-Federal partners conducting research on children's environmental health and development so that this study can be completed within its original timeframe.

NATIONAL EYE INSTITUTE

The Committee provides $648,299,000 for the National Eye Institute (NEI), which is $15,151,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual func-

tion, 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.

Genetics of retinopathy.—The Committee is aware of the serious problem of retinopathy in individuals with juvenile diabetes. The genetic basis of diabetic retinopathy is currently unknown. The Committee encourages NEI to collaborate with other Institutes on efforts to identify the genes for diabetic complications, including retinopathy, by collecting and analyzing human samples and by developing animal models of disease.

Juvenile diabetes.—The Committee is aware of the importance of early detection to prevent and treat blindness due to retinopathy in individuals with juvenile diabetes and is concerned that many Americans with the disease do not have regular eye exams due to geographic location and/or economic status. The Committee encourages NEI to focus on the development and application of scanning technologies to detect retinopathy that will be highly affordable and widely accessible to primary care physicians so that all Americans with diabetes may benefit from technologies that will allow for early detection.

Ocular albinism.—Ocular albinism is a hereditary, blinding disease that causes terribly distorted vision in children. Victims, who are usually boys and receive the defective gene from their mother, experience nystagmus, photophobia, lack of stereoscopic vision, strabismus, and other symptoms which deny these children the gift of normal vision. In recent years, research has made great strides in the search for improved diagnostic tools and treatments. Recently, the OA1 gene, responsible for most cases of the disease, was identified, and a diagnostic screening test was created to help women determine if they are at risk of passing the disease on to their children. As researchers move closer to understanding how this disease works and developing potential treatments that could improve the vision of children with the condition, the Committee asks NEI to be prepared to report on advances in research on ocular albinism in the fiscal year 2005 hearing.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

The Committee provides $630,774,000 for the National Institute of Environmental Health Science (NIEHS), which is $16,535,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NIEHS mission is to reduce the burden of environmentally related illness and dysfunction by understanding how environmental exposures affect health, how individuals differ in their susceptibility to these effects, and how these susceptibilities change over time. This mission is achieved through multidisciplinary biomedical research programs, prevention and intervention efforts, and communication strategies that encompass training, education, technology transfer, and community outreach.

Lung disease.—The Committee is pleased to note NIEHS's support of studies that establish epidemiological links between environmental exposures and the development of lung disease like asthma and COPD. The Committee encourages the Institute to en-

hance its research into how environmental stimuli interact with the lung to produce lung disease, with emphasis on cellular responses to inhaled pollutants and the subsequent cell signaling steps that lead to disease.

Asthma.—The Committee commends NIEHS for supporting research aimed at determining the relationship between environmental exposures and the development of asthma. The Committee encourages NIEHS to partner with other institutes to develop a multi-center longitudinal study to understand the environmental and genetic risk factors for asthma.

Breast cancer.—The Committee commends NIEHS for its recent efforts to bolster research aimed at discovering the environmental influences on breast cancer. The Committee encourages the Institute to establish a group of breast cancer and environmental research advisers to make recommendations with regard to the support of the breast cancer and environmental research, and to include in the group representatives from the breast cancer community who have the disease. The Committee requests an update at the fiscal year 2005 hearings on the progress in establishing an advisory group. The Committee encourages NIEHS to consider establishing centers to conduct multi-disciplinary and multi-institution research on environmental factors that may be related to breast cancer and to develop a national strategy to address this issue.

Lupus.—In recent years, several clusters of lupus have been reported in which increased exposure to toxic chemicals has been blamed. While previous studies have been inconclusive, environmental factors are suspected of triggering lupus disease activity in people who may be genetically predisposed to developing lupus. The Committee urges NIEHS to enhance its efforts to study the relationship between lupus and environmental factors.

Children's health.—The Committee is pleased that NIEHS, in collaboration with the Environmental Protection Agency, is supporting children's health centers focused on the role that environmental factors play in health issues such as learning disabilities, asthma, developmental deficits and autism. The Committee encourages NIEHS, in continued collaboration with EPA, to consider supporting additional centers of excellence with a focus on disease endpoints in children.

Environmental factors and skin cancer.—Skin cancers are the most common and most curable malignancies, but despite the curability of skin cancer, it causes many deaths because people fail to obtain treatment. The Committee encourages NIEHS to conduct additional research into the development of the disease, in particular how exposure to various chemicals in the environment, such as cigarette smoke, influence its development and progression. Research is also needed that is focused on the various environmental agents that may protect against the development of skin cancers.

Mercury.—In order to properly research gaps in the area of mercury exposure and brain chemistry, and given recent hearings on mercury exposure and relationships between autism and Alzheimer's disease and mercury exposure, NIEHS is encouraged to pursue studies of how inorganic mercury and organic mercury compounds (including ethyl, methyl, and other forms of mercury from both food, pharmaceutical and dental sources) are processed in the bodies of children and adults. NIEHS is also encouraged to support

studies of the toxic effects of inorganic mercury and organic mercury compounds on the nervous systems of young children, adults, and the elderly and methods of properly removing mercury and mercury-containing compounds from the brains of affected humans.

NATIONAL INSTITUTE ON AGING

The Committee provides $994,411,000 for the National Institute on Aging (NIA), which is $813,000 above the fiscal year 2003 comparable level and the same as the budget request.

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.

Alzheimer's disease.—An estimated 4.5 million Americans—almost all of whom are Medicare beneficiaries—suffer from Alzheimer's disease. Their complex health and long-term care needs are driving Medicare and Medicaid costs to unsustainable levels—even though seventy percent of care is provided by families. Within 10 years, annual Medicare costs for beneficiaries with Alzheimer's will increase by 55 percent—to nearly $55 billion; Medicaid costs will go up 80% to nearly $33 billion. That will happen just as baby boomers begin to enter the age of risk. By the middle of the century, as many as 16 million Americans will have Alzheimer's. Science is now at the point where effective treatment and prevention of Alzheimer's are within reach. Scientists are focusing on catching the disease process early, in the ten to twenty years before clinical symptoms become apparent. The Committee encourages NIA to expand its investment in Alzheimer's disease research, including clinical trials for the rapid translation of laboratory findings to effective treatments and prevention, as well as new initiatives in imaging and genetics aimed at finding risk factors and surrogate markers.

Bone diseases.—The Committee encourages NIA to enhance research into the pathophysiology of osteoporosis and Paget's disease and the role of environmental and lifestyle factors associated with these diseases, particularly in men and women of diverse races and ethnicities. The Committee also encourages NIA to coordinate research with the National Institute on Arthritis, Musculoskeletal and Skin Diseases (NIAMS) into treatment for aging-related osteogenesis imperfecta complications.

Down syndrome.—Research has shown that people with Down syndrome have an increased risk of developing Alzheimer's disease. Approximately fifty percent of individuals with Down syndrome over the age of 35 will develop the clinical signs and symptoms of Alzheimer's type dementia. All persons with Down syndrome will develop the neuropathology of Alzheimer's disease, even if they do not demonstrate dementia. Research into the process by which Alzheimer's disease evolves in persons with Down syndrome affords the opportunity to understand an important link between development and aging in all individuals. The Committee encourages NIA to enhance its research into the connection between Down syndrome and Alzheimer's disease.

End-of-life/palliative care.—The Committee encourages NIA to expand research, implementation of insights in practice, and training programs, aiming to understand the mechanisms of disability

and suffering in fatal chronic illness and to prevent and relieve that disability and suffering, particularly with respect to pain management.

Family caregivers.—Since the burdens and challenges of family caregiving are already substantial and are expected to become overwhelming as the ratio of elderly persons to children gets larger, the Committee urges NIA to intensify its research activities to support rapid improvements in understanding human resources, service delivery arrangements, technology, and financing that would be most useful in ensuring comfort and dignity for individuals with fatal chronic illness, and in relieving the burdens borne by family and professional caregivers.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

The Committee provides $502,778,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), which is $16,635,000 above the fiscal year 2003 comparable level and the same as the budget request.

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; orthopaedic disorders, such as back pain and sports injuries; and numerous skin diseases.

Lupus.—Lupus is an autoimmune disease in which the body's immune system, for unknown reasons, attacks healthy tissue and organs, causing inflammation that can lead to organ failure and death. Lupus is the prototypical autoimmune disease and affects mostly women, with the highest prevalence among women of color. There have been no new therapies approved by the U.S. Food and Drug Administration (FDA) in more than three decades. Current therapies can cause life-threatening health effects. The Committee encourages NIAMS to enhance its research efforts on lupus through all available means, as appropriate, to improve understanding of the disease and lead to advances in treatment. There are five areas in which research may yield important new insights, including susceptibility, pathogenesis, inflammation and damage, clinical assessment and therapy. In addition, the Committee encourages NIAMS to facilitate efforts to validate biomarkers for lupus. In recent years, the lupus research community has identified a number of biologic molecules that may serve as effective markers of disease risk, disease activity or severity, clinical features of the disease, or response to potential therapies. Collaborative approaches to research on biomarkers could lead to the development of promising new drugs, and ease the way to approval of these agents by the FDA.

Bone diseases.—The Committee urges NIAMS to explore new avenues for cell- and gene-based therapies for the treatment of bone and cartilage diseases, such as osteoporosis, Paget's disease, and osteogenesis imperfecta, as well as identify new targets for enhancing bone formation and blocking bone destruction.

Duchenne muscular dystrophy.—Duchenne is a degenerative and fatal form of muscular dystrophy that usually takes its victims in their late teens or early twenties. The only treatment is the long-

term use of steroids, which delays the progression of the disease but has many unwanted side effects. The Committee considers this a very important area of research and urges NIAMS, along with NINDS and NICHD, to work to enhance the research efforts into Duchenne muscular dystrophy.

Scleroderma.—The Committee is encouraged by NIAMS's growing interest in scleroderma, a chronic and progressive disease that predominantly strikes women. Scleroderma is disfiguring and can be life-threatening, and effective treatments are lacking. The Committees encourages NIAMS to collaborate with other institutes, including NHLBI, NIDDK, and NIDCR, to generate additional research opportunities for scleroderma to identify genetic risk factors and safe and effective treatments.

Vitiligo treatments for children.—Vitiligo is an environmental and genetic auto-immune disease of unknown origin which affects about three to six million Americans. Almost 50 percent develop the disease in childhood, with the median age of onset at four years of age. In its most severe forms, patients have milky white patches covering widespread areas of the body due to the loss of pigment in these areas. Especially for young children, the physical pain caused by severe burns from the harmful effects of sunlight and the emotional pain caused by people confusing vitiligo with an infectious disease diminishes the quality of a patient's life. There are no FDA-approved treatments for children. The Committee urges NIAMS to enhance research efforts through all available mechanisms, as appropriate, to identify the causes of this disease and develop pediatric treatment options for vitiligo.

Marfan syndrome.—The Committee commends NIAMS for its vital support of research on heritable disorders of connective tissue (HDCT), which includes Marfan syndrome. Marfan syndrome is a life-threatening, progressive and degenerative genetic disorder affecting several organ systems. The Committee encourages NIAMS to collaborate with other Institutes and patient foundations to develop a comprehensive analysis of research opportunities including a multi-institute research plan for Marfan syndrome and related disorders through all available mechanisms, as appropriate.

Pemphigus registry.—The Committee encourages NIAMS to consider establishing a national pemphigus registry, which would be important to the scientific community and patients in identifying the epidemiology, improving the understanding of the potential causes, and assessing the value of therapies for this chronic and life-threatening autoimmune disease.

Burden of skin diseases.—The Committee is pleased that NIAMS held a workshop last fall on the burden of skin diseases. The participants in the workshop recommended that skin disease-specific measures be developed in order to generate data on the incidence, prevalence, economic burden and disability attributable to these diseases. The Committee encourages NIAMS to consider supporting the development of new tools to measure the burden of skin diseases and training researchers in this area.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

The Committee provides $380,377,000 for the National Institute on Deafness and Other Communication Disorders (NIDCD), which

is $9,995,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NIDCD funds and conducts research in human communication. Included in its program areas are research and research training in the normal and disordered mechanisms of hearing, balance, smell, taste, voice, speech and language. The Institute addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders. In addition, the NIDCD is actively involved in health promotion and disease prevention, dissemination of research results, and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

Dysphonia.—The Committee continues to be pleased with NIDCD's expanding intramural research program with respect to dysphonia. The Committee commends NIDCD on the release of a joint program announcement with NINDS, which will lead to a more active extramural research effort on dysphonia, and collaboration with other NIH Institutes on this important disorder.

Neurofibromatosis (NF).—NF accounts for approximately five percent of genetic forms of deafness and, unlike other genetic forms of deafness, NF-associated deafness is potentially preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Research is now being conducted to cure deafness in NF mice through gene therapy, which could prove enormously beneficial for gene therapy in general and for patients suffering from meningiomas and other tumors. The Committee therefore encourages NIDCD to expand its NF research portfolio through all suitable mechanisms, including clinical trials and RFAs.

NATIONAL INSTITUTE OF NURSING RESEARCH

The Committee provides $134,579,000 for the National Institute of Nursing Research (NINR), which is $3,995,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NINR supports and conducts scientific research and research training to reduce the burden of illness and disability; improve health-related quality of life; and establish better approaches to promote health and prevent disease.

Health disparities.—The Committee commends NINR for its longstanding support of research to reduce health disparities among minorities. The Committee notes that NINR plans to increase research to reduce the high rate of low birth weight babies. Emphasis on promoting the health of minority men is another important initiative. To extend these men's lives, research on effective health promotion strategies that reduce stress and risky behaviors, such as smoking and lack of exercise, is needed. The seventeen new nursing partnership centers to reduce health disparities are of special interest to the Committee. NINR's goal of bringing together research-intensive schools of nursing and minority serving schools of nursing into partnerships to promote health disparities research and to expand the number of minority nurse researchers is commendable. The Committee looks forward to learning more about this creative approach.

Nursing interventions for psychiatric populations.—The Committee commends the mentorship program established by NINR in

collaboration with the National Institute of Mental Health (NIMH) to prepare mental health nurse scientists. The Committee urges NINR to continue to partner with NIMH and with psychiatric nursing to: (1) build the capacity to address research questions in treating psychiatric populations, and (2) stimulate research that develops and tests interventions for individuals with co-existing medical and mental illnesses. Such interventions are important given the high prevalence of mental illness, the burden of mental disorders on patients and their families, and the primary role assumed by nurses in providing psychiatric services in diverse settings and systems of care.

Alzheimer's disease.—The Committee is pleased that NINR has increased its research both on Alzheimer patients and those who care for them. For example, a nursing research study is now underway comparing four interventions designed for families coping with the effects of Alzheimer's disease and related disorders. Two home-based and two community-based interventions are being assessed according to the physical and psychological well-being of the caregiver and the cognitive/behavioral functioning and well-being of the person receiving the care. Future findings promise valuable information for nursing, social work and other health disciplines about each intervention's usefulness for particular situations.

Self-management.—The Committee encourages NINR to continue its strong focus on self-management for patients who live with chronic illness. Advancing knowledge of technological innovations that help people manage their own health and promote their quality of life is a key area for research.

End-of-life care.—Dissatisfaction with care during the last stages of life has been widely reported by recent studies. The Committee applauds NINR's plans to focus on children during the end-of-life, especially since the Institute of Medicine recently identified this population as being overlooked by research.

Nurse shortage.—The nursing shortage is of concern to the Committee, not only because of its effects on the health care system, but because it has reduced the number of nurse researchers and educators. NINR's activities to confront this issue by increasing support for training programs, such as fast-track baccalaureate-to-doctoral training and promotion of careers in patient-oriented research, are encouraging. These efforts will play an important role in ensuring an adequate number of nurse researchers and faculty for the future.

Genetics.—Advances in genetics will revolutionize many aspects of health and healthcare. The Committee is pleased that NINR is integrating genetics into nursing research, practice, and education. NINR's annual eight-week Summer Genetics Institute increases expertise in genetics and conveys genetic knowledge that ranges from tailoring drugs according to genotype to providing genetic counseling for individuals and families.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

The Committee provides $430,121,000 for the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which is $14,070,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship of genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol misuse and associated damage and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This program includes various areas of special emphasis such as medications development, fetal alcohol syndrome, genetics, and moderate drinking.

Underage rural drinking.—The Committee understands that alcohol is the number one drug of choice among children and adolescents in this country. There are relatively few studies about the extent of the problem in rural and small urban areas, and the Committee would like to see more research in this area. The Committee commends NIAAA for being one of the scientific leaders in developing prevention/intervention programs for young people with alcohol and risky behavior problems. It encourages NIAAA to provide leadership in developing model longitudinal prevention/intervention community-based programs focusing on how individual families, school and community networks can help reduce high-risk behavior among nine- to fifteen-year olds in rural and small urban areas. These model programs should focus not only on reducing alcohol problems among people in this age group, but should also recognize other high-risk behaviors such as tobacco use, other illegal drug use, risky sexual behavior and psychological and parental risk factors for these problem behaviors. The Committee expects NIAAA to provide leadership by working collaboratively with the Substance Abuse and Mental Health Services Administration, the Department of Education, NIDA and NCI. The Committee encourages NIAAA to utilize the expertise of academic health centers in this effort. The Committee requests that NIAAA be prepared to report its progress in developing model prevention programs during the fiscal year 2005 appropriations hearings.

NATIONAL INSTITUTE ON DRUG ABUSE

The Committee provides $995,614,000 for the National Institute on Drug Abuse (NIDA), which is $33,893,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies; the Institute works to ensure the transfer of scientific data to policy makers, practitioners, and the public.

NATIONAL INSTITUTE OF MENTAL HEALTH

The Committee provides $1,382,114,000 for the National Institute of Mental Health (NIMH), which is $41,100,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NIMH is responsible for research activities that seek to improve diagnosis, treatments, and overall quality of care for persons with mental illnesses. Disorders of high priority to NIMH include schizophrenia, depression and manic depressive illness, obsessive-compulsive disorder, anxiety disorders and other mental and behavioral disorders that occur across the lifespan; these include childhood mental disorders such as autism and attention-deficit/hyperactivity disorder; eating disorders; Alzheimer's disease; and other illnesses. NIMH supports and conducts fundamental research in neuroscience, genetics, and behavioral science. In addition to laboratory and controlled clinical studies, the NIMH supports research on the mental health needs of special populations and health services research.

Alzheimer's disease.—NIMH continues to play an important part in efforts to develop effective treatment strategies for Alzheimer's disease. The Institute is currently recruiting Alzheimer patients to participate in a clinical trial designed to identify the best medication regimen for treating the behavioral problems that co-occur in Alzheimer's disease. The Committee is also pleased to note that through the efforts of its Aging Research Consortium and its collaboration with other NIH institutes including NIA, NIMH is continuing to expand efforts to develop effective treatments for reducing the burdens of Alzheimer's disease. The Committee encourages NIMH to enhance this Alzheimer's portfolio.

Down syndrome.—Persons with Down syndrome have a greater risk of developing disorders such as autism, attention deficit disorder, obsessive-compulsive disorder, anxiety and depression. The Committee encourages NIMH to conduct research on the mental health symptoms of persons with Down syndrome and to investigate effective treatments. The Committee also encourages NIMH to include Down syndrome in its studies of related disorders.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

The Committee provides $478,072,000 for the National Human Genome Research Institute (NHGRI), which is $13,077,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The NHGRI coordinates extramural and intramural research as well as research as well as research training for the NIH component of the Human Genome Project, an effort to determine the location and sequence of the estimated 3,000 genes which constitute the human genome. The Division of Extramural Research supports research on genetic sequences of both human and non-human genomes, DNA sequencing technology development, database management and analysis, and studies of the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the Human Genome Project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene based therapies. Since its establishment the intramural program has developed a strong research program in collaboration with several other NIH institutes to study and better understand rare and complex genetic diseases such as diabetes, heart disease, breast cancer, colon cancer, and melanoma.

ENCODE.—The Committee commends NHGRI for creating the Encyclopedia of Data Elements (ENCODE) project, which has a long term goal of identifying and locating all protein-coding genes, non-protein coding genes and other sequence-based functional elements contained in human DNA sequence. This significant undertaking will help scientists mine and fully utilize the human sequence, gain a deeper understanding of human biology, predict potential disease risk and stimulate new strategies for the prevention and treatment of disease. The Committee would like to receive a report on the progress of this effort prior to next year's hearings.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

The Committee provides $282,109,000 for the National Institute of Biomedical Imaging and Bioengineering (NIBIB), which is $3,830,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The mission of the Institute is to improve health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences.

NATIONAL CENTER FOR RESEARCH RESOURCES

The Committee provides $1,053,926,000 for the National Center for Research Resources (NCRR), which is $84,895,000 below the fiscal year 2003 comparable level and the same as the budget request. The Committee does not include bill language identifying funding for extramural facility construction, which is the same as the Administration request. $120,000,000 was provided in fiscal year 2003 for extramural construction. The Committee notes that more than $68,000,000 was provided in fiscal year 2003 through the Health Resources and Services Administration for biomedical research facility construction and renovation.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin biomedical research. The NCRR programs develop a variety of research resources; provide 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.

Institutional development awards (IDeA).—The Committee has identified $210,000,000 for this program, which is the same as the Administration request and the fiscal year 2003 level. The program is comprised of the Centers of Biomedical Research Excellence (COBRE) program and Biomedical Research Infrastructure Network (BRIN) program. The focus of IDeA should continue to be on improving the necessary infrastructure and strengthening the biomedical research capacity and capability of research institutions within the IDeA states.

Clinical trials.—The Committee commends the National Center for Research Resources for its leadership in funding innovative clinical trials systems. The Committee encourages NCRR to evaluate clinical research partnerships with minority-serving institutions and to expand its support for clinical trials networks for or-

phan diseases, such as the cystic fibrosis (CF) clinical trials network. This clinical trials system holds promise as a model for other orphan diseases, and the Committee encourages NCRR to consider strategies for the replication of this network for other orphan diseases.

Animal resources at minority health professions schools.—The Committee commends NCRR for its support of recent efforts to upgrade animal research facilities at minority health professions schools including the recent competitive supplement to Research Centers in Minority Institutions (RCMI) for developing and improving institutional animal resources. These upgrades are necessary to assist these institutions in complying with federal regulations and attain accreditation by the appropriate scientific organizations. The Committee encourages NCRR to continue to work in partnership with the National Center on Minority Health and Health Disparities to support this important initiative.

National primate research centers.—The Committee values the important role played by the eight national primate centers. In the past several years, there has been an extensive expansion of the breadth and volume of demands for primate center resources. The Committee encourages NCRR to increase the base support for these centers and to conduct a periodic assessment of primate center needs. The first of these assessments should be submitted at the time of the FY 2005 budget request.

Health disparities centers.—The Committee commends NCRR for its proposal to establish comprehensive centers for health disparities research and looks forward to learning more about this important new initiative during the FY05 hearing process.

Research centers at minority institutions (RCMI).—The Committee continues to recognize the important role played by minority institutions at both the graduate and undergraduate level in addressing the health research and training needs of minority populations. These programs help facilitate the preparation of a new generation of scientists at these institutions. The Research Centers in Minority Institutions (RCMI) program continues to address these problems. The Committee encourages NCRR to strengthen participation from minority institutions and increase resources available in this area. The Committee also encourages NCRR to work with minority institutions with a track record of producing minority scholars in science and technology.

General clinical research centers (GCRC).—The Committee recognizes that GCRCs across the country play an important role in NIH efforts to translate basic science discoveries into vaccines, treatments, and cures for disease. The Committee encourages NIH to upgrade GCRC facilities with the sophisticated technologies needed to apply the mapping of the human genome to the study of human disease and response to the threat of bioterrorism and to support local GCRC pilot projects as approved by the NCRR Advisory Council.

Islet resource centers.—The Committee commends NCRR for establishing 10 sites for isolation, purification, and characterization of insulin-producing cells and encourages NCRR to consider expanding this effort. The Committee also encourages NCRR to facilitate this important research by isolating insulin-producing cells for

both distribution to researchers and by improving methods to store and transport insulin-producing cells.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

The Committee provides $116,202,000 for the National Center for Complementary and Alternative Medicine (NCCAM), which is $2,795,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The Center was established to stimulate, develop, and support rigorous and relevant research of high quality and open, objective inquiry into the safety and effectiveness of complementary and alternative medicine practices in order to provide the American public with reliable information about these practices.

Liver disease.—The Committee is aware of efforts to synthesize and calibrate the production of milk thistle for use in clinical trials to demonstrate its value to slow the progression of nonalcoholic steatohepatitis and to reduce the side effects of hepatitis C interferon treatments. The Committee encourages NCCAM to support research into milk thistle.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

The Committee provides $192,724,000 for the National Center on Minority Health and Health Disparities (NCMHD), which is $7,010,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The Center conducts and supports research, training, information dissemination and other programs aimed at reducing the disproportionately high incidence and prevalence of disease, burden of illness and mortality experienced by certain American populations, including racial and ethnic minorities and other groups, such as the urban and rural poor, with disparate health status.

Cancer in minority communities.—The Committee commends NCMHD for its leadership in addressing the disproportionate impact of cancer in minority communities. The Committee encourages NCMHD to consider collaborating with NCRR and NCI in supporting the establishment of a cancer center at a historically minority institution focused on research, treatment and prevention of cancer in African American and other minority communities.

Glomerular injury.—The Committee understands that glomerular injury, a group of diseases which affect the filtering mechanisms of the kidney, are more prevalent among African Americans than the general population. The Committee urges NCMHD to explore collaboration with NIDDK to conduct and support research activities related to glomerular injury.

Lupus.—Lupus is an inflammatory autoimmune disease affecting 1,500,000 Americans and is two to three times more common among African Americans, Native Americans, Hispanics and Asians than among Caucasians. The Committee is concerned by a report from the U.S. Centers for Disease Control and Prevention which notes a significant rise in lupus mortality among older African American women over a twenty-year period, and that African Americans are three times more likely to die from lupus than Caucasians. The Committee encourages NCMHD to increase research

on lupus to better understand why lupus is more common and more severe among people of different non-Caucasian racial and ethnic origins.

Scleroderma.—The Committee encourages the Center to support research that furthers the understanding of causes and consequences of scleroderma, a chronic, degenerative disease of collagen production, present among African Americans, Hispanic and Native American men and women. The Center is encouraged to establish epidemiological studies to address the prevalence of scleroderma among these populations, as statistics indicate that African Americans have a slightly higher incidence of scleroderma. This population is also likely to be diagnosed at a younger age and tend to be diagnosed more often with the diffuse form of scleroderma.

Research endowment.—The Committee commends NCMHD for its leadership in addressing the longstanding problem of health status disparities in minority and medically underserved populations. The Committee continues to encourage NCMHD to implement its successful research endowment program as an ongoing initiative.

Hepatitis C.—The Committee remains concerned about the disproportionate burden of hepatitis C on African Americans and Hispanics. The incidence is high and the response to treatment is low. The Committee encourages NCMHD to work with NIDDK and NIAID to expand research to improve treatment effectiveness and safety, and to partner with CDC and nonprofit groups to implement a prevention and education campaign targeted at high-risk populations.

Project EXPORT.—The Committee commends NCMHD for its successful "Project EXPORT" initiative and urges continued support for this important program.

Palliative care.—Palliative care relieves the suffering and improves the quality of life for persons with advanced and terminal illnesses and their families. The Committee is aware of evidence regarding the inadequacy of palliative care, particularly among minority populations. The Committee encourages NCMHD to support research aimed at identifying the reasons for these disparities and developing responsive interventions.

JOHN E. FOGARTY INTERNATIONAL CENTER

The Committee provides $64,266,000 for the Fogarty International Center (FIC), which is $801,000 above the fiscal year 2003 comparable level and the same as the budget request.

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

NATIONAL LIBRARY OF MEDICINE

The Committee provides $316,040,000 for the National Library of Medicine (NLM), which is $15,905,000 above the fiscal year 2003 comparable level and the same as the budget request.

Mission.—The National Library of Medicine collects, organizes, disseminates, and preserves biomedical literature in all forms, regardless of country of origin, language, or historical period. The Library's collection is widely available; it may be consulted at the NLM facility on the NIH campus; items may be requested on interlibrary loan; and the extensive NLM bibliographic databases may be searched online by health professionals around the world. NLM has a program of outreach to acquaint health professions with available NLM services. The Library also is mandated to conduct research into biomedical communications and biotechnology; to award grants in support of health science libraries and medical informatics research and training; and to create specialized information services in such areas as health services research, environmental health, AIDS, hazardous substances, and toxicology.

Outreach.—The Committee encourages NLM to continue its outreach activities aimed at educating health care professionals and the general public about the library's products and services, in coordination with medical librarians and other health information specialists.

PubMed Central.—The Committee commends NLM for its leadership in developing PubMed Central, an electronic online repository for life science articles. 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.

Minority health.—The Committee encourages NLM to enhance its support of annual conferences sponsored by the minority health professions community designed to foster increased interest among minority students in the fields of biomedical science and bioinformatics.

Clinical vocabulary standards.—The Committee notes the contribution of NLM to the development of standardized clinical data vocabularies that play a key role in improving interoperability of medical information systems. The committee supports NLM's efforts to expand the Unified Medical Language System (UMLS) to enable it to serve as a major vehicle for facilitating the exchange of clinical health information. Through common standards, patient care will be improved, errors will be reduced, and the communication of health information among disparate health care systems will be greatly enhanced.

Restrictions on access to research data.—The Committee is concerned by reports that there has been a significant change in the availability of research data internationally and a dramatic rise in medical research data subscription costs. NLM is encouraged to examine how the consolidation of for-profit biomedical research publishers, with their increased subscription charges, has restricted access to vital research information to not-for-profit libraries. The Committee would like a report by March 1, 2004, about potential remedies to ensure that taxpayer-funded research remains in the public domain and steps that can be taken to alleviate this restrictive trend in information technology.

Bioethics literature.—As Congress and other Federal and state decision makers contemplate important policy decisions in the field of bioethics, the Committee commends NLM for its support of the National Reference Center for Bioethics Literature (NRCBL) and the Bioethics Information Retrieval (BIR) Project. The NRCBL and BIR Project have created comprehensive interdisciplinary information resources which serve as models for bioethics research centers worldwide. The Committee is aware that the NLM is undertaking a review of how it manages bioethics research materials. As that process moves forward, the Committee would like to be kept fully informed about that review.

OFFICE OF THE DIRECTOR

The Committee provides $317,983,000 for the Office of the Director (OD), which is $51,751,000 above the fiscal year 2003 comparable level and the same as the budget request. The bill repeats language included in prior years authorizing the collection of third party payments for the cost of clinical services, providing the Director of NIH with one percent transfer authority, and allocating up to $500,000 of funds within the Office of the Director appropriation for the Foundation for the National Institutes of Health.

The Committee provides $45,000,000 within the Office of the Director for the Director's Discretionary Fund (DDF), which is the same as the Administration request and $25,130,000 above the fiscal year 2003 comparable level. The Director is encouraged to maximize the use of the fund to implement the "roadmap" being developed by NIH to structure its future research portfolio. Within the "roadmap" research supported by the DDF, the Committee urges the Director to emphasize translational and clinical research designed to expedite delivery of new treatments with therapeutic promise and cures to patients with serious and degenerative illnesses. The Committee also encourages the Director to use the one percent transfer authority that is provided in the bill to allocate additional resources to clinical and translational research identified in the roadmap.

The Committee has not approved the Administration proposal to give NIH authority to fund the multi-year cost of grants in the first year of their award and has not included the proposed general provision authorizing this action. In a budget with smaller than average increases for most Institutes, multi-year funding of the awards that are made would have an unacceptable impact on the volume of awards. The Committee suggests that the Administration not propose this approach without the funding increases necessary to stabilize the number of new grants awarded. Multi-year funding should not be expanded to grants beyond the limited number of small grants that historically are multi-year funded.

Mission.—The Office of the Director provides leadership to the NIH research enterprise and coordinates and directs initiatives which cross-cut the NIH. The OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to operations of the NIH.

Office of Research on Women's Health.—The Office of Research on Women's Health (ORWH) works in collaboration with the Institutes and Centers of NIH to promote and foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and/or the initiation of new investigative studies. The ORWH is responsible for ensuring the inclusion of women in clinical research funded by NIH, including the development of a computerized tracking system and the implementation of guidelines on such inclusion. This Office is also involved in promoting programs to increase the number of women in biomedical science careers, and in the development of women's health and sex and gender factors in biology as a focus of medical/scientific research.

The Committee remains strongly supportive of the work done by the Office of Research on Women's Health. In recent years, the office (working with various institutes) created the BIRCWH training program (Building Interdisciplinary Research Careers in Women's Health) and the SCOR (Specialized Centers of Research on Sex and Gender Factors Affecting Women's Health) program. These have been major steps forward in women's health research. The Committee encourages the Director to provide adequate funding for ORWH so that it will be able to offer a second round of SCOR grants in FY04 and to expand the BIRCWH program.

Scleroderma.—The Committee strongly supports the development of new research initiatives to support interdisciplinary research centers that will focus on scleroderma, a chronic, degenerative disease of collagen production, that strikes mainly women and effects multiple systems including digestive, kidney, heart, lung and skin often leading to premature death.

Irritable bowel syndrome.—The Committee is pleased with the increased focus on irritable bowel syndrome (IBS) at the ORWH. It is estimated that over 60 million Americans, disproportionately women, suffer from IBS.

Uterine fibroids.—Twenty to thirty percent of women in the U.S. of reproductive age suffer from uterine fibroids, a benign tumor that affects their reproductive health. Research on treatment has been limited, and often women have unnecessary hysterectomies when less costly and invasive treatments may be possible. In conjunction with NICHD, NIEHS, and NCMHD, ORWH is encouraged to intensify and coordinate programs to support research on uterine fibroids.

Office of AIDS Research.—The Office of AIDS Research (OAR) is responsible for coordination of the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. The OAR develops a comprehensive plan for NIH AIDS-related research activities which is updated annually. The plan is the basis for the President's budget distribution of AIDS-related funds to the Institutes, and centers within NIH. The Committee expects the Director of NIH to use this plan and the budget developed by OAR to guide his decisions on the allocation of AIDS funding among the Institutes. The Director of NIH also should use the full authority of his office to ensure that the Institutes and Centers spend their AIDS research dollars in a manner consistent with the plan. In addition, the OAR allocates an emergency AIDS discretionary fund to sup-

port research that was not anticipated when budget allocations were made.

The Committee has included the same general provisions in bill language that were contained in the 2003 appropriations bill. This language permits the Director of OAR, jointly with the Director of NIH, to transfer between Institutes and Centers up to three percent of the funding determined by NIH to be related to AIDS research. This authority could be exercised throughout the fiscal year subject to normal reprogramming procedures, and is intended to give NIH flexibility to adjust the AIDS allocations among Institutes if research opportunities and needs should change. The Committee also repeats language from last year's bill making the research funds identified by NIH as being AIDS related available to the OAR account for transfer to the Institutes. This provision permits the flow of funds through the OAR in the spirit of the authorization legislation without requiring the Congress to earmark a specific dollar amount for AIDS research.

Office of Dietary Supplements.—The Office of Dietary Supplements (ODS) was established in recognition that dietary supplements can have an important impact on the prevention and management of disease and on the maintenance of health. ODS is charged with promoting, conducting, and coordinating scientific research within NIH relating to dietary supplements.

Office of Behavioral and Social Sciences Research.—The Office of Behavioral and Social Sciences Research (OBSSR) provides leadership and direction for the development of a trans-NIH plan to increase the scope of and support for behavioral and social science research and in defining an overall strategy for the integration of these disciplines across NIH institutes and centers; develops initiatives to stimulate research in the behavioral and social sciences arena and integrate a biobehavioral perspective across the research areas of NIH; and promotes studies to evaluate the contributions of behavioral, social and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems.

Office of Rare Disease Research.—The Office of Rare Disease Research (ORD) was established in recognition of the need to provide a focal point of attention and coordination at NIH for research on rare diseases. ORD works with Federal and non-Federal national and international organizations concerned with rare disease research and orphan products development; develops a centralized database on rare diseases research; and stimulates rare diseases research by supporting scientific workshops and symposia to identify research opportunities. The Committee applauds ORD for its efforts to support the translation of basic research findings into improved treatments for orphan diseases. The Committee encourages the Office to increase its support for demonstration or pilot projects aimed at the development of interventions for orphan diseases, including cystic fibrosis. There is a pressing need for enhanced federal involvement in such programs, which are consistent with Congressional intent in passing the Rare Diseases Act of 2001.

The Committee notes the significant number of rare liver diseases including primary biliary cirrhosis, primary sclerosing cholangitis and autoimmune hepatitis. The Committee encourages ORD to work closely with NIDDK to develop an appropriate re-

sponse to address these significant diseases and to work toward a comprehensive research agenda.

Clinical research.—The promise of medical research is greater now than ever before. Strong and sustained investments of taxpayer dollars in basic biomedical research over the past five decades have generated a wealth of knowledge about the fundamental mechanisms of human health and disease. To reap the full harvest of these discoveries, the public now requires careful attention to and investment in the translation of these fundamental scientific advances into improved patient care, a task carried out in large part through clinical research conducted by the nation's academic health centers. The Committee notes, however, that an increasing number of impediments to the translation of these remarkable research discoveries into practice, including rising costs, unfunded regulatory mandates, fragmented clinical research infrastructure, incompatible data bases, and a severe and growing shortage of qualified clinical investigators and willing participants. The Committee commends the NIH leadership for their efforts to critically examine and to re-engineer the clinical research enterprise to more efficiently translate clinical research advances into new treatments and improved medical care. The Committee recommends that as part of the "roadmap" initiative, the Director develop recommendations for addressing these impediments, with special consideration given to: providing clinical research infrastructure support grants to eligible institutions; support and/or restructuring of the institutional review board system; and the harmonization and streamlining of NIH, FDA, NSF and DoD regulations governing clinical research. The Committee would like to hear NIH's response to these recommendations in the fiscal year 2005 hearings.

Practice-based clinical research networks.—Clinical research is more important now than ever before to translate advances in basic science into better diagnosis, prevention, treatment, and cure of disease and to provide high-quality evidence of diagnosis and treatment effectiveness to fully integrate into daily practice decisions. Placing clinical studies at the community practice level will ensure adequate representation of patients from all age, sex, and cultural groups in clinical studies, and will also increase the number of practicing clinicians who are trained to undertake clinical research. A model for such networks has been established by the Agency for Healthcare Research and Quality (AHRQ). The Committee encourages the Director of the NIH to consider incorporating the AHRQ practice-based networks into NIH-supported clinical trials in order to include specialty practitioners who care for the most common health problems of the American people.

Graduate training in clinical investigation awards.—The Committee is concerned that NIH has not implemented the graduate training in clinical investigation awards program. This program was authorized in the Clinical Research Enhancement Act to provide tuition and stipend support for students seeking advanced degrees in clinical research. The awards were intended to complement the NIH clinical research curriculum awards, a major NIH initiative aimed at establishing training programs to reverse the shortage of well-trained clinical investigators. While the Committee is pleased that numerous curriculum awards have been provided across the country, it is concerned that these awards do not include

student stipend/tuition awards. The Committee encourages NIH to implement training in clinical investigation awards in 2004 or to report to the Committee by March 1, 2004 why it has chosen not to do so.

Physical sciences.—The Committee recognizes that breakthroughs in the physical sciences underpin many of the remarkable advances in the life sciences that have been achieved during the last century. Biomedical research now involves not only molecular biologists but also chemists, bioengineers, bio-imaging experts, physicists, mathematicians, computer scientists, and other professionals. Increasingly, the boundaries between the life sciences and the physical sciences are being blurred, as capacities and talents bridging the disciplines are essential for modern experimentation and discovery. Accordingly, the Committee believes that a major effort must be undertaken to promote the advancement of research at the interface between the life sciences and the physical sciences. This interface occurs in many agencies including NIH, HSF, Office of Science, Department of Energy, DARPA, NASA, NOAA, and others. The Committee suggests that NIH work with all such agencies to convene a conference to discuss what needs to be done to encourage progress in the physical sciences that will provide support and underpinning in the future for advances in the life sciences.

Autism.—The Committee encourages NIH to expand the research portfolios (basic and applied) at the Centers for Excellence in Autism as well as the Collaborative Programs for Excellence in Autism. The Committee strongly encourages NIH leadership, as well as individual institutes such as NICHD and NIMH, to coordinate a tissue bank program that will synchronize autism spectrum disorder brain banking and data management, and track research among all participants in the tissue collection program. The Committee further encourages NIH to work closely with the Interagency Autism Coordinating Committee in developing and implementing the matrix it is developing for autism spectrum disorder research. The Committee also encourages NIH to look at collaborative opportunities for joint projects and conferences with national autism organizations that will foster greater participation in research activities by investigators entering the field.

The Committee continues to be aware of concerns about reports of a possible association between the measles component of the measles-mumps-rubella (MMR) vaccine and a subset of autism termed autistic entercolitis. The Committee continues its interest in this issue and urges the Interagency Coordinating Committee to continue to give serious attention to these reports. The Committee also urges NIH to continue to pursue appropriate research that will permit scientific analysis and evaluation of the concerns that have been raised through all available mechanisms, as appropriate, including an attempt to replicate the molecular evidence of persistent measles virus infection in children with autistic entercolitis. The research should be pursued in a way that does not cause undue harm to the Nation's efforts to protect children against vaccine-preventable diseases.

The Committee encourages NIH to pursue the recommended research initiatives outlined in the Institute of Medicine's (IOM) Immunization Review Committee reports. These reports have identified the research needed to better understand why a small number

of children suffer severe adverse reactions to childhood vaccines. This research is important for developing better screening capabilities and enhancing the public confidence in the national immunization programs.

Genomics.—The Committee recognizes the important role that genomics and genetics plays in the progression of disease and believes that every institute has a key role to play in moving genomics to the clinical setting through the use of next generation technologies. The Committee urges the Director to continue to ensure that the institutes and centers are pursuing every available opportunity to advance this critical research.

Scleroderma.—The Committee strongly supports the development of new research initiatives to support interdisciplinary research mechanisms that will focus on scleroderma, a chronic, degenerative disease of collagen production, that strikes mainly women and effects multiple systems including digestive, kidney, heart, lung and skin often leading to premature death.

Microbicide research.—HIV is a serious and growing women's health issue. As of the end of 2002, half of the world's HIV/AIDS-infected people were women. This trend devastates families and puts children at risk. Consensus has emerged across the public health, biomedical, and behavioral research communities that the range of preventive interventions for HIV transmission must be expanded, with particular focus on options women can control, such as microbicides. More than sixty potential microbicides are in various stages of development at public and private research entities around the globe. Designed for maximum safety and effectiveness, these products are also being designed to be inexpensive, readily available, and widely acceptable. Microbicides are critical until a range of HIV-preventive vaccines become available, and would be a necessary and complementary preventive technology thereafter as well. The Committee is supportive of additional support for this area through OAR, NIAID, NICHD, NIMH, NIDA, and ORWH. The Committee is concerned that microbicide research at NIH is conducted under several institutes, with no single line of administrative accountability and no specific funding coordination. The Committee urges NIH to continue implementation of the 5-year strategic plan for microbicide research and development, and to accelerate and strengthen efforts to coordinate research among institutes and with other Federal agencies. To accelerate implementation of the strategic plan, the Committee encourages NIH to consider establishing a lead office to support implementation and coordination of the work encompassed by the plan. The Committee requests a report by March 31, 2004 on the status of its microbicide program, including research efforts, anticipated funding and staffing levels and implementation of the strategic plan.

Physical inactivity and disease.—The Committee encourages NIH to integrate current research concerned with the impact of physical inactivity on human health, as well as the molecular mechanisms underlying disease prevention and treatment by exercise/activity, into a coordinated NIH-wide strategic research plan that confronts physical inactivity as a major cause of chronic health disorders. Physical inactivity, as a major catalyst of disease, represents a leading cause of death in the U.S. and is a major contributor to obesity and Type 2 diabetes, other important predictors of mor-

bidity and mortality. The Committee encourages NIH to stimulate research investigators to bring their research expertise to bear on physical inactivity and disease.

Research infrastructure at minority health professions institutions.—The Committee continues to be pleased with the NIH Director's implementation of various programs focused on developing research infrastructure at minority health professions institutions. The Committee recommends that the NIH Director work closely with the Director of the NCMHD to ensure coordination among these various mechanisms to partner with minority health professions schools to address their infrastructure needs.

Lupus.—Lupus is an inflammatory autoimmune disease which affects more than 1.5 million Americans, 90% of whom are women. Lupus causes the immune system to attack the body's own cells and organs, including the kidneys, heart, lungs, brain, blood and skin. Lupus is two to three times more common among African Americans, Native Americans, Hispanics, and Asians, than among Caucasians. Lupus is a disease of rampant, uncontrolled inflammation caused by multiple genes. It already is known that genes which regulate how immune system cells recognize foreign invaders in the body, and genes that modify the immune response, are involved in lupus. Therefore, scientists know some of the specific proteins that trigger lupus. New strategies in molecular medicine can now be applied to improve the function of these proteins and prevent lupus flares. Because lupus is a multifaceted disease, the Committee encourages the Director to ensure that all relevant institutes are working closely and collaboratively to maximize the output of their investment in lupus research.

Tuberous sclerosis.—Tuberous sclerosis complex (TSC) is a genetic disorder that attacks many of the body's vital organs including brain, heart, kidneys, lungs, eyes and skin. TSC is characterized by tumor growth and lesions of the central nervous system that can result in seizures, autism, mental retardation and kidney failure. An estimated 50,000 Americans are thought to suffer from TSC, but because it is not widely known by the general public, nor commonly recognized by medical professionals, the number of individuals with TSC could be far greater. Because of the effects of TSC on multiple organ systems, the Committee urges the NIH Director to formulate an NIH-wide research agenda and report on this effort during the FY2005 hearings.

Lymphangioleiomyomatosis (LAM).—The Committee remains very interested in efforts to find a cure for LAM, a progressive and often fatal lung disease with no effective treatment. The Committee understands that very recent scientific findings have presented new treatment approaches for clinical testing. The Committee urges the FDA, NCI, ORD and NHLBI to explore opportunities for funding clinical treatment trials through both intramural and extramural means and to use all available mechanisms, as appropriate, including support state-of-the-science symposia and facilitating access to human tissues, to stimulate a broad range of clinical and basic LAM research.

Asian-Pacific Islanders.—According to the HHS report Healthy People 2010, the rapidly growing and diverse Asian American and Pacific Islander (AAPI) populations on the US mainland, Hawaii, and Pacific Regions, reflect a number of health disparities, includ-

ing in substance abuse. There is not adequate research data to address the increased incidence of substance use and abuse among AAPI youth and adults. The Committee encourages NIH to increase its efforts to address the need for substance abuse research among Asian American and Pacific Islander populations.

Cooperation with the Department of Veterans Affairs.—The Committee applauds the increasing research collaboration between NIH and the Department of Veterans Affairs and notes that the DVA system of 173 hospitals and 771 clinics represents a significant resource to facilitate and accelerate clinical research. In particular, the Committee encourages NIH to increase its cooperative efforts with the DVA to diagnose and manage the medical issues associated with hepatitis C and liver cancer.

Hepatitis C clinical trial research network.—The Committee notes that the hepatitis C consensus development conference recommended the creation of a clinical trial research network focused on hepatitis C but also intended to be useful to advancing an understanding of hepatitis C co-infection with HIV and hepatitis B. Since this research affects several institutes, the Committee encourages the Director of NIH to monitor that such a network be broadly representative across NIH research portfolios.

Parkinson's disease.—The Committee supports the Director of NIH in his commitment to develop and implement a thorough plan for Parkinson's research. The Committee encourages NIH to devote resources to implement the plan developed using all available mechanisms and to consider including Parkinson's disease as a key part of the Director's clinical and translational research "roadmap" supported with the Director's discretionary fund.

Rett syndrome.—Rett syndrome is a genetically inherited neurological disorder seen almost exclusively in females and found in many racial and ethnic groups worldwide. Rett syndrome affects approximately one in ten thousand live births per year. The Committee is encouraged by the advances that have taken place in Rett syndrome research, in particular the discovery of the MECP2 gene as the main cause of this devastating disorder, the discovery of which may hasten the search for treatment and potentially shed light on other neurologically based communicative disorders. The Committee encourages NIH to target its research efforts to ascertain how the MECP2 and its protein affect other genes and tissues during the development of the nervous system and to develop animal models, as well as genotype and phenotype investigations of Rett syndrome. The Committee notes there is a need for expanded research on the daily problems that affect children with Rett syndrome, including autonomic disorders, such as respiratory, gastrointestinal, circulatory and cardiac disorders, seizures, and scoliosis. Additionally, the Committee recognizes that research in applied areas such as interventions and technological aids for improved literacy and communication will improve the quality of life for Rett syndrome patients and those with other communicative disorders. Since Rett syndrome is a multi-faceted disorder, the Committee encourages NIH to promote continuity across Institutes in their Rett syndrome research.

Research training.—The Committee recognizes the continuing need for young investigators and clinical scientists, and encourages NIH to increase its support for research training and loan repay-

ment programs. The Committee is aware that the National Academy of Sciences is currently conducting its Congressionally-authorized study of research personnel needs with regard to the National Research Training Awards. This Committee has expressed interest in this study in the past, and is looking forward to receiving NAS's recommendations with regard to health research training priorities.

Prevention research and training.—The Committee recognizes that NIH has a broad portfolio of prevention research programs and encourages the Director to continue collaborating with CDC in order to maximize health returns for the American public.

Pseudo-xanthoma elasticum.—Pseudo-xanthoma elasticum is a rare inherited skin disease that is often not visible in early life, but in more severe cases may manifest in childhood. The disorder involves the elastic tissue in the skin, but also can result in macular degeneneration and hardening of the arteries. The Committee encourages NIH, through NIAMS, NEI and NHLBI, to support research regarding treatments and cures for pseudo-xanthoma elasticum.

Cost-effectiveness research.—Another round of cost increases threatens the healthcare delivery system, and many health care experts predict nine percent increases for the foreseeable future. Unfortunately, the same new biomedical research discoveries that provide new remedies for health problems may in some case contribute to higher health care costs. The Committee recognizes the need to ensure that increased investment in biomedical research does not price quality health care out of the reach of many Americans. Providers, patients, and health care payers need objective, scientific information to understand which new interventions are more effective than existing practices, which groups of patients are most likely to benefit, the degree of improvement compared to the cost, and the relative risks for the patient of alternative interventions. The Director is encouraged to make this type of research a higher priority across each of the institutes and centers and report to the Committee at the end of fiscal year 2004 a summary of grants awarded with a focus on findings related to reducing the cost of health care.

Hyperbaric oxygen.—Based on anecdotal evidence collected by clinicians in the field of hyperbaric medicine, hyperbaric oxygen therapy (HBOT) is currently in widespread use in medical practice. NIH is encouraged to support meritorious research in this area, especially in basic science, in order to gather evidence regarding the efficacy of HBOT. When appropriate, clinical studies to test the safety and efficacy of this treatment for a variety of conditions, such as organ transplantation, limb reattachment, and before and after surgical procedures involving tourniqueting of extremities, as well as for treatment of hermorrhagic shock, brain injury, multiple trauma injury and multiple trauma crash injury, should be conducted. These studies should include adult and pediatric populations when possible. NIH is also encouraged to work with professional organizations interested in HBOT as this research moves forward to understand which new interventions are more effective than existing practices, which groups of patients are most likely to benefit, the degree of improvement compared to the cost, and the relative risks for the patient of alternative interventions. The Director is encouraged to make this type of research a higher priority

across each of the Institutes and centers and report to the Committee at the end of fiscal year 2003 a summary of grants awarded.

BUILDINGS AND FACILITIES

The Committee provides $80,000,000 for buildings and facilities, which is $546,687,000 below the fiscal year 2003 comparable level and the same as the Administration request. The fiscal year 2003 appropriation included more than $500 million in one-time facilities costs.

Mission.—The Buildings and Facilities appropriation provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the National Institutes of Health. The funds in this appropriation support the 77 buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the United States.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The Committee provides a program level of $3,345,000,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is $133,260,000 above the fiscal year 2003 comparable level and $64,315,000 below the budget request.

SAMHSA is responsible for supporting mental health and alcohol and drug abuse prevention and treatment services nationwide through discretionary targeted capacity expansion and knowledge application grants, formula block grants to the States and associated technical assistance efforts. The agency consists of three principal centers: the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. The Office of the Administrator is responsible for overall agency management.

The provision of a seamless system of services for the chronically homeless represents a pressing problem facing providers in the overlapping jurisdictions of Housing and Urban Development and the Departments of Health and Human Services and Veterans Affairs. The Committee supports the budget request for the Samaritan Initiative, a supportive housing and services program designed to end the problem of chronic homelessness, within the Center for Mental Health Services and the Center for Substance Abuse Treatment.

The Committee expects that no less than the amounts allocated in fiscal year 2003 will be spent in fiscal year 2004 for activities throughout SAMHSA that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. These activities include treatment of mental health disorders related to HIV disease and expansion of service capacity of substance abuse treatment and prevention programs that provide services to high-risk communities of color.

Center for Mental Health Services

The Committee provides a total of $863,925,000 for the Center for Mental Health Services (CMHS), which is $29,919,000 above the budget request and $7,438,000 above the fiscal year 2003 comparable level.

Programs of regional and national significance

The Committee provides $237,000,000 for mental health programs of regional and national significance, which is $25,243,000 above the budget request and $7,443,000 below the fiscal year 2003 comparable level. The program includes studies that identify the most effective service delivery practices, knowledge synthesis activities that translate program findings into useful products for the field, and knowledge application projects that support adoption of exemplary service approaches throughout the country.

The Committee expects that no less than the funds allocated in fiscal year 2003 will be allocated in fiscal year 2004 for the post-traumatic stress disorder program.

The mental health needs of our Nation's seniors are largely ignored within our mental health system. Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meals sites, primary care settings and others is needed. The Committee recommends that no less than $5,000,000 be allocated to continue and expand the work that SAMHSA began in prior fiscal years to provide evidence-based mental health outreach and treatment services to the elderly.

Within funds provided, the Committee recommends that no less than $7,000,000 be provided for grants for jail diversion programs. This program provides grants to States or localities, Indian tribes, and tribal organizations, acting directly or through agreements with other public or nonprofit entities, to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

Suicide continues to be the third leading cause of death for teens, but only one-third of youth with mental illness, one of the major risk factors for suicide, are identified and are in treatment. Evidence-based screening tools to detect at-risk youth are available. Some school districts have taken advantage of this and offer students a voluntary, school-based mental health check-up. Such screening should occur with parental and youth consent, and with a commitment to make treatment available for those found to be at-risk. The Committee urges SAMHSA to make these efforts more widely known and to collaborate with other Federal agencies, specifically the Department of Education and the Department of Justice, as well as public and private entities, to provide voluntary mental health check-ups to all school-aged youth. The Committee directs SAMHSA to report on steps being taken to promote this effort prior to the fiscal year 2005 appropriations hearings.

Mental health block grants

The Committee provides $435,000,000 for mental health block grants, which is $2,000,000 above the budget request and $2,140,000 below the fiscal year 2003 comparable level. The block grants provide funds to States to support mental health prevention, treatment, and rehabilitation services. Funds are allocated accord-

ing to statutory formula among the States that have submitted approved annual plans. The Committee notes that the mental health block grant funding represents less than 2 percent of total State mental health funding and less than 5 percent of State community-based mental health services.

Children's mental health

The Committee provides $108,000,000 for the grant program for comprehensive community mental health services for children with serious emotional disturbance, which is $9,948,000 above the fiscal year 2003 comparable level and $1,306,000 above the budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents up to age 22 with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care. Each individual served receives an individual service plan developed with the participation of the family and the child. Grantees are required to provide increasing levels of matching funds over the six-year grant period.

Grants to states for the homeless (PATH)

The Committee provides $50,055,000 for the grants to States for the homeless (PATH) program, which is $6,982,000 above the fiscal year 2003 comparable level and the same as the budget request. PATH grants to States provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and advocacy

The Committee provides $33,870,000 for the protection and advocacy program, which is $1,370,000 above the budget request and $91,000 above the fiscal year 2003 comparable level. This funding is distributed to States according to a formula based on population and income to assist State-designated independent advocates to provide legal assistance to mentally ill individuals during their residence in State-operated facilities and for 90 days following their discharge.

Center for Substance Abuse Treatment

The Committee provides a total of $2,191,816,000 for the Center for Substance Abuse Treatment (CSAT), which is $182,806,000 above the fiscal year 2003 comparable level and $150,000,000 below the budget request.

The Committee emphasizes the importance of the development and implementation of performance measures and expects that performance measurement will be an integral part of all substance abuse treatment programs. The Committee is pleased that SAMHSA is developing the new treatment voucher program with performance as an important component. It is the Committee's ex-

pectation that SAMHSA will begin integrating performance measurement into the Substance Abuse Prevention and Treatment Block Grant in fiscal year 2004 as States prepare to move to the Performance Partnership Grant program. As data become available on the development of performance guidelines and of the actual performance of these programs, the Committee strongly urges SAMHSA to provide the Congress periodic updates. SAMHSA should be prepared to testify on the performance of these programs at the fiscal year 2005 appropriations hearing.

Programs of regional and national significance

The Committee provides $417,278,000 for substance abuse treatment programs of regional and national significance, which is $100,000,000 above the fiscal year 2003 comparable level and $139,538,000 below the budget request. The program supports activities to improve the accountability, capacity and effectiveness of substance abuse treatment services and services delivery. These activities include targeted capacity expansion initiatives to help communities respond to serious, emerging and unmet treatment needs and best practices initiatives to translate science into services through monitoring and accreditation of treatment programs, training, dissemination and knowledge application activities. The program promotes the adoption of science- and evidence-based treatment practices by developing and field testing new treatment models in order to facilitate the provision of quality treatment services and service delivery. These activities are undertaken in actual service settings rather than laboratories and results are disseminated to State agencies and community treatment providers. The goal is to promote continuous, positive treatment service delivery change for those people who use and abuse alcohol and drugs.

The Committee provides $100,000,000 for the "Access to Recovery" substance abuse treatment voucher initiative rather than $200,000,000 as requested. The Committee supports the Administration's commitment to increase substance abuse treatment capacity, consumer choice, and comprehensive treatment options. The Committee is concerned, however, that SAMHSA has not previously piloted the program on a smaller scale and recommends that the funding provided be used to establish the program in States that have the necessary infrastructure to administer this new and innovative program. To the extent that data are available, the Committee encourages SAMHSA to report to the Committee regularly on the status and continued design and enhancement of the program.

According to Healthy People 2010, the rapidly growing and diverse Asian American and Pacific Islander (AAPI) populations on the U.S. mainland, Hawaii, and Pacific Regions, are experiencing a number of critical health disparities. The increased incidence of substance use and abuse among AAPI youth and adults has gone unaddressed due to the lack of relevant data and research, culturally competent service programs, and the lack of awareness among constituent communities. The Committee urges SAMHSA to increase its work with the network of AAPI community-based organizations, constituents, and other community members to create greater awareness about substance abuse and to improve substance abuse services for the AAPI communities.

Substance abuse block grants

The Committee provides $1,774,538,000 for the substance abuse block grants, which is $20,606,000 above the fiscal year 2003 comparable level and $10,462,000 less than the budget request. The substance abuse block grants provide funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated among the States according to a statutory formula. State applications including comprehensive State Plans must be approved annually by SAMHSA as a condition of receiving funds.

The Committee is very interested in the innovative treatment voucher initiative and understands that the State of Maine has been implementing a voucher program with their State funds for five years. As the voucher system is developed, the Committee urges SAMHSA to examine ways in which to promote this funding option and to encourage States to incorporate vouchers into their State plans.

Center for Substance Abuse Prevention

Programs of regional and national significance

The Committee provides $198,000,000 for the substance abuse prevention programs of regional and national significance, which is $49,814,000 above the budget request and $889,000 above the fiscal year 2003 comparable level. The program identifies and disseminates science-based substance abuse prevention approaches.

Program management

The Committee provides $91,259,000 for program management activities, of which $16,000,000 is provided through the evaluation set-aside as requested. The fiscal year 2004 level is $5,952,000 above the budget request and $4,327,000 above the fiscal year 2003 comparable level. The appropriation provides funding to coordinate, direct, and manage the agency's programs. Funds are used for salaries, benefits, space, supplies, equipment, travel and overhead.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The Committee provides a total of $303,695,000 for the Agency for Healthcare Research and Quality (AHRQ), which is the same as the fiscal year 2003 comparable level and $24,695,000 above the budget request. This amount is funded from one percent evaluation funding.

The mission of the Agency is to generate and disseminate information that improves the delivery of health care. Its research goals are to determine what works best in clinical practice; improve the cost-effective use of health care resources; help consumers make more informed choices; and measure and improve the quality of care.

The Committee provides $245,695,000 for research on health costs, quality, and outcomes, which is $2,000,000 below the fiscal year 2003 comparable level and $24,695,000 above the budget request. This program identifies the most effective and efficient approaches to organize, deliver, finance, and reimburse health care services; determines how the structure of the delivery system, financial incentives, market forces, and better information affects

the use, quality, and cost of health services; and facilitates the translation of research findings for providers, patients, plans, purchasers, and policymakers. It also funds research that determines what works best in increasing the cost effectiveness and appropriateness of clinical practice; supports the development of tools to measure and evaluate health outcomes, quality of care, and consumer satisfaction with health care system performance; and facilitates the translation of information into practical uses through the development and dissemination of research databases.

The Committee does not approve the Administration's proposal to shift $10,000,000 from AHRQ to the Department of Commerce for the Current Population Survey (CPS) and does not intend for AHRQ funds to be used for that purpose. While the Committee supports improvements to the CPS, it does not believe that AHRQ's modest budget should be the source of the funding. Instead, the Committee intends that these funds be invested in non-patient safety health costs, quality and outcomes research.

Within the total for research on health costs, quality, and outcomes, the Committee provides $75,000,000 for patient safety activities, which is $20,000,000 above the fiscal year 2003 comparable level and $9,000,000 below the budget request. This amount includes funding for the patient safety hospital information technology initiative. As part of its patient safety activity, the Committee encourages AHRQ to conduct pilot projects to demonstrate the feasibility and value of standards-based electronic health care data interchange.

The Committee encourages AHRQ to support the acceleration of the adoption and use of standards and technology to support quality and safety, working with public-private sector partnerships such as the Foundation for eHealth Initiative to conduct pilot projects that demonstrate both the feasibility and value of standards-based electronic health care data interchange, to address patient safety.

Health care costs.—The cost of health care delivery continues to rise with many health care experts predicting double digit increases for the foreseeable future. There is some concern that new biomedical research discoveries that provide new remedies for health problems may also contribute to higher health care costs when they are used inappropriately. The Committee recognizes the need to ensure that increased investment in biomedical research does not price quality health care out of reach of many Americans. Providers, patients and health care payers need objective, scientific information to understand which new interventions are more effective than existing practices, which groups of patients are most likely to benefit, the degree of improvement compared to the cost, and the relative risks for the patient of alternative interventions. The Committee suggests that AHRQ expand its efforts to support research and clinical effectiveness trials that will develop scientific evidence regarding the relative effectiveness, outcomes, risks and costs of promising new interventions in comparison with existing practices, especially those that have the potential to reduce health care costs without reducing quality. The agency is also encouraged to support an initiative to identify and make easily accessible the findings of existing, scientifically sound, cost-effectiveness studies of new clinical interventions and technologies.

Primary immunodeficiency diseases (PI).—The Committee remains concerned with the underdiagnosis of this class of diseases. Research has shown that screening of health records in a hospital emergency department can result in significant increases in the identification of these patients. The Committee encourages AHRQ to support evidence-based research projects focused on the diagnosis of PI in large urban health care systems and to disseminate evidence-based reports to physicians and other health care professionals.

Treatment of chronic rhinosinusitis.—The National Health Interview Survey indicates that sinusitis is the most common chronic health complaint in the United States. An estimated 31 million Americans experience rhinosinusitis each year, accounting for 18 million annual visits to primary care physicians at an estimated direct healthcare cost of almost $6 billion. The Committee encourages AHRQ to support studies of overall clinical effectiveness of the treatment of chronic rhinosinusitis, comparing the effectiveness of medical and surgical treatment options, and assessing the impact of co-morbid diseases such as asthma, allergy and immunodeficiency on treatment effectiveness.

The Committee provides $55,300,000 for the Medical Expenditures Panel Surveys (MEPS), which is $2,000,000 above the fiscal year 2003 comparable level and the same as the budget request. The MEPS provide data for 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. This activity also provides data for analysis of changes in behavior as a result of market forces or policy changes on health care use, expenditures, and insurance coverage; develops cost/savings estimates of proposed changes in policy; and identifies the impact of changes in policy for subgroups of the population.

For program support, the Committee provides $2,700,000 which is the same as the fiscal year 2003 level and the budget request. This activity supports the overall direction and management of the agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The Committee provides $130,892,197,000 for the Federal share of current law State Medicaid costs, which is $18,801,979,000 above the fiscal year 2003 comparable level and $6,000,000,000 above the budget request. This amount does not include $51,861,386,000, which was advance funded in the fiscal year 2003 appropriation. In addition, the Committee provides an advance appropriation of $58,416,275,000 for program costs in the first quarter of fiscal year 2005. The Committee has included $6,000,000,000 for the temporary increase in the Federal match rate provided in Public Law 108–27. The Committee has also included indefinite budget authority for unanticipated costs in fiscal year 2004.

Federal Medicaid grants reimburse States for 50 to 83 percent (depending on per capita income) of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States have broad authority within the law to set eligibility, coverage, and

payment levels. It is estimated that 43 million low-income individuals will receive health care services in 2004 under the Medicaid program. State costs of administering the program are matched at rates that generally range from 50 to 90 percent, depending upon the type of cost. Total funding for Medicaid includes $980,196,000 for the entitlement Vaccines for Children program. These funds, which are transferred to the Centers for Disease Control and Prevention for administration, support the costs of immunization for children who are on Medicaid, uninsured or underinsured and receiving immunizations at Federally qualified health centers or rural health clinics. Indefinite authority is provided by statute for the Vaccines for Children programs in the event that the current estimate is inadequate.

Payments to health care trust funds

The Committee provides $95,084,100,000 for the Payments to the Health Care Trust Funds account, which is $13,621,400,000 above the fiscal year 2003 comparable level and the same as the budget request.

This entitlement account includes the general fund subsidy to the Medicare Part B trust fund as well as other reimbursements to the Part A trust fund for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions. The amount provided includes $201,100,000 for program management administrative expenditures, which is $36,400,000 above the fiscal year 2003 estimate of the general fund share of CMS program management expenses. This general fund share will be transferred to the Federal Hospital Insurance Trust Fund to reimburse for the funds advanced by the trust fund in fiscal year 2004 to finance the general fund portion of Program Management.

Program management

The Committee makes available $2,698,025,000 in trust funds for Federal administration of the Medicare and Medicaid programs, which is $133,134,000 above the fiscal year 2003 comparable level and $35,482,000 below the budget request.

Research, demonstration, and evaluation

The Committee provides $27,918,000 for research, demonstration and evaluation, which is $45,794,000 below the fiscal year 2003 comparable level and $35,482,000 below the budget request. These funds support a variety of studies and demonstrations in such areas as monitoring and evaluating health system performance; improving health care financing and delivery mechanisms; modernization of the Medicare program; the needs of vulnerable populations in the areas of health care access, delivery systems, and financing; and information to improve consumer choice and health status. The reduction below last year's level is primarily due to the funding of one-time projects.

The Committee is encouraged by the L.A. Care Health Plan's development of a one-stop, on-line eligibility screening tool, which was funded, in part, by CMS. The screening tool expedites enrollment in public and private health care options for both individuals and families and provides instant information on health care op-

tions, eligibility, and referrals in English and Spanish. The Committee understands that field testing at various sites, including faith-based, school, community, provider, and employer-based sites, is currently underway. The Committee requests that CMS report by March, 2004 on the results of the filed testing that has been completed, the appropriateness of this screening tool for use in other localities and States, how the screening tool could be improved, and what additional resources would be needed to implement this screening tool on a nationwide basis.

The Committee is pleased with CMS's proposal to provide demonstration grants to states to test innovative asthma disease management techniques for children enrolled in Medicaid. The Committee encourages CMS to provide this program with the necessary funding to carry out this initiative.

Medicare operations

The Committee provides $1,776,889,000 to support Medicare claims processing contracts, which is $110,209,000 above the fiscal year 2003 comparable level and the same as the budget request. The bill includes a general provision implementing the Administration's proposal to assess user fees to providers that submit incomplete or duplicate claims. The funds made available for Medicare operations will be reduced by $98,000,000 upon enactment of this provision. $126,000,000 is included within this account to begin implementation of the reforms to the Medicare appeals process mandated in the Benefits Improvement and Protection Act of 2000 and to begin to conduct Medicare hearings currently conducted by the Social Security Administration. An additional $3,000,000 is included for those activities in Federal administration.

Medicare contractors are responsible for paying Medicare providers promptly and accurately. In addition to processing claims, contractors also identify and recover Medicare overpayments, as well as review claims for questionable utilization patterns and medical necessity. Contractors also provide information and technical support both to providers and beneficiaries regarding the administration of the Medicare program. In 2004, contractors are expected to process 1.1 billion claims.

The Committee understands that CMS has waived the five percent cap on transferring funds among functions as part of a pilot with three contractors. The Committee recommends that the waiver be extended to all contractors so they have greater flexibility to manage their resources in a manner that best matches programmatic needs and address mid-year addenda to budget instructions, new performance requirements and unanticipated increases in workload. The Committee requests CMS to report on the initial pilot and its plans to extend the waiver to all contractors in its fiscal year 2005 congressional justification.

Revitalization plan

The Committee provides $65,000,000, to remain available for two years, as the first year investment in CMS's efforts to make significant improvements to key aspects of managing both the agency and the Medicare program. Funding in fiscal year 2004, the first year this funding was requested by the Administration, will target systems-related improvements.

State survey and certification

The Committee provides $247,647,000 for State inspections of facilities serving Medicare and Medicaid beneficiaries, which is $5,096,000 below the fiscal year 2003 comparable level and the same as the budget request.

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys. Over 71,000 surveys and complaint investigations will be performed in fiscal year 2004.

Federal administration

The Committee provides $580,571,000 to support Federal administrative activities related to the Medicare and Medicaid programs, which is $8,815,000 above the fiscal year 2003 comparable level and the same as the budget request. This amount includes $13,000,000 for the Healthy Start, Grow Smart program as requested by the Administration. $3,000,000 is included within this account to begin implementation of the reforms to the Medicare appeals process mandated in the Benefits Improvement and Protection Act of 2000. The Committee repeats language from last year's enacted bill to identify $56,991,000 for the contract costs of the Health-care Integrated General Ledger Accounting System.

The Medicare, Medicaid, and Children's Health Insurance programs ensure the health care security of over 82 million beneficiaries. The Federal Administration budget provides funds for the staff and operations of CMS to administer these programs.

The Committee is aware that a proposed rule to revise the Medicare hospital conditions of participation was issued in December, 1997, and has never been finalized. Among other things, the proposed rule would have removed many of the overly prescriptive requirements in current regulations regarding the types of practitioners who may perform particular functions in a hospital, deferring instead to applicable State law. One such requirement is that only a doctor of medicine or osteopathy (or in certain cases, an oromaxillofacial surgeon) may provide a physical examination and take a medical history for a hospital inpatient. The omission of doctors of podiatric medicine from this list has resulted in situations in which an inpatient, who is under the care of a podiatrist, must be seen by a doctor of medicine or osteopathy for a history and physical, thereby resulting in unnecessary and wasteful expenditure of program funds. The Committee views this limitation as outdated because of evidence that the curricula of colleges of podiatric medicine fully prepare podiatrists to perform this function. The Committee encourages CMS to issue a final regulation adding doctors of podiatric medicine to the list of those who may provide a history and physical for patients admitted to a hospital if permitted by State law.

The Committee commends CMS for issuing a program memorandum to clarify that Medicare beneficiaries who are blind or visually impaired are eligible for physician-prescribed rehabilitation services on the same basis as beneficiaries with other medical conditions. The Committee notes the impact of vision loss on bene-

ficiaries' ability to function normally, and believes that vision rehabilitation services provided in a clinical setting may be enhanced by a brief course of additional vision rehabilitation in the home. The Committee encourages CMS to direct carriers and intermediaries to recognize the delivery of additional vision rehabilitation services in the home that are included in a clinical care plan.

The Committee is concerned about patient access to care with plasma-derived and recombinant protein therapies (collectively, "plasma therapies"). There are protein replacement or augmentation treatments used to treat diseases, such as Alpha-1 Antitrypsin Deficiency, primary immunodeficiencies and those with bleeding disorders. The Committee encourages CMS to amend the definition of blood and blood products for hospital outpatients to reflect the need to provide continuing access to plasma therapies used to treat chronic, life-threatening conditions and diseases.

The Committee is concerned about the reimbursement levels that the Medicare program provides for immunizations. Many States apply these rates to the immunizations for their Medicaid programs, which may affect the availability of childhood immunizations. The Committee encourages CMS to review its Medicare immunization rate policy and consider whether reimbursements should be tied more specifically to the number of immunizations administered in a single office visit.

The Committee has great concern about a May 19th proposed rule issued by CMS that effectively would eliminate graduate medical education payments to hospitals for non-hospital based residency training programs, including dental training, contrary to the provisions included in the Balanced Budget Act of 1997. It is the Committee's understanding that such action could result nationally in the loss of more than five hundred dental residencies and more than three hundred thousand dental patient visits, many of which are in medically underserved areas. The Committee urges CMS to reconsider the proposed policy change in light of the number of residency and faculty positions that would be eliminated, the additional costs that would accrue to States, and the resulting significant loss of medical and oral health services to all patient populations, but especially to uninsured and underserved populations.

The Committee notes that the Kaiser Commission recently reported that approximately 5 million older Americans are missing out on hundreds of federal and State pharmacy benefits, discount cards and other assistance programs. The Committee is aware that the National Council on the Aging has developed an Internet-based prescription drug data base that provides information on approximately 260 public and private programs to assist seniors in determining what help is available to pay for prescription drugs. The Committee encourages CMS to consider supporting this data base to help maintain free access for seniors to this information. This data base is a useful interim tool as Congress works towards the creation and implementation of a new prescription benefit under Medicare.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee provides $3,292,970,000 for the Child Support Enforcement program, the same as the budget request. The bill also provides $1,200,000,000 in advance funding for the first quarter of fiscal year 2005 to ensure timely payments for the child support enforcement program, the same as the request. The bill continues to provide estimated funding of $23,000,000 for Payments to Territories, the same as the fiscal year 2003 level and the budget request. The bill provides $1,000,000 for the repatriation program, the same as the fiscal year 2003 level and the budget request.

LOW-INCOME HOME ENERGY ASSISTANCE

The Committee provides an appropriation of $1,800,000,000 for the Low Income Home Energy Assistance Program (LIHEAP). This is $111,050,000 more than the fiscal year 2003 comparable level and $200,000,000 below the budget request. The Committee provides $1,700,000,000 of these funds through the regular formula program and $100,000,000 in contingent emergency funding. The budget request included $300,000,000 in contingent emergency funding.

The LIHEAP program provides assistance to low-income households to help pay the costs of home energy. Funds are provided through grants to States, Indian Tribes and territories, and are used for summer cooling and winter heating/crisis assistance programs.

REFUGEE AND ENTRANT ASSISTANCE

The Committee provides $461,853,000 for refugee assistance programs. This is $227,000 more than the budget request and $16,195,000 than the fiscal year 2003 comparable level.

In addition, the bill provides the Office of Refugee Resettlement (ORR) the authority to carry over unexpended funds from fiscal year 2004 to reimburse the costs of services provided through September 30, 2006.

It is estimated that approximately $23,800,000 will be available in fiscal year 2004 from carryover funds, and the Committee intends that these funds be used under social services to increase educational support to schools with a significant proportion of refugee children for the development of alternative cash assistance programs that involve case management approaches to improve resettlement outcomes. Such support should include intensive English language training and cultural assimilation programs.

Transitional and medical services

The Committee provides $200,193,000 for transitional and medical services. This is the same level as the budget request and $19,660,000 less than the fiscal year 2003 comparable level. The bill continues the policy of providing eight months of assistance to new arrivals. The transitional and medical services program provides funding for the State-administered cash and medical assistance program that assists refugees who are not categorically eligi-

ble for TANF or Medicaid, the unaccompanied minors program that reimburses States for the cost of foster care, and the voluntary agency grant program in which participating national refugee resettlement agencies provide resettlement assistance with a combination of Federal and matched funds.

Victims of trafficking

The Committee provides up to $10,000,000 for the victims of trafficking program. This is $65,000 more than the fiscal year 2003 comparable level and the same as the budget request. The funds will ensure continued administration of a national network for identification, tracking and certification of trafficking victims.

Social services

The Committee provides $153,121,000 for social services. This is $2,982,000 more than the fiscal year 2003 comparable level and the same as the budget request. Funds are distributed by formula as well as through the discretionary grant making process for special projects.

Preventive health

The Committee provides $4,835,000 for preventive health services. This is $31,000 more than the fiscal year 2003 comparable level and the same as the budget request. These funds are awarded to the States to ensure adequate health assessment activities for refugees.

Targeted assistance

The Committee provides $49,477,000 for the targeted assistance program. This is $322,000 more than the fiscal year 2003 comparable level and the same as the budget request. These grants provide assistance to areas with high concentrations of refugees.

Unaccompanied minors

The Committee provides $34,227,000 for the unaccompanied minors program. This is $227,000 more than the budget request and the same as the fiscal year 2003 comparable level. Funds were transferred to the Office of Refugee Resettlement in fiscal year 2003 from the Immigration and Naturalization Service pursuant to section 462 of the Homeland Security Act. The program is designed to provide for the care and placement of unaccompanied alien minors.

Victims of torture

The Committee provides $10,000,000 to provide a comprehensive program of support for domestic centers and programs for victims of torture. This is $65,000 more the fiscal year 2003 comparable level and the same as the budget request.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

The bill includes $2,099,729,000 for the Child Care and Development Block Grant program, an increase of $13,385,000 above the fiscal year 2003 comparable level and the same as the budget request.

The Child Care and Development Block Grant program was originally enacted in the Omnibus Budget Reconciliation Act of 1990 to increase the availability, affordability and quality of child care by providing funds to States, Territories and Indian Tribes for child care services for low-income families. The authorization for mandatory appropriations for child care in the amount of $2,717,000,000 is also requested for fiscal year 2004.

SOCIAL SERVICES BLOCK GRANT

The Committee provides $1,700,000,000 for the social services block grant (SSBG). This is the same as the fiscal year 2003 level and the budget request.

SSBGs are designed to encourage States to furnish a variety of social services to needy individuals to prevent and reduce dependency, help individuals achieve and maintain self-sufficiency, prevent or reduce inappropriate institutional care, secure admission or referral for institutional care when other forms of care are not appropriate, and prevent neglect, abuse and exploitation of children and adults.

Funds are distributed to the territories in the same ratio such funds were allocated in fiscal year 1981. The remainder of the appropriation is distributed to the States and the District of Columbia according to population.

The bill includes a provision that modifies the percentage of funds that a State may transfer between the Social Services Block Grant and the Temporary Assistance to Needy Families programs to 5.5%.

DISABLED VOTER PROGRAMS

The Committee provides $15,000,000 for Disabled Voter programs. This is the same as the fiscal year 2003 level. No funding was requested for this program. Within the funds provided, $13,000,000 is available for State access grants and $2,000,000 is available for State protection and advocacy systems.

The Disabled Voter programs are intended to make polling places accessible and provide equal access and participation for individuals with disabilities and for other voters, such as older Americans. The protection and advocacy program will ensure that individuals can fully participate in the electoral process, including registering to vote, accessing polling places, and casting a vote.

CHILDREN AND FAMILY SERVICES PROGRAMS

The Committee provides $8,599,670,000 for children and family services programs. This is $30,606,000 less than the fiscal year 2003 comparable level and $87,712,000 less than the budget request. This account finances a number of programs aimed at enhancing the well-being of the Nation's children and families, particularly those who are disadvantaged or troubled.

Head Start

The bill includes $6,815,570,000 for the Head Start program for fiscal year 2004, an increase of $148,037,000 over the fiscal year 2003 amount and the same as the budget request. Of this total, the

Committee continues the policy of advancing $1,400,000,000 of this account into fiscal year 2005.

Head Start provides comprehensive development services for children and their families. Intended for preschoolers from low-income families, the program seeks to foster the development of children and enable them to deal more effectively with both their present environment and later responsibilities in school and community life. Head Start programs emphasize cognitive and language development, emotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least ten percent of enrollment opportunities in each State are made available to handicapped children.

Grants to carry out Head Start programs are awarded to public and private non-profit agencies. Grantees must contribute 20 percent of the total cost of the program; this is usually an in-kind contribution. The Head Start Act does not include a formula for the allotment of funds to local grantees; however, it does require that 87 percent of the appropriation be distributed among States based on a statutory formula. In addition, grants, cooperative agreements and contracts are awarded in the areas of research, demonstration, technical assistance and evaluation from the remaining 13 percent.

The Committee believes that the Head Start program holds great potential for closing the achievement gap between low-income children and their more-advantaged peers. However, the Committee also believes that, as scientific research increases our understanding of how the brain develops and the importance of early linguistic stimulation in young children, Head Start should be able to do more to develop pre-literacy skills in the children it serves so that every Head Start child enters kindergarten ready to read and learn. To that end, the Committee encourages Head Start programs to place a greater focus on literacy-rich activities during the Head Start day. The Committee supports the efforts of the Administration in this regard.

The Committee also believes that a greater link needs to be made between Head Start centers and the school systems which will eventually serve these children. The Committee is aware that such links frequently do occur, and that in many cases a school system also serves as the Head Start center grantee. However, the Committee continues to be concerned that not enough emphasis is placed upon the transition from pre-school to regular school for these children and that gains made in Head Start are sometimes lost once the child enters the regular school system. Therefore, the Committee encourages Head Start centers and school districts to develop stronger partnerships to ensure a smooth transition between Head Start and kindergarten. Specifically, the Committee encourages collaboration between Head Start and school districts in the approval of curriculum and professional development for the school readiness portion of the program, and recognizes the importance of partnerships in the approval and performance of professional development of the teachers in the program.

Consolidated runaway and homeless youth program

The Committee provides $88,043,000 for runaway and homeless youth activities, a decrease of $1,935,000 less than the fiscal year

2003 comparable level and the same as the budget request. Within the funds provided, $61,630,000 is available for the basic center program and $26,413,000 is available for the transitional living program.

The Runaway and Homeless Youth Program provides grants to local public and private organizations to establish and operate local runaway and homeless youth centers to address the crisis needs of runaway and homeless youth and their families. Grants are used to develop or strengthen community-based centers, which are outside the law enforcement, juvenile justice, child welfare, and mental health systems.

It is the Committee's expectation that current and future transitional living program grantees will continue to provide transitional living opportunities and supports to pregnant and parenting homeless youth, as is their current practice. To further ensure that pregnant and parenting homeless youth are able to access transitional living opportunities and supports in their communities, the Committee encourages the Secretary, acting through the network of federally-funded runaway and homeless youth training and technical assistance providers, to offer guidance to grantees and others on the programmatic modifications required to address the unique needs of pregnant and parenting youth and on the various sources of funding available for residential services to this population.

Maternity group homes

The Committee has not included funding for this new program. The budget request is $10,000,000.

The Committee is aware of the need for and shares the Administration's interest in funding residential services for young mothers and their children who are unable to live with their own families because of abuse, neglect, or other circumstances. The Committee notes that pregnant and parenting youth are currently eligible for and served through the Transitional Living Program.

Prevention grants to reduce abuse of runaway youth

The Committee provides $14,999,000 for prevention grants to reduce abuse of runaway youth. This is the same as the budget request and $400,000 less than the fiscal year 2003 comparable level. This program is designed to reduce the sexual abuse of runaway youth.

This program provides grants to support street-based outreach and education to runaway, homeless, and street youth who have been sexually abused or are at-risk of sexual abuse, in order to connect these young people with services and a chance for a safe and healthy future. The street outreach program ensures rapid engagement with young people in an effort to prevent the most terrible situations that take place when they are subjected to life on the streets—physical and sexual abuse, assault, commercial sexual exploitation, disease, long-term homelessness, and even death.

Child abuse

For child abuse prevention and treatment, the Committee provides $48,314,000. This is same as the budget request and $7,401,000 less than the fiscal year 2003 comparable level. The recommendation includes $22,013,000 for State grants. This is

$143,000 more than the fiscal year 2003 level and the same as the budget request.

Abandoned infants assistance

The Committee provides $12,086,000 for the Abandoned Infants Assistance Act. This is same as the budget request and $40,000 less than the fiscal year 2003 comparable level. The purpose of this program is to provide financial support to public and non-profit private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children; identify and address their needs, especially those infected with HIV; assist such children to reside with their natural families or in foster care, as appropriate; provide respite care for families and caregivers; and recruit and train caregivers. Grantees must establish a care plan and case review system for each child.

Child welfare services and training

The Committee provides $291,986,000 for child welfare services. This is $1,898,000 more than the fiscal year 2003 comparable amount and the same as the budget request. This program authorized by title IV B of the Social Security Act provides grants to States to assist public welfare agencies to establish, extend, and strengthen child welfare services in order to enable children to remain in their homes under the care of their parents, or, where that is not possible, to provide alternative permanent homes for them.

The Committee provides $7,470,000 for child welfare training. This is $21,000 more than the fiscal year 2003 comparable level and the same as the budget request. The Committee recognizes the need for trained, skilled and qualified child welfare protection personnel. This program provides teaching and traineeship grants to schools of social work to train social workers in the specialty of child welfare.

The Committee continues to be concerned about the crisis existing in child welfare agencies across the country. As States work to improve their child welfare workforce through targeted training, it is vital that an independent evaluation of the effectiveness of those training programs be conducted. The Committee is aware of the work of the National Resource Center on Child Welfare Training and Evaluation at the University of Louisville and urges the Administration for Children and Families to continue to partner with them as we seek to improve the effectiveness of child welfare workers.

Adoption opportunities

The Committee provides $27,343,000 for adoption opportunities. This is $116,000 more than the fiscal year 2003 comparable level and the same as the budget request. The Adoption Opportunities Program provides funding specifically targeted to improving the adoption of children with special needs and minority children and for providing for innovative services that support families involved in adoption.

Adoption incentives

The Committee provides $43,000,000 for the adoption incentives program. This is $280,000 more than the fiscal year 2003 com-

parable level and the same as the budget request. This program was authorized in the Adoption and Safe Families Act of 1997. These funds are used to pay bonuses to States that increase their number of adoptions from the public foster care system. This should make adoption a higher priority at the State level.

Adoption awareness

The Committee provides $12,906,000 for the adoption awareness program. This is the $84,000 more than the fiscal year 2003 comparable level and the same as the budget request. This program was authorized in the Child Health Act of 2000. The adoption awareness program provides training to designated staff of eligible health centers in providing adoption information and referrals to pregnant women on an equal basis with all other courses of action included in non-directive counseling to pregnant women.

Compassion capital fund

The Committee provides $50,000,000 for the compassion capital fund. This is $15,228,000 more than the fiscal year 2003 comparable level and $50,000,000 less than the budget request. This program supports the creation of grants to public/private partnerships to support charitable organizations in expanding or emulating model social services agencies.

Social services and income maintenance research

The Committee provides $5,982,000 for social services and income maintenance research. This is the same level as the budget request and $22,767,000 less than the fiscal year 2003 comparable level. These funds support research, demonstration, evaluation and dissemination activities. Areas covered include welfare reform, child care, and child welfare.

The Committee is pleased with the results of the Administration for Children and Families' (ACF) work with the State information technology consortium, an effort that is helping States with the difficult task of streamlining service delivery, while also meeting Temporary Assistance for Needy Families (TANF) record-keeping and reporting requirements. As a result of this collaborative effort, States and ACF are now able to share systems information on TANF, child support enforcement, child welfare and childcare activities. The Committee is also pleased with the Child Support Enforcement program's work with the consortium, an effort that is improving the child support collection process by using web-based technologies to speed the flow of information between relevant agencies and the court system. The Committee recommends that both collaborative efforts with the State information technology consortium be continued at their current levels.

Community-based resource centers

The Committee provides $33,403,000 for community-based resource centers. This is $203,000 more than the fiscal year 2003 comparable level and the same as the budget request. The purpose of the program is to assist each State in developing and operating a network of community-based, prevention-focused family resource and support programs that coordinate resources among a broad range of human service organizations.

Developmental disabilities

For programs authorized by the Developmental Disabilities Assistance Act, the Committee provides $145,500,000. This is $5,058,000 more than the budget request and $737,000 more than the fiscal year 2003 comparable level. The account total includes $71,500,000 for allotments to the States to fund State Councils, $1,700,000 more than the budget request and $365,000 more than the fiscal year 2003 comparable level. These Councils engage in such activities as planning, policy analysis, demonstrations, training, outreach, interagency coordination, and public education. They do not provide direct services to the developmentally-disabled population.

In addition, $36,500,000 will be available to the States to be used for operating an advocacy program to protect the rights of the developmentally disabled. This is $1,500,000 more than the budget request and $237,000 more than the fiscal year 2003 comparable level.

The Committee provides $12,500,000 for special discretionary projects for training, technical assistance and demonstration. This is $858,000 more than the budget request and $97,000 more than the fiscal year 2003 comparable funding level.

The Committee provides a total of $25,000,000 for grants to university affiliated facilities and satellite centers to support the cost of administering and operating demonstration facilities and interdisciplinary training programs. This is $1,000,000 more than the budget request and $38,000 more than the fiscal year 2003 comparable level. These are discretionary grants to public and private non-profit agencies affiliated with a university. These grants provide basic operational and administrative core support for these agencies. In addition, these funds support interdisciplinary training, community services, technical assistance to State agencies and information dissemination.

The Committee recognizes the growing crisis in recruiting and training quality direct support professionals to serve people with mental retardation and other developmental disabilities living in the community. The Department of Health and Human Services is encouraged to work with the Department of Labor to establish a joint commission to examine recruitment and retention of direct support professionals that includes all relevant stakeholders, from both for profit and not-for-profit providers, and to make recommendations to address the critical shortage of this workforce.

Native American programs

The Committee provides $45,119,000. This is the same as the budget request and $338,000 less than the fiscal year 2003 comparable level. The Administration for Native Americans assists Indian Tribes and Native American organizations in planning and implementing their own long-term strategies for social and economic development. In promoting social and economic self-sufficiency, this organization provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

Community Services

The Committee provides $577,562,000 for Community Services activities. This is $25,250,000 more than the budget request and $156,947,000 less than the fiscal year 2003 comparable level.

State block grant

For the State Block Grant, the Committee provides $494,964,000. This is the same as the budget request and $150,798,000 less than the fiscal year 2003 comparable level. This program provides grants to States for services to meet employment, housing, nutrition, energy, emergency services, and health needs of low-income people. By law, 90 percent of these funds are passed directly through to local community action agencies that have previously received block grant funds. The Committee believes that this program provides the kind of flexibility at the local level necessary to assist people who are in temporary need of government assistance to get back on their feet.

Community economic development

The Committee provides $32,436,000 for community economic development grants. This is the same as the budget request and $110,000 less than the fiscal year 2003 comparable level. These activities provide assistance to private, locally-initiated community development corporations that sponsor enterprises providing employment, training and business development opportunities for low-income residents in poor communities. In certain instances, projects that have been awarded funding may not be able to go forward because of changed circumstances. The Secretary may approve the use of the funds for another project sponsored by the same community development corporation if the project meets the requirements of the law and the goals and objectives of the original project for which the grant was made.

Individual development account

The Committee provides $24,912,000 for individual development accounts. This is $84,000 more than the fiscal year 2003 comparable level and the same as the budget request. Individual development accounts are dedicated savings accounts that can be used by families with limited means for purchasing a first home, paying for postsecondary education or capitalizing a business. The intent of the program is to encourage participants to develop and reinforce strong habits for saving money. 501(c)(3) organizations are eligible to apply for the funds and applicants must match federal funds with non-federal funds.

Rural community facilities

The Committee provides $7,250,000 for the rural community facilities program. This is $47,000 more than the fiscal year 2003 comparable amount. No funding was requested for this program. The Committee includes these funds to be used solely for the purpose of improving water and waste water facilities in poor, rural communities. As in the past, these funds should be allocated to regional, rural community assistance programs.

National youth sports program

The Committee provides $18,000,000 for the National Youth Sports program. This is $1,111,000 more than the fiscal year 2003 comparable level. No funds were requested for this program. These funds are made available to a private, non-profit organization to provide recreational activities for low-income youth, primarily in the summer months. College and university athletic facilities are employed in the program.

Community food and nutrition

The Committee concurs with the budget request not to include funding for the Community Food and Nutrition program. The fiscal year 2003 comparable funding level for this program is $7,203,000. This program provides grants to public and private agencies to coordinate existing food assistance programs, to identify sponsors of child nutrition programs and attempt to initiate new programs and to do advocacy work at the State and local levels.

Violent crime reduction programs

The Committee provides $126,403,000 for family violence prevention and services and battered women's shelters. This is $1,980,000 more than the budget request and the same as the fiscal year 2003 comparable level. This program is designed to assist States in efforts to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents, and to provide for technical assistance and training relating to family violence programs to State and local public agencies (including law enforcement agencies), nonprofit private organizations, and persons seeking such assistance.

The bill also includes $3,000,000 to continue funding the National Domestic Violence Hotline. This is $438,000 more than the fiscal year 2003 comparable level and the same as the budget request.

Early Learning Fund

The Committee does not provide funding for the Early Learning Fund. The fiscal year 2003 comparable level for this program is $33,779,000. The budget did not request funding for this program. This program was begun in fiscal year 2001 to help facilitate the development of learning readiness in young children.

Faith-based center

The Committee provides $1,400,000 for the faith-based center. This is the same as the budget request and $90,000 less than the fiscal year 2003 comparable level. The center will support implementation of faith-based and community initiatives in accordance with the President's executive order.

Mentoring children of prisoners

The Committee provides $25,000,000 for the mentoring children of prisoners program. This is $15,065,000 above the fiscal year 2003 comparable level and $25,000,000 below the budget request. This program supports competitively awarded grants to States and local governments, Indian tribes and consortia, and faith and com-

munity-based organizations to mentor children of prisoners and those recently released from prison.

Independent living training vouchers

The Committee provides $45,000,000 for independent living training vouchers. This is $3,273,000 more than the fiscal year 2003 comparable level and $15,000,000 less than the budget request. These funds support vouchers for college tuition or vocational training for individuals who age out of the foster care system, so they can be better prepared to live independently.

Promotion of responsible fatherhood and healthy marriages

The Committee does not include funding for the promotion of responsible fatherhood and healthy marriages program. The budget request is $20,000,000. Legislation authorizing this program is pending Congressional action.

Program direction

The Committee has approved $179,584,000 for program direction expenses of the Administration for Children and Families. This is $7,771,000 more than the fiscal year 2003 comparable level and the same as the budget request.

PROMOTING SAFE AND STABLE FAMILIES

The Committee provides $405,000,000 for the promoting safe and stable families program. This is $650,000 more than the fiscal year 2003 comparable level and $99,978,000 less than the budget request.

PAYMENTS TO STATES FOR FOSTER CARE AND ASSISTANCE

The Committee provides $5,068,300,000 for payments to States for foster care and adoption assistance. This is $213,300,000 more than the fiscal year 2003 level and the same as the budget request. The bill also includes an advance appropriation of $1,767,700,000 for the first quarter of fiscal year 2005 to ensure timely completion of first quarter grant awards.

Of the total appropriation, including the advance appropriation from the prior year, the Committee provides $4,974,200,000 for the foster care program to provide maintenance payments to States on behalf of children who must live outside their homes. This is $89,700,000 more than the fiscal year 2003 level and the same as the budget request.

Within the total appropriation, the Committee provides $1,699,700,000 for adoption assistance. This is $115,200,000 more than the fiscal year 2003 level and the same as the budget request. This program provides training for parents and State administrative staff as well as payments on behalf of categorically eligible children considered difficult to adopt. This annually appropriated entitlement is designed to provide alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total appropriation for this account, the Committee provides $140,000,000 for the independent living program. This is the same as the fiscal year 2003 level and the budget request. The program is designed to assist foster children age 16 or older to

make successful transitions to independence. Funds assist children to earn high school diplomas, receive vocational training, and obtain training in daily living skills. Funds are awarded to States on the basis of the number of children on behalf of whom Federal foster care payments are received.

ADMINISTRATION ON AGING

AGING SERVICES PROGRAMS

For programs administered by the Administration on Aging, the Committee provides a total of $1,377,421,000. This is $33,720,000 more than the budget request and $10,364,000 more than the fiscal year 2003 comparable level. This account finances all programs under the Older Americans Act in this bill, with the exception of the Community Services Employment Program under title V, which is administered by the Department of Labor.

The Committee intends that the funds appropriated for programs authorized by the Older Americans Act (OAA) be disbursed to States to support local Areas on Aging (AAA). These agencies provide vital services to our Nation's most vulnerable older citizens, and their funds should not be withheld if a State fails to pass its own annual budget in a timely manner.

Supportive services and centers

The Committee provides $357,000,000 for supportive services and centers. This is $1,372,000 more than the fiscal year 2003 comparable level and the same as the budget request. This includes funding for in-home services for frail elderly persons who are at risk of losing their self-sufficiency due to physical or mental impairments. Funds for supportive services and centers are awarded to each State with an approved State plan. The formula under title III of the Older Americans Act mandates that no State be allotted less than the total amount allotted to it in fiscal year 2000. The funds contained in the bill will support coordinated, comprehensive service delivery systems at the local level.

Preventive health

The Committee provides $21,919,000 for preventive health services authorized under part F of title III of the Act. This is $357,000 more than the budget request and the same as the fiscal year 2003 comparable level. These funds are awarded to States by formula to allow States and communities the flexibility to meet the health promotion and disease prevention needs of older people.

Ombudsman/elder abuse

The Committee provides $18,559,000 for the State long-term care ombudsman activities, the elder abuse prevention program, State elder rights and outreach and counseling authorized by title VII of the Older Americans Act. This is $878,000 more than the budget request and the same as the fiscal year 2003 comparable level. This program provides the assistance needed by vulnerable older Americans to protect themselves from abuse and exploitation, to exercise control over their environment, and to locate the resources they need for care and daily living.

National Family Caregiver Support Program

The Committee provides $162,000,000 for the family caregivers program. This is $20,500,000 more than the budget request and $12,975,000 more than the fiscal year 2003 comparable level. The family caregiver program provides formula grants, competitive grants, research and national activities to provide a support system in each State for family caregivers. All States are expected to put in place five basic system components, including individualized information on available resources; assistance to families in locating services from private and voluntary agencies; caregiver counseling, training and peer support; respite care; and limited supplemental services.

Native American Caregiver Support Program

The Committee provides $6,500,000 for the Native American Caregiver Support Program. This is $291,000 more than the fiscal year 2003 comparable level. The program assists Tribes in providing multifaceted systems of support service for family caregivers and for grandparents or older individuals who are relative caregivers.

Nutrition programs

For congregate and home delivered meals, as well as the nutrition services incentive program, the Committee provides $720,655,000. This is $6,381,000 more than the fiscal year 2003 comparable level and $2,485,000 more than the budget request. These programs are intended to address some of the difficulties confronting older individuals, namely nutrition deficiencies due to inadequate income, lack of adequate facilities to prepare food, and social isolation.

Grants to Indian tribes

The Committee provides $25,729,000 for grants to Indian tribes. This is the same as the budget request and $1,766,000 less than the fiscal year 2003 comparable level. Funds under this program are awarded to tribal organizations to be used to promote opportunities for older Indians, to secure and maintain independence and self-sufficiency, and to provide transportation, nutrition, health screening and other services to help meet the needs of this population.

Research, training and special projects

The Committee provides $30,837,000 for research, training and special projects under title IV of the Older Americans Act. This is $3,000,000 more than the budget request and $9,421,000 below the fiscal year 2003 comparable funding level. Funds under this program are used to support education and training activities for personnel working in the field of aging and to finance research, development, and demonstration projects.

The Committee provides $3,000,000 for social research into Alzheimer's disease care options, best practices and other Alzheimer's research priorities that include research into cause, cure and care, as well as respite care, assisted living, the impact of intervention by social service agencies on victims, and related needs. The Committee recommends this research utilize and give discretion to Area

Agencies on Aging and their non-profit divisions in municipalities with aged populations (over the age of 60) of over 1 million, with preference given to the largest population. The Committee also recommends that unique partnerships to affect this research be considered for the selected Area Agency on Aging.

Alzheimer's demonstration grants

The Committee provides $11,500,000 for Alzheimer's demonstration grants. This is the same as the budget request and $1,912,000 less than the fiscal year 2003 comparable level. The program provides grants to States to help them plan and establish programs to provide health care services to individuals with Alzheimer's disease. Funds are used for respite care and supportive services, clearinghouses, training, and administrative costs for State offices. By law, States are required to match the Federal funding at 45 percent of the cost of the program by the third year of the grant.

White House conference on aging

The Committee provides $2,842,000 for the White House conference on aging. This is the same level as the budget request. Funds were not required for this program in fiscal year 2003. The Conference is required to take place prior to December 31, 2005 and will be the first such conference of the 21st Century and the fifth in our Nation's history. Past White House conferences on aging have prompted the development of many of the programs that represent America's commitment to the elderly.

Program administration

The Committee provides $17,501,000 for program administration expenses of the Administration on Aging. This is the same as the budget request and $368,000 less than the fiscal year 2003 comparable level. This activity provides administrative and management support for all Older Americans Act programs administered by the Department.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The Committee provides $349,097,000 for general departmental management, which is $1,876,000 below the fiscal year 2003 comparable level and $4,854,000 below the budget request. Included in this amount is authority to spend $5,813,000 from the Medicare trust funds.

This appropriation supports those activities that are associated with the Secretary's roles as policy officer and general manager of the Department. The Office of the Secretary also implements Administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions and field organizations of the Department. This account also supports several small health promotion and disease prevention activities that are centrally administered.

The Committee provides $8,235,000 for the immediate Office of the Secretary, $4,100,000 for the Office of the Assistant Secretary for Public Affairs, $3,200,000 for the Office of the Assistant Secretary for Legislation, $7,000,000 for the Office of Assistant Sec-

retary for Planning and Evaluation, $20,588,000 for the Office of the Assistant Secretary for Budget, Technology, and Finance, and $16,500,000 for the Office of the Assistant Secretary for Administration and Management.

The Committee includes $5,000,000 as requested by the Administration for the joint Department of Defense and HHS initiative to improve the largest women's hospital in Kabul, Afghanistan and to create four satellite teaching clinics. Bill language is included identifying the amount of assistance and citing as authority the Afghanistan Freedom Support Act of 2002. The Committee provides funding for Commissioned Corps revitalization in the Public Health and Social Services Emergency Fund.

Health disparities.—It has been well documented that disparities in access to and quality of healthcare exist across ethnic and racial populations in the United States. However, there is no systematic way to assess disparities in care because race and ethnicity data collection is neither standardized nor widely performed. The Committee encourages the Secretary to promote standardized classification and collection of race and ethnicity data in healthcare settings, as an important step in addressing disparities in healthcare for minority populations. Further, the Committee suggests that the Secretary work with the Census Department and the Office of Management and Budget to standardize race and ethnicity data collection for federal purposes.

Limited English proficiency.—The Committee believes that the Department's revised Limited English Proficiency (LEP) guidance should be implemented in a cost effective manner. The Committee therefore requests the Department of HHS to provide information to the Committee by December 1, 2003 on implementation of the revised guidance; HHS funding for services provided to implement the guidance, including publications, web site construction costs, and language line contracts; and the availability of existing data from States and localities relating to the cost of implementing the guidance.

Chronic fatigue.—The Committee is pleased that HHS has chartered the Chronic Fatigue Syndrome (CFS) Advisory Committee and called for nominations. The Committee expects that the Department will move rapidly to install members and hold one meeting, both prior to the end of fiscal year 2003. It is the Committee's expectation that the new advisory committee will not diminish the full partnership of involved agencies or the collaborative relationships among federal agencies, scientists and CFS advocates that have developed over recent years through the advisory committee's predecessor, the Chronic Fatigue Syndrome Coordinating Committee. The Committee anticipates that the new advisory committee will further advance the efforts of the Department and its public health service agencies to address the scientific questions about CFS and the social service needs of persons with CFS.

Bioterrorism.—The Committee remains very concerned about the threat of bioterrorism, with its potential for serious consequences on the health and safety of the American public. The commissioned corps of the U.S. Public Health Service and its reserve component provide unique competencies that have responded to recent bioterrorist attacks. The ability of the commissioned corps and its reserve component to respond to a bioterrorist attack needs to strength-

ened. The lack of a formalized inactive reserve program and the inflexibility of full-time equivalent ceilings need to be addressed to help the corps respond in times of national emergency. The Committee intends that any public health service reserve personnel called to active duty for assignment of six months or less not be subject to FTE requirements.

Men's health.—The Committee understands that there is no entity in the Department responsible for the coordination and oversight of activities across the agency concerning men's health. The Committee is aware of reports that men are 25 percent less likely than women to receive regular health screenings, and that one of the top problems facing men's health is that men are not likely to visit a doctor when they notice a problem. The Committee encourages the Secretary to expand departmental disease prevention and health promotion activities among men and to give consideration to establishing an office for men's health, similar to the HHS Office of Women's Health. The Committee expects the Secretary to report during the fiscal year 2004 hearings activities that have been undertaken with regard to men's health. The Committee also encourages the Department to host a national town hall meeting on prostate cancer.

Disease spending.— The Department is instructed to provide the Committee with a table detailing total spending by HHS, PHS, and NIH in fiscal years 1997 through the present on the following diseases: acute respiratory distress syndrome, arthritis, cancer, chronic obstructive pulmonary disease, depression, diabetes, heart disease, HIV/AIDS, kidney disease, liver disease, pneumonia and influenza, speticemia, and stroke. A functional breakdown of each showing the amount spent on research, prevention/education, and treatment should also be included for each of the disease in the table. This table should also detail spending in both Medicaid and Medicare, as well as approximations for spending by insurance in the private sector, and private expenditures by individuals afflicted with these diseases. The Committee requests the table be completed and sent to the committee no later than the end of February 2004.

Office of HIV/AIDS policy.—The Committee is concerned about the lack of a permanent director for the Office of HIV/AIDS Policy under the Office of Public Health and Science (OPHS). The Office of HIV/AIDS Policy serves an important role acting as the principal adviser to the Assistant Secretary for Health and Surgeon General on HIV/AIDS issues. This includes providing input on policies, priorities, and implementation of HIV/AIDS programs across the HHS agencies. The Committee strongly encourages the Secretary to identify a permanent Director.

Title X Grantees.—The Committee directs that within 90 days of enactment of this Act the Secretary develop and maintain a list of federally funded family planning grantees, delegates, and clinics (funded under Title X of the Public Health Service Act) that provide any abortion. The committee further directs the Secretary to submit a report on the findings to the Committees on Appropriations within the same time period.

Office of Minority Health

The Committee provides $48,329,000 for the Office of Minority Health, which is $7,895,000 below the fiscal year 2003 comparable amount and $1,319,000 above the budget request. The Office of Minority Health works with Public Health Service agencies and other agencies of the Department in a leadership and policy development role to establish goals and coordinate other activities in the Department regarding disease prevention, health promotion, service delivery and research relating to disadvantaged and minority individuals; concludes interagency agreements to stimulate and undertake innovative projects; supports research, demonstration, and evaluation projects; and coordinates efforts to promote minority health programs and policies in the voluntary and corporate sectors. The reduction in fiscal year 2004 funding compared to the previous year is due to the funding of one-time projects in 2003.

Health professions.—The Committee continues to recognize the need to recruit and train more minorities in the health professions. The Committee encourages the Office of Minority Health to support annual conferences that have a proven record of increasing the number of under-represented minorities entering the health professions.

Racial and ethnic disparities.—The Committee encourages the Secretary to take steps toward implementing the recommendations contained in the Institute of Medicine's "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" study. The recommendations offer significant guidelines and opportunities for eliminating disparities and improving health.

Meharry Medical College.—The Committee encourages OMH to continue its successful cooperative agreement with Meharry Medical College aimed at meeting the challenges of academic opportunity for disadvantaged students and improving health care services in underserved communities.

Morehouse School of Medicine.—The Committee encourages OMH to consider partnering with the Morehouse School of Medicine in an effort to facilitate its continued strategic growth and development.

American Indians/Alaskan Natives.—The Committee commends the Department's participation in the Washington Semester American Indian Program (WINS) and encourages HHS to increase the placement of WINS interns in its operating divisions.

Office on Women's Health

The Committee provides $28,658,000 for the Office on Women's Health, which is the same as the fiscal year 2003 comparable level and $250,000 below the budget request. The Office on Women's Health advises the Secretary and provides Department-wide coordination of programs focusing specifically on women's health.

The Committee remains strongly supportive of the work done by the Office of Women's Health in the Office of the Secretary. In addition to its own work advancing women's health, it provides important coordinating services for offices located in NIH, CDC, FDA, SAMHSA, AHRQ and CMS. Together, these entities assure that issues related to research, treatment, services, training, and education efforts by HHS reflect the distinct needs of women. The Secretary should notify the Committee in advance of any changes

planned for the status, location, or reporting structure of this office or any of the offices enumerated above.

Lupus.—The Committee is concerned that public and professional understanding of lupus remains low and this lack of knowledge is contributing to increases in lupus-related mortality. According to a recent survey, more than half of the people with lupus suffered four or more years and visited three or more doctors before obtaining a diagnosis of lupus. The Committee encourages the Office on Women's Health to continue to fund the National Lupus Education Campaign aimed at reaching health care professionals and the general public.

HIV/AIDS in minority communities

The Committee provides $49,675,000 to be available to the Secretary to transfer to the Department's operating agencies for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities. This is the same as the fiscal year 2003 comparable level and $325,000 below the budget request. These funds are to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders.

Within the total provided, the Committee expects that activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders will be supported at no less than last year's funding level.

Adolescent Family Life

The Committee provides $30,922,000 for the Adolescent Family Life program, which is the same as the comparable 2003 level and $319,000 below the budget request. The program provides comprehensive and integrated approaches to the delivery of care services for pregnant and parenting adolescents, and prevention services that promote abstinence from sexual activity among non-parenting teens.

OFFICE OF THE INSPECTOR GENERAL

The Committee provides $39,497,000 for the Office of the Inspector General (OIG), which is $2,689,000 above the fiscal year 2003 comparable level and the same as the budget request. A large permanent appropriation for this office is contained in the Health Insurance Portability and Accountability Act of 1996. Total funds provided between this bill and the permanent appropriation would be $199,497,000 in fiscal year 2004.

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

OFFICE FOR CIVIL RIGHTS

The Committee provides $34,250,000, which is $827,000 above the fiscal year 2003 comparable level and the same as the budget request. This includes authority to transfer $3,314,000 from the Medicare trust funds.

The Office for Civil Rights is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

POLICY RESEARCH

The Committee provides $2,483,000, which is the same as the amount appropriated in fiscal year 2003 and $16,000 below the Administration request. The Committee also provides $18,000,000 for policy research through section 241 evaluation funding authority, which is the same as the comparable 2003 level and $3,000,000 below the Administration request. The Policy Research account, authorized by section 1110 of the Social Security Act, is the Department's principal source of policy-relevant data and research on the income sources of low-income populations; the impact, effectiveness, and distribution of benefits under existing and proposed programs; and other issues that cut across agency lines.

The Committee urges the Office of Planning and Evaluation to support the initiative on national electronic health information systems described in the Administration's fiscal year 2004 request. The initiative will accelerate the development and adoption of the technology and national standards necessary for electronic health record information systems and their use by health care providers and the public health surveillance and response systems.

MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

The Committee provides an estimated $329,868,000 for medical benefits for commissioned officers of the U.S. Public Health Service. This is $13,503,000 above the Administration request and $19,851,000 above the fiscal year 2003 comparable amount.

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 for active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

The Committee repeats language from the fiscal year 2003 appropriations bill clarifying that this account should be used to support the retirement medical cost payments for commissioned corps officers rather than the appropriations of the agencies to whom the officers are assigned.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee provides $1,726,846,000 for the public health and social services emergency fund for homeland security related activities. In addition, $50,000,000 is provided for activities to ensure year-round production capacity of influenza vaccine, bringing the

total in the Fund to $1,776,846,000. This is $110,401,000 the fiscal year 2003 comparable level and $119,303,000 below the request.

Two programs that the request proposed to be supported by the Fund are instead retained in the HRSA account—$19,373,000 for emergency medical services for children and $22,354,000 for poison control.

Within the amount provided for homeland security related activities, the funds are distributed as follows:

HRSA	$545,870,000
CDC	1,116,156,000
Office of the Secretary	64,820,000

The Committee supports the interdisciplinary health professions training program proposed to be financed in this Fund at a level of $27,870,000, rather than the $60,000,000 proposed in the request. The recommendation also provides $3,000,000 to the Office of Secretary for activities related to the transformation and modernization of the Public Health Service Commissioned Corps. This is $1,013,000 above the fiscal year 2003 comparable level. The request proposed $5,000,000 for this activity within General Departmental Management.

Academic Health Centers.—The Committee received testimony during the fiscal year 2004 hearings regarding the significant capability and resources of academic health centers. Furthermore, it learned that in large measure, these Centers have not been participants in state and local preparedness and response planning. The Committee urges the Secretary to strengthen the guidance provided to the recipients of State and Local Preparedness Funds to ensure that State and local planners are including academic health centers in their planning process, and making assessments of the capabilities and roles their academic health centers can have in enhancing preparedness.

Anti-infective agents.—The Committee has maintained funds provided in fiscal year 2003 to support research into the discovery, development, and translation of anti-infective agents to combat emerging infectious diseases.

Emergency Air Transport.—The Committee is aware that the CDC's ability to respond during a public health emergency in an appropriate and timely manner to investigate and contain the threat often is dependent upon the availability of appropriate transport. The Committee is troubled by the difficulty CDC experienced in transporting specimens and CDC personnel via commercial aircraft from Asia to CDC's Atlanta-based headquarters during the recent global outbreak of SARS. The Committee is concerned that CDC currently lacks an effective means of safely and efficiently transporting personnel with highly communicable infections to locations that can provide appropriate care. Experience over the past several months calls into question whether CDC can rely on commercial companies or other federal agencies to transport infectious specimens or to move highly contagious patients. The Committee urges CDC to give consideration to securing the ability to deploy a dedicated aircraft during public health emergencies with a capability to retrieve specimens rapidly, deploy key CDC personnel, or evacuate CDC personnel in the field.

Geriatric Populations and Preparedness.—The Committee is concerned that the program guidance for potential grantees applying

for health professions curriculum development and training for emergency preparedness and response does not specifically identify the need for a geriatric component. Current curriculum and training is noticeably lacking in information on how to adequately provide for the unique needs of older persons, particular those with physical or mental impairments, in the case of an emergency. The Committee urges HRSA to incorporate a geriatric component into its program guidance and encourages collaboration with existing Geriatric Education Centers (GECs), which already provide training to undergraduate, graduate and continuing education for health professionals and understand the special needs of older persons.

Pediatric Preparedness.—The "Public Health Security and Bioterrorism Preparedness and Response Act," enacted in 2003, directs that specific attention to the needs of children in building the nation's capacity to respond to bioterrorism and public health emergencies. To date, federal efforts to develop our nation's disaster readiness plans have necessarily focused on encompassing the public health needs of the most broadly defined population. According to children's hospitals and pediatric experts, national and state bioterrorism preparedness efforts have done little to address the unique risks and needs of children. The Committee urges HRSA develop and implement a plan that encourages States expand pediatric preparedness efforts and consider directing States to use a portion of their preparedness funds to establish a pediatric network on bioterrorism and public health emergency preparedness.

Physician Data System.—The Committee understands the CDC is working with the Federation of State Medical Boards to develop an automated data system of physician contact information to be used in public health emergencies. The Committee encourages the CDC to accelerate this work in order to ensure a nationwide system is in place at the earliest date.

State and Local Preparedness.—The Committee is concerned over reports that some federal state and local preparedness dollars awarded by CDC and/or HRSA have been used to supplant state and local funding for public health. The intent of the Congress has always been clear—funding for bioterrorism efforts is to supplement, not supplant state and funding of public health programs. During this crucial time, bioterrorism funding has been made available to build public health capacity at both state and local levels. Therefore, Committee urges the Secretary to ensure that the funds appropriated for state and local preparedness are being used to supplement existing State and local funds.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the number of Public Health Service employees assigned to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization.

Sec. 203. The Committee continues a provision to prohibit the use of funds to implement section 399F(b) of the Public Health Service Act or section 1503 of the NIH Revitalization Act of 1993.

Sec. 204. The Committee repeats a provision included in last year's bill to limit the salary of an individual through an NIH or SAMHSA grant or other extramural mechanism to not more than Executive Level I.

Sec. 205. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committee receives a report detailing the planned use of such funds.

Sec. 206. The Committee continues a provision included in last year's bill to permit the Secretary to use up to 1.25 percent of funds authorized under the PHS Act for the evaluation of programs.

(TRANSFER OF FUNDS)

Sec. 207. The Committee continues a provision included in last year's bill permitting the Secretary of HHS to transfer up to one percent of any discretionary appropriation from an account, with an additional 2 percent subject to the approval of the Appropriations Committees, but no appropriation may be increased by more than 3 percent by such transfer.

Sec. 208. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Sec. 209. The Committee continues a provision to make NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 210. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 211. The Committee continues a provision related to the Medicare+Choice program.

Sec. 212. The Committee continues a provision stating that no provider of services under title X shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 213. The Committee continues a provision to exempt States from Synar provisions if certain funding criteria are met.

Sec. 214 and Sec. 215. The Committee continues two provisions to allow CDC international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 216. The Committee continues a provision to permit the Division of Federal Occupational Health to use personal services contracting to employ professional management/administrative and occupational health professionals.

Sec. 217. The Committee includes a provision requested by the Administration to permit the Center for Medicare and Medicaid Services to charge providers who forward duplicate or unprocessable Medicare claims $2.50 per claim.

Sec. 218. The Committee recommendation includes a new general provision that reduces funds made for available for information

technology and administration by $49,982,000. This is the same as the amount recommended in the request. The Committee intends that the Director of the Centers for Disease Control and Prevention have the flexibility to allocate these savings across the various activities in a manner that ensures that high priority scientific and programmatic activities are not compromised.

TITLE III—DEPARTMENT OF EDUCATION

The Committee's recommendations for the Department of Education for fiscal year 2004 will bring total departmental funding to $55,380,003,000, the highest level in the agency's history. The Committee notes that, although the federal government contributes only about eight percent of all K–12 education spending in the United States, the role the federal government plays with regard to providing equal opportunity to education for all people in our society is an important one. Therefore, the Committee has focused its funding recommendations for K–12 education around the following principles: a quality teacher in every classroom; closing the achievement gap for poor and minority children by insisting on results; empowering parents; ensuring all third-grade children can read; more education, less paperwork; and spending for results. For higher education programs, the Committee has focused its recommendations on funding proven programs that help provide all Americans with the opportunity to further their studies and training and become competitive in the global marketplace.

The Committee continues to emphasize the importance of developing clear, measurable outcomes for programs within the Department of Education as outlined in the Government Performance and Results Act. It is vital that the Committee be provided with information on the actual results achieved by the programs, not simply the number of students affected by the program or the quantity of materials distributed. Program outcomes should, to the extent possible, focus on the achievement improvements that result to students and teachers in the classroom as a result of the Federal investment. Programs that are able to demonstrate these results over time will be considered higher funding priorities than programs that are unable to clearly demonstrate their value to the American public.

EDUCATION FOR THE DISADVANTAGED

The bill includes $14,507,000,000 for the disadvantaged programs. This amount is $323,000,000 more than the budget request and $768,727,000 above the fiscal year 2003 appropriation. Of the total amount available, $6,943,199,000 is appropriated for fiscal year 2004 for obligation after July 1, 2004 and $7,383,301,000 is appropriated for fiscal year 2005 for obligation on or after October 1, 2004. This appropriation account includes compensatory education programs authorized under title I of the Elementary and Secondary Education Act of 1965; and title VIII of the Higher Education Act.

Grants to local educational agencies

Of the amounts provided for Title I programs, $7,172,971,000 is available for basic grants to local education agencies and State ad-

ministration. This amount is the same as the 2003–2004 school year and the request. The Committee rejects the inclusion of any 100% hold harmless provision because it unfairly penalizes underprivileged and immigrant children in states with growing populations.

Funding for concentration grants, which targets funds to Local Educational Agencies in counties with high levels of disadvantaged children, is $1,365,031,000, the same as last year and the request level. The bill includes $3,018,499,000 for targeted grants, an increase of $1,348,260,000 above last year and the same as the request. A total of $793,499,000 is also included for education finance incentive grants, the same as the request and $748,260,000 below last year's level.

Financial assistance flows to school districts by formula, based in part on the number of school-aged children from low-income families. Within districts, local school officials target funds on school attendance areas with the greatest number or percentage of children from poor families. Local school districts develop and implement their own programs to meet the needs of disadvantaged students.

Funds under this account will also be used to pay the Federal share of State administrative costs for title I programs. The maximum State administration grant is equal to 1 percent of title I local educational agency plus State agency grants to the State, or $400,000, whichever is greater. These funds are included in the grants to local educational agencies account, rather than being a separate line item.

Even Start

The Committee provides $250,000,000 for Even Start, $1,625,000 above last year and $75,000,000 above the request. Even Start provides grants for programs focusing on the education of disadvantaged children, aged 1–7 years, who live in title I target school attendance areas, plus their parents who are eligible to be served under the Adult Education Act. These parents are not in school, are above the State's compulsory school attendance age limit, and have not earned a high school diploma (or equivalent). Even Start funds are allocated to the States, generally in proportion to title I basic grants.

Reading First State Grants

The bill provides $1,050,000,000 for Reading First State grants, the same as the budget request and $56,500,000 above the fiscal year 2003 level. This program provides assistance to states and school districts in establishing scientific research-based reading programs for children in kindergarten through grade three. The program also provides for professional development and other supports to ensure that teachers can identify children at-risk for reading failure and provide the most effective early instruction to overcome specific barriers to reading proficiency.

Early Reading First

The bill provides $100,000,000 for Early Reading First, the same as the budget request and an increase of $25,488,000 above the fiscal year 2003 level. This is a competitive grant program targeted toward children ages three through five, and would support the de-

velopment of verbal skills, phonemic awareness, pre-reading development and assistance for professional development for teachers in evidence-based strategies of instruction.

Literacy through school libraries

The bill provides $27,500,000 for literacy through school libraries, the same as the budget request and $15,081,000 above the fiscal year 2003 level. This program helps school districts provide students with increased access to up-to-date school library materials, a well-equipped, technologically advanced school library media center, and well-trained, and professionally certified school library media specialists. At appropriations of less than $100,000,000 the Department makes competitive awards to districts with a child poverty rate of at least 20 percent.

State agency programs: migrant

The bill includes $396,000,000 for the migrant education program, the same as the budget request and $587,000 above the fiscal year 2003 appropriation. This program supports formula grants to State agencies for the support of special educational and related services to children of migratory agricultural workers and fishermen. The purpose of this program is to provide supplementary academic education, remedial or compensatory instruction, English for limited English proficient students, testing, plus guidance and counseling.

State agency programs: neglected and delinquent

For the State agency program for neglected and delinquent children, the bill includes $49,000,000; this level is $1,000,000 above the budget request and $318,000 above the fiscal year 2003 appropriation. This formula grant program provides services to participants in institutions for juvenile delinquents, adult correctional institutions, or institutions for the neglected.

Evaluation

The Committee provides $9,500,000 for evaluation, $658,000 above the 2003 appropriation and the same as the budget request. Title I evaluation supports large scale national evaluations that examine how title I is contributing to improved student performance at the State, local education agency, and school levels. It also supports short-term studies that document promising models and other activities to help States and local education agencies implement requirements in the title I statute.

Comprehensive school reform

The bill includes $235,000,000 for demonstrations of comprehensive school reform. This is $1,527,000 above the fiscal year 2003 level. The President's budget did not request funding for it. This program provides schools with funds to develop and implement school reforms based on reliable research that will enable children to meet State academic standards.

Migrant education, high school equivalency program

The bill includes $24,000,000 for the high school equivalency program. This amount is $11,000,000 above the budget request and

$653,000 above the fiscal year 2003 level. The high school equivalency program recruits migrant students aged 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program.

College assistance migrant programs

The bill includes $16,000,000 for the college assistance migrant programs. This amount is $601,000 above the fiscal year 2003 level and $1,000,000 above the budget request. The college assistance migrant program (CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

IMPACT AID

The bill provides $1,238,324,000 for Federal impact aid programs in fiscal year 2004, an increase of $50,098,000 above the fiscal year 2003 appropriation and $222,824,000 above the budget request. This account supports payments to school districts affected by Federal activities. Impact Aid represents a federal responsibility to local schools educating children whose families are connected with the military or who live on Indian land.

Basic support payments

The bill includes $1,073,000,000 for basic support payments to local educational agencies, an increase of $47,708,000 above the fiscal year 2003 appropriation and $205,500,000 above the budget request. Basic support payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children such as children of members of the uniformed services who live on Federal property.

Payments for children with disabilities

The Committee recommends $50,668,000 for payments on behalf of Federally-connected children with disabilities, $10,668,000 above the budget request and the same as the fiscal year 2003 appropriation. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities maintenance

The Committee recommends $7,948,000 for facilities maintenance, the same as the fiscal year 2003 amount and $52,000 below the budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department of Education.

Construction

The Committee recommends $44,708,000 for the construction program, a decrease of $292,000 below the budget request and the same as the fiscal year 2003 level. This program provides formula grants to eligible locally owned school districts for building and renovating school facilities.

Payments for Federal property

The bill provides $62,000,000 for payments related to Federal property, an increase of $2,390,000 above the fiscal year 2003 appropriation and $7,000,000 above the budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

The bill includes $5,797,637,000 for school improvement programs. This amount is $85,455,000 more than the comparable fiscal year 2003 appropriation and $754,803,000 above the budget request for comparable programs. This appropriation account includes programs authorized under titles II, IV, V, VI, and VII of the Elementary and Secondary Education Act; the McKinney-Vento Homeless Assistance Act, and title IV-A of the Civil Rights Act.

State grants for improving teacher quality

The bill includes $2,930,825,000 for state grants for improving teacher quality, which is $80,825,000 above the budget request and the same as the fiscal year 2003 level. This program gives states and districts a flexible source of funding with which to meet their particular needs in strengthening the skills and knowledge of teachers and administrators to enable them to improve student achievement. States are authorized to retain 2.5 percent of funds for state activities, including reforming teacher certification, re-certification or licensure requirements; expanding, establish or improving alternative routes to state certification; carrying out programs that include support during the initial teaching and leadership experience, such as mentoring programs; assisting school districts in effectively recruiting and retaining highly qualified and effective teachers and principals; reforming tenure systems; and developing professional development programs for principals.

States send funding to the local level by formula and by competitive grant. Among other things, local uses of funds include initiatives to assist recruitment of principals and fully qualified teachers; initiatives to promote retention of highly qualified teachers and principals; programs designed to improve the quality of the teacher force; teacher opportunity payments; professional development activities; teacher advancement initiatives and hiring fully qualified teachers in order to reduce class size.

Early childhood educator professional development

The bill includes $14,902,000 for early childhood educator professional development, $98,000 below the budget request and the same as the fiscal year 2003 level. This program provides competitive grants to partnerships to improve the knowledge and skills of early childhood educators and caregivers who work in communities that have high concentrations of children living in poverty.

Mathematics and science partnerships

The bill includes $150,000,000 for mathematics and science partnerships, an increase of $137,500,000 above the budget request and $49,656,000 above the fiscal year 2003 level. This program promotes strong math and science teaching skills for elementary and

secondary school teachers. Grantees may use program funds to develop rigorous math and science curricula, establish distance learning programs, and recruit math, science and engineering majors into the teaching profession. They may also provide professional development opportunities. Grants are made to States by formula based on the number of children aged 5 to 17 who are from families with incomes below the poverty line, and States then award the funds competitively to partnerships which must include the State agency, and engineering, math or science department of an institution of higher education, and a high-need school district. Other partners may also be involved.

Innovative Education Program Strategies State Grants

The Committee recommends $335,000,000 for State grants under Innovative Education Program Strategies, a decrease of $50,000,000 below the budget request and $47,498,000 below the fiscal year 2003 level. This program provides funding to State and local educational agencies for obtaining technology and training in technology related to the implementation of school based reform; acquiring and using educational materials; improving educational services for disadvantaged students; combating illiteracy among children and adults; addressing the educational needs of gifted and talented children; and implementing school improvement and parental involvement activities under ESEA Title I.

Education technology

The bill includes $695,947,000 for Education Technology State Grants. This amount is $4,553,000 below the budget request and the same as the comparable fiscal year 2003 level. Under this program, states are required to direct ninety-five percent of the funds to school districts for increasing access to technology, especially for high-need schools; improving and expanding teacher professional development in technology; and promoting innovative state and local initiatives using technology to increase academic achievement. The bill does not include funding for Preparing Tomorrow's Teachers to Use Technology, which was funded at $62,094,000 in fiscal year 2003. The Committee notes that the State Grants for Improving Teacher Quality provides a flexible source of funds that can be used for this purpose.

The Secretary of Education is encouraged to examine the rapidly-growing use of hand-held computer technology. Handheld computing is rapidly becoming more affordable, enhancing the cost effectiveness of this approach, especially when coupled with wireless technology.

21st century community learning centers

The bill provides $1,000,000,000 for 21st century community learning centers, $400,000,000 above the budget request and $6,500,000 above the fiscal year 2003 level. This program is a formula grant to states. Ninety-five percent of funds are distributed on a competitive basis from the state to local school districts, community-based organizations and other public entities and private organizations. Grantees must target students who attend low-performing schools. Funds may be used for before and after school activities that advance student academic achievement including re-

medial education and academic enrichment activities; math, science, arts, music, entrepreneurial and technology education; tutoring and mentoring; recreational activities; and expanded library service hours.

The Committee is aware that many schools and community-based organizations that desire to operate an after school program lack a central point of guidance in how to go about developing a high-quality program. The Committee therefore encourages the Department to develop a "one-stop shopping" website that can be used as a resource to schools and other entities that would provide comprehensive information about how to develop and operate a high-quality after school program.

The findings from a recent study of the 21st Century Community Learning Centers program underscore the importance of increasing student participation, improving content, and enhancing accountability within after school programs. Specifically, the No Child Left Behind Act directs States to develop performance indicators by which an after school program can be evaluated. However, the Committee is aware that many States have not yet developed such indicators or use vague standards and need some additional guidance. To that end, the Committee urges the Department to work in collaboration with the after-school community to develop standards by which a successful after school program can be evaluated.

The Committee is also aware that some research has shown that certain after-school programs, including those that engage young people in community service, can help to reduce teen pregnancy and other risky behaviors. The Committee encourages 21st Century Community Learning Center grantees to build on the connection between after-school programs and reducing risky behaviors.

State assessments

The bill includes $390,000,000 for state assessments, the same as the budget request and $5,516,000 above the fiscal year 2003 level. This program provides states with funding to develop annual assessments and to carry out activities related to ensuring accountability for results in the state's schools and school districts.

Javits gifted and talented education

The bill includes $11,177,000 for gifted and talented education, the same as the fiscal year 2003 amount. The President's budget did not propose funding for this program. This program supports grants to build and enhance the ability of elementary and secondary schools to meet the needs of gifted and talented students. Competitive grants are awarded to states and school districts, institutions or higher education and other public and private entities.

Foreign language assistance grants

The bill does not include funding for foreign language assistance grants, the same as the budget request. The program was funded at $16,144,000 in fiscal year 2003. The program supports competitive grants to school districts and states to increase the quality and quantity of elementary and secondary-level foreign language instruction in the United States.

Education for homeless children and youth

For the education of homeless children and youth program, the Committee recommends $60,000,000. This level is $10,000,000 above the budget request and $5,358,000 above the fiscal year 2003 appropriation. Grants are allocated to States in proportion to the total that each State receives under the title I program. For local grants, at least 50 percent must be used for direct services to homeless children and youth, including tutoring or remedial or other educational services.

Training and advisory services

The bill includes $7,286,000 for training and advisory services authorized by title IV–A of the Civil Rights Act. This amount is $48,000 below the budget request and the same as the fiscal year 2003 amount. Title IV–A authorizes technical assistance and training services for local educational agencies to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards 3-year grants to regional equity assistance centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs; training designed to develop educators' skills in specific areas, such as the identification of race and sex bias in instructional materials; increasing the skills of educational personnel in dealing with race-based confrontations such as hate crimes; and providing technical assistance in the identification and selection of appropriate educational programs to meet the needs of limited English proficient students.

Education for Native Hawaiians

The Committee recommends $18,300,000 for education for Native Hawaiians, the same as the budget request and $12,498,000 below the fiscal year 2003 amount. A number of programs limited to Native Hawaiians are supported with these funds, including a model curriculum project, family-based education centers, postsecondary education fellowships, gifted and talented education projects, and special education projects for disabled pupils.

Alaska native education equity

The Committee recommends $14,200,000 for the Alaska native education equity program, the same as the budget request and $16,598,000 below the fiscal year 2003 amount. These funds are used to develop supplemental educational programs to benefit Alaska natives.

Rural Education

The bill includes $170,000,000 for rural education programs, $2,347,000 above the fiscal year 2003 level and $170,000,000 above the budget request. This fund includes two programs to assist rural school districts to improve teaching and learning in their schools. The small, rural schools achievement program provides funds to rural districts that serve a small number of students; the rural and low-income schools program provides funds to rural districts that

serve concentrations of poor students, regardless of the number of students served by the district.

INDIAN EDUCATION

The bill includes $121,573,000 for Indian education. This amount is the same as the fiscal year 2003 appropriation and $795,000 below the budget request. This account supports programs authorized by part A of Title VII of the Elementary and Secondary Education Act and section 215 of the Department of Education Organization Act.

Grants to local educational agencies

The bill provides $96,502,000 for grants to local education agencies, $631,000 below the budget request and the same as the fiscal year 2003 amount. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Affairs. The purpose of this program is to reform elementary and secondary school programs that serve Indian students, including preschool children. Grantees must develop a comprehensive plan and assure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special programs for Indian children

The Committee recommends $19,870,000 for special programs for Indian children, the same as fiscal year 2003 and $130,000 below the budget request. These programs make competitive awards to improve the quality of education for Indian students. This program also funds a new Indian Teacher Corps, which hopes to train over 1,000 Indian teachers over a five-year period to take positions in schools that serve concentrations of Indian children.

National activities

The bill provides $5,201,000 for national activities, the same as fiscal year 2003 and $34,000 below the budget request. Funds under this authority support research, evaluation and data collection to provide information on the status of education for the Indian population and on the effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

The bill includes $807,959,000 for innovation and improvement programs. This amount is $291,090,000 less than the comparable fiscal year 2003 appropriation and $559,000 above the budget request for comparable programs. This appropriation account includes programs authorized under part G of title I and portions of titles II and V of the Elementary and Secondary Education Act.

Troops to teachers

The bill includes $20,000,000 for troops to teachers, $5,000,000 below the budget request and $8,812,000 below the fiscal year 2003 level. The Committee notes that funding is reduced because of a

moratorium placed on military retirements during the conflict in Iraq. Extended availability was provided in the fiscal year 2003 Supplemental Appropriations Bill to allow carryover funding from fiscal year 2003 to be used in fiscal year 2004.

This program is designed to assist eligible members of the armed forces to obtain certification or licensure as elementary and secondary school teachers, or vocational or technical teachers. The transition to teachers program is based on the model of the troops to teachers program and would address the need of high-need school districts for highly qualified teachers.

Transition to teaching

The bill includes $49,400,000 for transition to teaching, the same as the budget request and $7,673,000 above the fiscal year 2003 level. Transition to teaching is designed to help mitigate the shortage of qualified licensed or certified teachers in many of our Nation's schools. The program provides grants to help support efforts to recruit, train and place talented individuals into teaching positions and to support them during their first years in the classroom. In particular, the program focuses on mid-career professionals with substantial career experience, and recent college graduates. Grants are made on a competitive basis.

National writing project

The bill provides $16,890,000 for the National Writing Project, the same as the fiscal year 2003 level. The President's budget did not request funding for this program. Funds are provided to the National Writing Project, a nonprofit educational organization that supports teacher training programs in the effective teaching of writing, and supports classroom-level research on teaching writing that documents effectiveness in terms of student performance. To provide these services, the National Writing Project contracts with numerous institutions of higher education and nonprofit education providers to operate small teacher training programs. Federal funds support 50 percent of the costs of these programs, and recipients must contribute an equal amount.

Teaching of traditional American history

The bill includes $50,000,000 for the teaching of traditional American history, $50,000,000 below the budget request and $49,350,000 below the fiscal year 2003 level. This program supports competitive grants to school districts to promote the teaching of American history in elementary and secondary schools as a separate academic subject.

School leadership

The bill includes $12,419,000 for school leadership activities, the same as the fiscal year 2003 level. The President's budget did not propose funding for this program. The program provides competitive grants to assist high-need school districts with recruiting, training, and retaining principals and assistant principals.

Advanced credentialing

The bill includes $16,500,000 for advanced credentialing, an increase of $6,565,000 above the fiscal year 2003 level and

$16,500,000 above the budget request. The program authorizes competitive grants to states, school districts, the National Board for Professional Teaching Standards (NBPTS) working with a district or states, the National Council on Teacher Quality working with a district or state, or another certification or credentialing organization working with a district or state. The program supports activities to encourage and support teachers seeking advanced certification or credentialing.

The Committee intends that $10,000,000 of the funds provided under this authority be used to complete the last year of a five-year grant to the National Board for Professional Teaching Standards. The Committee is extremely interested in reviewing the results that the NBPTS has achieved with the considerable federal investment made over the past several years. The Committee therefore directs the Department to conduct an evaluation of the outcomes of teachers who achieved NBPTS certification versus teachers who did not complete certification and teachers who did not participate in or apply for the program. The Committee is particularly interested in an examination of 1) whether the NBPTS certification model is a cost effective method of improving teacher quality, and 2) the extent to which certification makes a difference in student academic achievement.

Charter schools

The Committee recommends $220,000,000 for support of charter schools, the same as the budget request and $21,300,000 above the fiscal year 2003 amount. Charter schools are developed and administered by individuals or groups of individuals, which may include teachers, administrators, and parents. These groups enter into charters for operation of their schools, which must be granted exemptions from State and local rules that limit flexibility in school operation and management. Under this program, grants are made to State educational agencies in States that have charter school laws; the State educational agencies will in turn make sub-grants to authorized public chartering agencies in partnerships with developers of charter schools.

Credit enhancement for charter school facilities

The bill includes $75,000,000 for credit enhancement for charter school facilities, $25,000,000 below the budget request and $50,162,000 above fiscal year 2003. This program helps charter schools meet their facility needs by providing funding on a competitive basis to leverage other funds and help charter schools obtain school facilities by means such as purchase, lease and donation. Charter schools are more likely than traditional schools to have problems obtaining adequate facilities because they are perceived as more financially risky than other schools, and unlike traditional school districts, charter schools generally lack the ability to issue general obligation bonds backed by property taxes.

Voluntary public school choice

The bill includes $25,831,000 for voluntary public school choice, $831,000 above the budget request and the same as the fiscal year 2003 level. This program supports efforts to establish intradistrict and interdistrict public school choice programs to provide parents

with greater choice for their children's education. Funds are used to make competitive awards to states, school districts or partnerships.

Magnet schools assistance

The bill includes $109,285,000 for the magnet schools assistance program, $715,000 below the budget request and the same as the fiscal year 2003 level. The magnet schools assistance program awards competitive grants to local educational agencies for use in establishing or operating magnet schools that are part of a desegregation plan approved by a court or by the Department of Education's Office for Civil Rights. A magnet school is defined by the statute as "a school or education center that offers a special curriculum capable of attracting substantial numbers of students of different racial backgrounds." A funding priority is given to local educational agencies that did not receive a grant in the preceding fiscal year.

Choice Incentive Fund

The bill does not include funding for the choice demonstration program. The Administration requested $75,000,000 for this program, which has not been funded in the past. The funds would support research projects that develop, implement and evaluate innovative approaches to providing parents with expanded school choice options.

Fund for the improvement of education

The bill includes $165,797,000 for the fund for the improvement of education, $306,849,000 below the fiscal year 2003 level and $106,797,000 above the budget request. The fund for the improvement of education has a broad portfolio of activities. Under the fund, the Secretary of Education supports activities that identify and disseminate innovative educational approaches. Several separate program authorities are included in this line item. Within the total, the Committee has provided $74,513,000 to support the comprehensive school reform demonstration program. The Committee notes that funding for other authorities can be provided at the Secretary's discretion pursuant to the provisions of the No Child Left Behind Act of 2001.

The Committee is interested in professional development programs that prepare school personnel to use a neurodevelopment framework to recognize, understand and manage students who struggle to find school success because of differences in learning. The Committee particularly supports research that could determine the impact of professional development programs on student outcomes; economic benefits to special education service delivery through more effective pre-referral services and teacher recruitment and retention.

Ready to Learn Television

The bill includes $22,000,000 for the Ready to Learn Television program, the same as the budget request and $850,000 below the fiscal year 2003 level. Ready to Learn supports the development and distribution of educational video programming for preschool children, elementary school children and their parents. Only public

telecommunications entities are eligible to receive awards. The Committee intends that a portion of the funding be used to ensure that the children's television program, "Reading Rainbow" continues to be aired on public television.

Dropout prevention programs

The bill does not include funding for the dropout prevention program, the same as the budget request. This program was funded at $10,929,000 in fiscal year 2003. The dropout prevention program provides assistance to help schools implement effective school dropout prevention and reentry programs. This program has only been funded for two years, and has made only about two dozen awards. The Committee notes that districts desiring to implement dropout prevention programs can use funds under title I, comprehensive school reform, or state grants for innovative programs to support such efforts. In addition, states will reserve about $80,000,000 in fiscal year 2004 to support dropout prevention programs; hence there is no need for a separately funded line-item to accomplish this purpose.

Ellender fellowships/Close-Up

The bill provides $1,490,000 for Ellender fellowships, the same as the fiscal year 2003 level and $1,490,000 above the budget request. The Ellender fellowship program makes an award to the Close-Up Foundation of Washington D.C. This organization provides fellowships to students from low income families and their teachers to enable them to participate with other students and teachers for a week of seminars on government and meetings with representatives of the three branches of the Federal government.

Advanced placement test fee program

The Committee recommends $23,347,000 for advanced placement fees. This recommendation is $1,347,000 above the budget request and the same as the fiscal year 2003 amount. The advanced placement test fee program awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income students who are enrolled in advanced placement classes and plan to take the advanced placement test. This program also supports competitive grants to states, school districts and national nonprofit educational agencies for programs that encourage greater participation by low-income students in advanced placement courses.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

The bill includes $820,068,000 for school improvement programs. This amount is $64,857,000 less than the comparable fiscal year 2003 appropriation and $63,818,000 above the budget request for comparable programs. This appropriation account includes programs authorized under parts of titles II, IV, and V of the Elementary and Secondary Education Act.

Safe and drug-free schools and communities: State grants

The Committee bill includes $468,949,000 for the State grants program, $46,932,000 above the budget request and the same as the fiscal year 2003 level. The program supports State formula

grants for comprehensive, integrated approaches to drug and violence prevention. Local educational agencies must use their funds to implement a drug and violence prevention program for students and employees.

The Committee expects that the Uniform Management Information and Reporting System, required by the No Child Left Behind Act, will be developed and implemented so that data and other pertinent information is collected in a uniform manner both within a particular State and across all States, and that it be reported by every State to the Secretary of Education so that data can be compared both within and across States.

The Committee reiterates that funding for local programs under this line item is not restricted to programs appearing on a list of "promising and exemplary" models of safe and drug free schools programs that was compiled by the Department of Education and published on January 18, 2001. The Committee is aware that other Federal agencies, such as the Center for Substance Abuse Prevention, have expertise in this field and have also initiated work to identify promising, effective and model prevention programs, strategies and activities. Consistent with the "principles of effectiveness" included in the No Child Left Behind Act, the Committee encourages States and school districts receiving these funds to examine the information and results available from all sources, conduct needs assessments and choose programs, strategies and activities that best fit particular local needs.

Safe and drug-free schools and communities: national programs

For the national programs under the Safe and Drug-Free Schools and Communities Act, the bill provides $155,180,000, the same as the fiscal year 2003 amount and $17,053,000 below the budget request. Under this program, the Secretary of Education administers a variety of activities to prevent the illegal use of drugs and violence among, and promote safety and discipline for, students at all educational levels, preschool through postsecondary.

Community service for expelled or suspended students

The bill does not include funding for community service for expelled or suspended students, the same as the budget request and $49,675,000 below the fiscal year 2003 level. This program authorizes formula grants to state to carry out programs under which students expelled or suspended from school are required to perform community service.

Alcohol abuse reduction

The bill does not include funding for grants to reduce alcohol abuse, the same as the budget request and $24,838,000 below the fiscal year 2003 level. This program awards competitive grants to districts to develop and implement innovative and effective programs to reduce alcohol abuse in secondary schools.

Mentoring programs

The bill includes $50,000,000 for mentoring programs which provide competitive grants to school districts and community-based organizations to promote mentoring programs for children with the

greatest need. This is $50,000,000 below the budget request and $32,614,000 above the fiscal year 2003 level.

Character education

The bill includes $24,838,000 for character education, the same as the fiscal year 2003 level and $162,000 below the budget request. This program provides support for the design and implementation of character education programs in elementary and secondary schools. Grantees may select the elements of character that will be taught, and must consider the views of parents and students to be served by the program.

Elementary and secondary school counseling

The bill includes $32,289,000 for elementary and secondary school counseling, the same as the fiscal year 2003 level. The President's budget did not propose funding for this program. This program provides grants to school districts to enable them to establish or expand elementary school and secondary school counseling programs.

The Committee is aware that some school districts have employed the use of screening tools to detect depression, the risk of suicide, and other mental disorders in school aged youth. The Committee urges the Secretary to make the availability of such screening tools more widely known, and to encourage school districts, juvenile justice facilities and community-based organizations to screen youth for such problems. The Committee expects the Department to be prepared to report on this activity in the FY 2005 appropriations hearings.

Physical education for progress

The bill includes $60,000,000 for the physical education for progress program, an increase of $390,000 above the fiscal year 2003 level. The President's budget did not request funding for this program, but did request $10,000,000 for a separate, new physical education initiative which has not been funded by the Committee.

The Committee agrees with the goals set forth by the Administration in proposing a physical education initiative to help encourage exercise and healthy weight among youth. The Committee has heard compelling testimony from the Centers for Disease Control and Prevention that many of the chronic health problems facing the country today such as diabetes, heart disease and some cancers are preventable, and attributable to a few behaviors including poor nutrition, tobacco use and insufficient physical activity.

To that end, the Committee has included funding for this line item but directs the Department to use such funds to demonstrate high-quality, research-based approaches for incorporating regular physical activity into students' everyday lives and promoting lifelong personal fitness activities and healthy habits. The Committee is concerned that the current-funded physical education program is primarily being used to purchase sports equipment for regular school sports and physical education programs and to train school faculty in the use of such equipment. This is not the intent of these funds. The Committee expects that funds will be used to develop programs that can provide information to states, school districts and other youth organizations on the most effective methods for en-

couraging all students—not simply those who are already participating in competitive sports—to develop positive attitudes about fitness and increased levels of personal fitness. The Committee is aware that some schools have begun to use heart rate monitors in physical education classes toward that end and the Committee encourages the Department to examine this model.

The Committee also encourages grantees to include in their proposals how they will address the dietary aspects of physical fitness in addition to the exercise components.

Civic education

The bill includes $28,812,000 for civic education, the same as the fiscal year 2003 level and $1,812,000 above the budget request. Program funds support the "We the People" and the Cooperative Education Exchange programs. "We the People" seeks to promote civic competence and responsibility among students. Cooperative Education Exchange provides support for education exchange activities in civics and economics between the United States and eligible countries in Central and Eastern Europe, the Commonwealth of Independent States, any country that was formerly a republic of the Soviet Union the Republic of Ireland, the province of Northern Ireland and developing countries with a democratic form of government.

State grants for incarcerated youth offenders

The bill does not include funding for state grants for incarcerated youth offenders, the same as the budget request and $23,348,000 below the fiscal year 2003 level. This program makes grants to state correctional agencies to assist and encourage incarcerated youths to acquire functional literacy skills and life and job skills.

ENGLISH LANGUAGE ACQUISITION

The bill includes $685,515,000 for English language acquisition programs. This amount is $20,515,000 above the budget request and the same as the comparable fiscal year 2003 appropriation level.

This program provides formula grants to states to serve limited English proficient students. Grants are based on each state's share of the Nation's limited English proficient and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve limited English proficient students and evaluation activities.

SPECIAL EDUCATION

The bill includes $11,049,790,000 for programs for children with disabilities authorized under the Individuals with Disabilities Education Act (IDEA). This funding level is $359,686,000 above the budget request and $1,015,873,000 above the fiscal year 2003 appropriation.

State Grants: Grants to States for special education

The bill provides $9,874,398,000 for grants to States, which is $345,865,000 above the budget request and $1,000,000,000 above the fiscal year 2003 level. Out of the total made available for school year 2004–2005, $4,802,398,000 is appropriated for fiscal year 2004

for obligation after July 1, 2004 and $5,072,000,000 is appropriated for fiscal year 2005 for obligation on, or after, October 1, 2004.

This program provides formula grants to assist the States in meeting the excess costs of providing special education and related services to children with disabilities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities. Funds are distributed based on the amount that each State received from the fiscal year 1999 appropriation, and the numbers of children in the general population and who live in poverty in the age range for which each States mandates free appropriate public education for children with disabilities.

State grants: Preschool grants

The bill provides $390,000,000 for preschool grants, $2,535,000 above the fiscal year 2003 level and the same as the budget request. This program provides grants to States on the basis of their proportionate share of the total number of children in the 3 through 5 age range and the number of these children living in poverty. These funds are provided in order to assist States to make a free appropriate public education available to all children with disabilities in the 3 through 5 age range.

State Grants: Grants for infants and families

The bill provides $447,000,000 for grants for infants and families, $12,841,000 above the fiscal year 2003 level and the same as the budget request. This formula grant program assists States in developing and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs to make available early intervention services to all children with disabilities, aged birth through 2, and their families.

IDEA National Activities: State improvement

The bill includes $51,364,000 for State improvement, $7,364,000 above the budget request and the same as the fiscal year 2003 appropriation. 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, early intervention, and transitional service systems. Among these systems are those for professional development, technical assistance, and dissemination of knowledge about best practices. Awards are based on State improvement plans developed by the States.

IDEA National Activities: Research and innovation

The bill includes $77,210,000 for research and innovation, the same as the fiscal year 2003 level and $1,170,000 below 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 program focuses on producing new knowledge, integrating research and practice and improving the use of knowledge.

IDEA National Activities: Technical assistance and dissemination

The bill includes $53,481,000 for technical assistance and dissemination, the same as the budget request and $348,000 above the fiscal year 2003 appropriation. This program provides 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.

IDEA National Activities: Personnel preparation

The bill includes $91,899,000 for personnel preparation, which is the $1,899,000 above the budget request and the same as the fiscal year 2003 appropriation. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the skills and knowledge they need to serve those children. Awards focus on addressing the need for personnel to serve low incidence populations and high incidence populations, leadership personnel, and projects of national significance.

IDEA National Activities: Parent information centers

The bill includes $26,328,000 for parent information centers, the same as the fiscal year 2003 level and $328,000 above 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. Technical assistance is also provided under this program for developing, assisting and coordinating centers receiving assistance under this program.

IDEA National Activities: Technology and media services

The bill includes $38,110,000 for technology and media services, which is $149,000 above the fiscal year 2003 appropriation and $5,400,000 above the budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities.

The bill includes $11,400,000 for Recording for the Blind and Dyslexic. These funds support continued production and circulation of recorded textbooks and increased outreach activities to print-disabled students and their teachers. The Committee has been supportive of RFB&D's efforts on the development and application of digital audio technology as a tool to improve the usefulness of its recorded books for students. The Committee is aware of a proposal to distribute specially designed digital compact disc players and reader software that will enable users to employ the new digital audio technology. The Committee directs the Department to report by December 1, 2003 on the technology involved and its readiness for the field, the proposed numbers of intended users, associated costs and plans for distribution of the devices.

The Committee continues to recognize the importance of very small businesses in increasing the quality and cost-effectiveness of

the television captioning program. As captioning becomes mandatory under the Telecommunications Act, the Committee urges the Department to give full and fair consideration to the applications of very small businesses.

REHABILITATION SERVICES AND DISABILITY RESEARCH

The bill includes $2,999,165,000 for rehabilitation services and disability research. This amount is $3,748,000 below the budget request and $45,532,000 above the fiscal year 2003 appropriation. The programs in this account are authorized by the Rehabilitation Act of 1973, the Helen Keller National Center Act, and the Assistive Technology Act of 1998.

Vocational rehabilitation grants to States

For vocational rehabilitation State grants, the bill includes $2,584,162,000, $50,670,000 above fiscal year 2003. This program supports basic vocational rehabilitation services through formula grants to the States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities.

Client assistance

The bill includes $12,068,000 for the client assistance program, $171,000 above the budget request and the fiscal year 2003 amount. A client assistance program is required in each State as a condition of receipt of a basic State grant. State formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

For training personnel to provide rehabilitation services to persons with disabilities, the bill includes $39,371,000, $3,258,000 below the budget request and the same as the fiscal year 2003 amount. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities.

The Committee is also concerned about the funding for rehabilitation long-term training programs, particularly orthotic and prosthetic programs, and urges the Department to provide sufficient funding to continue such activities. The Committee expects the Department to be prepared to report on these activities in the fiscal year 2005 budget hearings.

Demonstration and training programs

The bill includes $20,895,000 for demonstration and training programs, the same as the fiscal year 2003 level and $3,597,000 below the budget request. These programs authorize discretionary awards on a competitive basis to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Migrant and seasonal farmworkers

For programs serving migrant and seasonal farmworkers, the bill provides $2,335,000, which is the same as the fiscal year 2003 amount and $2,335,000 above the budget request. This program provides discretionary grants to make comprehensive vocational rehabilitation services available to migrant and seasonal farmworkers with vocational disabilities. Projects emphasize outreach activities, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

For recreational programs, the bill provides $2,579,000, the same as the fiscal year 2003 amount and $2,579,000 above the budget request. This program provides individuals with recreation and related activities to aid in their employment, mobility, independence, socialization, and community integration. Discretionary grants are made on a competitive basis to States, public agencies, and nonprofit private organizations, including institutions of higher education.

Protection and advocacy of individual rights

For protection and advocacy for persons with severe disabilities, the bill provides $16,890,000, $990,000 below the budget request and the same as the fiscal year 2003 level. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies needed to protect and advocate the rights of persons with severe disabilities.

Projects with industry

For projects with industry, the bill provides $21,928,000, the same as the fiscal year 2003 amount and $21,928,000 above the budget request. This program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. The program provides training and experience in realistic work settings to persons with disabilities to prepare them for employment in the competitive labor market. Awards are made to a variety of agencies and organizations, including business and industrial corporations, rehabilitation facilities, labor organizations, trade associations, and foundations.

Supported employment State grants

For supported employment State grants, the bill includes $37,904,000, which is the same as the fiscal year 2003 amount and $37,904,000 above the budget request. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with significant disabilities are given special supervision and assistance to enable them to work in an integrated setting.

Independent living: State grants

For State grants for independent living, the bill includes $22,296,000. This amount is the same as the budget request and

$145,000 above the fiscal year 2003 level. This program supports formula grants to the States to provide services for independent living for persons with significant disabilities.

Independent living: centers

For centers for independent living, the bill provides $75,000,000, which is $5,500,000 above the budget request and $5,455,000 above the fiscal year 2003 level. Discretionary grants support a network of consumer-controlled, nonresidential, community-based private nonprofit centers that provide a wide range of services to help persons with significant disabilities live more independently in family and community settings. Centers provide information and referral services, independent living skills training, peer counseling, and individual and systems advocacy. Discretionary grants are made to private nonprofit organizations.

Independent living: services for older blind persons

For independent living services for older blind individuals, the bill provides $32,000,000. This amount is $4,182,000 above the fiscal year 2003 amount and $7,000,000 above the budget request. Discretionary grants support services for persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Program improvement

For program improvement activities, the bill provides $894,000, which is the same as the fiscal year 2003 level and $44,000 above the budget request. The program: (1) provides technical assistance and consultative services to public and non-profit private agencies and organizations; (2) provides short-term training and technical instruction; (3) conducts special demonstrations; (4) collects, prepares, publishes and disseminates educational or informational materials; and (5) carries out monitoring and conducts evaluations.

Evaluation

The bill includes $994,000 for program evaluation, the same as the fiscal year 2003 amount and $6,000 below the budget request. These funds are used to evaluate the impact and effectiveness of individual programs authorized under the Rehabilitation Act. Contracts are awarded on an annual basis for studies to be conducted by persons not immediately involved in the administration of the programs authorized by the Act.

Helen Keller National Center

For the Helen Keller National Center for Deaf-Blind Youth and Adults, the bill includes $8,717,000, which is $57,000 above the fiscal year 2003 amount and the same as the budget request. These funds are used for the operation of the national center for intensive services for deaf-blind individuals and their families at Sands Point, New York and a network of 10 regional offices for referral and counseling. In addition to support for the national and regional staff, the Helen Keller Center provides seed money to public and private nonprofit affiliate agencies to assist them in initiating programs for deaf-blind persons.

National Institute on Disability and Rehabilitation Research

The bill includes $110,000,000 for the National Institute on Disability and Rehabilitation Research, the same as the budget request and $715,000 above the fiscal year 2003 level. The Institute supports research, demonstration and training activities that are designed to maximize the employment and integration into society of individuals with disabilities of all ages.

The Committee recognizes the need to significantly enhance support for applied research in orthotics and prosthetics to improve the delivery of rehabilitative care to persons with orthopedic impairments and neurological conditions. The Committee is pleased with the partnership between the Rehabilitation Services Administration and the American Academy of Orthotists and Prosthetists to support and improve the quality of applied orthotic and prosthetic research and help meet the increasing demand for provider services. The Committee urges the Department to continue this partnership, as well as to further develop the orthotic and prosthetic awareness campaign, which includes an educational outreach initiative designed to recruit and retain professionals and develop a series of consensus conferences and disseminate the resulting best practices to the field.

Assistive technology

For assistive technology activities, the bill provides $11,132,000, $15,692,000 below the fiscal year 2003 amount. The budget request did not include funding for this program. Technology assistance activities are authorized under the Assistive Technology Act of 1998. This Act authorizes the following activities: discretionary grants to the States to assist them in developing statewide programs to facilitate the provision of devices for, and services to, persons with disabilities; protection and advocacy services related to assistive technology; discretionary grants to the states for alternative financing programs; and technical assistance activities.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

The bill provides $16,500,000 for the American Printing House for the Blind, an increase of $1,101,000 above the fiscal year 2003 appropriation and $2,500,000 above the budget request. This appropriation subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The Printing House, which is chartered by the State of Kentucky, manufactures and maintains an inventory of special materials that is distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

The bill provides $53,867,000 for the National Technical Institute for the Deaf (NTID), an increase of $168,000 above the comparable fiscal year 2003 amount and $3,086,000 above the request. The NTID was established by Congress in 1965 to provide a residential

facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of deaf individuals. The Institute also conducts applied research and provides training in various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

The bill provides $100,600,000 for Gallaudet University, an increase of $2,802,000 above the fiscal year 2003 appropriation and $6,154,000 above the budget request. Gallaudet is a private, nonprofit educational institution Federally-chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts various research on deafness, and provides public service programs for deaf persons.

VOCATIONAL AND ADULT EDUCATION

The bill includes $2,094,475,000 for vocational and adult education programs. This amount is $11,779,000 below the fiscal year 2003 appropriation and $503,443,000 above the budget request. This appropriation account includes vocational education programs authorized by the Carl D. Perkins Vocational and Applied Technology Education Act. The account also includes adult education programs originally authorized by the Adult Education Act and reauthorized under the Workforce Investment Act of 1998.

Vocational education basic grants

This bill includes $1,200,000,000 for basic grants to States under the Carl D. Perkins Vocational and Technical Education Act of 1998, which is $7,800,000 above the fiscal year 2003 amount and $200,000,000 above the comparable budget request. Out of the total made available for school year 2004–2005, $409,000,000 is appropriated for fiscal year 2004 for obligation after July 1, 2004 and $791,000,000 is appropriated for fiscal year 2005 for obligation on, or after, October 1, 2004.

State grants support a variety of vocational education programs developed in accordance with the State plan. The Act concentrates federal resources on institutions with high concentrations of low-income students. The populations assisted by Basic Grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets.

Tech-prep

The bill includes $107,298,000 for tech-prep, the same as fiscal year 2003. The budget request did not propose separate line item funding for this program. This appropriation includes activities under title II of the Carl D. Perkins Vocational and Technical Education Act of 1998. The tech-prep education program provides planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model technical education programs. These programs begin in high school and provide students with the mathematical, science, com-

munications and technological skills needed to enter a 2-year associate degree or 2-year certificate program in a given occupational field, and to make a successful transition into further postsecondary education or begin their careers. The purpose of tech-prep is to develop structural links between secondary and postsecondary institutions that integrate academic and vocational education and better prepares students to make the transition from school to careers.

National programs

For national programs, the Committee provides $11,922,000, which is the same as the fiscal year 2003 amount. The budget did not request separate funding for this program. This authority supports the conduct and dissemination of research in vocational education, and includes support for the National Centers for Research and Dissemination in Career and Technical Education, five regional curriculum coordination centers, and other discretionary research.

Tech-Prep Education Demonstration

The bill does not include funding for the Tech-Prep Education Demonstration. The President's budget did not request funding for it. Last year this program was funded at $4,968,000. The program makes competitive grants to consortia to establish Tech-prep programs in secondary schools located on the sites of community colleges.

Occupational and Employment Information Program

The bill does not include funding for the Occupational and Employment Information Program. The President's budget did not request funding for it. Last year this program was funded at $9,438,000. The program provides career information and guidance services to students and adults through a network of state agencies.

State programs for adult education

For state grants, the Committee recommends $584,300,000, which is $13,038,000 above the fiscal year 2003 amount, and the same as the comparable budget request. State formula grants support programs to enable all 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.

Grants are provided on a formula basis to States under the new Adult Education and Family Literacy Act. The formula provides an initial allotment of $25,000 for each state and $100,000 to each outlying area, with additional allotments distributed on the basis of population aged 16 through 60 who are without a high school diploma or equivalent who are not enrolled in secondary school.

States may use 12.5 percent of their allotments for state leadership activities and may use an additional 5 percent or $65,000 for state administration. States and localities must give priority to adult education and literacy activities that are built on a strong foundation of research on effective practices and that effectively employ technology. Funds are provided on a forward-funded basis.

The Committee notes that over 40 percent of new adult education entrants are seeking English as-a-second language (ESL) services and that ESL accounts for 51 percent of all adults receiving adult education services and 76 percent of the hours of instruction received. The Committee expects that the funds provided in this program will be used by states with large concentrations of students who seek English language proficiency training to meet the needs of those individuals. The Committee bill retains language similar to that contained in last year's bill that guarantees a portion of the funds will be used to provide civics education services to new immigrants.

National Programs—National Leadership Activities

The Committee provides $9,438,000 for national leadership activities. This amount is the same as the fiscal year 2003 level. The budget request did not provide separate funding for this program.

Through applied research, development, dissemination, evaluation, and program improvement activities, this program assists State efforts to improve the quality of adult education. The funds support such projects as evaluations on the status and effectiveness of adult education programs, national and international adult literacy surveys, and technical assistance on using technology to improve instruction and administration that show promise of contributing to the improvement and expansion of adult education.

National Institute for Literacy

For the National Institute for Literacy, the bill provides $6,517,000, which is the same as the fiscal year 2003 amount and $215,000 below the budget request. The Institute supports research and development projects, tracks progress made toward national literacy goals, supports research fellowships, disseminates information through a national clearinghouse, and coordinates literacy information data from national and State sources.

Smaller learning communities

The bill includes $175,000,000 for smaller learning communities, $14,053,000 above the fiscal year 2003 level. The President's budget did not propose funding for it. This program supports competitive grants to school districts to enable them to create smaller learning communities in large schools.

Community technology centers

The bill does not include funding for community technology centers, $32,264,000 below the fiscal year 2003 level and the same as the request. The program provides competitive grants to create and expand community technology centers that offer disadvantaged residents of economically distressed urban and rural communities access to information technology and related training. Other Federal programs also exist that fund communities that want to establish and operate technology centers.

STUDENT FINANCIAL ASSISTANCE

The bill provides $14,247,432,000 for student financial assistance programs, an increase of $884,360,000 over the comparable fiscal

year 2003 appropriation and $271,068,000 below the budget request.

Pell grants

The bill maintains the maximum Pell Grant at $4,050, $50 above the budget request and the same as the comparable fiscal year 2003 amount. The bill provides $12,250,000,000 in new budget authority for the Pell Grant program, $465,000,000 below the request and $885,354,000 above the comparable fiscal year 2003 amount. Pell Grants provide portable education vouchers to postsecondary students who may use them at any of over 6,000 eligible schools.

Federal Supplemental Educational Opportunity Grants

The bill provides $760,028,000 for federal supplemental educational opportunity grants, $35,028,000 above the request and the same as the fiscal year 2003 level. The SEOG program provides grants through postsecondary institutions to qualified students who demonstrate exceptional financial need. Institutions have broad flexibility within the eligibility criteria for awarding these grants with the exception that priority must be given to Pell Grant recipients.

Work-study

The bill provides $1,004,428,000 for the work-study program, the same as the comparable fiscal year 2003 appropriation and $6,572,000 below the budget request. Funding for this program is provided through institutions to students who work part-time to meet the cost of education. Institutions receive funding according to a statutory formula and may allocate it for job location and job development centers.

Perkins loans capital contributions

The Committee bill provides $99,350,000 in funding for new capital contributions to federal Perkins revolving loan funds, $99,350,000 above the budget request and the same as the comparable fiscal year 2003 appropriation.

Perkins loans cancellations

The bill provides $67,061,000 for federal Perkins loans cancellations, $439,000 below the budget request and the same as the fiscal year 2003 amount. The Federal Government reimburses institutional Perkins revolving loan funds for loan cancellations permitted under Federal law. Loans may be canceled when the borrower pursues a career in one of 12 statutorily-designated professions including corrections, medical technical work, and peace corps or VISTA service.

Leveraging educational assistance partnership

The bill includes $66,565,000 for the leveraging educational assistance partnership (LEAP) program, the same as the fiscal year 2003 level and $66,565,000 above the budget request. LEAP provides dollar-for-dollar matching funds to States as an incentive for providing need-based grant and work study assistance to eligible postsecondary students. Federally supported grants and job earnings are limited to $5,000 per award year for full-time students. By

law, each State's allocation is based on its relative share of the total national population of students eligible to participate in the programs, except that no state is to receive less than it received in 1979. If LEAP amounts are below this level, each State is allocated an amount proportional to the amount of funds it received in 1979. If a state does not use all of its allocation, the excess funds are distributed to other States in the same proportion as the original distribution. States must, at a minimum, match LEAP grants dollar for dollar with state funds provided through direct state appropriations for this purpose.

Loan forgiveness for child care

The bill does not include funding for loan forgiveness for child care, the same as the budget request and $994,000 below the fiscal year 2003 amount. This program was designed to retain and encourage more highly trained individuals to enter into the early childcare profession. Under this program, borrowers who have earned a degree in early childhood education and who work for two full years as a child care provider in a low-income community may have a portion of their loan obligation forgiven. Additional forgiveness is awarded for each additional consecutive year of service, up to a total of 100 percent of the borrower's outstanding balance after five full years.

STUDENT AID ADMINISTRATION

The bill includes $120,010,000 in discretionary resources for the Student Aid Administration account. The Committee recommendation is $15,307,000 more than the comparable fiscal year 2003 funding level and the same as the request, when adjusted for discretionary-scored spending. Funds appropriated to the Student Aid Administration account, in addition to mandatory funding available through Section 458 of the Higher Education Act, will support the Department's student aid management expenses. The organization administering Federal Student Aid and the Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs. The Committee bill does not include the Administration's legislative proposal to fund this new account solely through annual appropriations.

HIGHER EDUCATION

The bill provides $1,985,991,000 for higher education programs, a decrease of $107,460,000 below the fiscal year 2003 appropriation and $81,553,000 above the budget request.

Strengthening institutions

The bill provides $81,467,000 for the regular strengthening institutions program, $5,192,000 above the budget request and the same as the fiscal year 2003 level. This program provides general operating subsidies to institutions with low average educational and general expenditures per student and significant percentages of low-income students. Awards may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Hispanic serving institutions

The bill provides $93,551,000 for the Hispanic serving institutions program, the same as the budget request and $1,155,000 above the fiscal year 2003 level. The HSI program provides operating subsidies to schools that serve at least 25 percent Hispanic students of whom at least half are low-income students.

Strengthening historically black colleges and universities

The bill provides $224,086,000 for strengthening historically black colleges and universities (HBCUs), $10,071,000 above the fiscal year 2003 appropriation and the same as the budget request.

This program provides operating subsidies to accredited, legally authorized HBCUs established prior to 1964 whose principal mission is the education of black Americans. Funds may be used to support both programs and management and are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented. The minimum grant is $500,000.

Strengthening historically black graduate institutions

The bill provides $53,415,000 for the strengthening historically black graduate institutions program, the same as the fiscal year 2003 appropriation and $113,000 above the budget request.

The program provides 5-year grants to the following 18 post-secondary institutions that are specified in section 326(e)(1) of the Higher Education Act: Morehouse School of Medicine, Meharry Medical School, Charles R. Drew Postgraduate Medical School, Clark-Atlanta University, Tuskegee University School of Veterinary Medicine, Xavier University School of Pharmacy, Southern University School of Law, Texas Southern University Schools of Law and Pharmacy, Florida A&M University School of Pharmaceutical Sciences, North Carolina Central University School of Law, Morgan State University qualified graduate program, Hampton University qualified graduate program, Alabama A&M qualified graduate program, North Carolina A&T State University qualified graduate program, University of Maryland Eastern Shore qualified graduate program, Jackson State qualified graduate program, Norfolk State University and Tennessee State University. Of the amount appropriated, the first $26,600,000 is used to make grants to the first 16 institutions listed above. Any amount appropriated in excess of $26,600,000 but less than $28,600,000 is used to make grants to Norfolk State University and Tennessee State University and any remaining appropriation is made available to each of the 18 institutions based on a formula. Awards may be used for building endowments as well as the same purposes for which the strengthening HBCU grants may be used.

Strengthening Alaska Native and Native Hawaiian-serving institutions

The Committee recommends $8,180,000 for strengthening Alaska Native and Native Hawaiian-serving institutions, the same as the fiscal year 2003 level and $4,132,000 above the budget request.

Strengthening tribally controlled colleges and universities

The Committee recommends $22,850,000 for the strengthening tribally controlled colleges and universities program, $3,813,000 above the budget request and the same as the fiscal year 2003 level.

International education and foreign languages studies

Domestic programs

The bill provides $93,240,000 for the domestic activities of the international education and foreign languages studies programs, the same as the fiscal year 2003 appropriation and $5,240,000 above the budget request. The program assists graduate and undergraduate foreign language and area studies programs and students at institutions of postsecondary education. Programs include national resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access. In general, the Secretary has discretion to allocate funding among these various activities.

Overseas programs

The bill provides $12,916,000 for the overseas programs in international education and foreign language studies authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. The appropriation is $84,000 below the budget request and the same as the fiscal year 2003 appropriation. Funding for these programs support group projects abroad, faculty research abroad, special bilateral projects, and doctoral dissertation research abroad.

Institute for International Public Policy

The bill provides $1,639,000 for the Institute for International Public Policy, $139,000 above the budget request and the same as the fiscal year 2003 appropriation. This program provides a grant to an eligible recipient to operate the Institute through sub-grantees chosen among minority serving institutions.

Fund for the improvement of postsecondary education

The Committee recommends $39,138,000 for the fund for the improvement of postsecondary education (FIPSE), the same as the budget request and $131,930,000 below the fiscal year 2003 amount. FIPSE awards grants and contracts to a variety of postsecondary institutions and other organizations to improve the quality and delivery of postsecondary education.

Minority science and engineering improvement

The bill provides $8,942,000 for the minority science and engineering improvement program (MSEIP), the same as the fiscal year 2003 appropriation and $442,000 above the budget request.

The MSEIP program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily

minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields. The Committee encourages the Department to develop specific numerical goals and baseline data for this program.

Interest subsidy grants

The bill provides $2,000,000 for interest subsidy grants authorized under section 121 of the Higher Education Act, the same amount requested in the budget and $980,000 below the fiscal year 2003 appropriation. This program provides loan subsidies to higher education institutions for facilities acquisition, construction and renovation loans taken prior to 1974. All loans will terminate by the fiscal year 2013. The authority to initiate new loan subsidy commitments was repealed in the 1992 amendments to the Higher Education Act. Interest subsidies provide institutions the difference between the interest they pay on commercially-obtained loans and 3 percent of the loan balance. The bill provides funding sufficient to meet the Federal Government's commitments on the 52 loans expected to be in repayment status in fiscal year 2004.

Tribally controlled postsecondary vocational and technical institutions

The bill includes $6,955,000 for grants for tribally controlled postsecondary vocational and technical institutions, $455,000 above the budget request and the same as the fiscal year 2003 amount. This program provides grants for the operation and improvement of training programs to ensure continuation and expansion of vocational training opportunities for Indian youth.

TRIO

The bill provides $835,000,000 for the TRIO programs, $32,500,000 above the budget request and $7,911,000 above the fiscal year 2003 appropriation. The TRIO programs provide a variety of outreach and support services to encourage low-income, potential first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to institutions of higher education and other agencies. At least two-thirds of the eligible participants in TRIO must be low-income, first-generation college students.

The Committee understands that the grant applications of several colleges and universities were not considered in the fiscal year 2003 TRIO funding competitions for the Upward Bound, Upward Bound Math/Science, and McNair Postbaccalaureate Achievement programs due to problems with the applications being received after the closing date. The Committee directs the Department to peer review these applications by July 31, 2003, and to report back to the Committee on any meritorious applications that fall within previously-established cut off scores for the three competitions.

GEAR UP

The bill includes $300,000,000 for the GEAR UP program, $6,918,000 above last year's level and $15,000,000 above the budget request. GEAR UP provides grants to states and partnerships of low-income middle and high schools, institutions of higher education and community organizations to target entire grades of stu-

dents and give them the skills and encouragement to successfully pursue postsecondary education.

Byrd scholarships

The bill includes $40,734,000 for the Byrd scholarships program, $267,000 below the budget request and the same as the fiscal year 2003 appropriation. The Byrd scholarship program provides formula grants to States to award $1,500 scholarships to students who demonstrate academic excellence in high school.

Javits fellowships

The Committee recommends $9,935,000 for the Javits fellowship program, $65,000 below the budget request and the same as the fiscal year 2003 appropriation. Under the Javits program, institutions receive Federal support to make fellowship awards to students pursuing doctoral study in the arts, humanities, and social sciences.

Graduate assistance in areas of national need program

The Committee recommends $30,798,000 for the graduate assistance in areas of national need (GAANN) program, $202,000 below the budget request and the same as the fiscal year 2003 appropriation. The GAANN program awards grants to institutions of higher education to provide fellowships to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need.

Teacher quality enhancement grants

The Committee recommends $90,000,000 for teacher quality enhancement grants, the same as the budget request and $585,000 above the fiscal year 2003 appropriation. Teacher quality enhancement grants have three components: state grants, partnership grants and recruitment grants. By statute, state and partnership grants each receive 45 percent of the appropriation, and recruitment grants receive 10 percent.

Under the state grant component, states apply to receive up to three years of funding to improve the quality of their teaching force through promoting reform activities such as teacher licensing and certification, accountability for high quality teacher preparation and professional development and recruiting teachers for high-need schools. States must match 50 percent of the federal award.

Under the partnership component, partnerships apply to receive a five-year grant to strengthen the capacity of K–12 educators in designing and implementing effective teacher education programs, and by increasing collaboration among these practitioners and departments of arts and sciences and schools of education at institutions of higher education. Partnerships must match 25 percent of the federal grant in the first year, 35 percent in the second year, and 50 percent for the remaining years.

The recruitment component supports the efforts to reduce shortages of qualified teachers in high-need school districts. States or partnerships may apply to receive these grants.

Child care access means parents in school

The Committee recommends $15,000,000 for child care access means parents in school program, the same as the budget request and $1,194,000 below the fiscal year 2003 appropriation. Under this program, institutions may receive discretionary grants of up to four years to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Priority is given to childcare programs that leverage significant local or institutional resources and utilize a sliding fee scale. Grants can only be used to supplement childcare services or start new programs.

Demonstration projects to ensure quality higher education for students with disabilities

The Committee recommends $6,954,000 for funding for demonstration projects to ensure quality higher education for students with disabilities, the same as the fiscal year 2003 level. The President's budget did not request funding for this program.

This program provides discretionary grants for three years to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education in order to provide students with disabilities a high-quality postsecondary education.

Underground railroad program

The Committee recommends $2,235,000 for the underground railroad program, which is the same as the fiscal year 2003 appropriation. The budget request did not include funding for this program. The underground railroad program provides grants to non-profit institutions to research, display, interpret and collect artifacts relating to the history of the underground railroad.

GPRA data/HEA program evaluation

The Committee recommends $994,000 for program evaluation and development of data required under the Government Performance and Results Act for Higher Education programs administered by the Department. This is the same as the fiscal year 2003 appropriation and $6,000 below the budget request.

The Committee understands that for many higher education programs, baseline and performance indicator data are sparse, nonexistent or difficult to collect. Funding under this activity will support the Department in developing high-quality data as required under the Government Performance and Results Act.

Thurgood Marshall Scholarships

The bill includes $4,968,000 for Thurgood Marshall Scholarships. The President's budget did not request funding for this program. The program was funded at $4,968,000 in fiscal year 2003. This program provides a single award to the Council on Legal Education Opportunity (CLEO) to provide minority, low-income or disadvantaged college students with the information, preparation and financial assistance needed to gain access to and complete law school.

Olympic Scholarships

The bill includes $994,000 for Olympic Scholarships, the same as the fiscal year 2003 level and $994,000 above the budget request. This program provides financial assistance to athletes who are training at the U.S. Olympic Education Center or one of the U.S. Olympic Training Centers and who are pursuing a postsecondary education at an institution of higher education.

HOWARD UNIVERSITY

The bill provides $242,770,000 for Howard University, $5,296,000 above the budget request and $4,330,000 above the fiscal year 2003 appropriation. The bill includes a minimum of $3,600,000 for the endowment, which is $27,000 above the current level. The bill also includes an additional $700,000 for Howard University Hospital to implement an emergency patient tracking system as a one-time expenditure related to homeland security measures.

Howard University is a "Research I" university located in the District of Columbia. Direct appropriations for Howard University are authorized by 20 U.S.C. 123, originally enacted in 1867. Howard University provides undergraduate liberal arts, graduate and professional instruction to approximately 11,000 students from all 50 States. Masters degrees are offered in over 55 fields and Doctor of Philosophy degrees in 26 fields.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

The bill provides $774,000 for the Federal administration of the college housing and academic facilities loan (CHAFL) program, the Higher Educational Facilities Loans program and the College Housing Loans program, the same as the budget request and $17,000 above the fiscal year 2003 appropriation.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL AND FINANCING PROGRAM

Federal administration

The bill provides $210,000 for the administration of the historically black college and university capital financing program authorized under part D of title III of the Higher Education Act, $3,000 above the fiscal year 2003 appropriation and the same as the budget request. The program is intended to make capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Bond subsidies

Under the HBCU capital program, a private, for-profit "designated bonding authority" issues construction bonds to raise capital for loans to historically black colleges and universities for construction projects. The Department provides insurance for these bonds, guaranteeing full payment of principal and interest to bond holders. Federally insured bonds and unpaid interest are limited by statute to $375,000,000. The letter of credit limitation establishes the total amount of bonds which can be issued by the designated bonding authority. The credit limitation must be explicitly stated in an appropriation Act according to the authorizing legislation.

INSTITUTE OF EDUCATION SCIENCES

The bill includes $500,599,000 for the Institute of Education Sciences. This amount is $124,684,000 above the budget request, and $52,643,000 above the fiscal year 2003 level. This account supports education research, statistics, and assessment activities.

Research

This bill includes $185,000,000 for educational research, the same as the budget request and $45,910,000 above the fiscal year 2003 level. The Institute of Education Sciences supports research, development and national dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee directs the Institute of Education Sciences to compile guidance for states and school districts on research standards for evaluating the scientific basis and effectiveness of educational programs. The guidance should include guidelines for assessing the quality of research used to validate the effectiveness of educational approaches and interventions.

The Committee directs the Secretary, in consultation with the Director of NICHD, to convene a panel of experts from teacher education, teacher education research, educators from the K-12 system, representatives of minority (language and ethnic) groups, parents, and business leaders. This panel shall look at the status of teacher preparation in the United States (individually in: elementary, secondary, and the core curricular areas of reading and mathematics), to include an analysis of the educational characteristics and academic preparation of candidates for both preservice and graduate education programs, the specific content and experiences that are provided candidates for degrees and certification in education, the consistency of the required coursework and experiences in reading and mathematics across teacher preparation programs, and the degree to which the content and experiences are based on converging scientific evidence. It shall develop a model for teacher education programs to collect information on their graduates' effectiveness, and review the needs of the No Child Left Behind Act for high quality teachers.

Regional educational laboratories

The Committee has included $67,061,000 for the regional educational laboratories. This amount is the same as the fiscal year 2003 level. The budget request did not include funding for this program. The Committee reiterates its intent, expressed in the Conference Report on the fiscal year 1996 bill (Report No. 104–537) that all work of the Regional Education Laboratories be based on the priorities established by their regional governing boards.

Statistics

This bill includes $95,000,000 for the activities of the National Center for Education Statistics, exclusive of the National Assessment of Educational Progress. This amount is the same as the budget request and $5,585,000 above the fiscal year 2003 level.

Statistics activities are authorized under the Education Sciences Reform Act of 2002, title I of P.L. 107–279. The Center collects, analyzes, and reports statistics on all levels of education in the United States. Activities are carried out directly and through grants and contracts. Major publications include "The Condition of Education" and "Digest of Education Statistics." Other products include projections of enrollments, teacher supply and demand, and educational expenditures. Technical assistance to state and local education agencies and postsecondary institutions is provided. International comparisons are authorized.

Assessment

This bill includes $95,825,000 for the National Assessment of Educational Progress, the same as the budget request, and $590,000 above the fiscal year 2003 level. The Assessment is authorized under section 303 of the National Assessment of Educational Progress Authorization Act, and is the only nationally representative survey of educational ability and achievement of American students. The primary goal of the Assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, and history, as well as citizenship, literature, art, and music. The Assessment is operated by contractors through competitive awards made by the National Center for Education Statistics; a National Assessment Governing Board formulates the policy guidelines for the program. Within the amounts provided, $5,090,000 is for the National Assessment Governing Board.

Multi-year grants and contracts

The bill includes $57,623,000 for multi-year grants and contracts, the same as the fiscal year 2003 level. The budget request did not include funding for it. This line supports technical assistance centers and consortia.

DEPARTMENTAL MANAGEMENT

The bill includes $573,906,000 for departmental management (salaries and expenses) at the Department of Education. This amount is $37,594,000 above the fiscal year 2003 appropriation and the same as the budget request. These activities are authorized by the Department of Education Organization Act, P.L. 96–88, and include costs associated with the management and operations of the Department as well as separate costs associated with the Office for Civil Rights and the Office of the Inspector General.

The Committee continues to be pleased with the emphasis the Department's senior management team has placed on complying with the Government Performance and Results Act. The Committee expects the Department to continue to develop and refine GPRA measures for all programs, focusing particularly on student achievement outcomes.

Executive Order 13270 directed federal agencies to take steps to enhance access to federal opportunities and resources for American Indian/Alaska Native students from tribal colleges and other postsecondary schools. The Committee believes that the Washington Semester American Indian Program (WINS) is an excellent way to

advance the goals of Executive Order 13270, and strongly urges the Secretary to maximize the number of agencies that participate in the WINS program.

Program administration

The bill includes $434,494,000 for program administration. This amount is $24,631,000 above the fiscal year 2003 appropriation and the same as the budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation and health, retirement and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants and other contractual services.

Office for Civil Rights

The bill includes $91,275,000 for the salaries and expenses of the Office for Civil Rights. This amount is $5,560,000 above the fiscal year 2003 appropriation and the same as the budget request. This Office is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, membership in a patriotic society, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 16,000 local educational agencies, 3,500 institutions of higher education, as well as to proprietary schools, State rehabilitation agencies, libraries, and other institutions receiving Federal funds.

Office of the Inspector General

The bill includes $48,137,000 for the Office of the Inspector General. This amount is $7,403,000 above the fiscal year 2003 appropriation and the same as the budget request. This Office has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

The Committee is aware that the Committee on Education and the Workforce has asked the Department's Inspector General to review a grant made to the American Association of Colleges for Teacher Education for the Clearinghouse on Teaching and Teacher Education following published reports of alleged questionable activities. The Committee supports this request and looks forward to the Inspector General's report.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision which prohibits funds under this Act from being used for the transportation of students or teachers in order to overcome racial imbalances or to carry out a plan of racial desegregation.

Sec. 302. The Committee continues a provision which prohibits funds under this Act from being used to require the transportation of any student to a school other than the school which is nearest the student's home in order to comply with title VI of the Civil Rights Act of 1964.

Sec. 303. The Committee continues a provision which prohibits funds under this Act from being used to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Sec. 304. The Committee continues a provision which allows up to 1 percent of any discretionary funds appropriated for the Department of Education to be transferred between appropriations accounts, provided that no appropriation is increased by more than 3 percent by any such transfer. This provision requires the Secretary to notify the Appropriations Committees of both Houses of Congress at least 15 days in advance of a transfer.

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME

The bill provides authority to expend $65,279,000 from the Armed Forces Retirement Home Trust Fund for operations and capital activities at the United States Soldiers' and Airmen's Home and the United States Naval Home, a decrease of $2,292,000 below the comparable fiscal year 2003 appropriation and the same as the budget request.

Operations

The bill provides authority to expend $63,296,000 from the Armed Forces Retirement Home Trust Fund for operations of the United States Soldiers' and Airmen's Home and the United States Naval Home, a increase of $1,457,000 above the comparable fiscal year 2003 appropriation and the same as the budget request.

Capital outlay

The bill provides authority to expend $1,983,000 from the Armed Forces Retirement Home Trust Fund for capital activities at the Soldiers' and Airmen's Home and the United States Naval Home, a decrease of $3,749,000 below the comparable fiscal year 2003 appropriation and the same as the budget request.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

The bill provides $352,836,000 for the Domestic Volunteer Service Programs that are administered by the Corporation for National and Community Service. The recommended amount is $1,052,000 below the fiscal year 2003 appropriation and $11,827,000 below the budget request. Appropriations for these programs are not authorized in law for fiscal year 2004. Funding for the Americorps program that is also administered by the Corporation for National and Community Service is provided in the VA/HUD and Independent Agencies appropriations bill.

The Committee emphasizes the importance of developing clear, measurable outcomes for programs within the purview of the Corporation as outlined in the Government Performance and Results Act. It is vital that the Committee be provided with information on the actual results achieved by the programs, not simply the number of volunteers participating in the program or the number of hours served. Program outcomes should, to the extent possible,

focus on the actual improvements in the health, safety, education, and quality of life of individuals in the community as a result of the Federal investment. Programs that are able to demonstrate these results over time will be considered higher funding priorities than programs that are unable to clearly demonstrate their value to the American public.

VISTA

The bill provides $93,674,000 for the Volunteers in Service to America (VISTA) program, the same as the fiscal year 2003 level and $613,000 below the budget request. The VISTA program supports individuals who recruit volunteers and organize community volunteer activities but who do not provide direct volunteer services.

Special Volunteer Programs

The bill includes $5,000,000 for special volunteer programs authorized under section 122 part C of title I of the Domestic Volunteer Service Act of 1973, $4,935,000 below the fiscal year 2003 level and $15,000,000 below the budget request.

These funds are to be used to place volunteers in community activities that are targeted specifically at contributing to homeland defense. Grants will be made to states and community organizations on a competitive basis and will support public and nonprofit agencies' efforts in the areas of public safety, public health, and disaster relief and preparedness. The Committee intends that these funds be used to support volunteer efforts across the population, and not simply focus on recruiting seniors.

National Senior Volunteer Corps

The bill provides a total of $215,933,000 for the National Senior Volunteer Corps, the same as the fiscal year 2003 level and $3,786,000 above the budget request.

The bill provides $110,775,000 for the Foster Grandparents program, the same as fiscal year 2003 levels and $4,075,000 above the budget request. This program provides volunteer service opportunities for low-income people aged 60 and over.

The bill provides $46,260,000 for the Senior Companion program, the same as the fiscal year 2003 appropriation and $303,000 below the budget request. The program provides project grants to private, non-profit organizations and State and local public agencies to offer volunteer service opportunities to low-income individuals aged 60 and over. These volunteers assist older adults with physical, mental or emotional impairments that put them at risk for institutionalization.

The bill provides $58,501,000 for the Retired Senior Volunteer Program (RSVP), the same as the fiscal year 2003 appropriation and $383,000 below the budget request. This program provides part-time volunteer service opportunities for low-income individuals aged 55 and over to recruit volunteers and organize volunteer activities relating to a variety of social needs.

The bill includes $397,000 for senior demonstration programs, the same as the fiscal year 2003 level and $397,000 above the budget request. The Committee intends this funding to be used to provide training and technical assistance to assist local projects in

performance measurement as envisioned by the Government Performance and Results Act.

Program administration

The bill provides $38,229,000 for program administration, $3,883,000 above the fiscal year 2003 appropriation and the same as the budget request.

CORPORATION FOR PUBLIC BROADCASTING

The Committee has provided $330,000,000 in advance funding for fiscal year 2006 for the Corporation for Public Broadcasting (CPB). The Administration did not request any advance funding.

The Committee has included authority for CPB to spend up to $80,000,000 in fiscal year 2004 funds for CPB digital conversion activities. The Committee has also included authority for CPB to spend up to $20,000,000 on the Satellite Interconnection system.

FEDERAL MEDIATION AND CONCILIATION SERVICE

The bill provides $43,385,000 for the Federal Mediation and Conciliation Service (FMCS), an increase of $2,229,000 above the comparable fiscal year 2003 appropriation and $500,000 above the budget request.

The FMCS attempts to prevent and minimize labor-management disputes having a significant impact on interstate commerce or national defense, except in the railroad and airline industries. The agency convenes boards of inquiry appointed by the President in emergency disputes and conducts dispute mediation, preventive mediation, and arbitration. In addition, the Service offers alternative dispute resolution services and training to other Federal agencies to reduce litigation costs and speed Federal administrative proceedings.

The bill also includes provisions first enacted in the fiscal year 1996 Appropriations Act granting the agency the authority to accept gifts and to charge fees for certain services.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $7,774,000 for the Federal Mine Safety and Health Review Commission, $643,000 above the fiscal year 2003 level and the same as the budget request. The Commission is responsible for reviewing the enforcement activities of the Secretary of Labor under the Federal Mine Safety and Health Act. The Commission's administrative law judges hear and decide cases initiated by the Secretary of Labor, mine operators, or miners. The five-member Commission hears appeals from administrative law judge decisions, rules on petitions for discretionary review, and may direct, of its own initiative, review of cases that present unusual questions of law.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

The Committee recommends $238,126,000 for the Institute of Museum and Library Services. This is $5,763,000 below the fiscal year 2003 level and $3,898,000 below the budget request. The In-

stitute makes state formula grants for library services and discretionary national grants for joint library and museum projects.

For Library Services, the Committee recommends $166,246,000 for State grants, including $3,225,000 for library services to Native Americans and Native Hawaiians. The Committee recommends $11,650,000 for national leadership grants. The Committee commends the Administration for its second year of funding for an Initiative to Recruit and Educate Librarians and has included the full amount requested, $20,000,000 for this purpose.

For Museum Services, the Committee recommends $17,950,000 for operations grants; $3,630,000 for Conservation programs; and $8,200,000 for National Leadership projects.

The Committee recommends $10,450,000 for program administration, the same as the budget request.

MEDICARE PAYMENT ADVISORY COMMISSION

The Committee recommends $9,000,000 for the Medicare Payment Advisory Commission, an increase of $471,000 above the comparable fiscal year 2003 appropriation and the budget request. The Commission advises Congress on matters of physician and hospital reimbursement under the Medicare and Medicaid programs.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

The Committee recommends $1,000,000 for the National Commission on Libraries and Information Science. This is $3,000 below the fiscal year 2003 level and the same as the budget request.

NATIONAL COUNCIL ON DISABILITY

The bill provides $2,830,000 for the National Council on Disability (NCD), a decrease of $9,000 below the comparable fiscal year 2003 level appropriation and the same as the budget request. The Council monitors implementation of the Americans with Disabilities Act and makes recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on public policy issues of concern to individuals with disabilities.

NATIONAL LABOR RELATIONS BOARD

The bill provides $239,429,000 for the National Labor Relations Board (NLRB). This is $2,000,000 above the fiscal year 2003 level and $3,644,000 below the budget request. The NLRB receives, investigates, and prosecutes unfair labor practice charges filed by businesses, labor unions, and individuals. It also schedules and conducts representation elections. The five-member Board considers cases in which an administrative law judge decisions are appealed.

In 1959, Congress passed a law to give the NLRB jurisdiction over businesses to settle labor disputes between unions and management based on gross receipts. Once a business' gross receipts pass a certain threshold, it is subject to NLRB intervention. Businesses below the threshold are subject to actions under State laws, instead of the NLRB.

Because the levels of gross receipts have never been adjusted for inflation, businesses and the NLRB have been caught in a "bracket creep" that has dramatically expanded federal jurisdiction without any Congressional intent to do so. The NLRB has acquired jurisdiction over much smaller businesses than was ever intended, escalating the expense and workload for the NLRB, as well as for business. The cost of such intervention for very small business and the taxpayer is unbearable. For example, the NLRB has jurisdiction over non-retail businesses with gross receipts over $50,000, adjusting for inflation since 1959 would raise that threshold to $302,001. For retail businesses and restaurants, the NLRB has jurisdiction over those doing above $500,000 worth of business, but adjusting for inflation since 1959 would raise this threshold to over $3 million. The committee asks the administration to investigate the heavy caseload taken on by the NLRB and how the backlog might be reduced through an adjustment of the jurisdictional thresholds set in 1959.

NATIONAL MEDIATION BOARD

The bill provides $11,421,000 for the National Mediation Board (NMB), $180,000 above the comparable fiscal year 2003 appropriation and the same as the budget request. The NMB mediates labor disputes between employees and railroad and airline carriers subject to the Railway Labor Act. The Board also resolves representation disputes involving labor organizations seeking to represent railroad or airline employees.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $10,115,000 for the Occupational Safety and Health Review Commission, $505,000 above the fiscal year 2003 level and the same as the budget request. The Commission adjudicates contested citations issues by the Occupational Safety and Health Administration against employers for violations of safety and health standards. The Commission's administrative law judges settle and decide cases at the initial level of review. The agency's three appointed Commissioners also review cases, issue rulings on complicated issues, and may direct review of any decision by an administrative law judge.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS ACCOUNT

The bill provides $119,000,000 for dual benefits, a decrease of $12,142,000 below the comparable fiscal year 2003 appropriation and the same as the budget request. These funds are used to pay dual benefits to those retirees receiving both railroad retirement and social security benefits. The bill includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately $8,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNT

The bill provides $150,000 for the interest earned on unnegotiated checks, the same as the budget request and the comparable amount provided for fiscal year 2003.

LIMITATION ON ADMINISTRATION

The bill provides a consolidated limitation of $101,300,000 on the expenditure of railroad retirement and railroad unemployment trust funds for administrative expenses of the Railroad Retirement Board, an increase of $1,950,000 above the comparable fiscal year 2003 appropriation and an increase of $1,480,000 above the budget request. The bill includes a provision from the fiscal year 1999 Appropriations Act prohibiting the transfer of resources formerly identified in a Memorandum of Understanding from the RRB to the Inspector General.

The Railroad Retirement Board (RRB) administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the RRB for administrative expenses. The Committee prohibit funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

The Committee is pleased with the management of the Board and reiterates its interest in quickly and comprehensively implementing the Government Performance and Results Act.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The bill provides authority to expend $6,600,000 from the railroad retirement and railroad unemployment insurance trust funds for the Office of Inspector General, a increase of $278,000 above the comparable fiscal year 2003 appropriation and the same as the budget request. This account provides funding for the Inspector General to conduct and supervise audits and investigations of programs and operations of the Board.

The Committee compliments the work of the Office of the Inspector General of the Railroad Retirement Board for their work in obtaining information on actual collections, offsets, and funds put to better use as required in House Report 105–635. This information is of great use to the Committee and the Committee understands the difficulty encountered by the OIG in obtaining it. The Committee expects that the Office of Inspector General will continue to report the information to it.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The Committee provides $21,658,000 for mandatory payments necessary to compensate the Old Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Funds for special payments to certain uninsured persons (for which no payroll tax is received), costs incurred for administration of pension reform activities and interest lost on the value of benefit checks issued but not

negotiated. This appropriation restores the trust funds to the position they would have been in had they not borne these costs properly charged to the general funds.

SUPPLEMENTAL SECURITY INCOME PROGRAM

The Committee provides $26,221,300,000 for the Supplemental Security Income (SSI) program. The Committee also provides $12,590,000,000 in advance funding for the first quarter of fiscal year 2005.

Beneficiary services

In addition to Federal benefits, SSA administers a program of supplementary State benefits for those States that choose to participate. The funds are also used to reimburse the trust funds for the administrative costs of the program. The Committee provides $100,000,000 for beneficiary services, the same as the budget request. This funding reimburses State vocational rehabilitation services agencies for successful rehabilitation of SSI recipients.

Research and demonstration

Within the appropriation for SSI, the Committee provides $30,000,000 for research and demonstration activities conducted under section 1110 of the Social Security Act.

Administration

Within the appropriation for SSI, the Committee provides $2,973,300,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses.

LIMITATION ON ADMINISTRATIVE EXPENSES

The bill provides a limitation on administrative expenses for the Social Security Administration (SSA) of $8,361,800,000 to be funded from the Social Security and Medicare trust funds. This is $476,663,000 more than the fiscal year 2003 comparable level and $168,200,000 less than the budget request.

The Committee is pleased that SSA officials have continued to educate adjudicators at all levels of the SSA process about the April 1999 chronic fatigue syndrome (CFS) ruling (99–2p). The Committee encourages SSA to continue these educational efforts, as many SSA employees remain unfamiliar or misinformed about CFS and the functional limitations it imposes. Finally, the Committee encourages SSA to continue examining obstacles to benefits for persons with CFS, to access the impact of the 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 pleased with the initiative SSA has started in examining the population with limb loss who could return to work with proper prosthetic and orthotics care. The Committee encourages the Ticket-to-Work initiative to continue to pursue this vital project.

SOCIAL SECURITY ADVISORY BOARD

The bill provides that not less than $1,800,000 within the limitation on administrative expenses shall be available for the Social Se-

curity Advisory Board, the same as the fiscal year 2003 level and the budget request.

User fees

In addition to other amounts provided in the bill, the Committee provides an additional limitation of $120,000,000 for administrative activities funded from user fees. This is the same as the request.

OFFICE OF INSPECTOR GENERAL

The bill provides $88,200,000 for the Office of the Inspector General (OIG), $5,740,000 more than the fiscal year 2003 comparable level and $1,800,000 less than the budget request. The bill also provides authority to expend $63,700,000 from the Social Security trust funds for activities conducted by the Inspector General, the same as the budget request.

Within the funds provided, the OIG is encouraged to use this funding to expand several initiatives including the cooperative disability investigations team and the fugitive felon project. The fugitive felon project is needed to identify, apprehend and remove fugitive felons from the Social Security roles in accordance with the Welfare Reform Act. Evidence suggests that a number of recipients of Social Security funds are, in fact, fugitive felons. In addition, it is evident that the representative payees need to be examined to ensure that they are in fact representing the interests of these beneficiaries. This program should be targeted to those who represent numerous beneficiaries, and the OIG should ensure that the payees are not convicted felons, and that their beneficiaries are still alive. In addition, the funds are provided for continuing disability reviews and ensuring that the benefits being paid to beneficiaries living outside of the United States are still valid. These oversight responsibilities are very cost effective to the government and often prevent overpayments. The Committee urges the OIG to track the actual annual savings to the government for each of these activities, both amounts recovered, and amounts that were not paid erroneously, by year, and to report their findings to the Committee.

UNITED STATES INSTITUTE OF PEACE

The bill provides $17,200,000 for the United States Institute of Peace, $944,000 more than the fiscal year 2003 comparable level and the same as the budget request. The Institute was created in 1984 to provide education and training, basic and applied research, and information services to promote conflict resolution.

TITLE V—GENERAL PROVISIONS

Sec. 501. The Committee continues a provision to allow the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision to prohibit the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision to prohibit appropriated funds to be used to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.

Sec. 504. The Committee continues a provision to limit the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision to prohibit funds to be used to carry out a needle distribution program.

Sec. 506. The Committee continues a Sense of the Congress provision related to buy American-made products.

Sec. 507. The Committee continues a provision to require grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project which will be financed with Federal money.

Sec. 508. The Committee continues a provision to prohibit appropriated funds to be used for any abortion.

Sec. 509. The Committee continues a provision to provide exceptions for Sec. 508.

Sec. 510. The Committee continues a provision to prohibit the use of funds in the Act concerning research involving human embryos. However, this language should not be construed to limit federal support for research involving human embryonic stem cells listed on an NIH registry and carried out in accordance with policy outlined by the President.

Sec. 511. The Committee continues a provision to prohibit the use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 512. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 513. The Committee continues a provision to prohibit the use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 514. The Committee includes a provision that prohibits the transfer of funds from this Act except by authority provided in this Act or another appropriation Act.

Sec. 515. The Committee includes a provision that modifies the period of availability for certain funds provided to the Department of Education in the fiscal year 2003 appropriations bill.

Sec. 516. The Committee includes a provision to limit funds in the bill for public libraries to those libraries that comply with the requirements of the Children's Internet Protection Act.

Sec. 517. The Committee includes a provision to limit technology funds in the bill for elementary and secondary schools to those schools that comply with the requirements of the Children's Internet Protection Act.

CONSTITUTIONAL AUTHORITY

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives states that:

Each report of a committee on a public bill or public joint resolution shall contain the following:

> (1) A statement citing the specific powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.

The Committee on Appropriations bases its authority to report this legislation on Clause 7 of Section 9 of Article I of the Constitution of the United States of America which states:

> No money shall be drawn from the Treasury but in consequence of Appropriations made by law * * *.

Appropriations contained in this Act are made pursuant to this specific power granted by the Constitution.

COMPARISON WITH BUDGET RESOLUTION

Clause 3(c)(2) of rule XIII of the Rules of the House of Representatives requires an explanation of compliance with section 308(a)(1)(A) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, which requires that the report accompanying a bill providing new budget authority contain a statement detailing how the authority compares with the report submitted under section 302 of the Act for the most recently agreed to concurrent resolution on the budget for the fiscal year. This information follows:

[In millions of dollars]

	302(b)allocation		This bill	
	Budget authority	Outlays	Budget authority	Outlays
Discretionary	138,036	134,766	138,036	134,765
Mandatory	318,766	318,694	318,766	317,694

In accordance with the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following information was provided to the Committee by the Congressional Budget Office:

FIVE-YEAR PROJECTIONS

In compliance with section 308(a)(1)(B) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the following table contains five-year projections associated with the budget authority provided in the accompanying bill:

[In million if dollas]

Budget authorty	382,748
Outlays:	
2004(a)	291,140
2005	71,452
2006	19,932
2007	4,113
2008 and future years	634

(a) excludes outlays from prior year budget authority.

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

In accordance with section 308(a)(1)(C) of the Congressional Budget Act of 1974 (Public Law 93–344), as amended, the financial assistance to State and local governments is as follows:

[In millions of dollars]

Budget authority	191,071
Outlays	144,915

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the transfers of funds provided in the accompanying bill.

The table shows, by Department and agency, the appropriations affected by such transfers.

APPROPRIATION TRANSFERS RECOMMENDED IN THE BILL

Account to which transfer is to be made	Amount	Account from which transfer is to be made	Amount
Department of Labor:		Department of Labor:	
Special Benefits	(1)	Postal Service	(1)
Various Agencies [1]		Energy Employees Occupational Illness Compensation Fund [1].	
Employment Standards Administration—Salaries and Expenses.	$32,004,000	Black Lung Disability Trust Fund	$32,004,000
Departmental Management Salaries and Expenses.	23,401,000	Black Lung Disability Trust Fund	23,401,000
Office of Inspector General	356,000	Black Lung Disability Trust Fund	356,000
Department of Health and Human Services:			
National Institutes of Health:		International Assistance Programs:	
National Institute of Allergy and Infectious Diseases.	100,000,000	Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis.	100,000,000
Related Agencies:			
Social Security Administration: Office of Inspector General.	63,700,000	Social Security Administration: Limitation on Administrative Expenses.	63,700,000

[1]Such sums.

RESCISSIONS

Pursuant to clause 3(f)(2), rule XIII of the Rules of the House of Representatives, the following table is submitted describing the rescissions recommended in the accompanying bill.

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italic and existing law in which no change is proposed is shown in roman):

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2003

(Pub. L. 108–7, div. G)

* * * * * * *

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

For carrying out title I of the Elementary and Secondary Education Act of 1965 ("ESEA") and section 418A of the Higher Education Act of 1965, $13,853,400,000, of which [$4,651,199,000] *$6,895,199,000* shall become available on July 1, 2003, and shall remain available through September 30, 2004, and of which [$9,027,301,000] *$6,783,301,000* shall become available on October 1, 2003, and shall remain available through September 30, 2004, for academic year 2003–2004: *Provided,* That $7,172,971,000 shall be available for basic grants under section 1124: *Provided further,* That up to $3,500,000 of these funds shall be available to the Secretary of Education on October 1, 2002, to obtain updated educational-agency-level census poverty data from the Bureau of the Census: *Provided further,* That $1,365,031,000 shall be available for concentration grants under section 1124A: *Provided further,* That $1,670,239,000 shall be available for targeted grants under section 1125: *Provided further,* That $1,541,759,000 shall be available for education finance incentive grants under section 1125A: *Provided further,* That $235,000,000 shall be available for comprehensive school reform grants under part F of the ESEA.

* * * * * * *

CHANGES IN APPLICATION OF EXISTING LAW

Pursuant to clause 3, rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill which may directly or indirectly change the application of existing law.

In some instances the bill includes appropriations for certain ongoing programs which are not yet authorized for fiscal year 2004.

The bill provides that appropriations shall remain available for more than one year for some programs for which the basic authorizing legislation does not presently authorize such extended availability.

In various places in the bill, the Committee has earmarked funds within appropriation accounts in order to fund specific sections of a law. Whether these actions constitute a change in the application of existing law is subject to individual interpretation, but the Committee felt that this fact should be mentioned.

In several instances, the bill provides advance appropriations for fiscal year 2005 for programs for which such advances are not authorized by law.

TITLE I—DEPARTMENT OF LABOR

TRAINING AND EMPLOYMENT SERVICES

Language prohibiting the use of funds from any other appropriation to provide meal services at or for Job Corps centers.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Language allowing the use of funds for amortization payments to States which had independent retirement plans in their State employment service agencies prior to 1980.

Language allowing the Labor Department to withhold from State allotments funds available for penalty mail under the Wagner-Peyser Act.

Language providing that funds in this Act for one-stop career centers and unemployment insurance national activities may be used for contracts, grants or agreements with non-State entities.

Language providing that funds in this Act may be used by the States for integrated Employment Service and Unemployment Insurance automation efforts.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Language authorizing the Secretary of Labor to accept and spend all sums of money ordered to be paid to the Secretary, in accordance with the terms of a Consent Judgment in U.S. District Court for the Northern Mariana Islands.

Language authorizing the Secretary of Labor to collect user fees for processing certain applications and issuing certain certificates and registrations under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act.

SPECIAL BENEFITS

Language providing funds may be used under the Federal Employees' Compensation Act in which the Secretary of Labor may reimburse an employer, who is not the employer at the time of injury, for portions of the salary of a reemployed, disabled beneficiary.

Language allowing the Secretary of Labor to transfer certain administrative funds from the Postal Service fund and certain other government corporations and agencies related to the administration of the Federal Employees' Compensation Act.

Language allowing the Secretary of Labor to require any person filing a claim for benefits under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act to provide such identifying information as the Secretary may require, including a Social Security number.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language establishing a maximum amount available for grants to States under the Occupational Safety and Health Act, which grants shall be no less than 50 percent of the costs of State programs required to be incurred under plans approved by the Secretary under section 18 of the Act.

Language authorizing the Occupational Safety and Health Administration to retain and spend up to $750,000 of training institute course tuition fees for training and education grants.

Language allowing the Secretary of Labor to collect and retain fees for services provided to Nationally Recognized Testing Laboratories.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language allowing the Mine Safety and Health Administration to collect up to $750,000 at the National Mine Health and Safety Academy for room, board, tuition, and the sale of training materials, otherwise authorized by law to be collected, to be available for mine safety and health education and training activities, notwithstanding 31 U.S.C. 3302.

Language allowing the Mine Safety and Health Administration to accept land, buildings, equipment, and other contributions from public and private sources; to prosecute projects in cooperation with other agencies, Federal, State, or private; and to promote health and safety education and training in the mining community through cooperative programs with States, industry, and safety associations.

Language allowing the Secretary of Labor to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of major disasters.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Language providing that no funds made available by this Act may be used by the Solicitor of Labor to participate in a review in any United States court of appeals of any decision made by the Benefits Review Board under section 21 of the Longshore and Harbor Workers' Compensation Act where such participation is precluded by the decision of the Supreme Court in Director, Office of Workers' Compensation Programs v. Newport News Shipbuilding, 115 S. Ct. 1278 (1995), notwithstanding any provisions to the contrary contained in Rule 15 of the Federal Rules of Appellate Procedure.

Language providing that any decision under the Longshore Act pending before the Benefits Review Board for more than one year shall be considered affirmed by the Board and shall be considered the final order of the Board.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Language providing that $39,740,000 from general revenues, notwithstanding section 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program under section 1820 of such Act.

Language providing that in addition to fees authorized by section 427(b) of the Health Care Quality Improvement Act of 1986, fees shall be collected for the full disclosure of information under the

Act sufficient to recover the full costs of operating the National Practitioner Data Bank, and shall remain available until expended to carry out that Act.

Language providing that fees collected under the Health Care Fraud and Abuse Data Collection Program shall be sufficient to recover the full costs of operating the program, and shall remain available until expended to carry out that Act.

Language providing that all pregnancy counseling under the family planning program shall be nondirective.

Funds are set aside for special projects of regional and national significance under section 501(a)(2) of the Social Security Act which shall not be counted toward compliance with the allocation required in section 502(a)(1) of the Act and which shall be used only for making competitive grants to provide abstinence education.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Language permitting the Centers for Disease Control and Prevention to insure official motor vehicles in foreign countries.

Language providing that collections from user fees may be credited to the Centers for Disease Control and Prevention appropriation.

Language making amounts under section 241 of the Public Health Service Act available to carry out the National Center for Health Statistics surveys.

Language allowing the Director of the Centers for Disease Control and Prevention to redirect certain funds appropriated under Public Law 101–502.

Language permitting the Centers for Disease Control and Prevention to proceed with property acquisition, including a long-term ground lease for construction on non-federal land, for construction of a replacement laboratory.

Language permitting the Centers for Disease Control and Prevention to enter into a single contract or related contracts for the full scope of development and construction of facilities, subject to available appropriations.

NATIONAL INSTITUTES OF HEALTH

Language allowing the transfer of $100,000,000 to International Assistance Programs, "Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis," to remain available until expended.

NATIONAL LIBRARY OF MEDICINE

Language providing that the National Library of Medicine may enter into certain personal services contracts.

OFFICE OF THE DIRECTOR

Language providing that the National Institutes of Health is authorized to collect third party payments for the cost of the clinical services that are incurred in NIH research facilities and that such payments shall be credited to the NIH Management Fund and shall remain available for one fiscal year after they are deposited.

Language providing the Director of NIH authority to transfer funds between appropriation accounts in this or any other Act.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Language is included to permit the Agency for Healthcare Research and Quality to retain and expend amounts received from Freedom of Information Act fees, reimbursable and interagency agreements and the sale of data tapes.

Language making amounts under section 241 of the Public Health Service Act available to carry out agency activities.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

A provision that in the administration of title XIX of the Social Security Act, payments to a state for any quarter may be made with respect to a State plan or plan amendment in effect during any such quarter, if submitted in, or prior to, such quarter and approved in that or any such subsequent quarter.

PROGRAM MANAGEMENT

A provision that all funds collected in accordance with section 353 of the Public Health Service Act, together with such sums as may be collected from authorized user fees, administrative fees collected relative to Medicare overpayment recovery activities, and the sale of data, shall be available for expenditure by the Center for Medicare and Medicaid Services.

Language allowing fees charged in accordance with 31 U.S.C. 9701 to be credited to the Centers for Medicare and Medicaid Services administrative account.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Language providing that the sum of the amounts available to a State with respect to expenditures under title IV–A of the Social Security Act in fiscal year 1997 under this appropriation and under such title IV–A as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 shall not exceed the limitations under section 116(b) of such Act.

SOCIAL SERVICES BLOCK GRANT

Language providing that States may transfer up to 10 percent of Temporary Assistance for Needy Family funds to the Social Services Block Grant.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Language providing that unexpended Community Services Block Grant funds may be carried over to the next fiscal year by local grantees.

POLICY RESEARCH

Language making amounts under section 241 of the Public Health Service Act available to carry out agency activities.

TITLE III—DEPARTMENT OF EDUCATION

VOCATIONAL AND ADULT EDUCATION

Language stating that a portion of the amount provided for Adult Education State Grants shall be for integrated English literacy and civics education services to immigrants and other limited English proficient populations, and specifying the distribution of such funds.

STUDENT FINANCIAL ASSISTANCE

Language providing that the maximum Pell grant a student may receive in the 2004–2005 academic year shall be $4,050.

HIGHER EDUCATION

Language providing that funds are available to fund fellowships for academic year 2005–2006 under part A, subpart 1 of title VII of the Higher Education Act of 1965, under the terms and conditions of part A, subpart 1.

Language providing that notwithstanding any other provision of law, funds made available to carry out title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 may be used to support visits and study in foreign countries by individuals who are participating in advanced foreign language training and international studies in areas that are vital to United States national security and who plan to apply their language skills and knowledge of these countries in the fields of government, the professions, or international development.

HOWARD UNIVERSITY

Language providing that Howard University shall use not less than $3,600,000 for the endowment program pursuant to the Howard University Endowment Act.

TITLE IV—RELATED AGENCIES

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

Language specifying that none of the funds for activities authorized by section 122 and part C of title I and part E of title II of the Domestic Volunteer Service Act of 1973 shall be used to provide stipends or other monetary incentives to volunteers or volunteer leaders whose incomes exceed 125 percent of the national poverty level.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

The bill includes language specifying that notwithstanding 31 U.S.C. 3302, fees charged by the Federal Mediation and Conciliation Service, up to full-cost recovery, for special training activities and for arbitration services shall be credited to and merged with its administrative account, and shall remain available until expended; that fees for arbitration services shall be available only for education, training, and professional development of the agency

workforce; and that the Director of the Service is authorized to accept on behalf of the United States gifts of services and real, personal, or other property in the aid of any projects or functions within the Director's jurisdiction.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The bill includes a provision requiring that appropriations to the NLRB shall not be available to organize or assist in organizing agricultural laborers or used in connection with investigations, hearings, directives, or orders concerning bargaining units composed of agricultural laborers as referred to in § 2(3) of the Act of July 5, 1935 (29 U.S.C. 152), and as amended by the Labor-Management Relations Act, 1947, as amended, and as defined in § 3(f) of the Act of June 25, 1938 (29 U.S.C. 203), and including in said definition employees engaged in the maintenance and operation of ditches, canals, reservoirs, and waterways, when maintained or operated on a mutual non-profit basis and at least 95 per centum of the water stored or supplied thereby is used for farming purposes.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

The bill includes language providing that the total amount provided for railroad retirement dual benefits shall be credited to the Dual Benefits Payments Account in 12 approximately equal amounts on the first day of each month in the fiscal year.

LIMITATION ON ADMINISTRATION

The bill includes language providing that the Railroad Retirement Board shall determine the allocation of its administrative budget between the railroad retirement accounts and the railroad unemployment insurance administration fund.

SOCIAL SECURITY ADMINISTRATION

LIMITATION ON ADMINISTRATIVE EXPENSES

Language providing that unobligated balances at the end of fiscal year 2002 shall remain available until expended for the agency's information technology and telecommunications hardware and software infrastructure, including related equipment and non-payroll administrative expenses associated solely with this information technology and telecommunications infrastructure; language authorizing the use of up to $35,000 for official reception and representation expenses; and language providing that reimbursement to the trust funds under this heading for expenditures for official time for employees of the Social Security Administration pursuant to section 7131 of title 5, United States Code, and for facilities or support services for labor organizations pursuant to policies, regulations, or procedures referred to in 7135(b) of such title shall be made by the Secretary of the Treasury, with interest, from amounts in the general fund not otherwise appropriated, as soon as possible after such expenditures are made.

Language providing that funds may be derived from administration fees collected pursuant to 1616(d) of the Social Security Act or 212(b)(3) of Public Law 93–66 and that, to the extent that the amounts collected pursuant to such sections in fiscal year 2004 exceed $120,000,000, the amounts shall be available in fiscal year 2005 only to the extent provided in advance in appropriations Acts.

Language providing that unobligated funds at the end of fiscal year 2001 previously appropriated to continue Federal-State partnerships to evaluate a means to promote Medicare buy-in programs shall remain available.

OFFICE OF INSPECTOR GENERAL

Language permitting the transfer of a certain amount of funds into this account from the SSA administrative account provided that the Appropriations Committees are promptly notified.

GENERAL PROVISIONS

Sections 102, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 301, 302, 303, 304, 501, 504, 507, 508, 509, 510, 511, 512, 513 and 514 of the bill are general provisions, most of which have been carried in previous appropriations acts, which place limitations on the use of funds in the bill or authorize or require certain activities, and which might, under some circumstances, be construed as changing the application of existing law.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 2002 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177), as amended, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. The term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding:

The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3 of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law:

DEPARTMENT OF LABOR

Employment and Training Administration
- Training and Employment Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration
- Health Resources and Services
- Other HRSA Programs:
  - Organ Transplantation
  - Rural Hospital Flexibility Grants
  - State Offices of Rural Health
  - Telehealth
  - Universal Newborn Hearing
  - Health Professions
  - Nursing Workforce Development
  - Trauma Care
  - Family Planning

Centers for Disease Control
- Birth Defects
- Preventive Health and Health Services Block Grant
  - Salaries and Expenses
- Sexually Transmitted Diseases
- Program
  - Salaries and Expenses
  - Tuberculosis
  - Loan Repayment
  - CDC Foundation
  - Public Health Emergencies

National Institutes of Health research training
Substance Abuse and Mental Health Services Administration
Agency for Healthcare Research and Quality
Research on Health Costs, Quality and Outcomes
Administration for Children and Families
- Head Start
- Developmental Disabilities Program
- Runaway and Homeless Youth Programs
- Maternity Group Homes
- Adoption Incentives
- Community Services Block Grant
- Community Services Discretionary Activities
- National Youth Sports

Administration on Aging
- Alzheimer's Disease Demonstrations

Office of the Secretary
- Adolescent family life (Title XX)

DEPARTMENT OF EDUCATION

Special Education:

Special Education Grants to States
Preschool Grants
Grants for Infants and Families
State Program Improvement Grants
Research and Innovation
Technical Assistance and Dissemination
Personnel Preparation
Parent Information Centers
Technology and Media Services
Independent Living State Grants
Independent Living Centers
Independent Living Services for Older Blind
Helen Keller National Center for Deaf/Blind
Strengthening Tribal Colleges
Tribally Controlled Postsecondary Vocational and Technical Institutions
Underground Railroad Program

RELATED AGENCIES

Corporation for National and Community Service:
Domestic Volunteer Service Programs, Operating Expenses
Cooperation for Public Broadcasting:
FY 2006 Regular Appropriation
National Council on Disability
United States Institute of Peace

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XII of the House of Representatives, the results of each rollcall vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLLCALL NO. 1

Date: June 25, 2003.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2004.

Motion by: Mr. Obey.

Description of motion: To substitute the text of the bill with new text that would fund various labor, health and human services, and education programs above amounts recommended in the underlying bill; increases are offset by a reduction to tax cuts for certain income groups.

Results: Rejected 28 yeas to 35 nays.

Members Voting Yea	*Members Voting Nay*
Mr. Berry	Mr. Aderholt
Mr. Bishop	Mr. Bonilla
Mr. Boyd	Mr. Crenshaw
Mr. Clyburn	Mr. Culberson
Mr. Cramer	Mr. Cunningham
Ms. DeLauro	Mr. Doolittle
Mr. Edwards	Mrs. Emerson
Mr. Farr	Mr. Frelinghuysen
Mr. Fattah	Mr. Goode
Mr. Hinchey	Ms. Granger
Mr. Hoyer	Mr. Hobson
Mr. Jackson	Mr. Istook
Ms. Kaptur	Mr. Kingston
Mr. Kennedy	Mr. Kirk
Ms. Kilpatrick	Mr. Knollenberg
Mrs. Lowey	Mr. LaHood
Mr. Mollohan	Mr. Latham
Mr. Moran	Mr. Lewis
Mr. Murtha	Mr. Nethercutt
Mr. Obey	Mrs. Northup
Mr. Olver	Mr. Peterson
Mr. Pastor	Mr. Regula
Mr. Price	Mr. Rogers
Mr. Rothman	Mr. Sherwood
Ms. Roybal-Allard	Mr. Simpson
Mr. Sabo	Mr. Sweeney
Mr. Serrano	Mr. Taylor
Mr. Visclosky	Mr. Tiahrt
	Mr. Vitter
	Mr. Walsh
	Mr. Wamp
	Dr. Weldon
	Mr. Wicker
	Mr. Wolf
	Mr. Young

ROLLCALL NO. 2

Date: June 25, 2003.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2004.

Motion by: Mr. Obey.

Description of motion: To allow for an upward adjustment in Federal medical assistance percentage for those States that maintain coverage of children under Medicaid and SCHIP; increases are offset by a reduction to tax cuts for certain income groups.

Results: Rejected 29 yeas to 35 nays.

Members Voting Yea	*Members Voting Nay*
Mr. Berry	Mr. Aderholt
Mr. Bishop	Mr. Bonilla
Mr. Boyd	Mr. Crenshaw
Mr. Clyburn	Mr. Culberson
Mr. Cramer	Mr. Cunningham
Ms. DeLauro	Mr. Doolittle
Mr. Dicks	Mrs. Emerson
Mr. Edwards	Mr. Frelinghuysen
Mr. Farr	Mr. Goode
Mr. Fattah	Ms. Granger
Mr. Hinchey	Mr. Hobson
Mr. Hoyer	Mr. Istook
Mr. Jackson	Mr. Kingston
Ms. Kaptur	Mr. Kirk
Mr. Kennedy	Mr. Knollenberg
Ms. Kilpatrick	Mr. LaHood
Mrs. Lowey	Mr. Latham
Mr. Mollohan	Mr. Lewis
Mr. Moran	Mr. Nethercutt
Mr. Murtha	Mrs. Northup
Mr. Obey	Mr. Peterson
Mr. Olver	Mr. Regula
Mr. Pastor	Mr. Rogers
Mr. Price	Mr. Sherwood
Mr. Rothman	Mr. Simpson
Ms. Roybal-Allard	Mr. Sweeney
Mr. Sabo	Mr. Taylor
Mr. Serrano	Mr. Tiahrt
Mr. Visclosky	Mr. Vitter
	Mr. Walsh
	Mr. Wamp
	Dr. Weldon
	Mr. Wicker
	Mr. Wolf
	Mr. Young

ROLLCALL NO. 3

Date: June 25, 2003.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2004.

Motion by: Mr. Obey.

Description of motion: To add language prohibiting the use of funds by the Department of Education to implement or enforce certain annual updates in the Federal Needs Analysis Methodology to determine a student's expected family contribution under part F of title IV of the Higher Education Act of 1965.

Results: Rejected 28 yeas to 32 nays.

Members Voting Yea	*Members Voting Nay*
Mr. Berry	Mr. Aderholt
Mr. Bishop	Mr. Bonilla
Mr. Boyd	Mr. Crenshaw
Mr. Clyburn	Mr. Culberson
Mr. Cramer	Mr. Cunningham
Ms. DeLauro	Mr. Doolittle
Mr. Dicks	Mrs. Emerson
Mr. Edwards	Mr. Frelinghuysen
Mr. Farr	Mr. Goode
Mr. Fattah	Ms. Granger
Mr. Hinchey	Mr. Hobson
Mr. Hoyer	Mr. Istook
Mr. Jackson	Mr. Kingston
Ms. Kaptur	Mr. Kirk
Mr. Kennedy	Mr. Knollenberg
Ms. Kilpatrick	Mr. LaHood
Mrs. Lowey	Mr. Latham
Mr. Mollohan	Mr. Lewis
Mr. Moran	Mr. Nethercutt
Mr. Obey	Mrs. Northup
Mr. Olver	Mr. Regula
Mr. Pastor	Mr. Rogers
Mr. Price	Mr. Sherwood
Mr. Rothman	Mr. Simpson
Ms. Roybal-Allard	Mr. Sweeney
Mr. Sabo	Mr. Taylor
Mr. Serrano	Mr. Tiahrt
Mr. Visclosky	Mr. Walsh
	Mr. Wamp
	Dr. Weldon
	Mr. Wolf
	Mr. Young

ROLLCALL NO. 4

Date: June 25, 2003.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2004.

Motion by: Mr. Edwards.

Description of motion: To add language prohibiting the use of funds in the Act from going to any organizations that base hiring decisions on a job candidate's religion when using federal funds.

Results: Rejected 27 yeas to 32 nays.

Members Voting Yea	*Members Voting Nay*
Mr. Berry	Mr. Aderholt
Mr. Bishop	Mr. Bonilla
Mr. Clyburn	Mr. Crenshaw
Ms. DeLauro	Mr. Culberson
Mr. Dicks	Mr. Cunningham
Mr. Edwards	Mr. Doolittle
Mr. Farr	Mrs. Emerson
Mr. Fattah	Mr. Frelinghuysen
Mr. Hinchey	Mr. Goode
Mr. Hoyer	Ms. Granger
Mr. Jackson	Mr. Hobson
Ms. Kaptur	Mr. Istook
Mr. Kennedy	Mr. Kingston
Ms. Kilpatrick	Mr. Knollenberg
Mr. Kirk	Mr. LaHood
Mrs. Lowey	Mr. Latham
Mr. Moran	Mr. Lewis
Mr. Obey	Mr. Nethercutt
Mr. Olver	Mrs. Northup
Mr. Pastor	Mr. Regula
Mr. Price	Mr. Rogers
Mr. Rothman	Mr. Simpson
Ms. Roybal-Allard	Mr. Sweeney
Mr. Sabo	Mr. Taylor
Mr. Serrano	Mr. Tiahrt
Mr. Sherwood	Mr. Vitter
Mr. Visclosky	Mr. Walsh
	Mr. Wamp
	Dr. Weldon
	Mr. Wicker
	Mr. Wolf
	Mr. Young

ROLLCALL NO. 5

Date: June 25, 2003.

Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2004.

Motion by: Mr. Lewis.

Description of Motion: To report the bill, to authorize the Chairman to seek a rule on such terms and conditions as he may deem appropriate, and to authorize the Chairman to move that the House disagree to the amendments of the Senate and agree to the conference requested by the Senate on the bill.

Results: Adopted 33 yeas to 23 nays.

Members Voting Yea	*Members Voting Nay*
Mr. Aderholt	Mr. Berry
Mr. Bonilla	Mr. Bishop
Mr. Crenshaw	Ms. DeLauro
Mr. Culberson	Mr. Dicks
Mr. Cunningham	Mr. Edwards
Mr. Doolittle	Mr. Farr
Mrs. Emerson	Mr. Hinchey
Mr. Frelinghuysen	Mr. Hoyer
Mr. Goode	Mr. Jackson
Ms. Granger	Ms. Kaptur
Mr. Hobson	Mr. Kennedy
Mr. Istook	Ms. Kilpatrick
Mr. Kingston	Mrs. Lowey
Mr. Kirk	Mr. Moran
Mr. Knollenberg	Mr. Obey
Mr. LaHood	Mr. Olver
Mr. Latham	Mr. Pastor
Mr. Lewis	Mr. Price
Mr. Nethercutt	Mr. Rothman
Mrs. Northup	Ms. Roybal-Allard
Mr. Regula	Mr. Sabo
Mr. Rogers	Mr. Serrano
Mr. Sherwood	Mr. Visclosky
Mr. Simpson	
Mr. Sweeney	
Mr. Taylor	
Mr. Tiahrt	
Mr. Walsh	
Mr. Wamp	
Dr. Weldon	
Mr. Wicker	
Mr. Wolf	
Mr. Young	

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I - DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training, current year	186,778	188,000	188,000	+1,222	---
Advance from prior year	(707,372)	(712,000)	(712,000)	(+4,628)	---
FY 2005	712,000	712,000	712,000	---	---
Adult Training	898,778	900,000	900,000	+1,222	---
Youth Training	994,459	1,000,965	1,000,965	+6,506	---
Dislocated Worker Assistance, current year	307,152	258,432	307,152	---	+48,720
Advance from prior year	(842,488)	(848,000)	(848,000)	(+5,512)	---
FY 2005	848,000	848,000	848,000	---	---
Dislocated Worker Assistance	1,155,152	1,106,432	1,155,152	---	+48,720
Federally Administered Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	93,993	64,608	93,993	---	+29,385
Advance from prior year	(210,622)	(212,000)	(212,000)	(+1,378)	---
FY 2005	212,000	212,000	212,000	---	---
Dislocated Worker Assistance Nat'l Reserve	305,993	276,608	305,993	---	+29,385
Total, Dislocated Worker Assistance	1,461,145	1,383,040	1,461,145	---	+78,105
Native Americans	55,636	55,000	55,000	-636	---
Migrant and Seasonal Farmworkers	76,823	---	59,600	-17,223	+59,600

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Job Corps:					
Operations	794,800	844,667	820,000	+25,200	-24,667
Advance from prior year	(587,158)	(591,000)	(591,000)	(+3,842)	---
FY 2005	591,000	591,000	591,000	---	---
Construction and Renovation	27,371	30,216	30,216	+2,845	---
Advance from prior year	(99,350)	(100,000)	(100,000)	(+650)	---
FY 2005	100,000	100,000	100,000	---	---
Subtotal, Job Corps, program level	1,513,171	1,565,883	1,541,216	+28,045	-24,667
National Activities:					
Pilots, Demonstrations and Research	75,855	35,000	46,615	-29,240	+11,615
Responsible Reintegration of Youthful Offender	54,642	---	---	-54,642	---
Evaluation	9,039	9,098	9,098	+59	---
Youth Opportunity Grants	44,211	---	---	-44,211	---
Other	15,409	3,000	3,400	-12,009	+400
Subtotal, National activities	199,156	47,098	59,113	-140,043	+12,015
Subtotal, Federal activities	2,150,779	1,944,589	2,020,922	-129,857	+76,333
Current Year	1,247,779	1,041,589	1,117,922	-129,857	+76,333
FY 2005	903,000	903,000	903,000	---	---
Total, Workforce Investment Act	5,199,168	4,951,986	5,077,039	-122,129	+125,053
Current Year	2,736,168	2,488,986	2,614,039	-122,129	+125,053
FY 2005	2,463,000	2,463,000	2,463,000	---	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Women in Apprenticeship	993	---	---	-993	---
Subtotal, National activities, TES	200,149	47,098	59,113	-141,036	+12,015
Total, Training and Employment Services	5,200,161	4,951,986	5,077,039	-123,122	+125,053
Current Year	(2,737,161)	(2,488,986)	(2,614,039)	(-123,122)	(+125,053)
FY 2005	(2,463,000)	(2,463,000)	(2,463,000)	---	---
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS	442,306	440,200	440,200	-2,106	---
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES	972,200	1,338,200	1,338,200	+366,000	---
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation:					
State Operations	2,624,318	2,640,002	2,624,318	---	-15,684
National Activities	9,935	10,500	9,935	---	-565
Subtotal, Unemployment Compensation	2,634,253	2,650,502	2,634,253	---	-16,249
Employment Service:					
Allotments to States:					
Federal Funds	23,300	23,452	23,300	---	-152
Trust Funds	768,257	773,283	768,257	---	-5,026
Subtotal	791,557	796,735	791,557	---	-5,178
ES National Activities	50,351	78,546	70,351	+20,000	-8,195
Subtotal, Employment Service	841,908	875,281	861,908	+20,000	-13,373

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Funds	23,300	23,452	23,300	---	-152
Trust Funds	818,608	851,829	838,608	+20,000	-13,221
One-Stop Career Centers/Labor Market Information	99,350	101,000	99,350	---	-1,650
Work Incentives Grants	19,870	20,000	19,870	---	-130
Total, State Unemployment & Employment Srvcs	3,595,381	3,646,783	3,615,381	+20,000	-31,402
Federal Funds	142,520	144,452	142,520	---	-1,932
Trust Funds	3,452,861	3,502,331	3,472,861	+20,000	-29,470
ADVANCES TO THE UI AND OTHER TRUST FUNDS 1/	463,000	467,000	467,000	+4,000	---
PROGRAM ADMINISTRATION					
Adult Employment and Training	42,326	38,700	38,700	-3,626	---
Trust Funds	4,243	6,854	6,854	+2,611	---
Youth Employment and Training	38,691	39,333	39,333	+642	---
Employment Security	6,009	5,997	5,997	-12	---
Trust Funds	47,596	58,634	47,596	---	-11,038
Apprenticeship Services	20,699	20,932	20,932	+233	---
Executive Direction	8,230	8,469	8,469	+239	---
Trust Funds	2,037	2,053	2,053	+16	---
Welfare to Work	4,680	2,393	2,393	-2,287	---
Total, Program Administration	174,511	183,365	172,327	-2,184	-11,038
Federal Funds	120,635	115,824	115,824	-4,811	---
Trust Funds	53,876	67,541	56,503	+2,627	-11,038
Total, Employment and Training Administration	10,847,559	11,027,534	11,110,147	+262,588	+82,613
Federal Funds	7,340,822	7,457,662	7,580,783	+239,961	+123,121
Current Year	(4,877,822)	(4,994,662)	(5,117,783)	(+239,961)	(+123,121)

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
FY 2005	(2,463,000)	(2,463,000)	(2,463,000)	---	---
Trust Funds	3,506,737	3,569,872	3,529,364	+22,627	-40,508
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
Enforcement and Compliance	91,526	106,679	106,679	+15,153	---
Policy, Regulation and Public Service	20,441	17,385	17,385	-3,056	---
Program Oversight	4,316	4,541	4,541	+225	---
Total, EBSA	116,283	128,605	128,605	+12,322	---
PENSION BENEFIT GUARANTY CORPORATION					
Program Adm. subject to limitation (TF)	12,965	16,553	16,553	+3,588	---
Termination services not subject to limitation (NA)	(179,844)	(212,219)	(212,219)	(+32,375)	---
Total, PBGC	12,965	16,553	16,553	+3,588	---
Total, PBGC (Program level)	(192,809)	(228,772)	(228,772)	(+35,963)	---
EMPLOYMENT STANDARDS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement of Wage and Hour Standards	155,867	161,294	161,294	+5,427	---
Office of Labor-Management Standards	34,279	40,631	40,631	+6,352	---
Federal Contractor EEO Standards Enforcement	78,033	80,043	80,043	+2,010	---
Federal Programs for Workers' Compensation	96,692	98,161	98,161	+1,469	---
Trust Funds	2,016	2,056	2,056	+40	---
Program Direction and Support	14,226	15,568	15,568	+1,342	---
Total, ESA salaries and expenses	381,113	397,753	397,753	+16,640	---
Federal Funds	379,097	395,697	395,697	+16,600	---
Trust Funds	2,016	2,056	2,056	+40	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL BENEFITS					
Federal employees compensation benefits.....	160,000	160,000	160,000	---	---
Longshore and harbor workers' benefits.....	3,000	3,000	3,000	---	---
Total, Special Benefits.....	163,000	163,000	163,000	---	---
SPECIAL BENEFITS FOR DISABLED COAL MINERS 2/					
Benefit payments.....	402,089	390,848	390,848	-11,241	---
Administration.....	6,088	6,152	6,152	+64	---
Subtotal, Black Lung, FY 2004 program level.....	408,177	397,000	397,000	-11,177	---
Less funds advanced in prior year.....	-108,000	-97,000	-97,000	+11,000	---
Total, Black Lung, current request, FY04....	300,177	300,000	300,000	-177	---
New advances, 1st quarter FY 2005.....	97,000	88,000	88,000	-9,000	---
Total, Special Benefits for Disabled Coal Miners	397,177	388,000	388,000	-9,177	---
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND					
Program Benefits.....	(758,000)	(385,000)	(385,000)	(-373,000)	---
Administrative Expenses.....	104,867	55,074	55,074	-49,793	---
Total, Energy Emp Occupational Illness Comp Fund	104,867	55,074	55,074	-49,793	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
BLACK LUNG DISABILITY TRUST FUND					
Benefit payments and interest on advances	979,371	986,901	986,901	+7,530	---
Employment Standards Adm. S&E	31,987	32,004	32,004	+17	---
Departmental Management S&E	22,952	23,401	23,401	+449	---
Departmental Management, Inspector General	334	338	338	+4	---
Subtotal, Black Lung Disablty	1,034,644	1,042,644	1,042,644	+8,000	---
Treasury Adm. Costs	356	356	356	---	---
Total, Black Lung Disability Trust Fund	1,035,000	1,043,000	1,043,000	+8,000	---
Total, Employment Standards Administration	2,081,157	2,046,827	2,046,827	-34,330	---
Federal Funds	2,079,141	2,044,771	2,044,771	-34,370	---
Current year	1,982,141	1,956,771	1,956,771	-25,370	---
FY 2005	97,000	88,000	88,000	-9,000	---
Trust Funds	2,016	2,056	2,056	+40	---
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Safety and Health Standards	16,014	14,497	14,497	-1,517	---
Federal Enforcement	162,973	165,281	165,281	+2,308	---
State Programs	90,547	91,747	91,747	+1,200	---
Technical Support	20,102	21,721	21,721	+1,619	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Compliance Assistance:					
Federal Assistance	61,321	67,447	67,447	+6,126	---
State Consultation Grants	53,204	52,521	52,521	-683	---
Training Grants	11,102	4,000	4,000	-7,102	---
Subtotal, Compliance Assistance	125,627	123,968	123,968	-1,659	---
Safety and Health Statistics	25,894	22,369	22,369	-3,525	---
Executive Direction and Administration	9,153	10,425	10,425	+1,272	---
Total, OSHA	450,310	450,008	450,008	-302	---
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	118,877	113,424	113,424	-5,453	---
Metal/Non-Metal Enforcement	63,495	66,377	66,377	+2,882	---
Standards Development	2,363	2,301	2,301	-62	---
Assessments	4,854	4,125	4,125	-729	---
Educational Policy and Development	27,733	30,536	30,536	+2,803	---
Technical Support	28,489	24,691	24,691	-3,798	---
Program evaluation and information resources (PEIR)	---	14,168	14,168	+14,168	---
Program Administration	17,210	11,145	11,145	-6,065	---
Mine Mapping	9,935	---	---	-9,935	---
Total, Mine Safety and Health Administration	272,956	266,767	266,767	-6,189	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	147,330	149,605	149,605	+2,275	---
Labor Market Information (Trust Funds)	71,561	75,110	75,110	+3,549	---
Prices and Cost of Living	159,671	167,602	167,602	+7,931	---
Compensation and Working Conditions	75,925	80,169	80,169	+4,244	---
Productivity and Technology	9,860	10,404	10,404	+544	---
Executive Direction and Staff Services	27,886	29,372	29,372	+1,486	---
Total, Bureau of Labor Statistics	492,233	512,262	512,262	+20,029	---
Federal Funds	420,672	437,152	437,152	+16,480	---
Trust Funds	71,561	75,110	75,110	+3,549	---
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Office of Disability Employment Policy	47,178	47,333	47,333	+155	---
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	26,296	28,260	28,260	+1,964	---
Departmental IT Crosscut	54,642	48,565	48,565	-6,077	---
Departmental Management Crosscut	---	23,500	---	---	-23,500
Legal Services	77,175	81,975	81,975	+4,800	---
Trust Funds	308	317	317	+9	---
International Labor Affairs	147,053	12,270	12,270	-134,783	---
Administration and Management	33,673	32,391	34,391	+718	+2,000
Adjudication	25,306	26,315	26,315	+1,009	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Women's Bureau	9,608	8,626	9,608	---	+982
Civil Rights Activities	5,930	6,158	6,158	+228	---
Chief Financial Officer	7,850	5,159	5,159	-2,691	---
Total, Salaries and expenses	387,841	273,536	253,018	-134,823	-20,518
Federal Funds	387,533	273,219	252,701	-134,832	-20,518
Trust Funds	308	317	317	+9	---
VETERANS EMPLOYMENT AND TRAINING					
State Administration:					
Grants	---	162,415	162,415	+162,415	---
Disabled Veterans Outreach Program	82,078	---	---	-82,078	---
Local Veterans Employment Program	77,744	---	---	-77,744	---
Subtotal, State Administration	159,822	162,415	162,415	+2,593	---
Federal Administration	27,489	29,028	29,028	+1,539	---
National Veterans Training Institute	---	2,000	2,000	+2,000	---
Homeless Veterans Program	18,131	19,000	19,000	+869	---
Veterans Workforce Investment Programs	7,377	7,550	7,550	+173	---
Total, Veterans Employment and Training	212,819	219,993	219,993	+7,174	---
Federal Funds	25,508	26,550	26,550	+1,042	---
Trust Funds	187,311	193,443	193,443	+6,132	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF THE INSPECTOR GENERAL					
Program Activities	56,291	60,896	60,896	+4,605	---
Trust Funds	5,561	5,899	5,899	+338	---
Total, Office of the Inspector General	61,852	66,795	66,795	+4,943	---
Federal funds	56,291	60,896	60,896	+4,605	---
Trust funds	5,561	5,899	5,899	+338	---
Total, Departmental Management	662,512	560,324	539,806	-122,706	-20,518
Federal Funds	469,332	360,665	340,147	-129,185	-20,518
Trust Funds	193,180	199,659	199,659	+6,479	---
WORKING CAPITAL FUND					
Working capital fund	---	20,000	18,000	+18,000	-2,000
Total, Title I, Department of Labor	14,983,153	15,076,213	15,136,308	+153,155	+60,095
Federal Funds	11,196,694	11,212,963	11,313,566	+116,872	+100,603
Current Year	(8,636,694)	(8,661,963)	(8,762,566)	(+125,872)	(+100,603)
FY 2005	(2,560,000)	(2,551,000)	(2,551,000)	(-9,000)	---
Trust Funds	3,786,459	3,863,250	3,822,742	+36,283	-40,508

Title I Footnotes:
1/ Two year availability.
2/ Transferred from SSA to DOL (P.L. 107-275).

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION					
HEALTH RESOURCES AND SERVICES					
Community health centers	1,504,806	1,627,164	1,627,164	+122,358	---
National Health Service Corps:					
Field placements	45,948	45,305	45,948	---	+643
Recruitment	125,140	167,542	125,140	---	-42,402
Subtotal, National Health Service Corps	171,088	212,847	171,088	---	-41,759
Health Professions					
Training for Diversity:					
Centers of excellence	34,088	---	29,718	-4,370	+29,718
Health careers opportunity program	36,152	---	31,548	-4,604	+31,548
Faculty loan repayment	1,321	---	1,171	-150	+1,171
Scholarships for disadvantaged students	47,795	9,900	42,374	-5,421	+32,474
Subtotal, Training for Diversity	119,356	9,900	104,811	-14,545	+94,911
Training in Primary Care Medicine and Dentistry	92,432	---	79,249	-13,183	+79,249
Interdisciplinary Community-Based Linkages:					
Area health education centers	33,141	---	29,382	-3,759	+29,382
Health education and training centers	4,371	---	3,875	-496	+3,875
Allied health and other disciplines	11,922	---	11,922	---	+11,922
Geriatric programs	27,818	---	32,000	+4,182	+32,000
Quentin N. Burdick pgm for rural training	6,954	---	6,165	-789	+6,165
Subtotal, Interdisciplinary Comm. Linkages	84,206	---	83,344	-862	+83,344

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Professions Workforce Info & Analysis.....	819	1,000	726	-93	-274
Public Health Workforce Development:					
Public health, preventive med. & dental pgms.....	10,405	---	9,225	-1,180	+9,225
Health administration programs.....	1,222	---	1,085	-137	+1,085
Subtotal, Public Health Workforce Development...	11,627	---	10,310	-1,317	+10,310
Nursing Programs:					
Advanced Education Nursing.....	50,174	26,548	50,174	---	+23,626
Nurse education, practice, and retention.....	26,824	24,202	26,824	---	+2,622
Nursing workforce diversity.....	9,935	20,564	9,935	---	-10,629
Loan repayment and scholarship program.....	19,870	26,900	19,870	---	-7,030
Comprehensive geriatric education.....	2,980	---	2,980	---	+2,980
Nursing faculty loan program.....	2,980	---	2,980	---	+2,980
Subtotal, Nursing programs.....	112,763	98,214	112,763	---	+14,549
Subtotal, Health Professions.....	421,203	109,114	391,203	-30,000	+282,089
Other HRSA Programs:					
Hansen's Disease Services.....	18,024	17,570	17,570	-454	---
Maternal & Child Health Block Grant.....	729,965	750,831	732,965	+3,000	-17,866
Abstinence Education.....	54,642	73,044	65,000	+10,358	-8,044
Healthy Start.....	98,346	98,729	98,346	---	-383
Universal Newborn Hearing.....	9,935	---	9,935	---	+9,935
Organ Transplantation.....	24,828	24,924	24,828	---	-96
Bone Marrow Program.....	21,891	22,013	22,891	+1,000	+878
Rural outreach grants.....	58,410	37,752	57,410	-1,000	+19,658
Rural Health Research.....	10,630	5,984	8,000	-2,630	+2,016
Telehealth.....	27,686	5,594	27,686	---	+22,092

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Hospital Flexibility Grants	39,740	29,921	39,740	---	+9,819
Rural Access to Emergency Devices	12,419	2,009	12,419	---	+10,410
State Offices of Rural Health	8,445	3,990	4,000	-4,445	+10
Denali Commission	27,321	---	---	-27,321	---
Emergency medical services for children	19,373	---	19,373	---	+19,373
Poison control	22,354	---	22,354	---	+22,354
Traumatic Brain Injury	9,438	7,479	9,438	---	+1,959
Black lung clinics	5,961	6,000	5,961	---	-39
Trauma Care	3,476	---	3,476	---	+3,476
Payment to Hawaii, treatment of Hansen's	2,032	2,045	2,032	---	-13
Other HRSA programs - Current Year	1,204,916	1,087,885	1,183,424	-21,492	+95,539
Ryan White AIDS Programs:					
Emergency Assistance	618,693	618,881	618,693	---	-188
Comprehensive Care Programs	1,053,393	1,077,027	1,091,344	+37,951	+14,317
AIDS Drug Assistance Program (ADAP) (NA)	(714,326)	(739,000)	(753,317)	(+38,991)	(+14,317)
Early Intervention Program	198,374	193,981	193,981	-4,393	---
Pediatric HIV/AIDS	73,551	70,917	70,917	-2,634	---
AIDS Dental Services	13,405	13,484	13,405	---	-79
Education and Training Centers	35,549	35,259	35,259	-290	---
Subtotal, Ryan White AIDS programs	1,992,965	2,009,549	2,023,599	+30,634	+14,050
Evaluation Tap Funding (NA)	(25,000)	---	---	(-25,000)	---
Subtotal, Ryan White AIDs program level	2,017,965	2,009,549	2,023,599	+5,634	+14,050
Family Planning	273,350	264,808	273,350	---	+8,542
Children's Hospitals Graduate Medical Educ	290,102	199,258	305,000	+14,898	+105,742
Health Care and Other Facilities	294,700	---	---	-294,700	---
Buildings and Facilities	248	250	248	---	-2
Radiation Exposure Compensation Act	1,987	4,006	1,987	---	-2,019

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Practitioner Data Bank	19,500	17,000	19,500	---	+2,500
User Fees	-19,500	-17,000	-19,500	---	-2,500
Health Care Integrity and Protection Data Bank	5,600	4,000	5,600	---	+1,600
User Fees	-5,600	-4,000	-5,600	---	-1,600
Community Access Program	104,317	---	104,317	---	+104,317
State Planning Grants for Health Care Access	14,902	---	14,902	---	+14,902
Program Management	155,974	151,115	155,974	---	+4,859
Total, Health resources and services	6,430,558	5,665,996	6,252,256	-178,302	+586,260
Total, Health resources & services program level	(6,455,558)	(5,665,996)	(6,252,256)	(-203,302)	(+586,260)
HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM:					
Liquidating account	(7,000)	(4,000)	(7,000)	---	(+3,000)
Program management	3,889	3,389	3,389	-500	---
Total, HEAL	3,889	3,389	3,389	-500	---
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:					
Post-FY 1988 claims	85,918	66,000	66,000	-19,918	---
HRSA administration	2,972	2,991	3,472	+500	+481
Total, Vaccine Injury Compensation Trust Fund	88,890	68,991	69,472	-19,418	+481
Total, Health Resources and Services Admin	6,523,337	5,738,376	6,325,117	-198,220	+586,741
Total, HRSA program level	(6,555,337)	(5,742,376)	(6,332,117)	(-223,220)	(+589,741)

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL					
Birth Defects/Developmental Disabilities/Disability and Health	98,040	87,462	106,339	+8,299	+18,877
Chronic Disease Prevention and Health Promotion	789,972	834,047	862,011	+72,039	+27,964
Environmental Health	182,829	150,227	184,829	+2,000	+34,602
Epidemic Services and Response	77,494	76,158	82,494	+5,000	+6,336
Health Statistics	---	72,639	112,673	+112,673	+40,034
Evaluation Tap Funding	(125,899)	(51,982)	(13,226)	(-112,673)	(-38,756)
Subtotal, Program level	125,899	124,621	125,899	---	+1,278
HIV/AIDS, STD and TB Prevention	1,186,388	1,281,176	1,247,388	+61,000	-33,788
Immunization	636,586	620,506	650,586	+14,000	+30,080
Evaluation Tap Funding	(14,000)	---	---	(-14,000)	---
Subtotal, Program level	650,586	620,506	650,586	---	+30,080
Infectious Disease Control	359,225	331,640	382,226	+23,001	+50,586
Injury Prevention and Control	148,414	144,796	152,414	+4,000	+7,618
Occupational Safety and Health 1/	231,485	246,329	273,385	+41,900	+27,056
Evaluation Tap Funding	(41,900)	---	---	(-41,900)	---
Subtotal, Program level	273,385	246,329	273,385	---	+27,056
Preventive Health and Health Services Block Grant	134,089	134,966	134,089	---	-877
Public Health Improvement	124,434	113,677	144,530	+20,096	+30,853
Evaluation Tap Funding	(28,600)	---	---	(-28,600)	---
Subtotal, Program level	153,034	113,677	144,530	-8,504	+30,853
Buildings and Facilities	266,258	114,000	206,000	-60,258	+92,000
Office of the Director	49,426	59,707	49,707	+281	-10,000

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Centers for Disease Control	4,284,640	4,267,330	4,588,671	+304,031	+321,341
Evaluation Tap Funding (NA)	(210,399)	(51,982)	(13,226)	(-197,173)	(-38,756)
Total, Centers for Disease Control program level	(4,495,039)	(4,319,312)	(4,601,897)	(+106,858)	(+282,585)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	4,592,348	4,770,519	4,770,519	+178,171	---
National Heart, Lung, and Blood Institute	2,793,733	2,867,995	2,867,995	+74,262	---
National Institute of Dental & Craniofacial Research	371,636	382,396	382,396	+10,760	---
National Institute of Diabetes and Digestive and Kidney Diseases	1,622,730	1,670,007	1,670,007	+47,277	---
Juvenile diabetes	(100,000)	(150,000)	(150,000)	(+50,000)	---
Subtotal, NIDDK	1,722,730	1,820,007	1,820,007	+97,277	---
National Institute of Neurological Disorders & Stroke	1,456,476	1,468,926	1,468,926	+12,450	---
National Institute of Allergy and Infectious Diseases	3,606,139	4,235,255	4,235,255	+629,116	---
Global HIV/AIDS Fund Transfer 2/	100,000	100,000	100,000	---	---
Subtotal, NIAID	3,706,139	4,335,255	4,335,255	+629,116	---
National Institute of General Medical Sciences	1,847,000	1,923,133	1,923,133	+76,133	---
National Institute of Child Health & Human Development	1,205,927	1,245,371	1,245,371	+39,444	---
National Eye Institute	633,148	648,299	648,299	+15,151	---
National Institute of Environmental Health Sciences	614,239	630,774	630,774	+16,535	---
National Institute on Aging	993,598	994,411	994,411	+813	---
National Institute of Arthritis and Musculoskeletal and Skin Diseases	486,143	502,778	502,778	+16,635	---
National Institute on Deafness and Other Communication Disorders	370,382	380,377	380,377	+9,995	---
National Institute of Nursing Research	130,584	134,579	134,579	+3,995	---
National Institute on Alcohol Abuse and Alcoholism	416,051	430,121	430,121	+14,070	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute on Drug Abuse	961,721	995,614	995,614	+33,893	---
National Institute of Mental Health	1,341,014	1,382,114	1,382,114	+41,100	---
National Human Genome Research Institute	464,995	478,072	478,072	+13,077	---
National Institute of Biomedical Imaging and Bioengineering	278,279	282,109	282,109	+3,830	---
National Center for Research Resources	1,138,821	1,053,926	1,053,926	-84,895	---
National Center for Complementary and Alternative Medicine	113,407	116,202	116,202	+2,795	---
National Center on Minority Health and Health Disparities	185,714	192,724	192,724	+7,010	---
John E. Fogarty International Center	63,465	64,266	64,266	+801	---
National Library of Medicine	300,135	316,040	316,040	+15,905	---
Evaluation Tap Funding	(8,200)	---	---	(-8,200)	---
Subtotal, NLM	308,335	316,040	316,040	+7,705	---
Office of the Director	266,232	317,983	317,983	+51,751	---
Buildings and Facilities	628,687	80,000	80,000	-548,687	---
Total, N.I.H. appropriations	26,982,604	27,663,991	27,663,991	+681,387	---
Global HIV/AIDS Fund Transfer	-100,000	-100,000	-100,000	---	---
Evaluation Tap Funding	(8,200)	---	---	(-8,200)	---
Total, N.I.H., Program Level	(26,890,804)	(27,563,991)	(27,563,991)	(+673,187)	---
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES					
Mental Health:					
Programs of Regional and National Significance	244,443	211,757	237,000	-7,443	+25,243
Mental Health Performance Partnership	437,140	433,000	435,000	-2,140	+2,000
Children's Mental Health	98,052	106,694	108,000	+9,948	+1,306

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants to States for the Homeless (PATH)	43,073	50,055	50,055	+6,982	---
Protection and Advocacy	33,779	32,500	33,870	+91	+1,370
Subtotal, Mental Health	856,487	834,006	863,925	+7,438	+29,919
Substance Abuse Treatment:					
Programs of Regional and National Significance	317,278	556,816	417,278	+100,000	-139,538
Substance Abuse Performance Partnership	1,691,732	1,785,000	1,774,538	+82,806	-10,462
Evaluation Tap Funding	(62,200)	---	---	(-62,200)	---
Subtotal, Substance Abuse Treatment	2,009,010	2,341,816	2,191,816	+182,806	-150,000
Subtotal, Program level	2,071,210	2,341,816	2,191,816	+120,606	-150,000
Substance Abuse Prevention:					
Programs of Regional and National Significance	197,111	148,186	198,000	+889	+49,814
Program Management and Buildings and Facilities	73,983	69,307	75,259	+1,276	+5,952
Evaluation Tap funding (NA)	(12,000)	(16,000)	(16,000)	(+4,000)	---
Subtotal, Program level	85,983	85,307	91,259	+5,276	+5,952
St. Elizabeths	949	---	---	-949	---
Total, Substance Abuse and Mental Health	3,137,540	3,393,315	3,329,000	+191,460	-64,315
Evaluation Tap funding	(74,200)	(16,000)	(16,000)	(-58,200)	---
Total, SAMHS program level	(3,211,740)	(3,409,315)	(3,345,000)	(+133,260)	(-64,315)

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	---	---	---	---	---
Evaluation Tap funding (NA)	(247,695)	(221,000)	(245,695)	(-2,000)	(+24,695)
Health Coverage Data Improvement (CPS)	---	(10,000)	---	---	(-10,000)
Portion for reducing medical errors (non-add)	(55,000)	(84,000)	(75,000)	(+20,000)	(-9,000)
Subtotal including Evaluation Tap funds	(247,695)	(221,000)	(245,695)	(-2,000)	(+24,695)
Health Insurance and Expenditure Surveys:					
Federal Funds	---	---	---	---	---
Evaluation Tap funding (NA)	(53,300)	(55,300)	(55,300)	(+2,000)	---
Program Support	---	---	---	---	---
Evaluation Tap funding (NA)	(2,700)	(2,700)	(2,700)	---	---
Total, AHRQ	(303,695)	(279,000)	(303,695)	---	(+24,695)
Federal Funds	---	---	---	---	---
Evaluation Tap funding (NA)	(303,695)	(279,000)	(303,695)	---	(+24,695)
Total, Public Health Service appropriation	40,928,121	41,063,012	41,906,779	+978,658	+843,767
Total, Public Health Service program level	(41,456,615)	(41,313,994)	(42,146,700)	(+690,085)	(+832,706)
CENTER FOR MEDICARE AND MEDICAID SERVICES					
GRANTS TO STATES FOR MEDICAID					
Medicaid current law benefits	148,726,168	166,706,067	172,706,067	+23,979,899	+6,000,000
State and local administration	9,142,049	9,067,320	9,067,320	-74,729	---
Vaccines for Children	823,938	980,196	980,196	+156,258	---
Subtotal, Medicaid program level	158,692,155	176,753,583	182,753,583	+24,061,428	+6,000,000

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Less funds advanced in prior year.....	-46,601,937	-51,861,386	-51,861,386	-5,259,449	---
Total, Grants to States for medicaid.....	112,090,218	124,892,197	130,892,197	+18,801,979	+6,000,000
New advance, 1st quarter.....	51,861,386	58,416,275	58,416,275	+6,554,889	---
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental medical insurance.....	80,905,000	94,518,000	94,518,000	+13,613,000	---
Hospital insurance for the uninsured.....	225,000	197,000	197,000	-28,000	---
Federal uninsured payment.....	168,000	168,000	168,000	---	---
Program management.....	164,700	201,100	201,100	+36,400	---
Total, Payments to Trust Funds, current law.....	81,462,700	95,084,100	95,084,100	+13,621,400	---
PROGRAM MANAGEMENT					
Research, Demonstration, Evaluation:					
Regular Program.....	73,712	63,400	27,918	-45,794	-35,482
Medicare Operations.....	1,666,680	1,776,889	1,776,889	+110,209	---
H.R. 3103 funding (NA).....	(720,000)	(720,000)	(720,000)	---	---
Subtotal, Medicare Operations program level.....	(2,386,680)	(2,496,889)	(2,496,889)	(+110,209)	---
Revitalization plan.....	---	65,000	65,000	+65,000	---
State Survey and Certification.....	252,743	247,647	247,647	-5,096	---
Federal Administration.....	571,756	580,571	580,571	+8,815	---
Total, Program management, Limitation on new BA.	2,564,891	2,733,507	2,698,025	+133,134	-35,482
Total, Program management, program level.....	(3,284,891)	(3,453,507)	(3,418,025)	(+133,134)	(-35,482)

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Center for Medicare and Medicaid Services	247,979,195	281,126,079	287,090,597	+39,111,402	+5,964,518
Federal funds	245,414,304	278,392,572	284,392,572	+38,978,268	+6,000,000
Current year	(193,552,918)	(219,976,297)	(225,976,297)	(+32,423,379)	(+6,000,000)
New advance, 1st quarter, FY 2005	(51,861,386)	(58,416,275)	(58,416,275)	(+6,554,889)	---
Trust Funds	2,564,891	2,733,507	2,698,025	+133,134	-35,482
ADMINISTRATION FOR CHILDREN AND FAMILIES					
FAMILY SUPPORT PAYMENTS TO STATES					
Payments to territories	23,000	23,000	23,000	---	---
Repatriation	1,000	1,000	1,000	---	---
Subtotal, Welfare payments	24,000	24,000	24,000	---	---
Child Support Enforcement:					
State and local administration	3,541,800	4,035,270	4,035,270	+493,470	---
Federal incentive payments	461,000	454,000	454,000	-7,000	---
Hold Harmless payments	---	---	---	---	---
Access and visitation	10,000	12,000	12,000	+2,000	---
Subtotal, Child Support Enforcement	4,012,800	4,501,270	4,501,270	+488,470	---
Total, Payments, FY 2004 program level	4,036,800	4,525,270	4,525,270	+488,470	---
Less funds advanced in previous years	-1,100,000	-1,100,000	-1,100,000	---	---
Total, Payments, current request	2,936,800	3,425,270	3,425,270	+488,470	---
Plus New advance, 1st quarter, FY 2005	1,100,000	1,200,000	1,200,000	+100,000	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Payments	4,036,800	4,625,270	4,625,270	+588,470	---
LOW INCOME HOME ENERGY ASSISTANCE					
Formula grants	1,688,950	1,700,000	1,700,000	+11,050	---
Emergency allocation:					
Non-emergency funding	---	300,000	100,000	+100,000	-200,000
Contingent emergency funding	---	---	---	---	---
Total, Low income home energy assistance	1,688,950	2,000,000	1,800,000	+111,050	-200,000
	---	---	---	---	---
REFUGEE AND ENTRANT ASSISTANCE					
Transitional and Medical Services	219,853	200,193	200,193	-19,660	---
Victims of Trafficking	9,935	10,000	10,000	+65	---
Social Services	150,139	153,121	153,121	+2,982	---
Preventive Health	4,804	4,835	4,835	+31	---
Targeted Assistance	49,155	49,477	49,477	+322	---
Unaccompanied minors	34,227	34,000	34,227	---	+227
Victims of Torture	9,935	10,000	10,000	+65	---
Total, Refugee and entrant assistance	478,048	461,626	461,853	-16,195	+227
CHILD CARE AND DEVELOPMENT BLOCK GRANT	2,086,344	2,099,729	2,099,729	+13,385	---
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	---	---
DISABLED VOTER SERVICES	15,000	---	15,000	---	+15,000
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth and Families:					
Head Start, current funded	5,267,533	5,415,570	5,415,570	+148,037	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance from prior year	(1,400,000)	(1,400,000)	(1,400,000)	---	---
FY 2005	1,400,000	1,400,000	1,400,000	---	---
Subtotal, Head Start, program level	6,667,533	6,815,570	6,815,570	+148,037	---
Consolidated Runaway, Homeless Youth Prog	89,978	88,043	88,043	-1,935	---
Maternity Group Homes	---	10,000	---	---	-10,000
Prevention grants to reduce abuse of runaway youth	15,399	14,999	14,999	-400	---
Child Abuse State Grants	21,870	22,013	22,013	+143	---
Child Abuse Discretionary Activities	33,845	26,301	26,301	-7,544	---
Abandoned Infants Assistance	12,126	12,086	12,086	-40	---
Child Welfare Services	290,088	291,986	291,986	+1,898	---
Child Welfare Training	7,449	7,470	7,470	+21	---
Adoption Opportunities	27,227	27,343	27,343	+116	---
Adoption Incentive (no cap adjustment)	42,720	43,000	43,000	+280	---
Adoption Awareness	12,822	12,906	12,906	+84	---
Compassion Capital Fund	34,772	100,000	50,000	+15,228	-50,000
Social Services and Income Maintenance Research	28,749	5,982	5,982	-22,767	---
Evaluation tap funding	(6,000)	---	---	(-6,000)	---
Subtotal, Program level	34,749	5,982	5,982	-28,767	---
Community Based Resource Centers	33,200	33,403	33,403	+203	---
Developmental Disabilities Program:					
State Councils	71,135	69,800	71,500	+365	+1,700
Protection and Advocacy	36,263	35,000	36,500	+237	+1,500
Developmental Disabilities Special Projects	12,403	11,642	12,500	+97	+858
Developmental Disabilities University Affiliated	24,962	24,000	25,000	+38	+1,000
Subtotal, Developmental disabilities	144,763	140,442	145,500	+737	+5,058
Native American Programs	45,457	45,119	45,119	-338	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Community Services:					
Grants to States for Community Services	645,762	494,964	494,964	-150,798	---
Community Initiative Program:					
Economic Development	32,546	32,436	32,436	-110	---
Individual Development Account Initiative	24,828	24,912	24,912	+84	---
Rural Community Facilities	7,203	---	7,250	+47	+7,250
Subtotal, Community Initiative Program	64,577	57,348	64,598	+21	+7,250
National Youth Sports	16,889	---	18,000	+1,111	+18,000
Community Food and Nutrition	7,281	---	---	-7,281	---
Subtotal, Community Services	734,509	552,312	577,562	-156,947	+25,250
Domestic Violence Hotline	2,562	3,000	3,000	+438	---
Battered Women's Shelters	126,403	124,423	126,403	---	+1,980
Early Learning Fund	33,779	---	---	-33,779	---
Faith-Based Center	1,490	1,400	1,400	-90	---
Mentoring Children of Prisoners	9,935	50,000	25,000	+15,065	-25,000
Independent Living Training Vouchers	41,727	60,000	45,000	+3,273	-15,000
Promoting Responsible Fatherhood	---	20,000	---	---	-20,000
Program Direction	171,873	179,584	179,584	+7,711	---
Total, Children and Families Services Programs	8,630,276	8,687,382	8,599,670	-30,606	-87,712
Current Year	(7,230,276)	(7,287,382)	(7,199,670)	(-30,606)	(-87,712)
FY 2005	(1,400,000)	(1,400,000)	(1,400,000)	---	---
Evaluation Tap funding	(6,000)	---	---	(-6,000)	---
PROMOTING SAFE AND STABLE FAMILIES	305,000	305,000	305,000	---	---
Discretionary Funds	99,350	199,978	100,000	+650	-99,978

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION					
Foster Care	4,884,500	4,974,200	4,974,200	+89,700	---
Adoption Assistance	1,584,500	1,699,700	1,699,700	+115,200	---
Independent living	140,000	140,000	140,000	---	---
Total, Payments to States	6,609,000	6,813,900	6,813,900	+204,900	---
Less Advances from Prior Year	-1,754,000	-1,745,600	-1,745,600	+8,400	---
Total, payments, current request	4,855,000	5,068,300	5,068,300	+213,300	---
New Advance, 1st quarter	1,745,600	1,767,700	1,767,700	+22,100	---
Total, Administration for Children & Families	25,640,368	26,914,985	26,542,522	+902,154	-372,463
Current year	(21,394,768)	(22,547,285)	(22,174,822)	(+780,054)	(-372,463)
FY 2005	(4,245,600)	(4,367,700)	(4,367,700)	(+122,100)	---
ADMINISTRATION ON AGING					
Grants to States:					
Supportive Services and Centers	355,673	357,000	357,000	+1,327	---
Preventive Health	21,919	21,562	21,919	---	+357
Title VII	18,559	17,681	18,559	---	+878
Family Caregivers	149,025	141,500	162,000	+12,975	+20,500
Native American Caregivers Support	6,209	---	6,500	+291	+6,500
Subtotal, Caregivers	155,234	141,500	168,500	+13,266	+27,000
Nutrition:					
Congregate Meals	384,592	390,000	390,000	+5,408	---
Home Delivered Meals	180,985	178,500	180,985	---	+2,485

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Nutrition Services Incentive Program	148,697	149,670	149,670	+973	---
Subtotal, Nutrition	714,274	718,170	720,655	+6,381	+2,485
Subtotal, Grants to States	1,265,659	1,255,913	1,286,633	+20,974	+30,720
Grants to Native Americans	27,495	25,729	25,729	-1,766	---
Aging Research, Training and Special Projects	40,258	27,837	30,837	-9,421	+3,000
Aging Network Support Activities	2,364	2,379	2,379	+15	---
Alzheimer's Initiative	13,412	11,500	11,500	-1,912	---
White House Conference on Aging	---	2,842	2,842	+2,842	---
Program Administration	17,869	17,501	17,501	-368	---
Total, Administration on Aging	1,367,057	1,343,701	1,377,421	+10,364	+33,720
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT:					
Federal Funds	159,811	172,541	167,300	+7,489	-5,241
Trust Funds	5,813	5,851	5,813	---	-38
Subtotal	(165,624)	(178,392)	(173,113)	(+7,489)	(-5,279)
Evaluation tap funding (ASPE) (NA)	(21,552)	(21,552)	(21,552)	---	---
Adolescent Family Life (Title XX)	30,922	31,241	30,922	---	-319
Minority health	56,224	47,010	48,329	-7,895	+1,319
Office of women's health	28,658	28,908	28,658	---	-250
Minority HIV/AIDS	49,675	50,000	49,675	---	-325
IT Security and Innovation Fund	19,870	18,400	18,400	-1,470	---
Total, General Departmental Management	350,973	353,951	349,097	-1,876	-4,854
Federal Funds	345,160	348,100	343,284	-1,876	-4,816

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Trust Funds	5,813	5,851	5,813	---	-38
	---	---	---	---	---
OFFICE OF THE INSPECTOR GENERAL:					
Federal Funds	36,808	39,497	39,497	+2,689	---
HIPAA funding (NA)	(160,000)	(160,000)	(160,000)	---	---
Total, Inspector General program level	(196,808)	(199,497)	(199,497)	(+2,689)	---
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	30,131	30,936	30,936	+805	---
Trust Funds	3,292	3,314	3,314	+22	---
Total, Office for Civil Rights	33,423	34,250	34,250	+827	---
POLICY RESEARCH:					
Federal Funds	2,483	2,499	2,483	---	-16
Evaluation Tap funding (NA)	(18,000)	(21,000)	(18,000)	---	(-3,000)
Total, Policy Research	20,483	23,499	20,483	---	-3,016
MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
Retirement payments	218,984	234,000	234,000	+15,016	---
Survivors benefits	14,102	15,001	15,001	+899	---
Dependents' medical care	76,931	54,391	80,867	+3,936	+26,476
Military services credits	---	---	---	---	---
Total, Medical benefits for Com Officers (indef)	310,017	303,392	329,868	+19,851	+26,476
Comm. Corps Medicare Elig. Healthcare Accrual	---	12,973	---	---	-12,973
Total, Medical benefits for comm. officers	310,017	316,365	329,868	+19,851	+13,503

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND					
HRSA Homeland security activities	584,451	618,173	545,870	-38,581	-72,303
CDC Homeland security activities	1,235,424	1,116,156	1,116,156	-119,268	---
AHRQ Homeland security activities	4,967	---	---	-4,967	---
Office of the Secretary Homeland sercurity activities	62,405	61,820	64,820	+2,415	+3,000
Other PHSSEF Homeland security activities	---	100,000	50,000	+50,000	-50,000
Total, PHSSEF	1,887,247	1,896,149	1,776,846	-110,401	-119,303
Total, Office of the Secretary	2,620,951	2,642,711	2,532,041	-88,910	-110,670
Federal Funds	2,611,846	2,633,546	2,522,914	-88,932	-110,632
Trust Funds	9,105	9,165	9,127	+22	-38
Total, Title II, Dept of Health & Human Services	318,535,692	353,090,488	359,449,360	+40,913,668	+6,358,872
Federal Funds	315,961,696	350,347,816	356,742,208	+40,780,512	+6,394,392
Current year	(259,854,710)	(287,563,841)	(293,958,233)	(+34,103,523)	(+6,394,392)
FY 2005	(56,106,986)	(62,783,975)	(62,783,975)	(+6,676,989)	---
Trust Funds	2,573,996	2,742,672	2,707,152	+133,156	-35,520

Title II Footnotes:

1/ Includes Mine Safety and Health.

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants					
Advance from prior year 1/	(4,011,272)	(4,255,272)	(2,011,272)	(-2,000,000)	(-2,244,000)
Forward funded	2,848,533	5,158,199	5,158,199	+2,309,666	---
Current funded	3,477	3,500	3,500	+23	---
Subtotal, Basic grants current year approp.	2,852,010	5,161,699	5,161,699	+2,309,689	---
Subtotal, Basic grants total funds available	(6,863,282)	(9,416,971)	(7,172,971)	(+309,689)	(-2,244,000)
Basic Grants FY 2005 Advance	4,255,272	2,011,272	2,011,272	-2,244,000	---
Subtotal, Basic grants, program level	7,107,282	7,172,971	7,172,971	+65,689	---
Concentration Grants					
Advance from prior year	(1,365,031)	(1,365,031)	(1,365,031)	---	---
FY 2005 Advance	1,365,031	1,365,031	1,365,031	---	---
Subtotal, Concentration Grants program level	1,365,031	1,365,031	1,365,031	---	---
Targeted Grants					
Advance from prior year	(1,018,499)	(1,670,239)	(1,670,239)	(+651,740)	---
FY 2005 Advance	1,670,239	3,018,499	3,018,499	+1,348,260	---
Subtotal, Targeted Grants program level	1,670,239	3,018,499	3,018,499	+1,348,260	---
Education Finance Incentive Grants					
Advance from prior year	(793,499)	(1,541,759)	(1,541,759)	(+748,260)	---
FY 2005 Advance	1,541,759	793,499	793,499	-748,260	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Subtotal, Education Finance Incentive Grants	1,541,759	793,499	793,499	-748,260	---
Subtotal, Grants to LEAs, program level.....	11,684,311	12,350,000	12,350,000	+665,689	---
Even Start.....	248,375	175,000	250,000	+1,625	+75,000
Reading First:					
State Grants (forward funded).....	798,500	855,000	855,000	+56,500	---
Advance from prior year.....	(195,000)	(195,000)	(195,000)	---	---
FY 2005 Advance.....	195,000	195,000	195,000	---	---
Subtotal, Reading First State Grants.....	993,500	1,050,000	1,050,000	+56,500	---
Early Reading First.....	74,512	100,000	100,000	+25,488	---
Literacy through School Libraries.....	12,419	27,500	27,500	+15,081	---
State Agency Programs:					
Migrant.....	395,413	396,000	396,000	+587	---
Neglected and Delinquent/High Risk Youth.....	48,682	48,000	49,000	+318	+1,000
Subtotal, State Agency programs.....	444,095	444,000	445,000	+905	+1,000
Evaluation.....	8,842	9,500	9,500	+658	---
Comprehensive School Reform Demonstration.....	233,473	---	235,000	+1,527	+235,000
Migrant Education:					
High School Equivalency Program.....	23,347	13,000	24,000	+653	+11,000
College Assistance Migrant Program.....	15,399	15,000	16,000	+601	+1,000
Subtotal, Migrant Education.....	38,746	28,000	40,000	+1,254	+12,000
Total, Education for the disadvantaged.....	13,738,273	14,184,000	14,507,000	+768,727	+323,000

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Current Year	(4,710,972)	(6,800,699)	(7,123,699)	(+2,412,727)	(+323,000)
FY 2005	(9,027,301)	(7,383,301)	(7,383,301)	(-1,644,000)	---
Subtotal, forward funded	(4,572,976)	(6,632,199)	(6,943,199)	(+2,370,223)	(+311,000)
IMPACT AID					
Basic Support Payments	1,025,292	867,500	1,073,000	+47,708	+205,500
Payments for Children with Disabilities	50,668	40,000	50,668	---	+10,668
Facilities Maintenance (Sec. 8008)	7,948	8,000	7,948	---	-52
Construction (Sec. 8007)	44,708	45,000	44,708	---	-292
Payments for Federal Property (Sec. 8002)	59,610	55,000	62,000	+2,390	+7,000
Total, Impact aid	1,188,226	1,015,500	1,238,324	+50,098	+222,824
SCHOOL IMPROVEMENT PROGRAMS					
State Grants for Improving Teacher Quality	1,780,825	1,700,000	1,780,825	---	+80,825
Advance from prior year	(1,150,000)	(1,150,000)	(1,150,000)	---	---
FY 2005	1,150,000	1,150,000	1,150,000	---	---
Subtotal, State Grants for Improving Teacher Quality, program level	2,930,825	2,850,000	2,930,825	---	+80,825
Early Childhood Educator Professional Development	14,902	15,000	14,902	---	-98
Mathematics and Science Partnerships	100,344	12,500	150,000	+49,656	+137,500
State Grants for Innovative Education (Education Block Grant)	97,498	100,000	50,000	-47,498	-50,000
Advance from prior year	(285,000)	(285,000)	(285,000)	---	---
FY 2005	285,000	285,000	285,000	---	---
Subtotal, Education Block Grant, program level	382,498	385,000	335,000	-47,498	-50,000

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Educational Technology:					
Educational Technology State Grants	695,947	700,500	695,947	---	-4,553
Preparing Tomorrow's Teachers to Use Technology	62,094	---	---	-62,094	---
Subtotal, Educational Technology	758,041	700,500	695,947	-62,094	-4,553
21st Century Community Learning Centers	993,500	600,000	1,000,000	+6,500	+400,000
State Assessments/Enhanced Assessment Instruments	384,484	390,000	390,000	+5,516	---
Javits gifted talented education	11,177	---	11,177	---	+11,177
Foreign language assistance	16,144	---	---	-16,144	---
Education for Homeless Children & Youth	54,642	50,000	60,000	+5,358	+10,000
Training and Advisory Services (Civil Rights)	7,286	7,334	7,286	---	-48
Education for Native Hawaiians	30,798	18,300	18,300	-12,498	---
Alaska Native Education Equity	30,798	14,200	14,200	-16,598	---
Rural Education	167,653	---	170,000	+2,347	+170,000
Total, School improvement programs	5,883,092	5,042,834	5,797,637	-85,455	+754,803
Current Year	(4,448,092)	(3,607,834)	(4,362,637)	(-85,455)	(+754,803)
FY 2005	(1,435,000)	(1,435,000)	(1,435,000)	---	---
Subtotal, forward funded	(4,274,893)	(3,553,000)	(4,296,772)	(+21,879)	(+743,772)
INDIAN EDUCATION					
Grants to Local Educational Agencies	96,502	97,133	96,502	---	-631
Federal Programs:					
Special Programs for Indian Children	19,870	20,000	19,870	---	-130
National Activities	5,201	5,235	5,201	---	-34
Subtotal, Federal Programs	25,071	25,235	25,071	---	-164
Total, Indian Education	121,573	122,368	121,573	---	-795

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
INOVATION AND IMPROVEMENT					
Troops-to-Teachers	28,812	25,000	20,000	-8,812	-5,000
Transition to Teaching	41,727	49,400	49,400	+7,673	---
National Writing Project	16,890	---	16,890	---	+16,890
Teaching of Traditional American History	99,350	100,000	50,000	-49,350	-50,000
School Leadership	12,419	---	12,419	---	+12,419
Advanced Credentialing	9,935	---	16,500	+6,565	+16,500
Charter Schools Grants	198,700	220,000	220,000	+21,300	---
Credit Enhancement for Charter School Facilities	24,838	100,000	75,000	+50,162	-25,000
Voluntary Public School Choice	25,831	25,000	25,831	---	+831
Magnet Schools Assistance	109,285	110,000	109,285	---	-715
Choice Incentive Fund	---	75,000	---	---	-75,000
Fund for the Improvement of Education (FIE):					
Current funded	398,133	59,000	91,284	-306,849	+32,284
Forward funded	74,513	---	74,513	---	+74,513
Subtotal, FIE	472,646	59,000	165,797	-306,849	+106,797
Ready to Learn	22,850	22,000	22,000	-850	---
Dropout Prevention Programs	10,929	---	---	-10,929	---
Ellender Fellowships/Close Up	1,490	---	1,490	---	+1,490
Advanced Placement Fees	23,347	22,000	23,347	---	+1,347
Total, Innovation and Improvement	1,099,049	807,400	807,959	-291,090	+559
Current Year	(1,099,049)	(807,400)	(807,959)	(-291,090)	(+559)
FY 2005	---	---	---	---	---
Subtotal, forward funded	(74,513)	---	(74,513)	---	(+74,513)

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Safe and Drug Free Schools and Communities:					
State Grants, current funded	138,949	92,017	138,949	---	+46,932
Advance from prior year	(330,000)	(330,000)	(330,000)	---	---
FY 2005	330,000	330,000	330,000	---	---
State Grants, program level	468,949	422,017	468,949	---	+46,932
National Programs	155,180	172,233	155,180	---	-17,053
Community Service for Expelled or Susp'd Students	49,675	---	---	-49,675	---
Alcohol Abuse Reduction	24,838	---	---	-24,838	---
Mentoring Programs	17,386	100,000	50,000	+32,614	-50,000
Character education	24,838	25,000	24,838	---	-162
Elementary and Secondary School Counseling	32,289	---	32,289	---	+32,289
Carol E. White Physical Education for Progress	59,610	---	60,000	+390	+60,000
Civic Education	28,812	27,000	28,812	---	+1,812
State Grants for Incarcerated Youth Offenders	23,348	---	---	-23,348	---
Physical Education Initiative	---	10,000	---	---	-10,000
Total, Safe Schools and Citizenship Education	884,925	756,250	820,068	-64,857	+63,818
Current Year	(554,925)	(426,250)	(490,068)	(-64,857)	(+63,818)
FY 2005	(330,000)	(330,000)	(330,000)	---	---
Subtotal, forward funded	(188,624)	(92,017)	(138,949)	(-49,675)	(+46,932)
ENGLISH LANGUAGE ACQUISITION					
Current funded	194,726	665,000	124,972	-69,754	-540,028
Forward funded	490,789	---	560,543	+69,754	+560,543
Total, English Language Acquisition	685,515	665,000	685,515	---	+20,515

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B advance funded	5,672,000	5,072,000	5,072,000	-600,000	---
Part B advance from prior year	(5,072,000)	(5,672,000)	(5,672,000)	(+600,000)	---
Grants to States Part B current year	3,202,398	4,456,533	4,802,398	+1,600,000	+345,865
Subtotal, Grants to States, program level	8,874,398	9,528,533	9,874,398	+1,000,000	+345,865
Preschool Grants	387,465	390,000	390,000	+2,535	---
Grants for Infants and Families	434,159	447,000	447,000	+12,841	---
Subtotal, State grants, program level	9,696,022	10,365,533	10,711,398	+1,015,376	+345,865
IDEA National Activities (current funded):					
State Program Improvement Grants	51,364	44,000	51,364	---	+7,364
Research and Innovation	77,210	78,380	77,210	---	-1,170
Technical Assistance and Dissemination	53,133	53,481	53,481	+348	---
Personnel Preparation	91,899	90,000	91,899	---	+1,899
Parent Information Centers	26,328	26,000	26,328	---	+328
Technology and Media Services	37,961	32,710	38,110	+149	+5,400
Subtotal, IDEA special programs	337,895	324,571	338,392	+497	+13,821
Total, Special education	10,033,917	10,690,104	11,049,790	+1,015,873	+359,686
Current Year	(4,361,917)	(5,618,104)	(5,977,790)	(+1,615,873)	(+359,686)
FY 2005	(5,672,000)	(5,072,000)	(5,072,000)	(-600,000)	---
Subtotal, Forward funded	(4,075,386)	(5,337,533)	(5,690,762)	(+1,615,376)	(+353,229)

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	2,533,492	2,584,162	2,584,162	+50,670	---
Vocational Rehabilitation Incentive Grants	---	84,490	---	---	-84,490
Client Assistance State grants	12,068	11,897	12,068	---	+171
Training	39,371	42,629	39,371	---	-3,258
Demonstration and training programs	20,895	24,492	20,895	---	-3,597
Migrant and seasonal farmworkers	2,335	---	2,335	---	+2,335
Recreational programs	2,579	---	2,579	---	+2,579
Protection and advocacy of individual rights (PAIR)	16,890	17,880	16,890	---	-990
Projects with industry	21,928	---	21,928	---	+21,928
Supported employment State grants	37,904	---	37,904	---	+37,904
Independent living:					
State grants	22,151	22,296	22,296	+145	---
Centers	69,545	69,500	75,000	+5,455	+5,500
Services for older blind individuals	27,818	25,000	32,000	+4,182	+7,000
Subtotal, Independent living	119,514	116,796	129,296	+9,782	+12,500
Program Improvement	894	850	894	---	+44
Evaluation	994	1,000	994	---	-6
Helen Keller National Center for Deaf/Blind	8,660	8,717	8,717	+57	---
National Inst. Disability and Rehab. Research (NIDRR)	109,285	110,000	110,000	+715	---
Assistive Technology	26,824	---	11,132	-15,692	+11,132
Subtotal, discretionary programs	420,141	418,751	415,003	-5,138	-3,748
Total, Rehabilitation services	2,953,633	3,002,913	2,999,165	+45,532	-3,748

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	15,399	14,000	16,500	+1,101	+2,500
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID:					
Operations	52,109	49,414	53,500	+1,391	+4,086
Endowment	---	1,000	---	---	-1,000
Construction	1,590	367	367	-1,223	---
Total, NTID	53,699	50,781	53,867	+168	+3,086
GALLAUDET UNIVERSITY					
Operations	97,798	93,446	100,600	+2,802	+7,154
Endowment	---	1,000	---	---	-1,000
Total, Gallaudet University	97,798	94,446	100,600	+2,802	+6,154
Total, Special Institutions for Persons with Disabilities	166,896	159,227	170,967	+4,071	+11,740
VOCATIONAL AND ADULT EDUCATION					
Vocational Education:					
Basic State Grants/Secondary & Technical Education					
State Grants, current funded 2/	401,200	209,000	409,000	+7,800	+200,000
Advance from prior year	(791,000)	(791,000)	(791,000)	---	---
FY 2005	791,000	791,000	791,000	---	---
Subtotal, Basic State Grants, program level	1,192,200	1,000,000	1,200,000	+7,800	+200,000
Tech-Prep Education State Grants	107,298	---	107,298	---	+107,298
National Programs	11,922	---	11,922	---	+11,922
Tech-Prep Education Demonstration	4,968	---	---	-4,968	---
Occupational and Employment Information Program	9,438	---	---	-9,438	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Subtotal, Vocational Education	1,325,826	1,000,000	1,319,220	-6,606	+319,220
Adult Education:					
State Grants/Adult basic and literacy education:					
State Grants, current funded 2/	571,262	584,300	584,300	+13,038	---
National Programs					
National Leadership Activities	9,438	---	9,438	---	+9,438
National Institute for Literacy	6,517	6,732	6,517	---	-215
Subtotal, National programs	15,955	6,732	15,955	---	+9,223
Subtotal, Adult education	587,217	591,032	600,255	+13,038	+9,223
Smaller Learning Communities, current funded	8,047	---	8,750	+703	+8,750
Smaller Learning Communities, forward funded	152,900	---	166,250	+13,350	+166,250
Community Technology Centers	32,264	---	---	-32,264	---
Total, Vocational and adult education	2,106,254	1,591,032	2,094,475	-11,779	+503,443
Current Year	(1,315,254)	(800,032)	(1,303,475)	(-11,779)	(+503,443)
FY 2005	(791,000)	(791,000)	(791,000)	---	---
Subtotal, forward funded	(1,274,943)	(800,032)	(1,294,725)	(+19,782)	(+494,693)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA)	(4,050)	(4,000)	(4,050)	---	(+50)
Pell Grants -- Regular Program	11,364,646	12,715,000	12,250,000	+885,354	-465,000
Federal Supplemental Educational Opportunity Grants	760,028	725,000	760,028	---	+35,028
Federal Work Study	1,004,428	1,011,000	1,004,428	---	-6,572

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal Perkins Loans:					
Capital Contributions	99,350	---	99,350	---	+99,350
Loan Cancellations	67,061	67,500	67,061	---	-439
Subtotal, Federal Perkins loans	166,411	67,500	166,411	---	+98,911
LEAP program	66,565	---	66,565	---	+66,565
Loan Forgiveness for Child Care	994	---	---	-994	---
Total, Student Financial Assistance	13,363,072	14,518,500	14,247,432	+884,360	-271,068
STUDENT AID ADMINISTRATION					
Administrative Costs	104,703	947,010	120,010	+15,307	-827,000
Fed Direct Student Loan Reclassification (Leg prop)	---	-795,000	---	---	+795,000
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	81,467	76,275	81,467	---	+5,192
Hispanic Serving Institutions	92,396	93,551	93,551	+1,155	---
Strengthening Historically Black Colleges (HBCUs)	214,015	224,086	224,086	+10,071	---
Strengthening historically black graduate insts	53,415	53,302	53,415	---	+113
Strengthening Alaska & Hawaiian-Serving Insts	8,180	4,048	8,180	---	+4,132
Strengthening Tribal Colleges	22,850	19,037	22,850	---	+3,813
Subtotal, Aid for Institutional development	472,323	470,299	483,549	+11,226	+13,250
International Education and Foreign Language:					
Domestic Programs	93,240	88,000	93,240	---	+5,240
Overseas Programs	12,916	13,000	12,916	---	-84

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Institute for International Public Policy.....	1,639	1,500	1,639	---	+139
Subtotal, International Education & Foreign Lang	107,795	102,500	107,795	---	+5,295
Fund for the Improvement of Postsec. Ed. (FIPSE).....	171,064	39,138	39,138	-131,926	---
Minority Science and Engineering Improvement.....	8,942	8,500	8,942	---	+442
Interest Subsidy Grants.....	2,980	2,000	2,000	-980	---
Tribally Controlled Postsec Voc/Tech Institutions.....	6,955	6,500	6,955	---	+455
Federal TRIO Programs.....	827,089	802,500	835,000	+7,911	+32,500
GEAR UP.....	293,082	285,000	300,000	+6,918	+15,000
Byrd Honors Scholarships.....	40,734	41,001	40,734	---	-267
Javits Fellowships.....	9,935	10,000	9,935	---	-65
Graduate Assistance in Areas of National Need.....	30,798	31,000	30,798	---	-202
Teacher Quality Enhancement Grants.....	89,415	90,000	90,000	+585	---
Child Care Access Means Parents in School.....	16,194	15,000	15,000	-1,194	---
Demonstration in Disabilities / Higher Education.....	6,954	---	6,954	---	+6,954
Underground Railroad Program.....	2,235	---	2,235	---	+2,235
GPRA data/HEA program evaluation.....	994	1,000	994	---	-6
Thurgood Marshall Scholarships.....	4,968	---	4,968	---	+4,968
B.J. Stupak Olympic Scholarships.....	994	---	994	---	+994
Total, Higher education.....	2,093,451	1,904,438	1,985,991	-107,460	+81,553
NATIONAL SECURITY EDUCATION TRUST FUND 3/.....	---	8,000	---	---	-8,000
HOWARD UNIVERSITY					
Academic Program.....	204,690	207,100	208,170	+3,480	+1,070
Endowment Program.....	3,573	---	3,600	+27	+3,600
Howard University Hospital.....	30,177	30,374	31,000	+823	+626
Total, Howard University.....	238,440	237,474	242,770	+4,330	+5,296

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
College Housing and Academic Facilities Loans Program: (CHAFL)	757	774	774	+17	---
HBCU Capital Financing Program -- Federal Adm	207	210	210	+3	---
INSTITUTE OF EDUCATION SCIENCES					
Research and Statistics:					
Research	139,090	185,000	185,000	+45,910	---
Regional Educational Laboratories	67,061	---	67,061	---	+67,061
Statistics	89,415	95,000	95,000	+5,585	---
Assessment:					
National Assessment	90,235	90,825	90,825	+590	---
National Assessment Governing Board	4,532	5,090	5,090	+558	---
Subtotal, Assessment	94,767	95,915	95,915	+1,148	---
Subtotal, Research and statistics	390,333	375,915	442,976	+52,643	+67,061
Multi-year Grants and Contracts	57,623	---	57,623	---	+57,623
Total, IES	447,956	375,915	500,599	+52,643	+124,684
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION	409,863	434,494	434,494	+24,631	---
OFFICE FOR CIVIL RIGHTS	85,715	91,275	91,275	+5,560	---
OFFICE OF THE INSPECTOR GENERAL	40,734	48,137	48,137	+7,403	---
Total, Departmental management	536,312	573,906	573,906	+37,594	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total: Elementary and Secondary Education Act programs	23,793,864	22,593,352	24,153,076	+359,212	+1,559,724
Total, Title III, Department of Education.....	55,646,251	55,807,855	57,964,165	+2,317,914	+2,156,310
Current Year.....	(38,390,950)	(40,796,554)	(42,952,864)	(+4,561,914)	(+2,156,310)
FY 2005.....	(17,255,301)	(15,011,301)	(15,011,301)	(-2,244,000)	---

Title III Footnotes:
1/ Reclassification of advance appropriations.
2/ FY 04 request assumes passage of proposed legislation renaming these State grant programs.
3/ In fiscal years 2002 and 2003, $8 million provided for this program in Defense Appropriations Acts.

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV - RELATED AGENCIES					
ARMED FORCES RETIREMENT HOME					
Operations and Maintenance	61,839	63,296	63,296	+1,457	---
Capital Program	5,732	1,983	1,983	-3,749	---
Total, AFRH	67,571	65,279	65,279	-2,292	---
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE 1/					
Volunteers in Service to America (VISTA)	93,674	94,287	93,674	---	-613
Volunteers in Homeland Security	9,935	20,000	5,000	-4,935	-15,000
National Senior Volunteer Corps:					
Foster Grandparents Program	110,775	106,700	110,775	---	+4,075
Senior Companion Program	46,260	46,563	46,260	---	-303
Retired Senior Volunteer Program	58,501	58,884	58,501	---	-383
Senior Demonstration Program	397	---	397	---	+397
Subtotal, Senior Volunteers	215,933	212,147	215,933	---	+3,786
Program Administration	34,346	38,229	38,229	+3,883	---
Total, Domestic Volunteer Service Programs	353,888	364,663	352,836	-1,052	-11,827
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2006 (current) with FY 2005 comparable	390,000	---	330,000	-60,000	+330,000
FY 2005 advance with FY 2004 comparable (NA)	(380,000)	(390,000)	(390,000)	(+10,000)	---
FY 2004 advance with FY 2003 comparable (NA)	(362,627)	(380,000)	(380,000)	(+17,373)	---
Digitalization program, current funded	48,427	---	---	-48,427	---
Funds provided in P.L. 107-116	---	(80,000)	(80,000)	(+80,000)	---
Interconnection, current funded	---	---	---	---	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
Funds provided in P.L. 107-116	---	(20,000)	(20,000)	(+20,000)	---
Subtotal, FY 2004 appropriation	48,427	---	---	-48,427	---
Subtotal, FY 2004 comparable	(48,427)	(100,000)	(100,000)	(+51,573)	---
FEDERAL MEDIATION AND CONCILIATION SERVICE	41,156	42,885	43,385	+2,229	+500
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	7,131	7,774	7,774	+643	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	243,889	242,024	238,126	-5,763	-3,898
MEDICARE PAYMENT ADVISORY COMMISSION	8,529	9,000	9,000	+471	---
NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE	1,003	1,000	1,000	-3	---
NATIONAL COUNCIL ON DISABILITY	2,839	2,830	2,830	-9	---
NATIONAL LABOR RELATIONS BOARD	237,429	243,073	239,429	+2,000	-3,644
NATIONAL MEDIATION BOARD	11,241	11,421	11,421	+180	---
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	9,610	10,115	10,115	+505	---
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	131,142	127,000	119,000	-12,142	-8,000
Less Income Tax Receipts on Dual Benefits	-7,948	-8,000	-8,000	-52	---
Subtotal, Dual Benefits	123,194	119,000	111,000	-12,194	-8,000
Federal Payment to the RR Retirement Account	150	150	150	---	---
Limitation on Administration	99,350	99,820	101,300	+1,950	+1,480
Inspector General	6,322	6,600	6,600	+278	---
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	20,400	21,658	21,658	+1,258	---

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUPPLEMENTAL SECURITY INCOME					
Federal benefit payments	31,795,664	34,198,000	34,198,000	+2,402,336	---
Beneficiary services	45,728	100,000	100,000	+54,272	---
Research and demonstration	38,000	30,000	30,000	-8,000	---
Administration	2,825,000	3,034,000	2,973,300	+148,300	-60,700
Subtotal, SSI program level	34,704,392	37,362,000	37,301,300	+2,596,908	-60,700
Less funds advanced in prior year	-10,790,000	-11,080,000	-11,080,000	-290,000	---
Subtotal, regular SSI current year	23,914,392	26,282,000	26,221,300	+2,306,908	-60,700
Plus User Fee Activities	111,000	120,000	120,000	+9,000	---
Total, SSI, current request	24,025,392	26,402,000	26,341,300	+2,315,908	-60,700
New advance, 1st quarter, FY 2005	11,080,000	12,590,000	12,590,000	+1,510,000	---
Total, SSI, current request	35,105,392	38,992,000	38,931,300	+3,825,908	-60,700
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	3,736,783	4,192,200	4,108,300	+371,517	-83,900
HI/SMI Trust Funds	1,210,554	1,182,000	1,158,400	-52,154	-23,600
Social Security Advisory Board	1,800	1,800	1,800	---	---
SSI	2,825,000	3,034,000	2,973,300	+148,300	-60,700
Subtotal, regular LAE	7,774,137	8,410,000	8,241,800	+467,663	-168,200
User Fee Activities (SSI)	111,000	120,000	120,000	+9,000	---
Total, Limitation on Administrative Expenses	7,885,137	8,530,000	8,361,800	+476,663	-168,200

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF INSPECTOR GENERAL					
Federal Funds	20,863	25,000	24,500	+3,637	-500
Trust Funds	61,597	65,000	63,700	+2,103	-1,300
Total, Office of Inspector General	82,460	90,000	88,200	+5,740	-1,800
Adjustment: Trust fund transfers from general revenues	-2,936,000	-3,154,000	-3,093,300	-157,300	+60,700
Total, Social Security Administration	40,157,389	44,479,658	44,309,658	+4,152,269	-170,000
Federal funds	35,146,655	39,038,658	38,977,458	+3,830,803	-61,200
Current year	(24,066,655)	(26,448,658)	(26,387,458)	(+2,320,803)	(-61,200)
New advances, 1st quarter	(11,080,000)	(12,590,000)	(12,590,000)	(+1,510,000)	---
Trust funds	5,010,734	5,441,000	5,332,200	+321,466	-108,800
UNITED STATES INSTITUTE OF PEACE	16,256	17,200	17,200	+944	---
Total, Title IV, Related Agencies	41,825,374	45,722,492	45,857,103	+4,031,729	+134,611
Federal Funds	36,700,439	40,166,072	40,408,003	+3,707,564	+241,931
Current Year	(25,230,439)	(27,576,072)	(27,488,003)	(+2,257,564)	(-88,069)
FY 2005 Advance	(11,080,000)	(12,590,000)	(12,590,000)	(+1,510,000)	---
FY 2006 Advance	(390,000)	---	(330,000)	(-60,000)	(+330,000)
Trust Funds	5,124,935	5,556,420	5,449,100	+324,165	-107,320

Title IV Footnotes:

1/ Appropriations for Americorps are provided in the VA-HUD bill.

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUMMARY					
Federal Funds	419,505,080	457,534,706	466,427,942	+46,922,862	+8,893,236
Current year	(332,112,793)	(364,598,430)	(373,161,666)	(+41,048,873)	(+8,563,236)
2005 advance	(87,002,287)	(92,936,276)	(92,936,276)	(+5,933,989)	---
2006 advance	(390,000)	---	(330,000)	(-60,000)	(+330,000)
Trust Funds	11,485,390	12,162,342	11,978,994	+493,604	-183,348
Grand Total	430,990,470	469,697,048	478,406,936	+47,416,466	+8,709,888

BUDGET AUTHORITY FOR 2003 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2004
(Amounts in thousands)

	FY 2003 Enacted	FY 2004 Request	Bill	Bill vs. Enacted	Bill vs. Request
BUDGET ENFORCEMENT ACT RECAP					
Mandatory, total in bill	296,311,317	334,126,478	340,152,954	+43,841,637	+6,026,476
Less advances for subsequent years	-65,883,986	-74,061,975	-74,061,975	-8,177,989	---
Plus advances provided in prior years	60,353,937	65,883,986	65,883,986	+5,530,049	---
Total, mandatory, current year	290,781,268	325,948,489	331,974,965	+41,193,697	+6,026,476
Discretionary, total in bill	134,679,153	135,570,570	138,253,982	+3,574,829	+2,683,412
Less advances for subsequent years	-21,508,301	-18,874,301	-19,204,301	+2,304,000	-330,000
Plus advances provided in prior years	19,220,918	21,498,301	19,254,301	+33,383	-2,244,000
Scorekeeping adjustments:					
SSA User Fee Collection	-111,000	-120,000	-120,000	-9,000	---
Repatriation, change in statutory cap	5,000	---	---	-5,000	---
AWIU contingency	70,000	---	---	-70,000	---
Adjustment-OMB Mandatory scoring in Voc Rehab.	---	-84,490	---	---	+84,490
CMS User Fees	---	---	-98,000	-98,000	-98,000
CDC Management/IT Savings	---	---	-49,982	-49,982	-49,982
Rescission of CPB FY 2003 Advance	---	---	---	---	---
CPB FY 2003 S&E adjustment	182	---	---	-182	---
Total, discretionary	132,355,952	137,990,080	138,036,000	+5,680,048	+45,920
Adjustment to balance with 2003 enacted	-70,000	---	---	+70,000	---
Total, discretionary (FY 2003 enacted)	132,285,952	137,990,080	138,036,000	+5,750,048	+45,920
Grand total, current year (incl FY 2003 comparable)	423,137,220	463,938,569	470,010,965	+46,873,745	+6,072,396
Grand total, current year (incl FY 2003 enacted)	423,067,220	463,938,569	470,010,965	+46,943,745	+6,072,396

DISSENTING VIEWS OF DAVID OBEY

Within the last several months, the Congress has made dramatic choices that are already changing the course of government and the kind of society in which we live. Only weeks ago work was completed on another round of large tax cuts targeted at the nation's highest income individuals. Now we are considering a variety of appropriation measures, and the impact of those tax cuts is becoming apparent in the funding levels provided for programs ranging from school improvement to homeland security, cancer research and adequate housing for the military.

The bill that accompanies this report is the largest of the domestic appropriation measures. It provides the resources necessary to improve our local schools, protect our public health, ensure the safety of our workforce, provide for our elderly and disabled, expand the opportunity for higher education and seek cures for the dreaded diseases that threaten the health and life of all Americans. Regrettably, the bill falls far short of what is needed in each of these areas.

In order to meet the commitment to lower taxes we are abandoning commitments in almost every other area of federal responsibility. This bill fails not only to provide the resources that my party would support for these activities, it also fails to honor the promises made by the Majority party only three months ago when they adopted a budget resolution for the coming fiscal year. It falls dramatically short of the commitments that were made two years ago with the enactment of the "Leave No Child Behind Act."

The failure of this legislation is not the fault of the Chairman of the Labor, Health and Human Services, and Education subcommittee or the Chairman of the Appropriations Committee. They fought long and hard to convince their leadership that the allocations being provided to the committee were inadequate and would result in legislation that would be embarrassing to the committee, and to the Congress. They made reasonable decisions about allocating the inadequate sum of money they were given to work with. There was simply no way to produce an adequate bill with the inadequate funds available to them.

The core of the problem lies with the budgetary policies of the Republican Majority that controls the Congress—policies that favor repeated rounds of tax cuts, targeted at the highest income levels, ahead of all other national priorities.

While the funds necessary to provide an adequate level of services through the programs contained in this bill are substantial, they represent only a tiny fraction of the $136 billion in FY 2004 tax cuts just voted into law by this Congress.

During the Appropriations Committee's consideration of this bill, an amendment was offered adding $5.5 billion for the most pressing underfunded priorities in education, health and human serv-

ices. The $5.5 billion was fully offset by simply scaling back a small portion of the most recent tax cuts. If the amendment had been adopted the 200,000 taxpayers with incomes of $1 million per year would have received tax cuts of about $60,000 a year rather than the $88,000 tax breaks provided by the legislation President Bush signed on May 28th. (Attachment B provides further details on the substitute.) The substitute was defeated on a roll call vote that is published in this report.

The cost of meeting the underfunded priorities in all of the appropriation bills pales not only in comparison to the revenue that is lost to the Treasury but also to the spending which the American people must assume in order to finance these tax cuts. Of the $167 billion in government interest payments that CBO projects for next year, $23.6 billion is required to pay the interest associated with tax cuts enacted since 2001.

EDUCATION

If there were one issue that provided credibility to the slogan "compassionate conservatism" it was without question education. The passage of the "Leave No Child Behind" legislation resonated with the broadly held view that good schools were critical to expanding the economy, improving living standards and healing the rifts that divide societies between economic, social and racial groups. However, there is little that one can find in this bill that could be labeled "compassionate."

There are a number of ways to gauge just how inadequate this bill is.

One way is to look at the Majority's own promises made in its 2004 budget resolution.

The Majority made a promise in its FY 2004 budget resolution to provide a "$3-billion increase from the previous year for the Department of Education." Yet the Majority's bill provides only a $2.3 billion increase over FY 2003—far less than the promise they made.

The most glaring example of the Majority's broken promises to the nation's school children concerns funding for the Title 1 Program. There is little disagreement within the education community that our schools with large enrollments of low-income children schools have the greatest challenges in meeting the No Child Left Behind Act's accountability and academic mandates. These schools enroll students with the greatest academic deficits, but they have the least experienced teachers, less competitive teacher salaries, higher teacher turnover, less rigorous curriculum, and less than their fair share of resources—all factors with a negative correlation with student achievement.

For the Title 1 program, the Majority's FY 2004 budget resolution promised a $1 billion increase over last year. That was the way the Majority was able to get the votes from the Republican moderates. However, instead of sticking to their promise, the Majority stuck to the President's budget, which provides only a $666 million increase. The result of the Committee's action is that this bill falls $334 million short of the Majority's own promise.

For special education, again to appease the moderate Republicans, the Majority promised in the FY 2004 budget resolution to

provide $2.2 billion over the current level. This promise was repeated in H.R. 1350—the bill reauthorizing the Individuals with Disabilities Act, adopted on April 30th on the House floor. Indeed, the Republican floor managers of H.R. 1350 made a point of highlighting the promised money for IDEA. Subcommittee Chairman Castle commented,

> H.R. 1350 authorizes dramatic increase in funding for special education, creates a clear path to attain full funding of the Federal Government's 40 percent goal within 7 years * * * In this year's budget resolution, that funding number will take us up to 21 percent. The President of the United States has indicated his complete willingness to fund this in rapid increases to get us to that 40 percent in a 7-year glidepath. This Congress, in the form of the Committee on Appropriations, has indicated doing it the same way. This is all under the discretionary spending * * *

Chairman Boehner commented:

> And the budget resolution that we passed just several weeks ago brings an increase this year of over $2 billion and authorizes an additional $2.5 billion next year.

Instead, because the Majority's top priority is tax cuts, this bill falls $1.2 billion short of that promise. It took just seven weeks for the Republican Majority to conclude that its gargantuan tax cuts were more important than sticking to its promise on special education. The funding shortfall in the Majority's bill will force schools to continue to absorb the extraordinary costs of providing special education for nearly 6.7 million school children and, consequently, to reduce other education programs or raise local taxes to offset the shortfall.

There is a second way to look at what happens in education—the No Child Left Behind Act. The President's philosophy was that we would provide additional funding when education programs were reformed. Congress reformed the programs. It added a slew of new Federal mandates for states and school districts. The NCLB act set up a schedule for new Federal resources that would put more Federal money in the hands of local educators to pay for the mandates of the new law, especially the rigorous requirement that every student become academically proficient. But, because the Majority put tax cut wishes ahead of education promises, the Committee bill falls a stunning $8 billion short of the FY 2004 funding targets in the No Child Left Behind Act.

On higher education, because of the economic mismanagement over the past two years, all but about eight States are in a budget crisis. A worsening State fiscal crisis has forced States to make huge cuts in the budgets of public colleges and universities. That crisis is crushing working families who want to send their kids to college. College tuition costs increased by about ten percent last year at four-year public institutions, and additional tuition increases have been announced for this fall. For example:

- In-State undergraduates in Georgia will pay 15 percent more at the State's research universities, 10 percent more at other

four-year colleges and universities, and 5 percent more at two-year colleges this fall;

• Several Kentucky colleges have announced tuition increases for 2003–04; community colleges will raise tuition by 23 percent, and increases for Kentucky universities range from 9 percent to 16 percent for in-State undergraduates;

• The University of Missouri System voted in May to raise tuition by nearly 20 percent to accommodate a State budget cut; and

The State University of New York voted on June 29th to raise tuition this fall by 28 percent for in-State undergraduates, the first time the system has increased the rate since 1995, in order to absorb State budget cuts.

Meanwhile, Pell Grant applications continue to swell at four to five times the historical rate as record numbers of high school graduates seek a college education, and as unemployed individuals and other non-traditional students pursue advanced training.

At the same time that more Americans struggle to finance a college education, the returns from a higher education have never been greater. A college graduate can expect to earn 80 percent more than a high school graduate, or $1 million over the course of a lifetime, paving the way toward a higher quality of life.

The Majority, however, has decided to given token help to States and no help at all to families with college students. The Majority's bill freezes the maximum Pell Grant award at the current level of $4,050. When the program was started in 1975, Pell Grants paid about 84 percent of college costs at a four-year public university. How much progress have we made? Under the Majority's bill, the share of four-year public college expenses paid by Pell Grants will drop to 38 percent or lower.

HEALTH CARE

Health care is another area in which the Majority's bill falls short of meeting urgent national needs.

To properly judge the bill's impact, we need to consider the context in which it comes. This context includes the economic recession and high unemployment, which is causing people to lose their job-based health coverage. The context also includes a second effect of the recession: the severe fiscal crisis now facing State governments. That fiscal crisis is leading many States to cut back on eligibility and benefits under health care programs like Medicaid and the State Child Health Insurance Program (SCHIP), as well as on public health protection. Programs funded by the Labor, Health and Human Services, and Education appropriations bill help provide a crucial health care safety net for people without other access to care, and also help States and localities provide basic public health services.

HEALTH SERVICES AND PUBLIC HEALTH

Yet despite the obviously growing need, the Majority's bill provides few additional resources for health programs. It has essentially no increase for the Maternal and Child Health Block Grant and no increase at all for the National Health Service Corps (which provides student loan repayment aid and scholarships for doctors

and dentists who work in areas with a shortage of health providers)—even though the Administration requested additional funds for both programs. In fact, the only health care safety net program that receives any real funding growth under the Majority's bill is grants for Community Health Centers, which gets the 8 percent increase proposed by the President. That would be the smallest percentage increase in this program since 1998 and not enough to both fund the President's expansion initiative and give on-going health centers an increase to help offset their rising costs.

The Committee bill also provides no increase at all for childhood immunization grants. That program has had trouble keeping up with the rising cost of vaccinating children, and the bill will lead to further shortfalls. Further, while the Administration asked for $100 million to help us get better prepared to deal with an influenza pandemic, the bill provides only half of that request. For the Ryan White AIDS Care programs, the bill actually cuts funding for most components (other than AIDS drug assistance) below the current year level.

MEDICAL RESEARCH

Life expectancy in this country has risen steadily for several generations. A significant portion of that increase is attributable to the effectiveness with which medical science can now cope with a long list of dreaded diseases.

During the past 35 years the chances that an individual American will die of cardiovascular disease or stroke has dropped by more than 60 percent. In only the past eight years, the death rate for AIDS victims has dropped by 70 percent. Some dreaded diseases such as Haemophilius influenzae, a childhood disease that was a major cause of acquired mental retardation, have been virtually eradicated.

Even with the most difficult of medical challenges, there has been significant progress. In 1975, one's chances of surviving for five years after being diagnosed with cancer were less than even. By 1993, they were better than 60 percent and, although we don't at this point know what the survival rates will be for those diagnosed with cancer this year, we are confident that they have improved markedly since 1993.

Because of the remarkable success of the human genome project, the prospects of rapid and dramatic progress against these diseases has never looked brighter. That is what makes the funding levels contained in this bill for the National Institutes of Health so remarkable. The bill provides an increase of only 2.5 percent above the amount appropriated last year. That is the smallest increase in 18 years. It is about three quarters the amount needed simply to cover the Department of Health and Human Services own estimates of inflation in biomedical research, and it will result in a reduction in the number of new grants for research on cancer, ALS, Alzheimer's, heart disease, multiple sclerosis, muscular dystrophy, Parkinson Disease and most other diseases if the support provided to researchers takes inflation into account.

Each year, 1.3 million people find out that they have cancer; more than one million people find out that they have diabetes; and 60,000 people find out that they have Parkinson's disease. The Ma-

jority's bill slams on the brakes for efforts to find cures for these and other diseases.

NURSE EDUCATION AND TRAINING

Another health problem we hear a lot about is the growing shortage of nurses. Last year, with much fanfare, Congress passed major new authorizing legislation, the Nurse Reinvestment Act, to help deal with that shortage. yet the Majority's bill provides no increase at all in funding for those programs. It actually contains $7 million less than the President requested for one of the programs, which provides scholarships to nursing students who agree to work after graduation in areas with a serious shortage of nurses.

OTHER HEALTH PROFESSIONS TRAINING

The Majority's bill also makes cuts averaging 12 percent (below FY 2003) in programs that help students from minority and disadvantaged backgrounds prepare for and do well in medical school and other health professions schools—despite these programs' demonstrated record in training health care providers who will practice in medically underserved areas. Similarly, it cuts programs to assist training of primary care doctors and dentists 14 percent below the FY 2003 level.

FAILURE TO HELP THE VICTIMS OF A WEAK ECONOMY

Since the beginning of 2001, the United States has lost 2.4 million jobs. The number of Americans actively seeking work and unable to find it has climbed to more than 9 million. There has been a dramatic increase in the number of unemployed who head households and whose earnings are necessary to support families. Another 30,000 jobs were lost in the most recent month and the percentage of the workforce without jobs is now 6.4 percent, the highest in nine years. Last year, the poverty rate and the number of poor people living in this country increased. This bill does nothing to reduce the misery that the poor performance of this economy has inflicted on millions of workers and their children.

There is not a single safety net program contained in this bill that is funded at a level above that provided last year, meaning that the growing numbers of Americans who are jobless and impoverished will be served by programs that have less resources after allowing for inflation than they had last year. Many programs are actually cut below last years level in nominal terms. For instance, the bill cuts the Community Services Block Grant (CSBG) by $151 million, or 23 percent. CSBG funds a nationwide network of anti-poverty Community Action Agencies which provides a range of services to a quarter of all people living in the United States. These include community and economic development, energy assistance, winterization, housing, homeless assistance, nutrition, soup kitchens, child care, senior service, transportation, and other programs that help families escape and remain out of poverty. If this cut remains in this bill, it will have an immediate impact on almost every single Congressional district, reducing services for the growing numbers of low-income, working poor and the long-term unemployed.

The bill would provide $2.1 billion for the Child Care and Development Block Grant program the same level of funding as was available in FY 2002 and FY 2003.

LIHEAP

One of the single most glaring deficiencies in this bill is the funding level it provides for the Low Income Home Energy Assistance Program or LIHEAP. During the current fiscal year $2 billion will be spent to make sure that elderly, disabled and impoverished Americans are not placed in life threatening situations as a result of having their utilities shut off in the midst of severe weather conditions. The President requested that the same amount be made available for the current year. The Committee has chosen to cut the request by 10 percent. This is in the face of protections that natural gas prices will be at least 50 percent of LIHEAP recipients rely on natural gas.

ASSISTANCE TO THE ELDERLY

During the first half of this decade the number of elderly (over 60) Americans will increase by 13 million or nearly 30 percent. The federal government has made a very substantial commitment over the course of the past 50 years to permit the nation's senior citizens to live independent and dignified lives. An essential part of that effort has been the Meals on Wheels, Congregate Meals, Family Caregivers and other programs in the Administration on Aging. As the elderly population grows, the resources needed to support these efforts must also grow or the percentage of the elderly permitted to participate must be cut back.

The funding provided in this bill will force a cutback in services even without making allowance for the growth in the elderly population. The $1.377 billion contained in the bill is essentially no increase above the current year's level. That means that inflation will force a cut in services of about 2.5 to 3 percent. Meals on Wheels, which was funded at $181 million last year is funded at the same amount this year. Instead of providing homebound elderly nationwide with 183,000,000 meals as we are during the current year, the bill will force a cut in the number of meals that can be delivered of about 4.6 million. There will be a cut in the number of congregate meals of about 2.9 million.

This is not only unconscionable in terms of the treatment of our elderly, it is also stupid budget policy. The purpose of these programs is to help seniors remain independent and in their own homes as long as possible. Reducing this relatively inexpensive support will certainly increase the number of seniors forced to leave their homes and move into nursing facilities. The federal government will end up paying a substantial portion of that far more expensive option.

LEVELING THE PLAYING FIELD WITH LOW WAGE COUNTRIES

One reason for the anemic job picture in the United States has been the movement of both manufacturing and service jobs overseas. The major effort that this government has made to attempt to make free trade also be fair trade has been to develop inter-

national labor standards that pressure foreign producers to meet minimum requirements in the treatment of their workers. The unregulated use of child labor, the absence of minimum standards for health and safety, and the inability of workers in many developing countries to organize create conditions that permit the kind of exploitation that this country began addressing at beginning of the last century. In addition, these conditions provide even greater incentives to international corporations to move jobs overseas.

This bill follows President Bush's proposal to terminate the International Labor Affairs Bureau within the U.S. Department of Labor and cease all participation in the development of international standards on child labor, workplace safety or other issues involving minimum worker standards in developing countries.

ENDORSING THE SOCIAL SECURITY DISABILITY BACKLOG

The Majority's bill also provides $170 million less than the President requested for the administrative expenses of the Social Security Administration.

The Social Security Administration is facing growing backlogs of work, especially involving disability benefits. The backlog of pending disability claims has grown every year since FY 1997—from 399,000 cases awaiting decision that year to 593,000 cases in FY 2002. The average time to make an initial decision is now about 3½ months. Those who appeal an initial denial of benefits now face a waiting period for a hearing and decision that averages just short of a full year. These delays affect people who, because of sickness or injury, are often in urgent need of the benefits to which they may be entitled.

The Social Security Administration is trying to reduce these backlogs and make the process work better. They asked for appropriations to hire 1,000 more staff and to increase funds for the state agencies that make initial disability determinations. The Committee bill cuts that requested by $170 million.

DEMOCRATIC AMENDMENTS

The Democratic members of the Appropriations Committee supported three separate amendments in an attempt to improve this legislation.

• The first Democratic amendment—a complete substitute to the Committee bill—would have added $5.55 billion to the Majority's bill, in order to meet our highest priorities in education, health, human services, and employment and training. These additions would have been offset by a 32 percent reduction in the tax cut that will be received by people with incomes above $1 million as a result of the recently enacted tax bill. It would have had no effect whatsoever on tax cuts for anyone with income below $1 million. The Majority voted against this amendment and it failed by a vote of 28 to 35.

• The second Democratic amendment would have addressed a growing child health crisis by providing some additional federal assistance to state Medicaid programs—a further one percentage point increase in the federal matching rate during FY 2004. In order to receive this additional aid, the Democratic amendment would have required states to refrain from any further cutbacks in

eligibility for children—under both the Medicaid and SCHIP progarms—and to restore eligibility for children to the rules that prevailed on July 1, 2001. Thus, the higher matching rate would have been available to states that have not reduced eligibility for children during the past two years, and to states that did reduce eligibility but that restored the cuts. The Majority voted against this amendment and it failed by a vote of 29 to 35.

• The third Democratic amendment would have prevented the Bush Administration from shifting more college expenses on to students and their parents. After taking millionaires off the tax rolls, the Bush Administration quietly issued a new regulation on May 30, 2003 to collect more from college students and their families by cutting their deduction for state and local taxes in the student financial aid eligibility formula. As a result, many of these families can expect to pay more toward college expenses next year and receive less in federal financial aid. The Majority voted against the Democratic amendment and it was defeated by a vote of 28 to 32.

DAVE OBEY.

[Attachments follow:]

Attachment A

Additional Information Regarding Concerns With the FY 2004 Labor, Health and Human Services, and Education Appropriations Bill

(As Ordered Reported by the Appropriations Committee)

The Committee bill provides for a $3.3 billion, or 2 percent, overall program-level increase above FY 2003 for the Labor-HHS-Education Appropriations bill. Within the bill, the Department of Education receives a 4 percent increase above FY 2003 and the Department of Health and Human Services gets a 2 percent increase, while the Department of Labor receives a 1 percent net cut.

DEPARTMENT OF EDUCATION

Breaking the Promises in the FY 2004 Budget Resolution

The Committee bill includes $55.4 billion for Department of Education discretionary programs, providing a $2.3 billion or 4.3 percent increase over FY 2003. This level breaks the Majority's promise made in the FY 2004 Budget Resolution to provide a "**$3-billion increase from the previous year for the Department of Education.**"

If the Committee bill is enacted, the annual growth in federal education investment will continue its steep decline since the Bush Administration assumed office. Annual increases in the federal investment in discretionary education programs have actually spiraled downward since the *Act* was signed into law - from 18.2 percent in FY 2002 to 6.4 percent in FY 2003 to meager 4.3 percent in FY 2004 under the Committee bill – the smallest dollar increase in four years and the smallest percentage increase in eight years.

Breaks Promise to Provide a $1 billion Increase For Title 1. Title 1 is the primary federal program that channels additional resources to schools - particularly those in high poverty communities - enabling them to provide the extra educational services to disadvantaged children. More than 9 million low-income children qualify for this assistance. With the Title 1 funding, some low-income and low-performing children are able to receive intensive instruction, particularly with reading and mathematics – the two subjects that the *No Child Left Behind Act* mandates be tested annually in grades 3 through 8 beginning in 2005. However, many eligible children are not served. In adopting the *NCLB Act* mandates, Congress agreed on a bipartisan basis to phase in increased Title 1 payments over several years to help students in the poorest classrooms and communities meet the law's new rigorous standards. The funding schedule in the *NCLB Act* called for Title 1 funding to increase to $18.5 billion in FY 2004.

The Majority's FY 2004 Budget Resolution promised a **"$1-billion increase for Title 1 of the No Child Left Behind Act."** Yet, the Committee bill provides only a $666 million or 5.7 percent increase, the amount requested by the President. The result is that the Committee bill falls $334 million short of the Majority's promise to provide $1.0 billion more for the poor and minority children who are aren't getting the education they need and deserve. The $12.4 billion included in the Committee bill for Title 1 is $6.15 billion below the amount authorized in the *NCLB Act.*

*The **Democratic substitute** would have eliminated the funding gap and fulfilled the Majority's broken promise by providing $12.7 billion for Title 1, a $1 billion or 9 percent increase over FY 2003. The additional funds would have enabled Title 1 schools to hire an additional 6,600 teachers to provide quality instruction to about 140,000 disadvantaged children at risk of being left behind.*

Breaks Promise to Provide a $2.2 Billion IDEA Increase. In 2004, nearly 6.7 million children with disabilities ages 3 through 21 will depend, in part, on the federal government to receive high quality educational services and the support services they need to succeed in school. The IDEA Part B State Grant is the primary vehicle through which the federal government provides the federal contribution toward educating children with disabilities. In FY 2003, the federal contribution toward these costs was 18.2 percent, less than half of the 40 percent authorized. This federal funding shortfall has forced schools to absorb the additional costs of providing special education. Consequently, they have had to reduce other education programs or raise local taxes to offset the lack of federal special education funding.

In their FY 2004 Budget Resolution, adopted on April 10, 2003, the Majority promised, "**For the Part B Grants to States program of the Individuals with Disabilities Act, a $2.2 billion increase is provided for 2004...**". With these additional funds, IDEA Part B funding would increase in total by 25 percent, from $8.9 billion in FY 2003 to $11.1 billion in FY 2004. On April 30, 2003, the House voted 251:171 to adopt H.R. 1350, the Majority's bill to reauthorize IDEA - a bill that specifically authorizes the additional $2.2 billion.

Despite Republican promises, the Committee bill provides only $9.9 billion for the IDEA Part B State Grant, a $1.0 billion or 11 percent increase over FY 2003 but $1.2 billion or 55 percent below the amount needed to fulfill the Majority's promise. President Bush requested a $654 million or 7.4 percent increase. While a $1 billion increase may appear to be substantial, at the rate of a $1 billion per year increase as provided in the Committee bill "full funding" of IDEA will likely *never* be reached. Under the Committee bill, the federal contribution would rise from 18.2 percent to 19.6 percent, compared to 22 percent promised under H.R. 1350 and the 40 percent authorized in the 1975 law.

*The **Democratic substitute** would have eliminated the funding gap by providing the additional $1.2 billion for special education grants. These funds would have met the promises made by the Majority, raising the federal contribution to 22 percent, and putting IDEA on a path to full funding" by 2010.*

According to President Bush's own Commission on Excellence in Special Education, children with disabilities "remain those most at risk of being left behind." The Commission noted that young people with disabilities drop out of high school at twice the rate of their non-disabled peers; enrollment rates of youth with disabilities in higher education are 50 percent lower than for other students; and unemployment rates for working-age adults with disabilities have hovered at about the 70 percent level for at least the past 12 years.

No Real Growth For the No Child Left Behind Act

The Committee bill provides $24.3 billion for *NCLB Act* programs; a shortfall of $8 billion below the amounts authorized for *NCLB Act* programs in FY 2004.

Rather than a growing surge in federal resources for our nation's schools since the enactment of *the No Child Left Behind Act,* there has been a slowing trickle of new federal resources to implement the *Act.* For the first year of implementation, Congress provided a $3.5 billion or 18.8 percent increase over the previous year for *NCLB Act* programs. For the second year of implementation, the increase for *NCLB Act* programs declined to $1.6 billion or 7.4 percent. For the third year of implementation in FY 2004, the Committee bill continues the pattern of declining growth in the federal investment, providing an increase of only $382 million or 1.6 percent over FY 2003 for *NCLB Act* programs - a freeze in real terms.

Failing to Fund A "Highly Qualified" Teacher in Every Classroom. A central premise of the *No Child Left Behind Act* is that every teacher should be well trained in the subjects they teach because teachers cannot teach what they don't know. The Act mandates that every teacher of academic subject be "highly qualified" by 2005, and stipulates that funding for the Teacher Quality State Grant should reach $3.175 billion by *FY 2002* in order to ensure that every student has a "highly qualified" teacher in the classroom.

The Committee bill freezes funding for the Teacher Quality State Grant at $2.9 billion in FY 2004, falling $244 million short of the $3.175 billion promised in the *No Child Left Behind* funding schedule two years ago. (The shortfall in the bill is even greater - $350 million - if inflation since FY 2002 is factored in.) The funding freeze in the Committee bill could result in the loss of high quality training opportunities for over 15,000 teachers.

*The **Democratic substitute** would have closed the funding gap by providing $3.175 billion for the teacher training state grant program. The additional funds would have provided high quality training opportunities for an additional 54,000 teachers compared to the Committee bill.*

The Committee bill also cuts funding for the Troops-to-Teachers Program by $8.8 million or 31 percent below the current $28.8 million level. The Troops-to-Teachers Program matches retired military personnel who want to teach with high-poverty schools experiencing teacher shortages. Although a national commission recently called for a writing revolution to improve the writing skills of America's students, the Committee bill freezes funding for the National Writing Project at $16.9 million, a program that help teachers improve writing instruction. The bill also slashes the American History Instruction program by $49 million or 50 percent, even while the Administration acknowledges that more needs to be done to improve the teaching of history and civics.

Shortchanging After-School Learning Opportunities. The 21st Century Community Learning Centers Program was reauthorized and reformed in the *NCLB Act* to expand learning opportunities for disadvantaged children in the hours before and after school. In addition, the program helps communities provide safe places between 3pm and 6pm where children can enjoy enrichment activities while being supervised by caring adults.

According to the Bush Administration, 21st Century Community Learning Centers help children who are at risk of academic failure. The Department of Education's *No Child Left Behind* website indicates that after-school activity helps achievement. Children and youth who regularly attend high-quality, after-school programs have:

- better grades and conduct in school;
- more academic and personal growth activities;
- better peer relations and emotional adjustment; and
- lower incidences of drug use, violence and pregnancy.

Because of these benefits, the funding schedule in the *NCLB Act* called for $1.75 billion to be appropriated for after-school centers in FY 2004. Nevertheless, the Committee bill provides only $1.0 billion for after-school centers – essentially a freeze level. While restoring President Bush's draconian $400 million proposed cut, the Committee bill would provide no real budget growth to expand a cost-effective federal investment that keeps children safe and out of trouble, and provides opportunities for children to learn while parents work. The Committee bill falls $750 million short of the *NCLB Act* targeted amount, denying expanded learning opportunities for an additional 1 million at risk children.

*The **Democratic substitute** would have closed the funding gap by providing $1.1 billion for after-school centers, moving us closer to the NCLB funding benchmark. The additional $100 million in the Democratic substitute would have provided high quality, after-school learning opportunities for an additional 135,000 at risk children compared to the Committee bill.*

Ignoring the Needs of Students from Non-English Backgrounds. The number of children who need help learning English has more than doubled over the past decade, and continued rapid growth is expected. Today, 4.5 million children with limited English skills speak more than 460 languages. These children live in every state and are enrolled in half of our nation's school districts. Research tells us that students who can't read or write in English have a greater likelihood of dropping out of school and diminished lifetime opportunities.

The *NCLB Act* requires that limited English proficient children be assessed each year, and that they must learn to speak, read, write and comprehend English. To help school districts with these costs, the *NCLB Act* established a funding benchmark of $750 million in *FY 2002* for the Language Acquisition State Grant Program, the primary federal program that helps states, school districts, and schools to build their capacity to effectively teach limited English proficient children.

The Committee bill freezes funding for the Language Acquisition State Grants its current level of $686 million, falling $64 million short of the $750 million *NCLB Act* funding target set two years ago. (The shortfall in the bill is even greater - $89 million - if inflation since FY 2002 is factored in.)

*The **Democratic substitute** would have closed the funding gap and provided $750 million for the Language Acquisition State Grant Program.*

Leaving Military Dependents Behind. The Impact Aid Program is the primary means by which the federal government helps to ensure that the children of military personnel receive a quality education. Through this program, nearly 1,300 local school districts receive grants to replace the operating revenue they lose due to the presence of military and other federal facilities in their communities. These funds provide flexible operating resources to help finance the teachers, books, computers and educational services that schools provide for military and other "federally connected" children.

While the Committee bill provides $1.2 billion for Impact Aid and rejects the $173 million cut proposed by President Bush, the Committee's recommendation provides only a $50 million or 4 percent increase over FY 2003 – not enough to address the severe financial challenges facing many impacted

school districts, particularly those schools educating the children of our troops overseas.

*The **Democratic substitute** would have added $165 million to the Committee bill, raising the Impact Aid total funding to $1.4 billion or 18 percent more than FY 2003.*

Shortchanging Other No Child Left Behind Programs. The Committee bill also shortchanges a number of other priority programs aimed at helping students achieve high academic standards in schools that have effective teachers, are safe and equipped with up-to-date technology, and use proven educational practices. Most of these programs are frozen at the FY 2003 level in the Committee bill, but some are cut below the current level or, even worse, eliminated. These programs include grants for innovation and model initiatives, education technology, safe and drug free schools, assessments, and drop out prevention.

- ***Stifling Local Innovation.*** Innovative State Grants provide schools with federal resources for locally determined priorities. However, the Committee bill provides only $335 million for this flexible program, slashing funding by $47 million or 12 percent below current level of $385 million. The Committee funding recommendation falls $165 million below the *NCLB Act* FY 2004 authorization. Schools typically use these funds to purchase books and other instructional materials, and to support local education initiatives.

- ***Cutting Model Programs Authorized Under the Fund for the Improvement of Education.*** In total, the Committee bill provides only $91 million in FY 2004 for 8 innovative programs authorized under the Fund for the Improvement of Education and currently funded at $152 million. This is a 40 percent reduction. However, the Committee bill does not identify precisely which programs would be cut or eliminated. The programs in jeopardy include Reading is Fundamental, Star Schools, Ready to Teach, Historic Whaling and Trading Partners, Arts Education, Foundations for Learning, Parental Assistance Centers, and Women's Educational Equity.

- ***Cutting Education Technology.*** Education Technology State Grants are the primary vehicle through which the *No Child Left Behind Act* helps students acquire the technology literacy needed to be successful in the 21st century. The *NCLB Act* authorized $1.0 billion for education technology state grants in *FY 2002* to help ensure that each student is technology literate by the 8th grade. However, the Committee bill falls $304 million short of this benchmark, freezing funding for education technology state grants at $696 million. (The shortfall is even greater - $337 million – if inflation is factored in.)

Moreover, the Committee bill eliminates the Preparing Teachers for Technology Program, which prepares teachers to integrate technology more effectively into the learning process. At the same time, the House Education and the Workforce Committee recognized the value of the program by reauthorizing it for an additional four years in H.R. 2211, the Ready to Teach Act. Only 42 percent of new teachers nationwide believe they are well prepared to use computers for instruction in the classroom.

- ***Shortchanging Safe Schools Initiatives.*** All children need a safe school in which to learn and achieve. Safe and Drug Free Schools State Grants provide assistance to all 15,000 school districts to implement proven substance abuse and violence prevention programs. For example, school districts have successfully use these funds for peer mediators, character education, cooperative learning, and other initiatives to help students resolve conflicts in non-violent ways. The *NCLB Act* authorized $650 million in *FY 2002* for safe schools grants to help ensure that schools have the resources they need to provide a safe and orderly school environment.

  The Committee bill falls far short of the *NCLB Act* benchmark, freezing safe schools funding at its FY 2003 level of $469 million – $181 million below the FY 2002 funding target. (The shortfall in the bill is even greater - $203 million - if inflation since FY 2002 is factored in.) In addition, the Committee bill eliminates funding previously targeted for alcohol abuse reduction among middle school students, and for community service for students who have been expelled from school.

- ***Freezing State Assessment Grants.*** *The NCLB Act* imposed significant new testing mandates on states and schools districts. In all, 17 reading, math and science tests are mandated under the *NCLB Act*, all of which must be must be disaggregated by race/ethnicity, socio-economic status, English proficiency status, and disability status.

  To help states address these new mandates, the *NCLB Act* authorized $490 million in *FY 2002* for development and administration expenses. Although testing costs have risen since two years ago, the Committee bill fails to meet even the *NCLB Act 2002* benchmark. The Committee bill provides $100 million less than the *2002 NCLB* authorization and $182 less than the amount the General Accounting Office recently estimated states will spend in FY 2004 on *NCLB Act* testing and assessments. Only 5 states (Delaware, Florida, Georgia, Iowa, and Utah) have finalized all tests required under the *NCLB Act.*

- ***Eliminating Drop Out Prevention Grants.*** Each year almost 1 of every 20 high school students – about 500,000 students – drops out of school.

The drop out problem is especially severe among Hispanic youth, who are twice as likely to drop out as African-American youth and three times as likely to drop out as White youth. Although the *NCLB Act* authorized the Drop Out Prevention Program to target this tough problem, the Committee bill completely eliminates this $11 million program.

Neglecting Career and Technical Training

A Status Quo Budget for Vocational and Adult Education. Millions of students and adults take vocational and adult literacy courses to prepare themselves for the world of work. Nearly two-thirds of America's young people do not obtain a 4-year college degree and at least 25 percent go to work directly out of high school. For both young and older adults, career and technical education can be a lifeline to the middle class, while simultaneously addressing the country's need for a highly skilled workforce.

The Committee bill rejects substantial cuts proposed by the President for vocational and adult education programs, but also fails to provide any substantial funding increases. A total of $1.3 billion is proposed for vocational and technical education programs, about the same as the current level. The Adult Education State Grant is funded at $584 million under the Committee bill, a $13 million or 2.3 percent increase over the current level – essentially a freeze in real terms.

Diminishing College Access and Affordability

For the first time in 6 years, the Committee bill puts Congress on a path toward a total funding freeze for the discretionary student financial assistance programs funded in the bill. This deep freeze on federal student aid comes at a time when the need has never been greater as students and their parents reel from rising college costs, state budget cuts, and a sluggish economy.

Freezing Pell Grant Assistance. The centerpiece of the federal commitment that even the most financially disadvantaged students should have an opportunity to go to college is the Pell Grant Program. Today, nearly 5 million students depend on Pell Grants, of whom 84 percent have family incomes of $30,000 or less. In 1975, when the Pell Grant program was established, it financed about 84 percent of the cost of attending a 4-year public college. Today, that share is down to about 40 percent. Under the Committee bill, it will drop even further to 38 percent at most.

The Committee bill freezes the maximum Pell Grant at $4,050 and cuts the requested funding to retire the Pell Grant 2003 school year shortfall by approximately $650 million. As a result, no increase in federal grant assistance

would be available for low-income college students who paid tuition increases averaging 10 percent last year at 4-year public universities, and as high as 24 percent on some campuses. With continuing state budget shortfalls, college students will pay even higher tuition bills this fall and next year.

The shortage of grant assistance threatens the college aspirations of millions of young people, forcing more and more students to cover college costs through work and borrowing. The Advisory Committee on Student Financial Assistance reported that families of low-income, college-qualified high school graduates face annual unmet need of $3,800 – college expenses not covered by Pell Grants, work-study or student loans.

*The **Democratic substitute** offered in Committee would have raised the maximum Pell Grant to $4,200, providing a modest $150 or 4 percent increase over the Committee bill.*

Freezing Other Need-based Assistance. The three campus-based student financial aid programs – College Work Study, Supplemental Educational Opportunity Grants, and Perkins Loans – and the Leveraging Educational Assistance Program (LEAP) provide a lifeline for millions of low- and middle-students who need additional grants, low-interest loans and work opportunities to pay their college expenses. Colleges and universities must provide at least 25 percent of all campus-based funds awarded, leveraging the federal funding provided. Despite the fact that student eligibility for these programs far exceeds available aid, the Committee bill freezes funding for College Work Study at $1.0 billion, Supplemental Educational Opportunity Grants at $760 million, Perkins Loans at $166 million, and LEAP at $67 million.

Shifting College Costs to Students and their Families. After taking millionaires off the tax rolls, the Bush Administration plans to collect more from students and their parents. On May 30, 2003, the Administration quietly issued a new regulation to put an additional financial squeeze on millions of college students and their families by cutting their deduction for state and local taxes in the student financial aid eligibility formula. As a result, many of these families can expect to pay more toward college expenses next year and receive less in federal financial aid. The Committee bill allows this regulation to be implemented.

Democrats offered an amendment in Committee that would have prevented the Bush Administration from cutting the state tax deduction in the student aid eligibility formula and increasing the expected family contribution.

Only Modest Increases for TRIO, GEAR UP, HSIs, and HBCUs. Low income and minority students are significantly less likely to enroll in and complete postsecondary education than other students. In addition to financial

assistance, many of these students need academic tutoring, counseling, mentoring and other support services to prepare for, enter and graduate from college. TRIO, GEAR UP, Hispanic Serving Institutions (HSIs) and Historically Black Colleges (HBCUs) focus attention and federal resources on millions of low-income and minority students who otherwise might not enter and succeed in college.

The Committee bill provides only a $7.9 million or 1 percent increase for TRIO, and a $6.9 million or 2.4 percent increase for GEAR UP over current funding levels. For Hispanic Serving Institutions and Historically Black Colleges, the Committee bill adopts the President's requests providing only a $1.1 million or 1.3 percent increase for HSIs, and a $10.1 million or 4.7 percent increase for HBCUs.

Department of HHS – Health Programs

National Institutes of Health

For the National Institutes of Health (NIH), the Committee bill is virtually identical to the Bush Administration's budget proposal.

The bill provides an overall increase for NIH of just 2.5 percent – the smallest percentage increase in more than 15 years and a sharp deceleration from the 15 percent annual increases that NIH has received during the past five years under the bipartisan program to double the biomedical research budget. The bill's 2.5 percent increase would fall short of what is needed merely to keep up with inflation in research costs, which NIH estimates at 3.3 percent.

The proposed 2.5 percent increase is particularly problematic because of the need to fund renewal of the substantial base of multi-year research grants that has been built up during the doubling effort. According to NIH, merely renewing ongoing ("noncompeting") research project grants at the levels previously committed will require funding increases totaling $652 million in FY 2004. That would consume the vast majority of the $673 million overall increase that the Committee bill provides for NIH, leaving very little room for anything else. (If anything, the NIH renewal cost estimate is a bit too low, because it was made before enactment of FY 2003 appropriations, which altered the President's budget in ways that will tend to increase the base of grant commitments.)

As a result, the number of grants for new research projects and for competitive renewals of projects reaching the end of their commitment terms would increase by *just two tenths of one percent* – or a total of 21 additional "new and competing" grants above the FY 2003 level, according to NIH. (These figures exclude the rapidly growing bio-defense research program at NIH.)

NIH is able to project even this slight increase in new and competing research grants only by assuming that the costs of these grants will be artificially held down. In recent years, the average cost of new grants has tended to rise by 4 or 5 percent (or more) compared to the previous year's cohort. This reflects inflation as well as a tendency for biomedical research projects to become larger and more complex as science advances. The FY 2004 budget, however, projects an increase of just one half of one percent in the average size of competing research project grants.

If the average cost of new research grants is instead allowed to rise by 3.3 percent – the NIH estimate of inflation in biomedical research costs – the result under the Committee bill would be that the number of new and competing grants would decrease by at least 200 – and more likely by almost 400 – in FY 2004.

With the number of new and competing research grants (outside of bio-defense) declining – or even growing at the slight rate claimed in the President's budget – there will be little room for funding new ideas and new avenues of inquiry. It will also be more difficult for younger physicians and scientists interested in research careers to secure initial funding.

Issues with the Committee's recommendation for NIH go well beyond funding for research project grants. For example, NIH estimates indicate that the bill's funding level would allow an increase of just 3.3 percent for clinical research – barely enough to keep up with inflation and not enough to allow any real expansion of clinical research programs. In addition, the bill would entirely eliminate grants for construction of research facilities. It also fails to provide funds to complete the John E. Porter Neuroscience Research Center now under construction on the NIH campus (for which the Administration requested – but did not receive – appropriations in FY 2003).

The effect of the funding levels in the President's budget and the Committee bill can be seen in NIH estimates of the amounts that would be spent on particular diseases and research topics. For example, NIH estimates that spending on cancer research would rise by just 3.7 percent in FY 2004 (compared to 10.5 percent in FY 2003), while spending on stroke research would increase by 2.7 percent, Alzheimer's disease research by 3.6 percent, Parkinson's disease research by 3.9 percent, and heart disease research by 2.9 percent. All of these fall short of the roughly 4.5 percent increase that appears to be needed just to renew ongoing grants at committed levels and provide an inflation adjustment for other categories of expenses.

The Democratic substitute would have preserved and built on the investments made in biomedical research at NIH by providing a 5.5 percent overall increase, including sufficient funds to compensate for inflation and allow the number of new and competing grants to grow by about 6 percent.

Health Services and Public Health

The Committee bill provides virtually no net increase in overall funding for HHS health programs other than NIH. It offers few increases to keep up with inflation and rising numbers of uninsured people, or to offset cuts in state and local health budgets. On the contrary, the bill actually cuts funding for some programs below the current year level – for example, programs to assist students from minority and disadvantaged backgrounds attend medical and other health professions schools, programs that promote training of primary care doctors and dentists, two rural health programs, and most components of the Ryan White AIDS Care program.

Health Care Safety Net Programs

Several of the programs covered by the Labor-HHS appropriations bill provide basic "safety net" health services to people who lack other access to care. Only one of these programs receives more than a negligible increase under the Committee bill:

- **Community Health Centers** – the Committee bill provides the 8 percent increase proposed in the President's budget, which would be the smallest percentage increase since 1998. Health Centers provide basic health care in both urban and rural areas that would otherwise lack health services. They serve more than 13 million people each year, five million of whom have no health insurance. The Administration has said they would put *all* of that increase into their initiative to expand health center sites and services, providing no increase whatsoever to help cover the rising costs of on-going services at existing centers. The Committee report directs the Administration to use part to provide increased support to existing centers, but includes no additional funds to do so. Thus, at this funding level, it becomes a choice between scaling back the Administration's expansion initiative or underfunding existing centers.

- **Maternal and Child Health Block Grant** – the Committee bill provides virtually no increase for this program, which helps states finance prenatal and child health services for people in need. The Block Grant is particularly important in funding health care and social services for children with disabilities, as well as dental care and mental health services for low-income children.

- **National Health Service Corps** – the Committee bill freezes funding at the FY 2003 level, even though the Administration had proposed a $42 million increase. This program provides scholarships and student loan

repayment assistance for doctors and dentists who agree to work in medically underserved areas. It is a key source of health professionals to staff community health centers and rural health clinics.

- **Ryan White AIDS Care programs** – the Committee bill provides a negligible 0.3 percent increase over the current year, meaning that the program will fall further behind rising costs and needs. Within this program, the bill does include a $39 million increase for AIDS drug assistance programs, but that is largely paid for by a corresponding $33 million cut in the other Ryan White programs. The Administration has a major new initiative to increase testing for the HIV virus to help people learn earlier that they are infected with HIV. However, with cutbacks in the Ryan White programs, there will be few if any additional resources to provide the health services needed to help people with HIV infection remain as healthy as possible and slow transmission of the virus.

- **Mental Health** – the Committee bill provides an overall increase of just under 1 percent. It does include welcome increases in a couple of programs: most notably grants for children's mental health services (up 10 percent) and for services to homeless people (up 16 percent), but these are largely offset by small cuts in other programs.

- **Substance Abuse** – the bill produces a 5 percent ($121 million) overall increase. It includes $100 million to launch the Administration's proposed new program of grants to states to provide vouchers for drug treatment services (the Administration had requested $200 million). This initiative is not specifically authorized. The remaining increase goes into the Substance Abuse Block Grant.

The Democratic substitute included additional funding for Community Health Centers ($73 million), Rural Health Grants ($22 million), the Maternal and Child Health Block Grant ($67 million), and Ryan White AIDS Care programs ($125 million).

Public Health (CDC and the Public Health Emergency Fund)

The Committee bill provides just a 1.3 percent ($57 million) increase for the Centers for Disease Control, compared to the FY 2003 level.

The bill does include a $23 million or 6 percent increase for CDC infectious disease control efforts. Considering the burdens that CDC and state and local health departments are facing in coping with emerging infectious diseases like monkeypox, SARS, and West Nile virus while also trying to maintain ongoing programs to deal with longstanding health threats like

tuberculosis and sexually transmitted diseases, there is little doubt that considerably more funding could be put to good use. For example, even with the Committee's increase, FY 2004 funding for West Nile Virus control is likely to be below the amount spent in FY 2002.

For bioterrorism preparedness grants to state and local health departments, the bill provides $940 million – slightly above the FY 2003 regular appropriation, but $94 million less than FY 2003 when the recent supplemental is taken into account.

The bill also gives the Administration only half of the $100 million they have requested to help manufacturers expand vaccine production to better prepare for the influenza pandemic that public health experts believe to be a serious threat.

Funding for childhood immunization is frozen at the FY 2003 level under the Committee bill. Appropriations for this program have not kept pace with the rising cost of vaccinating children. For example, 19 states report that they do not have enough funds to purchase the relatively new Pneumococcal Conjugate Vaccine for the children they serve. This vaccine protects against a range of illnesses, from meningitis to pneumonia to ear infections. State health officials estimate that $135 million above the President's budget would be needed to meet immunization needs.

The bill also freezes funding for CDC prevention and surveillance programs for HIV/AIDS and sexually transmitted diseases, and includes just a 0.7 percent increase for tuberculosis.

For the CDC Chronic Disease Prevention programs, the Committee bill provides a $72 million (9 percent) increase. It puts $40 million of that increase into expanding Secretary Thompson's "Steps to a Healthier U.S." initiative from $15 to $55 million (he had requested an increase to $125 million). This initiative provides relatively large grants to selected cities and states to address problems of asthma, diabetes and obesity – in contrast to the on-going CDC programs which mainly make smaller grants to larger numbers of state health departments for efforts focused on broader geographic areas. The bill puts the remainder of the chronic disease prevention increase into some of these existing programs, mainly in the areas of cancer, heart disease and diabetes.

The bill cuts appropriations for CDC's buildings and facilities from $266 million in FY 2003 to $206 million in FY 2004.

The Democratic substitute would have provided an additional $49 million for CDC infectious disease control programs (bringing the increase above FY 2003 to 20 percent), an additional $63 million for immunization, an additional $44 million for CDC HIV/AIDS, STD and tuberculosis control programs, and the full amount requested by the Administration for pandemic flu preparedness, among other changes.

Nurse Education and Training and Other Health Professions Programs

The Committee bill freezes funding for nurse education and training programs at the FY 2003 level. This freeze includes programs authorized in last year's "Nurse Reinvestment Act" -- grants to establish "career ladder" programs to help people advance through the various levels of the nursing professions, to recruit nursing faculty through student loan repayment arrangements, and to provide scholarships to nursing students in return for a commitment to serve where there is a critical shortage, for example. While the Nurse Reinvestment Act was passed last year with great fanfare as a major measure to deal with the growing shortage of nurses, last year Congress added only $20 million in actual funding, and the Committee bill includes no further additions. The bill is actually $7 million below the Administration's request for the nurse scholarship and student loan repayment program.

The Committee's bill also makes cuts averaging 12 percent (below FY 2003) in programs that help students from minority and disadvantaged backgrounds prepare for and do well in medical school and other health professions schools – despite these programs' demonstrated record in training health care providers who will practice in medically underserved areas. Among the programs being cut are those that provide scholarships to minority and disadvantaged health professions students, institutional support to minority-serving institutions, and programs to prepare high school students and undergraduates for graduate training in the health professions. Similarly, the Committee bill cuts programs to assist training of primary care doctors and dentists 14 percent below the FY 2003 level. Again, these are programs with proven track records in training providers who are more likely to work in rural and medically underserved areas.

The Democratic substitute would have provided a $50 million increase for the nurse education and training programs, and maintained all of the other health professions programs at the FY 2003 level.

Global AIDS

The Committee bill provides only $60 million of the $111 million increase the Administration had sought for global AIDS prevention and treatment. The Administration's budget proposed including $394 million (plus some NIH research funding) in the Labor-HHS-Education bill for international AIDS efforts. The Committee bill falls $51 million short of that goal.

The Democratic substitute would have provided the full amount requested by the Administration for Global AIDS programs.

DEPARTMENT OF HHS – HUMAN SERVICES PROGRAMS

The President had proposed a total of $2.0 billion for the Low Income Home Energy Program, including $1.7 billion for the state formula grant program and $300.0 million for the emergency allocation. However, the Committee bill would provide only $1.8 billion, including $1.7 billion for formula grants and $100.0 million for emergencies. If the Republican majority were to fund LIHEAP at the level in the Committee bill, then this would actually represent a cut below the funding availability for LIHEAP in FY 2003. --The FY 2003 LIHEAP appropriation provided $1.8 billion in the formula grant program, although there was a total of $2.0 billion available, due to unexpended carryover balances from the FY 2001 supplemental.

The Democratic substitute would have provided $2.250 billion for the LIHEAP base state formula grant program to help the most vulnerable among us pay for escalating costs of staying warm this winter and surviving the heat next summer.

The Committee bill provides $2.1 billion for the Child Care and Development Block Grant (CCDBG) program, which is the same as the FY 2003 level and the same as the Administration's request. Maintaining funding for CCDBG ignores the needs of low income families, particularly single parent families, which are struggling to make the transition from welfare to work. Furthermore, level funding for CCDBG displays a particular insensitivity to the needs of these families for increased child care assistance which will be the result of the provisions in the Temporary Assistance for Needy Families Act reauthorization legislation which would mandate an increase in the work requirement from 30 to 40 hours a week, as proposed by the President and approved by the authorizing committee.

The Democratic substitute would have provided a modest increase of $100.0 million to help meet the need for child care assistance.

The Committee bill provides increases above the President's request for the Developmental Disabilities Programs ($5.1 million), the Disabled Voters program ($15.0 million) and Battered Women's Shelters ($2.0 million). These increases basically restore these programs to the FY 2003 appropriated levels.

The Community Services programs are cut below the FY 2003 funding levels in the Committee bill, as proposed by the Administration. The Community Services Block Grants (CSBG) program is cut $150.8 million as proposed by the Administration. However, the bill restores funding for two programs, which the Administration had proposed to eliminate. These are the Rural Community Facilities program ($7.250 million) and the National Youth Sports program ($17.0 million).

The Democratic substitute would have maintained CSBG at the FY 2003 level of $646.0 million. CSBG programs help low income people help themselves. In this period of rising poverty and unemployment rates, it is not the time to turn our backs on those who only need a helping hand.

Similar to the FY 2003 appropriations bill, the Committee bill would provide additional resources above the request for the programs of the Administration on Aging. The Administration had proposed a reduction in funding from FY 2003 to FY 2004 of $23.4 million, a 2 percent cut. However, the Committee bill would provide a total of $1.377 billion, an increase of $10.4 million, or slightly less than 1 percent. The Family Caregivers program would receive a fairly substantial increase of $20.5 million above the President's request; this is also a 14 percent increase over the FY 2003 appropriated level. Native American Caregivers Support, which the President had proposed to eliminate, is funded at $6.5 million, an 8 percent increase over FY 2003.

The Nutrition programs are funded at $720.7 million, a $2.5 million increase over the request. The Committee bill provides an increase of $6.5 million above the FY 2003 level; however, this is less than 1 percent. The most recent Bureau of Labor Statistics data indicate that the cost of food and beverages has increased by 1.7 percent over last year.

Given that the numbers of those eligible for services under the Older Americans Act are expected to increase by 30 percent between 2000 and 2005, this is woefully inadequate.

The Democratic substitute would have corrected for the lack of funding for the Administration on Aging by providing an increase of $82.0 million (6%) above the FY 2003 funding level to help older Americans stay healthy and stay in their homes.

DEPARTMENT OF LABOR

The Committee bill would provide $11.7 billion, or $60.0 million, above the Administration's request of $11.6 billion for the Department of Labor. The major difference between the Committee bill and the President's request is that the bill would provide an additional $78.1 million for Dislocated Worker activities, restoring the program to the FY 2003 appropriated level. In addition, the Committee bill would provide $59.6 million for the Migrant and Seasonal Farmworkers Program, which the President had proposed to eliminate. The program was funded at $76.8 million in FY 2003, leaving a funding shortfall in FY 2004 of $17.2 million. The Committee bill would also provide $1.5 billion for the Job Corps, or $24.7 million below the request; however, this would still represent a net increase of $25.2 million above the FY 2003 appropriation.

The International Labor Affairs Bureau (ILAB) is funded at $147.1 million in FY 2003; however, it would receive only $12.3 million under the Committee bill, a 92 percent reduction. This is the same level as the Administration's FY 2004 request and the third consecutive year in which the Administration has proposed reductions. For all intents and purposes, the funding at this level would eliminate the program.

The Democratic substitute would have provided funding to place increased emphasis on child labor issues. In the Employment Standards Administration the Democratic amendment would have provided $6.4 million to increase enforcement of domestic child labor laws and decrease the rate of deaths and injuries to illegally employed American children. Further, the Democratic substitute would have restored ILAB funding to the FY 2003 funding level of $147.1 million to continue on-going efforts to help protect children from the most abusive and exploitative forms of child labor.

CORPORATION FOR PUBLIC BROADCASTING

The Committee bill makes significant changes in already-approved fiscal year 2004 funding for the Corporation for Public Broadcasting (CPB), as requested by the Administration. Within the $380 million that Congress appropriated for CPB two years ago, the Committee bill earmarks up to $80 million to meet FCC- mandated conversion to digital broadcasting, and up to $20 million to begin replacement of the satellite interconnection system for public television (the maintenance of which is required by Federal law).

The net effect of the Committee's actions would be a $100 million or 26 percent cut in CPB's base allocation for FY 2004, resulting in steep cuts in flow-through grants to over 1,000 public television and radio stations across the nation. In addition, the Committee bill cuts CPB's advance appropriation by 15 percent from $390 million in FY 2005 to $330 million in FY 2006.

SOCIAL SECURITY ADMINISTRATION

The Committee bill provides $170 million less than the President requested for the administrative expenses of the Social Security Administration.

The Social Security Administration is facing growing backlogs of work, especially involving disability benefits. The backlog of pending disability claims has grown every year since FY 1997 – from 399,000 cases awaiting decision that year to 593,000 cases in FY 2002. The average time to make an initial decision is now about 3 ½ months. Those who appeal an initial denial of benefits now face a waiting period for a hearing and decision that averages just short of a full year. These delays affect people who, because of sickness or injury, are often in urgent need of the benefits to which they may be entitled.

The Social Security Administration is trying to reduce these backlogs and make the process work better. They asked for appropriations to hire 1,000 more staff and to increase funds for the state agencies that make initial disability determinations. The Committee bill cuts that request by $170 million.

EDUCATION PROGRAMS ELIMINATED OR CUT IN THE FY 2004 LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES BILL

(Program Level, $ in Millions)

	FY2003	FY 2004	FY 2004	Committee Compared To FY 2003	
	Comparable	Bush Request	Committee	Dollars	Percent
Innovation State Grant	382.498	385.000	335.000	-47.498	-12%
Preparing Tomorrow's Teachers	62.094	0.000	0.000	-62.094	-100%
Foreign Language Assistance	16.144	0.000	0.000	-16.144	-100%
Native Hawaiian Education	30.798	18.300	18.300	-12.498	-41%
Alaska Native Education	30.798	14.200	14.200	-16.598	-54%
Troops to Teachers	28.812	25.000	20.000	-8.812	-31%
American History Instruction	99.350	100.000	50.000	-49.350	-50%
Fund for Improvement of Education	472.646	59.000	165.797	-306.849	-65%
Reading Is Fundamental	*25.334*	*24.000*	*n.a.*	*n.a.*	*n.a.*
Star Schools	*27.341*	*0.000*	*n.a.*	*n.a.*	*n.a.*
Ready to Teach	*14.406*	*0.000*	*n.a.*	*n.a.*	*n.a.*
Historic Whaling and Trading Partners	*6.954*	*0.000*	*n.a.*	*n.a.*	*n.a.*
Arts in Education	*33.779*	*0.000*	*n.a.*	*n.a.*	*n.a.*
Foundations for Learning	*0.994*	*0.000*	*n.a.*	*n.a.*	*n.a.*
Parental Assistance Centers	*42.224*	*0.000*	*n.a.*	*n.a.*	*n.a.*
Women's Educational Equity	*2.980*	*0.000*	*n.a.*	*n.a.*	*n.a.*
Comprehensive School Reform	*74.513*	*0.000*	*74.513*	*0.000*	*0%*
Ready To Learn	22.850	22.000	22.000	-0.850	-4%
Drop Out Prevention Demonstration	10.929	0.000	0.000	-10.929	-100%
Community Service for Expelled Students	49.675	0.000	0.000	-49.675	-100%
Alcohol Abuse Reduction	24.838	0.000	0.000	-24.838	-100%
Incarcerated Youth Offender State Grant	23.348	0.000	0.000	-23.348	-100%
Assistive Technology	26.824	0.000	11.132	-15.692	-58%
Tech-Prep Education Demonstration	4.968	0.000	0.000	-4.968	-100%
Occupational and Employment Information	9.438	0.000	0.000	-9.438	-100%
Community Technology Centers	32.264	0.000	0.000	-32.264	-100%
Loan Forgiveness for Child Care Providers	0.994	0.000	0.000	-0.994	-100%
Fund for Improvement of Postsec. Education	171.064	39.138	39.138	-131.926	-77%
Interest Subsidy Grants	2.980	2.000	2.000	-0.980	-33%
Child Care Access	16.194	15.000	15.000	-1.194	-7%
Total	1,887.716	703.638	767.080	-1,120.636	-59%

TITLE 1 GRANTS TO SCHOOL DISTRICTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$186,927,000	$279,815,000	-$92,888,000
Alaska	$31,801,000	$50,152,000	-$18,351,000
Arizona	$193,417,000	$285,579,000	-$92,162,000
Arkansas	$107,644,000	$159,939,000	-$52,295,000
California	$1,775,834,000	$2,648,450,000	-$872,616,000
Colorado	$108,108,000	$160,242,000	-$52,134,000
Connecticut	$106,000,000	$154,607,000	-$48,607,000
Delaware	$32,400,000	$52,271,000	-$19,871,000
District of Columbia	$49,746,000	$76,381,000	-$26,635,000
Florida	$572,227,000	$867,358,000	-$295,131,000
Georgia	$361,267,000	$536,120,000	-$174,853,000
Hawaii	$38,966,000	$60,320,000	-$21,354,000
Idaho	$42,492,000	$64,131,000	-$21,639,000
Illinois	$515,428,000	$760,786,000	-$245,358,000
Indiana	$154,177,000	$234,024,000	-$79,847,000
Iowa	$58,756,000	$88,952,000	-$30,196,000
Kansas	$89,916,000	$135,481,000	-$45,565,000
Kentucky	$167,478,000	$252,172,000	-$84,694,000
Louisiana	$273,207,000	$416,407,000	-$143,200,000
Maine	$49,734,000	$75,152,000	-$25,418,000
Maryland	$158,566,000	$238,822,000	-$80,256,000
Massachusetts	$273,447,000	$403,981,000	-$130,534,000
Michigan	$412,258,000	$615,239,000	-$202,981,000
Minnesota	$119,011,000	$175,793,000	-$56,782,000
Mississippi	$163,038,000	$242,023,000	-$78,985,000
Missouri	$204,442,000	$300,790,000	-$96,348,000
Montana	$42,617,000	$63,927,000	-$21,310,000
Nebraska	$48,760,000	$74,188,000	-$25,428,000
Nevada	$58,660,000	$88,580,000	-$29,920,000
New Hampshire	$31,691,000	$51,191,000	-$19,500,000
New Jersey	$273,440,000	$405,975,000	-$132,535,000
New Mexico	$110,373,000	$168,569,000	-$58,196,000
New York	$1,291,382,000	$1,933,849,000	-$642,467,000
North Carolina	$279,914,000	$417,713,000	-$137,799,000
North Dakota	$32,167,000	$51,125,000	-$18,958,000
Ohio	$419,327,000	$630,835,000	-$211,508,000
Oklahoma	$130,827,000	$194,397,000	-$63,570,000
Oregon	$118,576,000	$180,486,000	-$61,910,000
Pennsylvania	$456,243,000	$685,490,000	-$229,247,000
Rhode Island	$45,980,000	$69,831,000	-$23,851,000
South Carolina	$164,636,000	$248,444,000	-$83,808,000
South Dakota	$34,080,000	$55,390,000	-$21,310,000
Tennessee	$197,347,000	$295,704,000	-$98,357,000
Texas	$1,087,721,000	$1,615,931,000	-$528,210,000
Utah	$46,707,000	$70,702,000	-$23,995,000
Vermont	$28,959,000	$45,803,000	-$16,844,000
Virginia	$191,147,000	$281,385,000	-$90,238,000
Washington	$160,380,000	$239,089,000	-$78,709,000
West Virginia	$97,886,000	$147,640,000	-$49,754,000
Wisconsin	$149,253,000	$227,692,000	-$78,439,000
Wyoming	$30,703,000	$48,328,000	-$17,625,000
Puerto Rico	$447,969,000	$684,287,000	-$236,318,000
BIA and Outlying Areas, and Census Updates	$126,965,000	$188,465,000	-$61,500,000
Total Appropriation	$12,350,000,000	$18,500,000,000	-$6,150,000,000

Note: The FY 2004 NCLB estimates assume that any funds above the FY 2003 appropriation are allocated in equal amounts under the targeted and finance incentive grant formulas.

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

IDEA PART B STATE GRANTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 H.R. 1350 Estimate	Difference
Alabama	$158,964,000	$178,923,000	-$19,959,000
Alaska	$29,885,000	$33,468,000	-$3,583,000
Arizona	$149,489,000	$167,414,000	-$17,925,000
Arkansas	$95,764,000	$107,944,000	-$12,180,000
California	$1,048,620,000	$1,178,446,000	-$129,826,000
Colorado	$126,608,000	$141,789,000	-$15,181,000
Connecticut	$114,395,000	$128,051,000	-$13,656,000
Delaware	$27,389,000	$30,674,000	-$3,285,000
District of Columbia	$13,772,000	$15,423,000	-$1,651,000
Florida	$531,233,000	$596,151,000	-$64,918,000
Georgia	$262,799,000	$294,312,000	-$31,513,000
Hawaii	$34,544,000	$38,686,000	-$4,142,000
Idaho	$46,489,000	$52,064,000	-$5,575,000
Illinois	$435,801,000	$489,367,000	-$53,566,000
Indiana	$222,143,000	$248,948,000	-$26,805,000
Iowa	$105,782,000	$118,411,000	-$12,629,000
Kansas	$93,449,000	$105,220,000	-$11,771,000
Kentucky	$136,138,000	$152,848,000	-$16,710,000
Louisiana	$160,704,000	$179,974,000	-$19,270,000
Maine	$47,413,000	$53,073,000	-$5,660,000
Maryland	$170,022,000	$190,613,000	-$20,591,000
Massachusetts	$245,964,000	$275,328,000	-$29,364,000
Michigan	$343,376,000	$387,640,000	-$44,264,000
Minnesota	$164,797,000	$185,076,000	-$20,279,000
Mississippi	$103,925,000	$116,387,000	-$12,462,000
Missouri	$196,824,000	$220,321,000	-$23,497,000
Montana	$31,543,000	$35,519,000	-$3,976,000
Nebraska	$64,700,000	$72,424,000	-$7,724,000
Nevada	$56,218,000	$62,959,000	-$6,741,000
New Hampshire	$41,120,000	$46,029,000	-$4,909,000
New Jersey	$313,194,000	$350,583,000	-$37,389,000
New Mexico	$79,356,000	$88,969,000	-$9,613,000
New York	$661,274,000	$741,706,000	-$80,432,000
North Carolina	$260,994,000	$293,542,000	-$32,548,000
North Dakota	$22,240,000	$24,907,000	-$2,667,000
Ohio	$386,768,000	$434,899,000	-$48,131,000
Oklahoma	$129,432,000	$145,834,000	-$16,402,000
Oregon	$112,298,000	$126,494,000	-$14,196,000
Pennsylvania	$375,549,000	$424,147,000	-$48,598,000
Rhode Island	$37,891,000	$42,415,000	-$4,524,000
South Carolina	$153,959,000	$172,927,000	-$18,968,000
South Dakota	$26,494,000	$29,670,000	-$3,176,000
Tennessee	$202,027,000	$227,175,000	-$25,148,000
Texas	$812,989,000	$916,785,000	-$103,796,000
Utah	$92,343,000	$103,416,000	-$11,073,000
Vermont	$21,444,000	$24,015,000	-$2,571,000
Virginia	$237,244,000	$266,302,000	-$29,058,000
Washington	$190,907,000	$215,021,000	-$24,114,000
West Virginia	$65,804,000	$73,660,000	-$7,856,000
Wisconsin	$181,680,000	$204,153,000	-$22,473,000
Wyoming	$22,496,000	$25,194,000	-$2,698,000
Puerto Rico	$91,379,000	$102,337,000	-$10,958,000
BIA, Outlying Areas, Evaluation	$136,767,000	$136,767,000	$0
Total Appropriation	$9,874,398,000	$11,074,398,000	-$1,200,000,000

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

TEACHER QUALITY STATE GRANTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$46,969,000	$52,803,000	-$5,834,000
Alaska	$13,965,000	$15,688,000	-$1,723,000
Arizona	$45,776,000	$51,938,000	-$6,162,000
Arkansas	$28,180,000	$31,615,000	-$3,435,000
California	$340,993,000	$387,559,000	-$46,566,000
Colorado	$32,167,000	$36,060,000	-$3,893,000
Connecticut	$26,804,000	$29,654,000	-$2,850,000
Delaware	$13,965,000	$15,688,000	-$1,723,000
District of Columbia	$13,965,000	$15,688,000	-$1,723,000
Florida	$132,799,000	$149,837,000	-$17,038,000
Georgia	$76,780,000	$86,751,000	-$9,971,000
Hawaii	$13,965,000	$15,688,000	-$1,723,000
Idaho	$13,965,000	$15,688,000	-$1,723,000
Illinois	$117,292,000	$130,242,000	-$12,950,000
Indiana	$47,712,000	$52,992,000	-$5,280,000
Iowa	$21,997,000	$24,340,000	-$2,343,000
Kansas	$23,258,000	$26,013,000	-$2,755,000
Kentucky	$44,622,000	$49,459,000	-$4,837,000
Louisiana	$66,510,000	$73,999,000	-$7,489,000
Maine	$13,965,000	$15,688,000	-$1,723,000
Maryland	$41,508,000	$46,041,000	-$4,533,000
Massachusetts	$54,092,000	$60,453,000	-$6,361,000
Michigan	$109,613,000	$119,785,000	-$10,172,000
Minnesota	$38,844,000	$43,051,000	-$4,207,000
Mississippi	$42,837,000	$47,581,000	-$4,744,000
Missouri	$51,026,000	$57,331,000	-$6,305,000
Montana	$13,965,000	$15,688,000	-$1,723,000
Nebraska	$14,242,000	$15,965,000	-$1,723,000
Nevada	$14,560,000	$16,543,000	-$1,983,000
New Hampshire	$13,965,000	$15,688,000	-$1,723,000
New Jersey	$65,833,000	$73,249,000	-$7,416,000
New Mexico	$23,961,000	$27,093,000	-$3,132,000
New York	$235,038,000	$259,415,000	-$24,377,000
North Carolina	$64,791,000	$73,611,000	-$8,820,000
North Dakota	$13,965,000	$15,688,000	-$1,723,000
Ohio	$107,091,000	$118,822,000	-$11,731,000
Oklahoma	$33,873,000	$38,083,000	-$4,210,000
Oregon	$28,073,000	$31,433,000	-$3,360,000
Pennsylvania	$115,047,000	$126,683,000	-$11,636,000
Rhode Island	$13,965,000	$15,688,000	-$1,723,000
South Carolina	$37,036,000	$41,861,000	-$4,825,000
South Dakota	$13,965,000	$15,688,000	-$1,723,000
Tennessee	$50,056,000	$56,465,000	-$6,409,000
Texas	$239,724,000	$269,770,000	-$30,046,000
Utah	$18,479,000	$20,659,000	-$2,180,000
Vermont	$13,965,000	$15,688,000	-$1,723,000
Virginia	$52,103,000	$58,408,000	-$6,305,000
Washington	$47,342,000	$52,921,000	-$5,579,000
West Virginia	$24,050,000	$26,335,000	-$2,285,000
Wisconsin	$45,816,000	$50,391,000	-$4,575,000
Wyoming	$13,965,000	$15,688,000	-$1,723,000
Puerto Rico	$98,566,000	$112,439,000	-$13,873,000
BIA and Outlying Areas	$43,816,000	$49,045,000	-$5,229,000
Total Appropriation	$2,930,825,000	$3,280,639,000	-$349,814,000

Note: Because the No Child Left Behind Act authorizes such sums as necessary in FY 2004, the FY 2004 NCLB level is estimated at the FY 2002 authorization level of $3.175 billion adjusted by the GDP Price Index for FY 2003 and FY 2004 as projected by the Congressional Budget Office.

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

21ST CENTURY COMMUNITY LEARNING CENTERS STATE GRANTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$14,769,000	$25,845,000	-$11,076,000
Alaska	$4,900,000	$8,575,000	-$3,675,000
Arizona	$14,715,000	$25,752,000	-$11,037,000
Arkansas	$8,336,000	$14,588,000	-$6,252,000
California	$137,109,000	$239,940,000	-$102,831,000
Colorado	$8,367,000	$14,642,000	-$6,275,000
Connecticut	$7,940,000	$13,895,000	-$5,955,000
Delaware	$4,900,000	$8,575,000	-$3,675,000
District of Columbia	$4,900,000	$8,575,000	-$3,675,000
Florida	$44,568,000	$77,993,000	-$33,425,000
Georgia	$28,417,000	$49,730,000	-$21,313,000
Hawaii	$4,900,000	$8,575,000	-$3,675,000
Idaho	$4,900,000	$8,575,000	-$3,675,000
Illinois	$39,487,000	$69,102,000	-$29,615,000
Indiana	$11,944,000	$20,902,000	-$8,958,000
Iowa	$4,900,000	$8,575,000	-$3,675,000
Kansas	$7,224,000	$12,642,000	-$5,418,000
Kentucky	$13,120,000	$22,960,000	-$9,840,000
Louisiana	$21,594,000	$37,789,000	-$16,195,000
Maine	$4,900,000	$8,575,000	-$3,675,000
Maryland	$12,335,000	$21,585,000	-$9,250,000
Massachusetts	$21,573,000	$37,753,000	-$16,180,000
Michigan	$31,179,000	$54,563,000	-$23,384,000
Minnesota	$9,229,000	$16,151,000	-$6,922,000
Mississippi	$12,673,000	$22,178,000	-$9,505,000
Missouri	$16,185,000	$28,324,000	-$12,139,000
Montana	$4,900,000	$8,575,000	-$3,675,000
Nebraska	$4,900,000	$8,575,000	-$3,675,000
Nevada	$4,900,000	$8,575,000	-$3,675,000
New Hampshire	$4,900,000	$8,575,000	-$3,675,000
New Jersey	$21,296,000	$37,267,000	-$15,971,000
New Mexico	$8,802,000	$15,403,000	-$6,601,000
New York	$98,988,000	$173,229,000	-$74,241,000
North Carolina	$22,437,000	$39,265,000	-$16,828,000
North Dakota	$4,900,000	$8,575,000	-$3,675,000
Ohio	$33,326,000	$58,321,000	-$24,995,000
Oklahoma	$10,129,000	$17,726,000	-$7,597,000
Oregon	$9,532,000	$16,681,000	-$7,149,000
Pennsylvania	$35,703,000	$62,480,000	-$26,777,000
Rhode Island	$4,900,000	$8,575,000	-$3,675,000
South Carolina	$13,186,000	$23,076,000	-$9,890,000
South Dakota	$4,900,000	$8,575,000	-$3,675,000
Tennessee	$15,672,000	$27,426,000	-$11,754,000
Texas	$85,037,000	$148,815,000	-$63,778,000
Utah	$4,900,000	$8,575,000	-$3,675,000
Vermont	$4,900,000	$8,575,000	-$3,675,000
Virginia	$15,115,000	$26,451,000	-$11,336,000
Washington	$12,669,000	$22,171,000	-$9,502,000
West Virginia	$7,782,000	$13,619,000	-$5,837,000
Wisconsin	$11,501,000	$20,127,000	-$8,626,000
Wyoming	$4,900,000	$8,575,000	-$3,675,000
Puerto Rico	$34,762,000	$60,833,000	-$26,071,000
Other Non-state Allocations	$10,000,000	$17,500,000	-$7,500,000
BIA and Outlying Areas	$10,000,000	$17,500,000	-$7,500,000
Total Appropriation	$1,000,000,000	$1,750,000,000	-$750,000,000

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

LANGUAGE ACQUISITION STATE GRANTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$1,846,000	$2,128,000	-$282,000
Alaska	$932,000	$1,074,000	-$142,000
Arizona	$16,910,000	$19,487,000	-$2,577,000
Arkansas	$1,743,000	$2,008,000	-$265,000
California	$167,739,000	$193,302,000	-$25,563,000
Colorado	$7,170,000	$8,263,000	-$1,093,000
Connecticut	$5,105,000	$5,883,000	-$778,000
Delaware	$755,000	$870,000	-$115,000
District of Columbia	$762,000	$879,000	-$117,000
Florida	$30,605,000	$35,269,000	-$4,664,000
Georgia	$10,230,000	$11,789,000	-$1,559,000
Hawaii	$2,145,000	$2,472,000	-$327,000
Idaho	$1,455,000	$1,677,000	-$222,000
Illinois	$26,319,000	$30,330,000	-$4,011,000
Indiana	$4,221,000	$4,864,000	-$643,000
Iowa	$2,220,000	$2,559,000	-$339,000
Kansas	$3,038,000	$3,501,000	-$463,000
Kentucky	$1,767,000	$2,037,000	-$270,000
Louisiana	$2,372,000	$2,733,000	-$361,000
Maine	$500,000	$500,000	$0
Maryland	$5,394,000	$6,216,000	-$822,000
Massachusetts	$9,596,000	$11,058,000	-$1,462,000
Michigan	$7,385,000	$8,510,000	-$1,125,000
Minnesota	$5,993,000	$6,906,000	-$913,000
Mississippi	$1,117,000	$1,287,000	-$170,000
Missouri	$3,071,000	$3,540,000	-$469,000
Montana	$500,000	$500,000	$0
Nebraska	$1,846,000	$2,127,000	-$281,000
Nevada	$5,214,000	$6,008,000	-$794,000
New Hampshire	$578,000	$666,000	-$88,000
New Jersey	$16,632,000	$19,167,000	-$2,535,000
New Mexico	$5,875,000	$6,770,000	-$895,000
New York	$48,531,000	$55,927,000	-$7,396,000
North Carolina	$8,442,000	$9,728,000	-$1,286,000
North Dakota	$500,000	$500,000	$0
Ohio	$6,782,000	$7,816,000	-$1,034,000
Oklahoma	$2,925,000	$3,370,000	-$445,000
Oregon	$5,387,000	$6,208,000	-$821,000
Pennsylvania	$9,717,000	$11,198,000	-$1,481,000
Rhode Island	$1,889,000	$2,177,000	-$288,000
South Carolina	$2,438,000	$2,809,000	-$371,000
South Dakota	$534,000	$615,000	-$81,000
Tennessee	$2,921,000	$3,366,000	-$445,000
Texas	$78,493,000	$90,455,000	-$11,962,000
Utah	$3,333,000	$3,841,000	-$508,000
Vermont	$500,000	$500,000	$0
Virginia	$6,936,000	$7,993,000	-$1,057,000
Washington	$9,519,000	$10,970,000	-$1,451,000
West Virginia	$500,000	$500,000	$0
Wisconsin	$5,197,000	$5,990,000	-$793,000
Wyoming	$500,000	$500,000	$0
Puerto Rico	$2,744,000	$3,160,000	-$416,000
BIA, Outlying Areas, and Other Activities	$136,692,000	$142,951,000	-$6,259,000
Total Appropriation	$685,515,000	$774,954,000	-$89,439,000

Note: Because the No Child Left Behind Act authorizes such sums as necessary in FY 2004, the FY 2004 NCLB level is estimated at the FY 2002 authorization level of $750 million adjusted by the GDP Price Index for FY 2003 and FY 2004 as projected by the Congressional Budget Office.

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

IMPACT AID

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	4,040,359	13,595,684	-9,555,324
Alaska	102,085,209	107,113,475	-5,028,266
Arizona	151,007,811	175,458,954	-24,451,143
Arkansas	865,089	4,899,364	-4,034,276
California	70,663,489	133,085,362	-62,421,873
Colorado	9,916,566	18,715,880	-8,799,314
Connecticut	11,722,370	15,485,887	-3,763,517
Delaware	117,923	711,938	-594,015
District of Columbia	1,950,728	7,443,445	-5,492,717
Florida	13,854,434	45,986,084	-32,131,650
Georgia	15,343,814	32,082,709	-16,738,895
Hawaii	52,335,948	63,406,910	-11,070,962
Idaho	8,080,007	9,763,248	-1,683,241
Illinois	19,910,575	32,819,918	-12,909,343
Indiana	264,825	1,591,358	-1,326,533
Iowa	549,702	1,090,960	-541,258
Kansas	18,718,843	21,362,597	-2,643,754
Kentucky	603,505	3,163,886	-2,560,381
Louisiana	8,557,997	13,835,404	-5,277,407
Maine	2,926,342	5,592,533	-2,666,192
Maryland	9,137,531	40,788,437	-31,650,907
Massachusetts	1,256,554	6,106,712	-4,850,157
Michigan	4,293,537	9,348,169	-5,054,632
Minnesota	12,307,958	17,964,831	-5,656,873
Mississippi	4,806,525	10,861,283	-6,054,758
Missouri	19,077,608	20,116,734	-1,039,126
Montana	42,003,343	46,040,189	-4,036,847
Nebraska	11,948,220	14,215,126	-2,266,906
Nevada	4,979,855	15,537,245	-10,557,391
New Hampshire	15,193	175,919	-160,726
New Jersey	18,761,736	28,896,305	-10,134,569
New Mexico	85,462,723	99,813,347	-14,350,624
New York	17,391,315	73,059,369	-55,668,054
North Carolina	16,757,794	33,626,054	-16,868,260
North Dakota	25,540,439	27,025,757	-1,485,319
Ohio	4,881,971	11,955,992	-7,074,022
Oklahoma	46,258,467	75,017,512	-28,759,045
Oregon	4,292,286	6,555,375	-2,263,089
Pennsylvania	1,889,850	13,367,818	-11,477,968
Rhode Island	4,445,978	6,574,514	-2,128,536
South Carolina	4,653,431	19,289,292	-14,635,861
South Dakota	35,561,599	36,273,313	-711,714
Tennessee	3,325,203	10,842,649	-7,517,446
Texas	61,305,251	89,717,618	-28,412,367
Utah	9,955,646	18,184,840	-8,229,194
Vermont	10,292	72,681	-62,390
Virginia	51,336,295	96,602,958	-45,266,664
Washington	53,486,076	71,979,941	-18,493,865
West Virginia	5,030	83,626	-78,596
Wisconsin	12,223,400	18,314,616	-6,091,216
Wyoming	8,687,011	11,432,254	-2,745,243
Puerto Rico	2,787,554	16,987,548	-14,199,994
Virgin Islands	638,792	2,031,873	-1,393,081
Total Appropriation	1,073,000,000	1,656,065,500	-583,065,500

Note: The NCLB authorization level assumed in this table is the maximum amount authorized for Impact Aid basic support payments.

Source: House Appropriations Committee Minority Staff, with the assistance of the U.S. Department of Education.

INNOVATIVE EDUCATION STATE GRANTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$4,971,000	$7,423,000	-$2,452,000
Alaska	$1,675,000	$2,483,000	-$808,000
Arizona	$5,915,000	$8,832,000	-$2,917,000
Arkansas	$2,996,000	$4,474,000	-$1,478,000
California	$40,627,000	$60,668,000	-$20,041,000
Colorado	$4,826,000	$7,206,000	-$2,380,000
Connecticut	$3,715,000	$5,547,000	-$1,832,000
Delaware	$1,675,000	$2,483,000	-$808,000
District of Columbia	$1,675,000	$2,483,000	-$808,000
Florida	$16,223,000	$24,226,000	-$8,003,000
Georgia	$9,456,000	$14,121,000	-$4,665,000
Hawaii	$1,675,000	$2,483,000	-$808,000
Idaho	$1,675,000	$2,483,000	-$808,000
Illinois	$14,231,000	$21,251,000	-$7,020,000
Indiana	$6,916,000	$10,327,000	-$3,411,000
Iowa	$3,275,000	$4,891,000	-$1,616,000
Kansas	$3,150,000	$4,703,000	-$1,553,000
Kentucky	$4,379,000	$6,539,000	-$2,160,000
Louisiana	$5,421,000	$8,095,000	-$2,674,000
Maine	$1,675,000	$2,483,000	-$808,000
Maryland	$6,024,000	$8,996,000	-$2,972,000
Massachusetts	$6,625,000	$9,893,000	-$3,268,000
Michigan	$11,557,000	$17,258,000	-$5,701,000
Minnesota	$5,751,000	$8,588,000	-$2,837,000
Mississippi	$3,429,000	$5,121,000	-$1,692,000
Missouri	$6,355,000	$9,489,000	-$3,134,000
Montana	$1,675,000	$2,483,000	-$808,000
Nebraska	$2,002,000	$2,989,000	-$987,000
Nevada	$2,199,000	$3,283,000	-$1,084,000
New Hampshire	$1,675,000	$2,483,000	-$808,000
New Jersey	$9,154,000	$13,669,000	-$4,515,000
New Mexico	$2,270,000	$3,390,000	-$1,120,000
New York	$20,730,000	$30,955,000	-$10,225,000
North Carolina	$8,558,000	$12,779,000	-$4,221,000
North Dakota	$1,675,000	$2,483,000	-$808,000
Ohio	$12,816,000	$19,138,000	-$6,322,000
Oklahoma	$3,941,000	$5,885,000	-$1,944,000
Oregon	$3,746,000	$5,593,000	-$1,847,000
Pennsylvania	$13,183,000	$19,686,000	-$6,503,000
Rhode Island	$1,675,000	$2,483,000	-$808,000
South Carolina	$4,475,000	$6,683,000	-$2,208,000
South Dakota	$1,675,000	$2,483,000	-$808,000
Tennessee	$6,149,000	$9,183,000	-$3,034,000
Texas	$25,605,000	$38,234,000	-$12,629,000
Utah	$3,060,000	$4,569,000	-$1,509,000
Vermont	$1,675,000	$2,483,000	-$808,000
Virginia	$7,667,000	$11,449,000	-$3,782,000
Washington	$6,726,000	$10,043,000	-$3,317,000
West Virginia	$1,806,000	$2,696,000	-$890,000
Wisconsin	$6,166,000	$9,208,000	-$3,042,000
Wyoming	$1,675,000	$2,483,000	-$808,000
Puerto Rico	$4,786,000	$7,147,000	-$2,361,000
Outlying Areas	$2,345,000	$3,500,000	-$805,000
Total Appropriation	$335,000,000	$500,000,000	-$165,000,000

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

EDUCATION TECHNOLOGY STATE GRANTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$10,034,000	$14,954,000	-$4,920,000
Alaska	$3,329,000	$4,961,000	-$1,632,000
Arizona	$9,998,000	$14,900,000	-$4,902,000
Arkansas	$5,664,000	$8,441,000	-$2,777,000
California	$93,155,000	$138,827,000	-$45,672,000
Colorado	$5,685,000	$8,472,000	-$2,787,000
Connecticut	$5,395,000	$8,040,000	-$2,645,000
Delaware	$3,329,000	$4,961,000	-$1,632,000
District of Columbia	$3,329,000	$4,961,000	-$1,632,000
Florida	$30,280,000	$45,126,000	-$14,846,000
Georgia	$19,307,000	$28,773,000	-$9,466,000
Hawaii	$3,329,000	$4,961,000	-$1,632,000
Idaho	$3,329,000	$4,961,000	-$1,632,000
Illinois	$26,828,000	$39,982,000	-$13,154,000
Indiana	$8,115,000	$12,094,000	-$3,979,000
Iowa	$3,329,000	$4,961,000	-$1,632,000
Kansas	$4,908,000	$7,315,000	-$2,407,000
Kentucky	$8,914,000	$13,284,000	-$4,370,000
Louisiana	$14,671,000	$21,864,000	-$7,193,000
Maine	$3,329,000	$4,961,000	-$1,632,000
Maryland	$8,380,000	$12,489,000	-$4,109,000
Massachusetts	$14,657,000	$21,843,000	-$7,186,000
Michigan	$21,184,000	$31,569,000	-$10,385,000
Minnesota	$6,270,000	$9,345,000	-$3,075,000
Mississippi	$8,610,000	$12,832,000	-$4,222,000
Missouri	$10,997,000	$16,388,000	-$5,391,000
Montana	$3,329,000	$4,961,000	-$1,632,000
Nebraska	$3,329,000	$4,961,000	-$1,632,000
Nevada	$3,329,000	$4,961,000	-$1,632,000
New Hampshire	$3,329,000	$4,961,000	-$1,632,000
New Jersey	$14,469,000	$21,562,000	-$7,093,000
New Mexico	$5,980,000	$8,912,000	-$2,932,000
New York	$67,255,000	$100,228,000	-$32,973,000
North Carolina	$15,244,000	$22,718,000	-$7,474,000
North Dakota	$3,329,000	$4,961,000	-$1,632,000
Ohio	$22,643,000	$33,744,000	-$11,101,000
Oklahoma	$6,882,000	$10,256,000	-$3,374,000
Oregon	$6,476,000	$9,651,000	-$3,175,000
Pennsylvania	$24,257,000	$36,150,000	-$11,893,000
Rhode Island	$3,329,000	$4,961,000	-$1,632,000
South Carolina	$8,959,000	$13,351,000	-$4,392,000
South Dakota	$3,329,000	$4,961,000	-$1,632,000
Tennessee	$10,648,000	$15,868,000	-$5,220,000
Texas	$57,776,000	$86,103,000	-$28,327,000
Utah	$3,329,000	$4,961,000	-$1,632,000
Vermont	$3,329,000	$4,961,000	-$1,632,000
Virginia	$10,269,000	$15,304,000	-$5,035,000
Washington	$8,608,000	$12,828,000	-$4,220,000
West Virginia	$5,288,000	$7,880,000	-$2,592,000
Wisconsin	$7,814,000	$11,646,000	-$3,832,000
Wyoming	$3,329,000	$4,961,000	-$1,632,000
Puerto Rico	$23,618,000	$35,197,000	-$11,579,000
National and Other Activities	$21,586,000	$28,332,000	-$6,746,000
BIA and Outlying Areas	$8,525,000	$12,658,000	-$4,133,000
Total Appropriation	$695,947,000	$1,033,272,000	-$337,321,000

Note: Because the No Child Left Behind Act authorizes such sums as necessary in FY 2004, the FY 2004 NCLB level is estimated at the FY 2002 authorization level of $1.0 billion adjusted by the GDP Price Index for FY 2003 and FY 2004 as projected by the Congressional Budget Office.

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

SAFE AND DRUG FREE STATE GRANTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$7,082,000	$10,351,000	-$3,269,000
Alaska	$2,143,000	$3,284,000	-$1,141,000
Arizona	$7,433,000	$10,864,000	-$3,431,000
Arkansas	$4,075,000	$5,842,000	-$1,767,000
California	$60,331,000	$88,180,000	-$27,849,000
Colorado	$4,834,000	$7,013,000	-$2,179,000
Connecticut	$4,370,000	$5,820,000	-$1,450,000
Delaware	$2,143,000	$3,284,000	-$1,141,000
District of Columbia	$2,143,000	$3,284,000	-$1,141,000
Florida	$22,560,000	$32,973,000	-$10,413,000
Georgia	$13,531,000	$19,777,000	-$6,246,000
Hawaii	$2,143,000	$3,284,000	-$1,141,000
Idaho	$2,143,000	$3,284,000	-$1,141,000
Illinois	$18,161,000	$26,544,000	-$8,383,000
Indiana	$7,493,000	$8,743,000	-$1,250,000
Iowa	$3,420,000	$3,766,000	-$346,000
Kansas	$3,657,000	$5,345,000	-$1,688,000
Kentucky	$6,190,000	$8,769,000	-$2,579,000
Louisiana	$9,502,000	$13,887,000	-$4,385,000
Maine	$2,143,000	$3,284,000	-$1,141,000
Maryland	$6,658,000	$9,732,000	-$3,074,000
Massachusetts	$9,357,000	$13,677,000	-$4,320,000
Michigan	$16,257,000	$20,134,000	-$3,877,000
Minnesota	$5,925,000	$7,500,000	-$1,575,000
Mississippi	$5,671,000	$8,289,000	-$2,618,000
Missouri	$7,908,000	$11,559,000	-$3,651,000
Montana	$2,143,000	$3,284,000	-$1,141,000
Nebraska	$2,143,000	$3,284,000	-$1,141,000
Nevada	$2,658,000	$3,885,000	-$1,227,000
New Hampshire	$2,143,000	$3,284,000	-$1,141,000
New Jersey	$10,450,000	$15,133,000	-$4,683,000
New Mexico	$3,984,000	$5,823,000	-$1,839,000
New York	$38,222,000	$55,865,000	-$17,643,000
North Carolina	$11,391,000	$16,649,000	-$5,258,000
North Dakota	$2,143,000	$3,284,000	-$1,141,000
Ohio	$15,813,000	$22,719,000	-$6,906,000
Oklahoma	$5,266,000	$7,356,000	-$2,090,000
Oregon	$4,303,000	$6,289,000	-$1,986,000
Pennsylvania	$17,258,000	$23,121,000	-$5,863,000
Rhode Island	$2,143,000	$3,284,000	-$1,141,000
South Carolina	$6,353,000	$9,286,000	-$2,933,000
South Dakota	$2,143,000	$3,284,000	-$1,141,000
Tennessee	$8,060,000	$11,781,000	-$3,721,000
Texas	$38,796,000	$56,704,000	-$17,908,000
Utah	$2,734,000	$3,808,000	-$1,074,000
Vermont	$2,143,000	$3,284,000	-$1,141,000
Virginia	$8,175,000	$11,914,000	-$3,739,000
Washington	$7,126,000	$9,759,000	-$2,633,000
West Virginia	$3,330,000	$4,867,000	-$1,537,000
Wisconsin	$7,215,000	$8,210,000	-$995,000
Wyoming	$2,143,000	$3,284,000	-$1,141,000
Puerto Rico	$12,960,000	$18,942,000	-$5,982,000
BIA and Outlying Areas	$9,500,000	$13,432,000	-$3,932,000
Native Hawaiians	$938,000	$1,343,000	-$405,000
Total Appropriation	$468,949,000	$671,627,000	-$202,678,000

Note: Because the No Child Left Behind Act authorizes such sums as necessary in FY 2004, the FY 2004 NCLB level is estimated at the FY 2002 authorization level of $650 million adjusted by the GDP Price Index for FY 2003 and FY 2004 as projected by the Congressional Budget Office.

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

STATE GRANTS FOR ASSESSMENTS

(Dollars rounded to nearest $000; amounts may not sum to totals)

State	FY 2004 Committee Estimate	FY 2004 NCLB Estimate	Difference
Alabama	$6,531,000	$8,298,000	-$1,767,000
Alaska	$3,611,000	$3,917,000	-$306,000
Arizona	$7,202,000	$9,305,000	-$2,103,000
Arkansas	$5,129,000	$6,194,000	-$1,065,000
California	$31,863,000	$46,306,000	-$14,443,000
Colorado	$6,428,000	$8,144,000	-$1,716,000
Connecticut	$5,639,000	$6,960,000	-$1,321,000
Delaware	$3,611,000	$3,916,000	-$305,000
District of Columbia	$3,352,000	$3,528,000	-$176,000
Florida	$14,525,000	$20,293,000	-$5,768,000
Georgia	$9,718,000	$13,080,000	-$3,362,000
Hawaii	$3,929,000	$4,393,000	-$464,000
Idaho	$4,158,000	$4,738,000	-$580,000
Illinois	$13,110,000	$18,169,000	-$5,059,000
Indiana	$7,913,000	$10,372,000	-$2,459,000
Iowa	$5,327,000	$6,491,000	-$1,164,000
Kansas	$5,238,000	$6,357,000	-$1,119,000
Kentucky	$6,111,000	$7,668,000	-$1,557,000
Louisiana	$6,851,000	$8,779,000	-$1,928,000
Maine	$3,984,000	$4,476,000	-$492,000
Maryland	$7,280,000	$9,421,000	-$2,141,000
Massachusetts	$7,707,000	$10,062,000	-$2,355,000
Michigan	$11,210,000	$15,319,000	-$4,109,000
Minnesota	$7,086,000	$9,130,000	-$2,044,000
Mississippi	$5,436,000	$6,655,000	-$1,219,000
Missouri	$7,515,000	$9,774,000	-$2,259,000
Montana	$3,748,000	$4,122,000	-$374,000
Nebraska	$4,422,000	$5,134,000	-$712,000
Nevada	$4,562,000	$5,344,000	-$782,000
New Hampshire	$3,998,000	$4,498,000	-$500,000
New Jersey	$9,503,000	$12,757,000	-$3,254,000
New Mexico	$4,613,000	$5,420,000	-$807,000
New York	$17,727,000	$25,096,000	-$7,369,000
North Carolina	$9,080,000	$12,122,000	-$3,042,000
North Dakota	$3,518,000	$3,778,000	-$260,000
Ohio	$12,105,000	$16,661,000	-$4,556,000
Oklahoma	$5,800,000	$7,201,000	-$1,401,000
Oregon	$5,661,000	$6,993,000	-$1,332,000
Pennsylvania	$12,365,000	$17,052,000	-$4,687,000
Rhode Island	$3,785,000	$4,178,000	-$393,000
South Carolina	$6,179,000	$7,770,000	-$1,591,000
South Dakota	$3,647,000	$3,971,000	-$324,000
Tennessee	$7,369,000	$9,555,000	-$2,186,000
Texas	$21,190,000	$30,292,000	-$9,102,000
Utah	$5,174,000	$6,261,000	-$1,087,000
Vermont	$3,485,000	$3,727,000	-$242,000
Virginia	$8,447,000	$11,173,000	-$2,726,000
Washington	$7,778,000	$10,169,000	-$2,391,000
West Virginia	$4,283,000	$4,925,000	-$642,000
Wisconsin	$7,381,000	$9,573,000	-$2,192,000
Wyoming	$3,418,000	$3,627,000	-$209,000
Puerto Rico	$6,400,000	$8,102,000	-$1,702,000
BIA and Outlying Areas	$3,900,000	$5,063,000	-$1,163,000
Total Appropriation	$390,000,000	$506,303,000	-$116,303,000

Note: Because the No Child Left Behind Act authorizes such sums as necessary in FY 2004, the FY 2004 NCLB level is estimated at the FY 2002 authorization level of $490 million adjusted by the GDP Price Index for FY 2003 and FY 2004 as projected by the Congressional Budget Office.

Source: House Appropriations Committee Minority Staff, with the assistance of the Congressional Research Service based on data provided by the U.S. Department of Education.

Attachment B

SUMMARY OF DEMOCRATIC SUBSTITUTE
FY 2004 LABOR-HHS-EDUCATION APPROPRIATIONS BILL

(As offered by Congressman David Obey
During Appropriations Committee Consideration of the Bill)

Education

The Democratic substitute –

- **Fulfills the education promises in the Republican budget resolution** by providing a $5 billion increase for education over FY 2003 ($2.8 billion more than the Committee bill); increasing Title I grants by $1 billion over FY 2003 to help low-performing, low-income children succeed in school ($334 million more than the Committee bill); and increasing Special Education grants to offset the cost of educating children with disabilities by $2.2 billion over FY 2003 ($1.2 billion more than the Committee bill).

- **Adds funding to pay for *No Child Left Behind Act* mandates** by providing $3.175 billion for teacher quality grants – the amount promised two years ago in the *NCLB Act* (and $244 million more than the Committee bill); $1.1 billion to provide safe learning opportunities for children in after-school centers ($100 million more than the Committee bill); $750 million to help immigrant students learn English ($64 million more than the Committee bill); and $1.4 billion for schools near military bases and other federal facilities ($165 million more than the Committee bill).

- **Maintains college access and affordability** by raising the maximum **Pell Grant** to $4,200 – a modest $150 or 4 percent increase over the Committee bill, which freezes the maximum grant at $4,050, to provide a higher education opportunity for all students.

Health

In the health area, the substitute focuses on doing three main things:

- **Shoring up the safety net programs that help provide basic health services to people in need** – through additional funding for Community Health Centers ($73 million), Rural Health Grants ($22 million), and the

Maternal and Child Health Block Grant ($67 million), among other programs;

- **Continuing to rebuild the capacity of our public health system to respond to naturally occurring disease outbreaks and potential biological or chemical terrorist attacks** – by providing a 20 percent increase (over FY 2003) for CDC infectious disease control programs, providing the full $100 million requested by the Administration to prepare for a flu pandemic, and adding $63 million to child immunization programs;

- **Preserving and building on the investments made in biomedical research at NIH** – by providing a 5.5 percent overall increase (including sufficient funds to compensate for inflation and allow the number of new and competing grants to grow by about 6 percent).

The substitute also includes substantial increases (totaling $50 million) for the nurse education and training programs authorized last year to help deal with the nurse shortage, avoids the cuts made by the Committee bill in other health professions programs (such as scholarships for minority and disadvantaged students), and brings the bill up to the full amount requested by the President for Global HIV/AIDS programs.

Other Programs

LIHEAP – The substitute provides a total of $2.250 billion -- $450 million more than the Committee bill – for state formula grants under the Low Income Home Energy Assistance Program, in order to help deal with the impact of rising natural gas prices and the economic downturn.

Community Services Block Grants – The substitute restores $151 million which the Committee bill would cut from CSBG.

Administration on Aging – The substitute adds $82 million for Older Americans Act programs.

Social Security – The substitute adds back the $170 million that the Committee bill cuts from the President's request for Social Security administrative expenses, in order to help Social Security maintain services to the public and reduce the serious backlog of claims for disability benefits.

Offsetting Reduction in Tax Cut at Highest Income Levels

These additions would be offset by a 32 percent reduction in the tax cut that will be received by people with incomes above $1 million as a result of the recently enacted tax bill. Under that legislation, taxpayers with incomes above $1 million receive average tax cuts of $88,000 per year. The substitute would scale that back to an average of $60,000 per year. It would have no effect whatsoever on tax cuts for anyone with income below $1 million.

SUMMARY OF DEMOCRATIC SUBSTITUTE

FY 2004 Appropriations -- Labor, Health and Human Services, Education, and Related Agencies

($ in millions; discretionary budget authority; program levels)

	FY 2003 Comparable	FY 2004 Bush Request	FY 2004 Democratic Substitute	FY 2004 Subcommittee Mark	Democratic Substitute Compared To FY 2003 dollar	Democratic Substitute Compared To FY 2003 percent	Democratic Substitute Compared to Subcmtte. dollar	Democratic Substitute Compared to Subcmtte. percent
TOTAL, Discretionary Program Level	**134,723**	**135,746**	**143,586**	**138,036**	**8,863**	**7%**	**5,550**	**4%**
DEPARTMENT OF EDUCATION	**53,121**	**53,139**	**58,159**	**55,387**	**5,038**	**9%**	**2,772**	**5%**
Elementary and Secondary Education	**35,798**	**34,874**	**39,295**	**37,187**	**3,496**	**10%**	**2,108**	**6%**
No Child Left Behind Act	**23,877**	**22,654**	**25,174**	**24,266**	**1,297**	**5%**	**908**	**4%**
Postsecondary Education	**15,870**	**16,828**	**17,311**	**16,647**	**1,441**	**9%**	**664**	**4%**
Title 1 Grants to School Districts	11,684	12,350	12,684	12,350	1,000	9%	334	3%
Special Education Part B State Grant	8,874	9,529	11,074	9,874	2,200	25%	1,200	12%
Memo; % Federal contribution	*18.2*	*18.9*	*22.0*	*19.6*	*4*	*21%*	*2*	*12%*
Teacher Quality State Grant	2,931	2,850	3,175	2,931	244	8%	244	8%
21st Century After School Centers	994	600	1,100	1,000	107	11%	100	10%
Language Acquisition State Grant	686	665	750	686	64	9%	64	9%
Impact Aid	1,188	1,016	1,403	1,238	215	18%	165	13%
Pell Grant Program	11,365	12,715	12,914	12,250	1,549	14%	664	5%
Memo: Maximum Pell Grant	*4,050*	*4,000*	*4,200*	*4,050*	*150*	*4%*	*150*	*4%*
DEPT. OF HEALTH & HUMAN SERVICES	**60,182**	**60,862**	**63,576**	**61,130**	**3,393**	**6%**	**2,446**	**4%**
National Institutes of Health (incl. bioterrorism-related)	**26,991**	**27,664**	**28,476**	**27,664**	**1,485**	**6%**	**812**	**3%**
Other Health Programs	**18,925**	**18,310**	**19,803**	**18,935**	**878**	**5%**	**869**	**5%**
Health Resources & Services Administration	**6,462**	**5,672**	**6,646**	**6,259**	**184**	**3%**	**387**	**6%**
Community Health Centers	1,505	1,627	1,700	1,627	195	13%	73	4%
Community Access Program (CAP)	104	0	125	104	21	20%	21	20%
Health professions programs, title VII (non-nursing)	308	11	308	278	0	0%	30	11%
Nurse education (incl scholarships/loan repayments)	113	98	163	113	50	45%	50	45%
Maternal & Child Health Block Grant	730	751	800	733	70	10%	67	9%
Ryan White AIDS programs	2,018	2,010	2,148	2,024	130	6%	125	6%
Rural health outreach grants	58	38	80	58	22	37%	22	37%
Centers for Disease Control (including facilities)	**4,495**	**4,319**	**4,767**	**4,552**	**272**	**6%**	**215**	**5%**
Environmental health	183	168	193	185	10	5%	8	4%
HIV/AIDS, STDs, tuberculosis -- domestic programs	1,004	987	1,049	1,005	45	4%	44	4%
Global HIV/AIDS	183	294	294	243	111	61%	51	21%
Immunization	651	621	714	651	63	10%	63	10%

FY 2004 Appropriations -- Labor, Health and Human Services, Education, and Related Agencies

($ in millions; discretionary budget authority; program levels)

	FY 2003 Comparable	FY 2004 Bush Request	FY 2004 Democratic Substitute	FY 2004 Subcommittee Mark	Democratic Substitute Compared To FY 2003 dollar	Democratic Substitute Compared To FY 2003 percent	Democratic Substitute Compared to Subcmtte. dollar	Democratic Substitute Compared to Subcmtte. percent
Infectious disease control	359	332	431	382	72	20%	49	13%
Substance Abuse & Mental Health Services Admin.	**3,212**	**3,409**	**3,391**	**3,345**	**180**	**6%**	**46**	**1%**
Mental health	856	834	910	864	54	6%	46	5%
Bioterrorism & Public Health Preparedness (non-NIH)	**1,887**	**1,896**	**1,997**	**1,777**	**110**	**6%**	**220**	**12%**
Human Services Programs	**14,464**	**14,792**	**15,204**	**14,439**	**740**	**5%**	**766**	**5%**
LIHEAP	1,788	2,000	2,250	1,800	462	26%	450	25%
Child Care & Development Block Grant	2,086	2,100	2,200	2,100	114	5%	100	5%
Head Start	6,668	6,816	6,816	6,816	148	2%	0	0%
Refugee Assistance	478	462	462	462	-16	-3%	0	0%
Other Children & Family Services Programs	1,963	1,872	1,927	1,784	-35	-2%	143	8%
Administration on Aging	1,367	1,344	1,449	1,377	82	6%	72	5%
DEPARTMENT OF LABOR	**11,848**	**11,622**	**11,841**	**11,682**	**-7**	**0%**	**159**	**1%**
Employment & Training	**9,412**	**9,222**	**9,305**	**9,305**	**-107**	**-1%**	**0**	**0%**
Worker Protection Programs	**1,234**	**1,260**	**1,282**	**1,260**	**48**	**4%**	**22**	**2%**
Bureau of Labor Statistics	492	512	518	512	25	5%	5	1%
International Labor Affairs	147	12	147	12	0	0%	135	1098%
RELATED AGENCIES	**9,608**	**10,243**	**10,229**	**10,055**	**621**	**6%**	**174**	**2%**
Social Security Administration	7,968	8,620	8,620	8,450	652	8%	170	2%
National Labor Relations Board	237	243	243	239	6	2%	4	2%

Attachment C

Summary Of Obey Amendment

To Restore The Bush Administration Cuts In State Tax Deduction In The Student Financial Aid Formula

(As offered during Appropriations Committee consideration of the bill)

After taking millionaires off the tax rolls, the Bush Administration plans to collect more from students and their parents. On May 30, 2003, the Administration quietly issued a new regulation to put an additional financial squeeze on millions of college students and their families by cutting their deduction for state and local taxes in the student financial aid eligibility formula. As a result, many of these families can expect to pay more toward college expenses next year and receive less in federal financial aid.

The Obey Amendment would prevent the Bush Administration from cutting the allowances for state tax payments.

The new student aid state tax allowances published by the Department of Education will reduce the state tax percentage deduction for nearly all students - when the state and local tax burden is going up, not down for many families. The Department's new state tax rates, however, are based on outdated data from 2000. Since then, our economy has spiraled downward, and many states and local communities have had to increase taxes in order to offset budget shortfalls.

Nationwide, the Administration's regulation could result in the loss of hundreds of millions of federal assistance to students and families. The Department of Education estimates that 84,000 students would lose Pell Grant eligibility altogether as a result of the regulation.

However, because the federal student aid formula is widely used in distributing all types of aid, the Administration's proposal affects not only Pell Grants and federal student loans, but also state and institutional assistance. According to the student aid director at Knox College in Illinois, "It is one of these really technical things that has great effect...The impact will not be minimal."

The Bush regulatory changes will force parents and students to work more, go deeper into debt, and dig deeper into their own pockets. In contrast, the Obey Amendment would help to ensure that students are not denied critical financial aid at a time when they need it the most.

- Under the Bush regulation, a full-time student from a family of four with an income of $45,000 living in Wisconsin would have to pay about $400 more toward college expenses and their child's Pell Grant would be cut by about $400. This student would get an estimated $1,300 Pell Grant under the Bush regulation compared to a $1,700 Pell Grant under this Amendment.
- Under the Bush regulation, a single parent in South Carolina with an income of $30,000 and one child attending college would have to pay about $260 more toward college expenses, and her child's Pell Grant would be cut about $200. This student would get an estimated $2,400 Pell Grant under the Bush regulation compared to a $2,600 Pell Grant under this Amendment.
- Under the Bush regulation, a family of four living in Pennsylvania earning $63,000 and with some limited assets, with a daughter attending college full time would have to pay about $800 more toward college expenses. This student would not qualify for a Pell Grant, but her eligibility for low-rate, subsidized federal student loans could be reduced.
- Under the Bush regulation, a married independent student in Kentucky with an income of $20,000, and no dependents, attending college full time would have to pay about $100 more toward college expenses. This student would get an estimated $600 Pell Grant under the Bush regulation compared to a $700 Pell Grant under this Amendment.
- Under the Bush regulation, a family of four living in New Jersey with one child in college, attending full time, would have to pay about $100 more toward college expenses. This student would get an estimated $1,600 Pell Grant under the Bush regulation compared to a $1,700 Pell Grant under this Amendment.
- Under the Bush regulation, a family of four living in New York with one child in college, attending full time, would have to pay about $300 more toward college expenses. This student would

get an estimated $1,700 Pell Grant under the Bush regulation compared to a $2,000 Pell Grant under this Amendment.

The Bush Student Aid Regulation

	Percentage of Income for State and Other Taxes Deduction Under the Federal Student Financial Aid Need Analysis Methodology*			
	Current Rule 2003 School Year	Bush Rule 2004 School Year	Difference	Effective Cut in Deduction
Alabama	4.00%	2.00%	-2.0%	-50.0%
Alaska	2.00%	1.00%	-1.0%	-50.0%
Arizona	5.00%	3.00%	-2.0%	-40.0%
Arkansas	5.00%	2.00%	-3.0%	-60.0%
California	7.00%	5.00%	-2.0%	-28.6%
Colorado	6.00%	3.00%	-3.0%	-50.0%
Connecticut	5.00%	5.00%	0.0%	0.0%
Delaware	7.00%	3.00%	-4.0%	-57.1%
District of Columbia	9.00%	6.00%	-3.0%	-33.3%
Florida	3.00%	1.00%	-2.0%	-66.7%
Georgia	6.00%	4.00%	-2.0%	-33.3%
Hawaii	7.00%	3.00%	-4.0%	-57.1%
Idaho	6.00%	4.00%	-2.0%	-33.3%
Illinois	5.00%	3.00%	-2.0%	-40.0%
Indiana	5.00%	3.00%	-2.0%	-40.0%
Iowa	7.00%	3.00%	-4.0%	-57.1%
Kansas	6.00%	3.00%	-3.0%	-50.0%
Kentucky	6.00%	4.00%	-2.0%	-33.3%
Louisiana	3.00%	1.00%	-2.0%	-66.7%
Maine	8.00%	5.00%	-3.0%	-37.5%
Maryland	8.00%	6.00%	-2.0%	-25.0%
Massachusetts	8.00%	5.00%	-3.0%	-37.5%
Michigan	8.00%	4.00%	-4.0%	-50.0%
Minnesota	8.00%	5.00%	-3.0%	-37.5%
Mississippi	4.00%	2.00%	-2.0%	-50.0%
Missouri	5.00%	3.00%	-2.0%	-40.0%
Montana	7.00%	4.00%	-3.0%	-42.9%
Nebraska	7.00%	3.00%	-4.0%	-57.1%
Nevada	2.00%	1.00%	-1.0%	-50.0%
New Hampshire	6.00%	3.00%	-3.0%	-50.0%
New Jersey	7.00%	6.00%	-1.0%	-14.3%
New Mexico	5.00%	2.00%	-3.0%	-60.0%
New York	10.00%	7.00%	-3.0%	-30.0%
North Carolina	7.00%	4.00%	-3.0%	-42.9%
North Dakota	5.00%	1.00%	-4.0%	-80.0%
Ohio	7.00%	4.00%	-3.0%	-42.9%
Oklahoma	5.00%	3.00%	-2.0%	-40.0%
Oregon	9.00%	6.00%	-3.0%	-33.3%
Pennsylvania	6.00%	3.00%	-3.0%	-50.0%
Rhode Island	8.00%	5.00%	-3.0%	-37.5%
South Carolina	7.00%	3.00%	-4.0%	-57.1%
South Dakota	3.00%	0.00%	-3.0%	-100.0%
Tennessee	2.00%	0.00%	-2.0%	-100.0%
Texas	2.00%	1.00%	-1.0%	-50.0%
Utah	7.00%	4.00%	-3.0%	-42.9%
Vermont	7.00%	4.00%	-3.0%	-42.9%
Virginia	7.00%	4.00%	-3.0%	-42.9%
Washington	3.00%	1.00%	-2.0%	-66.7%
Wisconsin	9.00%	5.00%	-4.0%	-44.4%
Wyoming	2.00%	0.00%	-2.0%	-100.0%
West Virginia	5.00%	2.00%	-3.0%	-60.0%

** For parents earning $15,000 or more with dependent students. From the Department of Education "Notice of Revision of the Federal Need Analysis Methodology for the 2004-2005 Award Year", published on May 30, 2003 in the Federal Register.*

House Appropriations Cmtte.
Minority Staff
June 20, 2003

ADDITIONAL DISSENTING VIEWS OF DAVID OBEY

In addition to under-funding high-priority education, health, and human services programs, the bill fails to take advantage of an opportunity to address another urgent need—the need to restore health coverage to hundreds of thousands of children and others who have lost access to health care because of state budget cuts.

During the Committee's consideration of this bill, I offered an amendment that would have restored Medicaid and SCHIP coverage to children who have been removed from those programs over the past two years. Regrettably, that amendment was defeated, on a roll call vote that is published in this report.

THE PROBLEM

At the same time that high unemployment is causing many Americans to lost their job-related health coverage, the state fiscal crisis is leading states to cut back health coverage through Medicaid, SCHIP (the State Child Health Insurance Program) and various state-financed programs.

According to surveys by the Kaiser Commission on Medicaid and the Uninsured, 49 of the 50 states had implemented—or were planning to implement—cutbacks in Medicaid during fiscal year 2003. These included reductions in eligibility (27 states), reductions in benefits (25 states), more stringent cost controls on prescription drug coverage (45 states), increased beneficiary co-payments (17 states), and reductions or freezes in provider payments (37 states).

In March, the Center on Budget and Policy Priorities reported that budget reductions adopted or proposed in 22 states would lead to the elimination of health coverage for 1.7 million people, if all the proposals were adopted, others have been modified or rejected, and additional cutbacks have been proposed as states continue to struggle with large budget deficits.

These cuts involve all categories of beneficiaries—parents, disabled people, people who qualify for Medicaid because of high medical costs, and so on. A number of the cuts involve children.

As part of the recently enacted tax bill, Congress did provide some relief to states, including a temporary increase in the federal matching rate for Medicaid. That measure, however, did very little to require states to restore benefits. The only condition placed on the higher federal Medicaid match was that states not further restrict eligibility after September 2, 2003. In other words, to qualify for the additional federal assistance, states do not need to put anyone back on the Medicaid rolls and they have until this coming September to enact further eligibility cutbacks. They just have to stop reducing eligibility after September 2—at least until the temporary higher matching rate expires in June 2004.

THE AMENDMENT

The amendment that I offered during the Committee markup provides some additional federal assistance to state Medicaid programs—a further one percentage point increase in the federal matching rate during fiscal year 2004. (With the tax bill's increase in place, the matching rate now ranges from about 53 percent to about 80 percent, and averages about 60 percent). The Obey amendment's additional assistance would amount to a bit less than $3 billion during FY 2004.

However, in order to receive this additional aid, the amendment requires states to refrain from any further cutbacks in eligibility for children—under both the Medicaid and SCHIP programs—and to restore eligibility for children to the rules that prevailed on July 1, 2001. Thus, the higher matching rate would be available to states that have not reduced eligibility for children during the past two years, and to states that did reduce eligibility but that restore the cuts.

It is certainly hoped that the state fiscal assistance enacted last month—plus the additional help proposed by this amendment—would make it possible for states to restore coverage to all categories of beneficiaries who have lost eligibility as a result of the fiscal crisis. However, the amendment insists that states restore coverage at least for children as a condition of the further aid.

The cost of the amendment would be offset by a modest reduction in the benefits that the highest-income taxpayers receive under the 2003 tax bill—specifically, the tax cuts would be reduced by 18 percent for taxpayers with incomes above $1 million. This group receives tax cuts averaging $88,000 under the legislation enacted last month; my amendment would reduce their average tax cut to $72,000. No one with income below $1 million per year would have their tax cut changed in any way by the amendment.

DAVE OBEY.

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