

[COMMITTEE PRINT]

NOTICE: This is a draft for use of the Committee and its staff only, in preparation for markup.

Calendar No. 000

113TH CONGRESS } 2nd Session }	SENATE	{ REPORT 113-00
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2015

JUNE 00, 2014.—Ordered to be printed

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

REPORT

[To accompany S. 0000]

The Committee on Appropriations reports the bill (S. 0000) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2015, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amounts to new budget authority

Total of bill as reported to the Senate	\$848,378,218
Amount of 2014 appropriations	802,052,910
Amount of 2015 budget estimate	845,769,028
Bill as recommended to Senate compared to:	
2014 appropriations	+ 46,325,308
2015 budget estimate	+ 2,609,190

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LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act
ACL—Administration for Community Living
ADAP—AIDS Drug Assistance Program
AHEC—area health education center
AHRQ—Agency for Healthcare Research and Quality
AP—Advanced Placement
APH—American Printing House for the Blind
ARRA—American Recovery and Reinvestment Act of 2009
ASH—Assistant Secretary for Health
ASPR—Assistant Secretary for Preparedness and Response
BARDA—Biomedical Advanced Research and Development Au-
thority
BCA—Budget Control Act of 2011
BLS—Bureau of Labor Statistics
CAN—Cures Acceleration Network
CCAMPIS—Child Care Access Means Parents in School
CCDBG—Child Care and Development Block Grant
CDC—Centers for Disease Control and Prevention
CHAFL—College Housing and Academic Facilities Loans
CHC—Community health center
CHGME—Children’s Hospitals Graduate Medical Education
CJ—Justification of Estimates for Appropriations Committees
CMHS—Center for Mental Health Services
CMS—Centers for Medicare and Medicaid Services
CNCS—Corporation for National and Community Service
CPB—Corporation for Public Broadcasting
CSAP—Center for Substance Abuse Prevention
CSAT—Center for Substance Abuse Treatment
CSBG—Community Services Block Grant
CSEOA—Community Service Employment for Older Americans
DOD—Department of Defense
DOE—Department of Energy
DOL—Department of Labor
EBSA—Employee Benefits Security Administration
EEOICPA—Energy Employees Occupational Illness Compensa-
tion Program Act
ERISA—Employee Retirement Income Security Act of 1974
ESEA—Elementary and Secondary Education Act
ETA—Employment and Training Administration
FDA—Food and Drug Administration
FEMA—Federal Emergency Management Agency
FIC—Fogarty International Center
FIE—Fund for the Improvement of Education
FIPSE—Fund for the Improvement of Postsecondary Education
FMCS—Federal Mediation and Coalition Service
FMSHRC—Federal Mine Safety and Health Review Commission
FTE—full-time equivalent
FWS—Federal Work Study
GAANN—Graduate Assistance in Areas of National Need
GAO—Government Accountability Office

GEAR UP—Gaining Early Awareness and Readiness for Undergraduate Programs
 HBCUs—Historically Black Colleges and Universities
 HCERA—Health Care and Education Reconciliation Act of 2010
 HCFAC—Health Care Fraud and Abuse Control
 HEA—Higher Education Act
 HELP—Health, Education, Labor, and Pensions
 HFFI—Healthy Foods Financing Initiative
 HHS—Health and Human Services
 HRSA—Health Resources and Services Administration
 IC—Institute and Center
 IDeA—Institutional Development Award
 IDEA—Individuals with Disabilities Education Act
 IES—Institute of Education Sciences
 IMLS—Institute of Museum and Library Services
 IOM—Institute of Medicine
 LEA—local educational agency
 LIHEAP—Low Income Home Energy Assistance Program
 MACPAC—Medicaid and CHIP Payment and Access Commission
 MCH—maternal and child health
 MedPAC—Medicare Payment Advisory Commission
 MSHA—Mine Safety and Health Administration
 NAEP—National Assessment of Educational Progress
 NAGB—National Assessment Governing Board
 NCATS—National Center for Advancing Transitional Sciences
 NCBDDD—National Center on Birth Defects and Developmental Disabilities
 NCEA—National Center for Education Statistics
 NCHS—National Center for Health Statistics
 NCI—National Cancer Institute
 NEI—National Eye Institute
 NHGRI—National Human Genome Research Institute
 NHLBI—National Heart, Lung, and Blood Institute
 NIA—National Institute on Aging
 NIAAA—National Institute on Alcohol Abuse and Alcoholism
 NIAID—National Institute of Allergy and Infectious Disease
 NIAMS—National Institute of Arthritis and Musculoskeletal and Skin Diseases
 NIBIB—National Institute of Biomedical Imaging and Bioengineering
 NICHD—Eunice Kennedy Shriver National Institute of Child Health and Human Development
 NIDA—National Institute on Drug Abuse
 NIDCD—National Institute on Deafness and Other Communication Disorders
 NIDCR—National Institute of Dental and Craniofacial Research
 NIDDK—National Institute of Diabetes and Digestive and Kidney Disease
 NIDRR—National Institute on Disability and Rehabilitation Research
 NIEHS—National Institute of Environmental Health Sciences
 NIGMS—National Institute of General Medical Sciences
 NIH—National Institutes of Health
 NIMH—National Institute on Mental Health

NIMHD—National Institute on Minority Health and Health Disparities
 NINDS—National Institute of Neurological Disorders and Stroke
 NINR—National Institute of Nursing Research
 NLM—National Library of Medicine
 NLRB—National Labor Relations Board
 NSF—National Science Foundation
 NSIP—Nutrition Services Incentives Program
 NTID—National Technical Institute for the Deaf
 NFP—Not-for-Profit
 OAR—Office of AIDS Research
 OCR—Office for Civil Rights
 ODEP—Office of Disability Employment Policy
 OFCCP—Office of Federal Contract Compliance Programs
 OIG—Office of the Inspector General
 OLMS—Office of Labor-Management Standards
 OMB—Office of Management and Budget
 OMH—Office of Minority Health
 OMHA—Office of Medicare Hearings and Appeals
 ONC—Office of the National Coordinator for Health Information Technology
 ORR—Office of Refugee Resettlement
 ORWH—Office of Research on Women’s Health
 OSEP—Office of Special Education Programs
 OSHA—Occupational Safety and Health Administration
 OWCP—Office of Workers’ Compensation Programs
 OWH—Office of Women’s Health
 PAIMI—protection and advocacy for individuals with mental illness
 PATH—Projects for Assistance in Transition From Homelessness
 PBGC—Pension Benefit Guaranty Corporation
 PHS—Public Health Service
 PPH Fund—Prevention and Public Health Fund
 PRNS—Programs of Regional and National Significance
 PROMISE—Promoting School Readiness of Minors in SSI
 RSA—Rehabilitation Services Administration
 SAMHSA—Substance Abuse and Mental Health Services Administration
 SAPT—substance abuse prevention and treatment
 SEA—State educational agency
 SEOG—Supplemental Educational Opportunity Grant
 SIG—School Improvement Grants
 SPRANS—Special Projects of Regional and National Significance
 SSA—Social Security Administration
 SSBG—Social Services Block Grant
 SSI—Supplemental Security Income
 STEM—science, technology, engineering, and mathematics
 TB—tuberculosis
 TBI—traumatic brain injury
 TIF—Teacher Incentive Fund
 TIVAS—Title IV Additional Services
 UAC—unaccompanied alien children
 UCEDD—University Center for Excellence in Developmental Disabilities

UI—unemployment insurance
USAID—U.S. Agency for International Development
VETS—Veterans' Employment and Training Services
VISTA—Volunteers in Service to America
VR—Vocational Rehabilitation
WANTO—Women in Apprenticeship and Non-Traditional Occupations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIF—Workforce Innovation Fund
WISEWOMAN—Well-Integrated Screening and Evaluation for Women Across the Nation

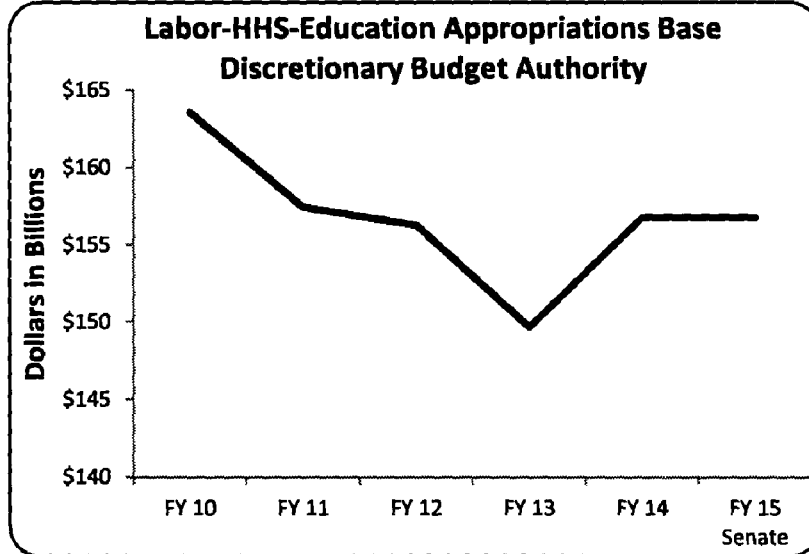
SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2015, the Committee recommendation includes \$156,773,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,484,000,000 in cap adjustments for healthcare fraud and abuse control and for program integrity at the Social Security Administration, in accordance with the allocation for this bill.

Fiscal year 2014 levels cited in this report reflect the enacted amounts in Public Law 113-6, the Consolidated and Further Continuing Appropriations Act, 2014, including any agency transfers and reprogrammings allowed in Public Law 113-6 that have occurred since that law's enactment.

OVERVIEW

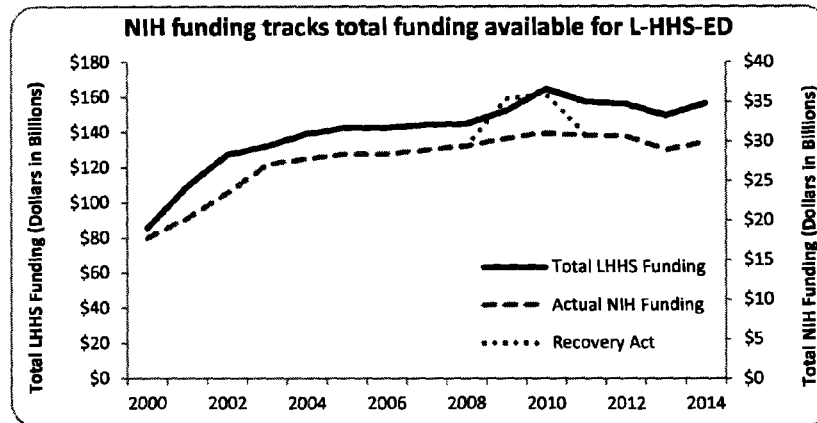
The Labor, Health and Human Services, and Education, and Related Agencies (Labor-HHS-Education) appropriations bill constitutes the largest share of non-defense discretionary spending, 32 percent of the total. As a result the funding available for programs in this bill—everything from NIH to home energy assistance—is closely tied to the total. This fiscal year, total non-defense discretionary budget authority subject to statutory discretionary spending caps is scheduled to increase by just 0.1 percent.



Overall, non-defense discretionary spending, adjusted for inflation, has been on a downward trend since fiscal year 2010. Without adjusting for inflation, the total budget authority subject to discretionary spending caps in the Labor-HHS-Education appropriations bill has decreased by \$6.8 billion since 2010. Going forward, in fiscal year 2016 non-defense discretionary spending is scheduled to

reach its lowest level as a share of the economy since this data was collected in 1962. As the cost to provide critical services and conduct life-changing research increases even just with inflation, the pressure on programs at the Federal, State, and local level to do more with less has been building even in programs that have been level-funded.

For example, if the appropriation for NIH had kept up with biomedical inflation over the last decade, NIH's appropriation would have totaled \$37,000,000,000 in 2013, instead of the \$28,900,000,000 that was actually appropriated. This loss of \$8,100,000,000 billion is not an example of neglect by this bill or this Committee. NIH received annual increases approximately equal to the total increase provided to this bill, as well as a substantial appropriation in the American Recovery and Reinvestment Act in fiscal year 2009. While receiving annual increases and experiencing none of the cuts in discretionary spending (other than the fiscal year 2013 across the board sequester), NIH still lost 28 percent of its purchasing power. Due to the impact of inflation, restraining growth in the discretionary spending caps is tantamount to a cut.



The Labor-HHS-Education appropriations bill provides funding for a broad range of programs that spur future economic growth and provide a safety net for those who fall through the cracks. The bill provides support for high-quality early learning opportunities for our youngest children; basic medical research that invests in future cures; preventive services and care that help individuals live healthy lives; job training that help the unemployed return to work; support for local school districts; and the enforcement of employee rights in the workplace. It also supports the administrative expenses for the Social Security, Medicare, Medicaid, and unemployment insurance programs that provide basic retirement security, income security for individuals with debilitating disabilities, access to healthcare, and temporary financial assistance to unemployed workers. Even still, this represents only a piece of what the programs funded in this bill provide for communities and millions of Americans every day.

The appropriations process is always about balancing priorities among limited resources, but these choices have rarely been more acute than this year. Total spending in this bill subject to discretionary spending caps is exactly equal to the comparable fiscal year 2014 level. This means all increases in discretionary budget authority provided in this bill are fully offset by cuts elsewhere in this bill. That has forced the Committee to continue to make difficult decisions, including cuts to spending in mandatory programs and targeted program reductions and eliminations, to pay for modest increases and continued support for key programs, and to respond to critical and emerging needs.

The priorities and considerations of the Committee in developing this bill are summarized in the section below:

INCREASING ACCESS TO HIGH-QUALITY EARLY CHILDHOOD CARE AND
EDUCATION

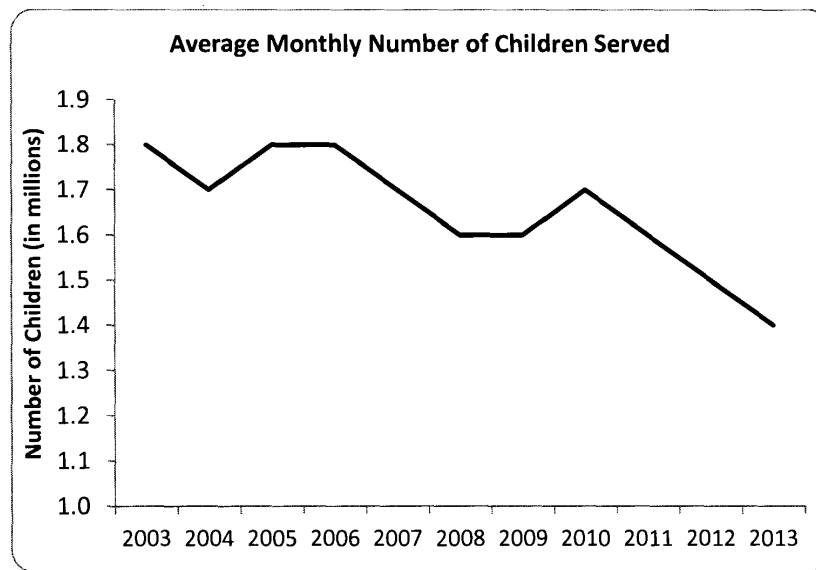
High-quality early childhood care and education has been proven to have positive, lasting effects for children and families. It also supports the Nation's long-term economic security by preparing our next generation of workers, entrepreneurs, and business leaders. The Committee provides a combined increase of \$348,327,000 for key early childhood care and education programs in this bill: Head Start, the Child Care and Development Block Grant, Preschool Development Grants, and IDEA Grants for Infants and Families. Together, they address the entire age range of birth through 5.

Head Start.—The Committee recommendation includes \$8,742,845,000, a \$145,000,000 increase, for Head Start. This will support a 1 percent increase for current grantees to help keep up with rising costs and continue to provide high-quality services, and a \$65,000,000 increase for Early Head Start for children from birth to age 3, including continued support for Early Head Start-Child Care Partnerships.

The entire body of research on Head Start shows that the program has short and long-term benefits for children and families. Children in Head Start are less likely to repeat a grade, or be placed into special education, do better on measures of cognitive development and social-emotional behavior, and later in life are more likely to graduate high school and go onto college. This mirrors the extensive body of research on high-quality early childhood education more generally. Importantly, many long-term benefits have appeared even while many outcomes converged during elementary school, suggesting early learning programs have lasting but harder to measure benefits in early elementary school. The Committee recommendation supports the continued expansion of Head Start, building on the significant investments made in the same activities in fiscal year 2014.

Child Care and Development Block Grant.—The Committee recommendation includes \$2,458,246,000, a \$100,000,000 increase, for the CCDBG. In March 2014 the Senate overwhelmingly passed the CCDBG Act of 2014. This important reauthorization includes many key updates and reforms that will help improve the quality of child care programs across the country. However, improving quality while maintaining the number of children and families receiving assistance will require additional resources. The establishment of

the CCDBG was a central component of welfare reform in the 1990s to provide critical supports to help working families stay in the workforce or return to work. However, already in recent years States have significantly reduced the number of children served, from 1.8 million in 2006 to 1.5 million in 2012, to an estimated 1.4 million in 2013. States are also finding it difficult to maintain subsidy and reimbursement rates at levels that ensure access to high-quality child care options. As a result, fewer families are receiving assistance, and those that do are finding it harder to afford quality child care.



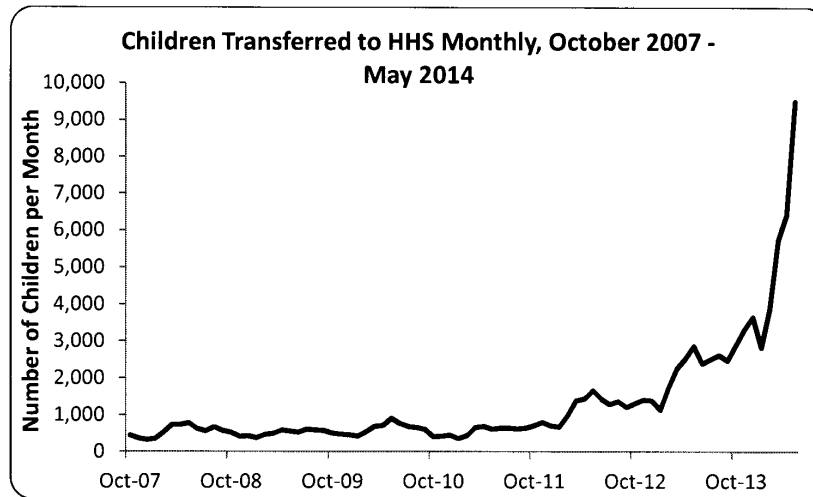
The discretionary funding provided in this bill for the CCDBG represents only about 25 percent of total funding for the combined Child Care and Development Fund. Additional funding is provided through the Child Care Entitlement to States program and TANF. The Committee recommendation is an important step in helping States improve quality while maintaining access to affordable child care.

Preschool Development Grants.—The Committee recommends \$350,000,000, an increase of \$100,000,000, to continue support for Preschool Development Grants. In 2014, the Departments of Education and HHS will award \$250,000,000 to States through Development and Expansion grants designed to help States initiate or implement high-quality public preschool programs for low- and moderate-income families. This bill provides continued support for those awards as well as resources for additional States interested in initiating or expanding high-quality public preschool programs. Research is clear that the benefits of high-quality early childhood education programs exceed costs by varying but significant amounts.

Statewide Longitudinal Data Systems.—The Committee recommends \$34,539,000, the same amount as the current year, for Statewide longitudinal data systems. These grants to States will help with the development of linkages between early childhood education and elementary and secondary data systems. These linkages can help assess the effects of and improve the quality of early childhood education programs.

RESPONDING TO EMERGING NEEDS AND CHANGING CIRCUMSTANCES

Unaccompanied Alien Children [UAC] Program.—Beginning in 2012, the number of children fleeing escalating gang and drug violence in Central America, seeking relief in the United States and to reunite with families already living here, began to significantly increase. The number of children has dramatically increased in fiscal year 2014, creating an urgent humanitarian crisis. In May 2014 alone, approximately 9,500 children were apprehended by DHS and transferred to HHS care, a more than 300 percent increase over May 2013, and approximately 150 percent more than the total number of children in all of fiscal year 2011.



The Committee recommendation includes \$1,940,000,000 for the UAC program, a \$1,028,152,000 increase over the comparable fiscal year 2014 level. In addition, given the uncertainty of estimates in this program, the Committee provides expanded transfer authority to respond to sudden or urgent needs in the future. Therefore, if current trends continue the Committee recommendation will provide needed resources to increase shelter capacity and provide critical support services for children in HHS care, and after they've been released to a parent or sponsor.

This is an emergency situation by any typical definition. The Committee takes a responsible approach and pays for needed increases in the UAC program, and all discretionary increases in this bill, with corresponding cuts to mandatory spending or other targeted program reductions or eliminations.

Student Loan Servicing.—The Bipartisan Budget Act of 2013 eliminated the mandatory funding source that supported the NFP servicer program and two of the TIVAS contracts. The Committee recommendation of \$1,446,924,000 for the Student Aid Administration, an increase of \$280,924,000, replaces the mandatory funds eliminated in the Bipartisan Budget Act with discretionary funding for all servicing contracts and to prevent the disruption of student loan servicing for millions of borrowers.

ASSISTING PEOPLE WITH DISABILITIES

Fiscal year 2015 will be 25 years after the passage of the Americans with Disabilities Act [ADA]. The law has played a fundamental role improving the accessibility of our homes, our workplaces and our country as well as raising the expectations of people with disabilities about what's achievable in work and in life. Unfortunately, the reality is that young individuals with disabilities are still today half as likely to be employed as those without disabilities, two out of every three working-age adults with disabilities remain outside the labor force, and hundreds of thousands of working-age Americans with disabilities are trapped in nursing homes and institutions, separated from their families and communities, often against their wishes.

The Committee believes the Federal Government has a responsibility to ensure that Americans with disabilities have an equal opportunity to be independent, fully integrated, and self-sufficient. The bill advances a new disability initiative that includes:

Special Education.—The Committee bill provides \$11,512,848,000, an increase of \$40,000,000, under section 611 of part B Grants to States for educating students with disabilities between the ages of 3 and 21. The bill also includes \$441,825,000, an increase of \$3,327,000, to support statewide systems of coordinated and early intervention services for children with disabilities 2 years old and younger, as well as their families.

Promoting Readiness of Minors in SSI.—The Committee bill continues the PROMISE program, an interagency effort to improve outcomes for children, and the families of children, receiving SSI benefits. Funding was first awarded to grantees in late fiscal year 2013 to improve services for these transition-aged youth by encouraging State-level innovation and facilitating better coordination that can help young people with disabilities enter and succeed in competitive, integrated employment.

Transition Model System.—The Committee recommends \$15,000,000 in Vocational Rehabilitation funds remaining available at the end of fiscal year 2015 and not needed for PROMISE to support a new Transition Model System that addresses the complex challenges facing youth with disabilities as they transition from school to adult life.

Special Education Research.—The Committee bill includes \$54,000,000, the same amount as the current year, to support research on how children and adults with disabilities learn and how best to meet their educational needs. At this level, the National Center for Special Education Research should be able to make roughly \$23,000,000 in new awards. The bill also includes

\$11,818,000, an increase of \$1,000,000, for special education studies and evaluations.

Assistive Technology.—The Committee bill provides \$38,000,000, an increase of \$5,000,000, for activities to improve occupational and educational opportunities and the quality of life for people with disabilities through assistive technology. The Committee recommendation will ensure all 50 statewide assistive technology programs, the District of Columbia, and outlying areas will receive the minimum grant provided under statute for the first time.

Office of Disability Employment Policy.—The Committee bill includes \$41,745,000, an increase of \$4,000,000, for the Office of Disability Employment Policy. The increase will be used for grants designed to transition youth with disabilities into competitive, integrated employment.

Disability Early Intervention Initiative.—The Committee recommendation includes \$35,000,000 for a new disability early intervention initiative at SSA. This demonstration project will test models to improve outcomes for individuals with disabilities who are not yet receiving Social Security disability benefits, but who are likely to in the future, focusing on helping them remain in the workforce. Such efforts could reduce the likelihood that certain individuals end up needing Social Security benefits in the future.

Special Education Parent Information and Training.—The Committee recommends \$29,411,000, an increase of \$2,000,000, for parent centers to help children with disabilities succeed in school. These centers help parents understand the educational and developmental needs of their children with disabilities, and provide training and information on how parents can work with the educators and other professionals serving their children.

Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities.—The Committee includes \$12,718,000, an increase of \$2,334,000, to support transition programs for students with intellectual disabilities. Of the funding provided, no less than \$2,000,000 will support a national coordinating center to establish a comprehensive research and evaluation protocol and administer a mentoring program matching current and new grantees to share lessons learned and promote positive academic, social, employment and independent living outcomes for students with intellectual disabilities.

National Information Center to Support Students with Disabilities Transitioning to College.—The Committee bill includes \$3,500,000 for a new national information center to support students with disabilities transitioning to college. The Committee is concerned that students with disabilities attend postsecondary education at a lower rate than students in the general population. The National Center will help bridge the gap between high school and postsecondary education by providing better outreach, recruitment, and other assistance to students with disabilities and their families.

Advocacy for Individuals with Disabilities Employed in Subminimum Wage Positions.—The Committee provides \$35,650,000, a combined increase of \$6,000,000, for the Client Assistance Program and Protection and Advocacy of Individual Rights program. The increased funding is intended to help assist transition-aged students

with disabilities and persons with disabilities in subminimum wage positions obtain competitive, integrated employment.

INCREASING THE EFFECTIVENESS AND COST EFFICIENCY OF
GOVERNMENT

Government reform initiatives are often sweeping proposals that seek to solve large problems. However, the annual appropriations process affords Congress the opportunity to improve how government works continuously. Appropriation bills take a new look at every discretionary program, every year, which gives these bills the ability to react to changing needs and unintended consequences in the intervening years of an authorization bill. This bill advances that longstanding priority by reforming and transforming government in many small ways, and in a few significant ways which are outlined here:

Fighting Healthcare Fraud and Abuse.—The Committee includes \$672,000,000 for the Health Care Fraud and Abuse Control [HCFAC] program at CMS, more than doubling the fiscal year 2014 level. The Committee notes that the latest data demonstrates for every \$1 spent on fraud and abuse, \$8.10 is recovered by the Treasury. This is the highest 3-year average return on investment [ROI] in the 17-year history of HCFAC. By utilizing the cap adjustment provided in the Budget Control Act, the Committee recommendation will create over \$5,400,000,000 in savings to the Treasury. In addition, the Committee has modified the HCFAC bill language to consolidate activities that address fraud in Medicare with those that address fraud in Medicaid. The Committee believes that this reform will streamline fraud prevention, response, and recovery.

Preventing Improper Social Security Payments.—The Committee recommendation includes \$1,396,000,000 for SSA to conduct continuing disability reviews and SSI redeterminations of non-medical eligibility, a \$199,000,000 increase over the fiscal year 2014 level. These periodic reviews ensure that individuals receiving Social Security disability benefits are still eligible to receive them.

PHS Evaluation Transfer.—The Committee has heard growing concern over the impact on NIH of the transfer required by section 241 of the PHS Act and implemented in the annual Labor-HHS bill. This bill reforms the transfer to ensure that in fiscal year 2015, no funds will leave NIH via this transfer. In fact, with this reform, NIH will gain over \$100,000,000 more than it contributes to the transfer this fiscal year.

Diversity in the Health Professions.—The Committee strongly supports greater diversity among health professionals, which has been proven to increase access to care for racial and ethnic minority patients in underserved areas. For this reason, diversity must be a central goal of Federal health training programs. To advance this goal, this bill increases direct aid to students from diverse backgrounds, consolidates programs that support outreach to K–12 students, and focuses investment on supporting undergraduate, post-baccalaureate, and doctoral students. The bill directs HRSA to prioritize support for disadvantaged students throughout the full scope of HRSA training programs totaling \$470,517,000 and includes modified bill language to expand health research funding op-

portunities to schools that have experience recruiting and training students from diverse and disadvantaged backgrounds.

Protecting Students and Taxpayers.—The Committee bill includes a new provision prohibiting colleges and universities from spending Federal educational funding on marketing, recruitment, and advertising. This reform will ensure that Federal resources are targeted at educating students as opposed to online advertisements and aggressive recruiting activities, so that both students and taxpayers receive a good return on their investment.

Research Substances.—The bill includes a new general provision that allows novel research tools created by NIH to be made available to non-NIH funded researchers, with any proceeds being used toward reducing the cost of manufacturing these substances for NIH. This provision ensures broad access to vital scientific tools, while saving money for the Federal Government.

Conference Language.—The Committee bill includes a new provision prohibiting excessive spending on conferences. In addition, the Committee has modified the conference reporting requirement to ameliorate an unintended consequence, which has been reducing the attendance of U.S. scientists at international scientific meetings.

Performance Partnerships for Disconnected Youth.—The Committee bill continues authority for Performance Partnerships that will provide States and local communities with unprecedented flexibility to improve services for disconnected youth. Up to 10 States and/or local communities will be allowed to combine funding that they receive through various programs within this bill for these pilot projects which will be rigorously evaluated and provide critical information about how to better serve disadvantaged youth.

PREVENTION AND WELLNESS

Nearly three-quarters of all healthcare costs are attributable to chronic diseases, the majority of which are preventable. This bill promotes prevention efforts by supporting implementation of the ACA, which will enable millions of newly insured Americans to receive preventive screenings; providing discretionary funding for programs such as childhood immunizations and cancer screenings; and allocating the Prevention and Public Health [PPH] Fund, which will total \$927,000,000 in fiscal year 2015.

Key prevention programs listed below are either funded in this bill or mandated in this bill through transfers from the PPH Fund.

Partnerships To Improve Community Health.—The Committee includes \$90,000,000, an increase of \$10,220,000, for multi-sector, evidence-based public health interventions to reduce obesity and smoking and make preventive services more accessible.

Childhood Immunizations.—The Committee includes \$611,177,000 for immunization programs. Immunization saves \$10.20 in societal costs for every \$1 invested.

Smoking Prevention.—The Committee includes \$226,492,000 for the Office of Smoking and Health at CDC. This funding, an increase of \$16,000,000, will continue the successful media campaign, “Tips From a Former Smoker,” and expand State quit-lines.

Diabetes Prevention Program [DPP].—The Committee includes \$15,000,000 an increase of \$5,028,000, for the DPP, a set of life-

style interventions that has been proven to reduce the risk of developing diabetes by 58 percent in individuals at high risk.

Elder Falls.—In 2010, 2.3 million older adults were treated in emergency departments after a fall, with more than 662,000 of these patients being hospitalized. Many of these falls are preventable with lifestyle interventions and appropriate physical supports. The Committee includes a combined total of \$7,050,000 at CDC and ACL to research and implement evidence-based approaches to preventing elderly falls.

COMBATING ANTIBIOTIC RESISTANCE

Antibiotic resistance is an increasingly serious public health threat: each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die as a direct result of these infections. According to the latest available data, antibiotic resistance in the United States costs an estimated \$20,000,000,000 a year in excess healthcare costs. Without immediate action, routine infections in community settings, as well as common surgical procedures, are likely to become life-threatening events. The Committee recommendation includes \$48,000,000 in new funding to combat antibiotic resistance using a multi-pronged strategy:

Detect and Protect.—The Committee includes an increase of \$30,000,000 to CDC for faster identification and characterization of emerging resistance patterns, as well as collaborations with healthcare facilities to implement best practices for antibiotic prescribing and infection prevention.

Antibiotic Stewardship.—A major part of the problem stems from clinicians prescribing antibiotics in error: despite established evidence-based guidelines advising against the use of antibiotics, 7-in-10 patients with bronchitis receive antibiotics from their doctor. The Committee includes \$3,000,000 for AHRQ to examine physician prescribing behavior and develop new effective models of antibiotic stewardship.

Antibiotic Discovery.—With the health system rapidly running short of ammunition in the battle against resistant infections, the development of new drugs is of prime importance. The Committee includes \$94,000,000, an increase of \$15,000,000, to BARDA to spur the development of novel antibiotics and help revitalize the drug development pipeline.

FIGHTING PRESCRIPTION DRUG ABUSE

Deaths from prescription painkillers continue to rise at an unprecedented rate, more than tripling in the past decade among those aged 15 and over. More than 60 people die every day in the United States from prescription drug overdoses, and annual deaths from drug poisoning in the United States each year now outnumber deaths from traffic accidents. The overuse and over prescription of these drugs, also called opioids, has become a crisis: 18 billion opioids were prescribed in 2012, enough for every American adult to take 75 pills that year. The bill provides \$29,700,000 in new funding to fight overdoses and the abuse of these painkillers:

Abuse Prevention.—\$15,700,000 to CDC for funding State-level prevention efforts such as enhancing prescription drug monitoring

programs, that target high-use patients and inappropriate prescribing.

Drug Treatment.—\$12,000,000 to SAMHSA for State grants to expand access to drug treatment services for those with a dependence on prescription opioids or heroin. Funds will be targeted to States that have experienced the greatest increase in treatment admissions for these drugs.

Overdose Prevention.—\$2,000,000 to HRSA for the purchase and training of emergency devices, including naloxone devices, that rapidly reduces the adverse effects of opioid overdoses in rural areas.

HELPING AMERICA'S WORKERS

Preventing Long-Term Unemployment.—The Committee recommendation includes \$157,650,000 for a Reemployment and Eligibility Assessments and Reemployment Services [REA/RES] initiative that will expand the current REA program and target reemployment resources to UI claimants most likely to exhaust their UI benefits and to all transitioning veterans receiving unemployment compensation. This is an increase of approximately \$77,650,000 over the funding provided for the REA program in fiscal year 2014. Research shows that combining reemployment services and UI eligibility assessments helps unemployed workers find jobs faster. This initiative is estimated to result in a net savings of more than \$262,000,000 to the Unemployment Trust Fund.

Job Training.—The Committee recommendation includes \$2,624,108,000, an increase of \$36,000,000, for Workforce Investment Act Grants to States to provide job training skills and assistance to low-skilled adults, dislocated workers, and low-income youth with barriers to employment.

Paid Leave for Workers.—The Committee bill includes \$5,000,000 to support a new State Paid Leave Fund. The Fund will provide planning and implementation grants to States that wish to establish paid leave programs and provide benefits to workers who need to take time off for reasons covered under the Family and Medical Leave Act.

Expanding Apprenticeships.—The Committee bill includes \$35,000,000, an increase of \$5,000,000, to expand the successful model of Registered Apprenticeships. Research shows that apprentices earn more over the course of their careers than their peers and are well-positioned to meet the needs of employers in in-demand industries, such as manufacturing, transportation, information technology, healthcare, and the skilled trades.

Protecting Whistleblowers.—The Committee recommendation includes \$557,364,000 for OSHA and targets a \$1,000,000 increase for its enforcement of whistleblower laws. These laws provide important protections for workers who raise issues in their workplace about practices that could impact fellow employees or the public.

Preventing Misclassifications.—The Committee recommendation includes an increase of approximately \$11,000,000 to address the misclassification of workers as independent contractors. Misclassifications deny workers their rights to unemployment benefits, overtime pay, and other benefits, and also reduce revenue to the Unemployment, Social Security, and Medicare trust funds, as well as to the Treasury.

OTHER HIGHLIGHTS OF THE BILL

Pell Grants.—The Committee bill maintains the discretionary portion of the maximum Pell grant award level at \$4,860 for the 2015–2016 school year. Combined with mandatory funding, the total maximum award is estimated to increase by \$100 to \$5,830.

Campus-Based Student Aid.—The Committee bill includes a combined increase of \$50,000,000 for the Federal Work Study and Supplemental Educational Opportunity Grant programs to help increase access to postsecondary education for low-income students.

National Institutes of Health.—The Committee bill provides \$30,459,181,000, an increase of \$605,668,000, to fund biomedical research at the 27 Institutes and Centers that comprise NIH. This level is sufficient, when combined with the \$1,000,000,000 increase appropriated in fiscal year 2014, to fully replace the fiscal year 2013 sequester cut to NIH. Further, this level will allow NIH to allocate \$100,000,000 for the second year of the Brain Research through Application of Innovative Neurotechnologies [BRAIN] Initiative, an increase of \$60,000,000.

Community Health Centers.—The Committee bill includes \$1,491,482,000 for CHCs. Combined with mandatory funding provided in the ACA, the fiscal year 2015 program level for CHCs is \$5,091,522,000, an increase of \$1,451,570,000.

Title I (Education for the Disadvantaged).—The Committee bill includes \$14,434,802,000, an increase of \$50,000,000, for title I grants to LEAs for improving education for low-income students. These funds support roughly 90 percent of the 14,000 school districts across the Nation.

Striving Readers Comprehensive Literacy Program.—The Committee bill provides \$168,000,000, an increase of \$10,000,000, for this literacy program. Funds support States in improving literacy instruction for children from birth through 12th grade.

Children's Hospitals Graduate Medical Education.—The Committee recommendation includes \$265,000,000 for CHGME, the same level as in fiscal year 2014. The Committee rejects the elimination this program proposed by the administration.

Low Income Home Energy Assistance.—The Committee recommendation includes \$3,390,304,000 for LIHEAP, the same as the comparable fiscal year 2014 level, rejecting the administration's proposed cut to the program. Severe weather in parts of the country last year coupled with a spike in the prices of certain home energy fuels re-emphasized the need for this critical assistance to low-income families.

Community Services Block Grant.—The Committee recommendation again rejects the administration's proposed cut to the CSBG and includes \$667,957,000 for this program, the same as the fiscal year 2014 funding level.

AIDS Drug Assistance Program.—The Committee recommends \$905,313,000 for ADAP, an increase of \$5,000,000.

Social Security Administration.—The Committee recommendation includes \$11,921,040,000, a \$224,000,000 increase, for SSA's administrative expenses. In fiscal year 2015 SSA will administer approximately \$950,000,000,000 in benefit payments to approximately 66 million Americans; SSA will process approximately 5.3

million retirement applications and 2.8 million disability applications; and SSA will provide services for over 40 million visitors to its field offices and 47 million callers to its 1-800 number. This increase in funding will help SSA keep pace with rising costs and improve basic services to the public that millions of Americans rely on every day.

TRIO.—The bill includes \$846,652,000, an increase of \$8,400,000, to help low-income and first generation college students plan, prepare for, and succeed in college through the TRIO programs.

Elder Justice Initiative.—The Committee recommendation includes \$10,000,000 for a new Elder Justice Initiative to test and evaluate innovative approaches to preventing and responding to elder abuse. The grants will develop partnerships across disciplines for the prevention, investigation, and prosecution of abuse, including financial abuse against the elderly.

TITLE I
DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION
TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2014	\$3,148,855,000
Budget estimate, 2015	3,255,557,000
Committee recommendation	3,141,751,000

The Training and Employment Services account provides funding primarily for activities under WIA, and is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. Funds provided for fiscal year 2015 will support the program from July 1, 2015, through June 30, 2016. A portion of this account’s funding, \$1,772,000,000 is available on October 1, 2015, for the 2015 program year.

Any reference in this title of the report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of Labor or the Department of Labor, respectively, unless otherwise noted.

The Committee encourages the Department to continue to work with other Federal agencies to align and streamline employment and training services.

The Committee notes that the disparity between the skills job seekers have and the skills employers need to fill available positions, also known as the “skills gap,” can hinder employers from expanding, innovating, and improving productivity and prevent workers from obtaining well-paying jobs in in-demand industries. To address the skills gap, the Committee encourages the Department to continue and expand its efforts in preparing workers for in-demand occupations through a coordinated, central strategy.

The Committee commends the Employment and Training Administration [ETA] for its collaborative work with the Institute for Museum and Library Services to integrate the education, employment, and training services provided by public libraries into the workforce development system. The Committee encourages ETA to continue to invest in building and strengthening partnerships between the one-stop system and public libraries.

Grants to States

The Committee recommends \$2,624,108,000 for Training and Employment Services Grants to States.

The Committee retains bill language that allows a local workforce board to transfer up to 30 percent between the adult and dislocated worker assistance State grant programs, if such transfer is approved by the Governor. In addition, a local board may award a contract to an institution of higher education or other eligible training provider if the board determines that it would facilitate the training of multiple individuals in high-demand occupations, if such contract does not limit customer choice.

The Committee recommendation modifies current law regarding the amount of WIA State grant funding that may be set aside by Governors. The Committee includes bill language authorizing the Governor of a State to reserve not more than 10 percent of the funds allotted to a State through the WIA State grant programs for statewide workforce investment activities. The current maximum set-aside in each State is 8.75 percent. The funding increase provided for the WIA State grant programs in this bill will allow the set-aside to grow without reducing funds provided to local areas. Combined with funding provided in fiscal year 2014, the Committee recommendation results in an increase of \$138,156,000 for the Governor's set-aside out of an overall increase for WIA State grant funding of \$156,518,000.

The Committee notes that GAO Report 12-97, dated January 19, 2012, found that one of the six identified characteristics of effective local public and private workforce partnerships was leadership. The Committee encourages the Department to continue supporting States, in cooperation with local elected officials and local workforce board chairs, in the development of high-quality standards for workforce development leaders and to support professional development of such leaders based on the standards.

The Committee commends the Department for employment outcomes among participants who receive on-the-job training and encourages the Department to continue supporting these efforts and increasing participation in them.

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$776,736,000.

Formula funding is provided to States and further distributed to local workforce investment areas through one-stop centers. The program provides employment and training services to disadvantaged, low-skilled, unemployed, and underemployed adults, including veterans.

Funds are made available in this bill for adult employment and training activities in program year 2015, which occurs from July 1, 2015, through June 30, 2016. The bill provides that \$64,736,000 is available for obligation on July 1, 2015, and that \$712,000,000 is available on October 1, 2015. Both categories of funding are available for obligation through June 30, 2016.

Youth Training.—For youth training activities, the Committee recommends \$831,842,000.

The purpose of this program is to provide low-income youth facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. The program provides as-

sistance to youth in achieving academic and employment success through improved education and skill competencies, connections to employers, mentoring, training, and supportive services. The program also supports summer employment directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service. Funds are made available for youth training activities in program year 2015, which occurs from April 1, 2015, through June 30, 2016.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$1,015,530,000.

This program is a State-operated effort that provides training services and support to help permanently separated workers return to productive unsubsidized employment. In addition, States must use statewide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these funds to carry out additional statewide employment and training activities such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative incumbent and dislocated worker training programs.

Funds made available in this bill support activities in program year 2015, which occurs from July 1, 2015, through June 30, 2016. The bill provides that \$155,530,000 is available for obligation on July 1, 2015, and that \$860,000,000 is available on October 1, 2015. Both categories of funding are available for obligation through June 30, 2016.

Federally Administered Programs

Dislocated Worker Assistance National Reserve.—The Committee recommends \$220,859,000 for the Dislocated Worker Assistance National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters that cannot be otherwise anticipated as well as for technical assistance, training, and demonstration projects.

Funds made available in this bill support activities in program year 2015, which occurs from July 1, 2015, through June 30, 2016. The bill provides that \$20,859,000 is available for obligation on July 1, 2015, and that \$200,000,000 is available on October 1, 2015. Both categories of funding are available for obligation through June 30, 2016.

As proposed by the administration, the Committee bill includes several changes to the Dislocated Worker Assistance National Reserve appropriations language. These changes will help achieve greater efficiency by allowing a more uniform approach to responding to service delivery challenges. First, the bill provides authority for funds to support the provision of technical assistance to the workforce development system as a whole and not only for the dislocated worker programs and policies. The Committee bill also includes new language allowing funds for demonstrations and technical assistance to support services for unemployed adults who do not meet the definition of a dislocated worker. Finally, the Com-

mittee bill extends the period of availability of funds for one additional quarter, from July 1, 2015, through September 30, 2016, rather than through June 30, 2016. This extension is needed to ensure sufficient resources are available to provide disaster relief assistance throughout the summer months, when the need is greatest.

Indian and Native American Programs.—The Committee recommends \$47,282,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, GED attainment, literacy training, English language training as well as the establishment of linkages with remedial education.

The Committee notes that Tribal Colleges and Universities [TCUs] are eligible for grants under section 166. Since TCUs are well-positioned to impact positively the employment and training of native populations, the Committee urges the Department to give full and fair consideration to TCUs competing for grant funds.

Migrant and Seasonal Farmworker Programs.—The Committee recommends \$82,896,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, 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 recommendation provides that \$76,812,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$5,584,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee recommendation also includes \$500,000 to be used for section 167 training, technical assistance, and related activities, including funds for migrant rest center activities.

Women in Apprenticeship.—The Committee recommends \$994,000 for activities authorized under the WANTO Act of 1992. These funds provide for technical assistance to employers and unions to assist them in training and placing women in nontraditional jobs and occupations.

YouthBuild.—The Committee recommends \$79,534,000 for the YouthBuild program. YouthBuild targets at-risk, high school dropouts and prepares them with the skills and knowledge they need to succeed in a knowledge-based economy.

Workforce Innovation Fund.—Due to budget constraints, the Committee does not include funding requested by the administration for the WIF.

The Committee invested \$269,264,000 in the WIF between fiscal years 2011 and 2014 to test and expand innovative strategies with the goal of improving service delivery and to reform the workforce

system as a whole. The Committee urges the Department to disseminate widely the results from the WIF evaluation activities, so that States and local areas can implement successful practices. With the Committee bill increasing the Governor's set-aside to 10 percent from 8.75 percent, the Committee believes States will benefit from the dissemination of WIF results and be encouraged to support innovative practices, including sector strategies, career pathways, and on-the-job training. The Committee also encourages the Department to continue using the evaluation set-aside effectively by conducting rigorous workforce program evaluations and sharing successful strategies across the workforce system.

Sector Strategies.—The Committee recommendation does not include funding requested by the administration for Sector Strategies due to budget constraints.

National Activities

Reintegration of Ex-Offenders.—The Committee recommends \$80,078,000 for the Reintegration of Ex-Offenders program. The Reintegration of Ex-Offenders program helps prepare and assist adult ex-offenders return to their communities through pre-release services, mentoring, and case management. The program also provides support, opportunities, education, and training to youth who are involved in court and on probation, in aftercare, or on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

Within the funds provided, the Committee bill includes \$20,000,000 for competitive grants to national or regional intermediaries for activities that prepare young ex-offenders and school dropouts for employment. Priority should be given to projects that serve high-crime, high-poverty areas.

Evaluation.—The Committee bill continues to use a set-aside funding mechanism to support the evaluation of employment and training programs. Instead of directly providing funds for evaluation, the Committee recommendation supports evaluation activities through a 0.5 percent tap on all training and employment programs, including the WIA formula programs, Job Corps, Community Service Employment for Older Americans, and the Employment Service. The set-aside approach ensures that sufficient funding is available to carry out comprehensive evaluation and applied research activities.

The ETA will continue to conduct evaluation and applied research activities in consultation with the Department’s chief evaluation officer, who oversees the evaluation program. Results will inform policy, advance the Department’s mission, and improve its performance-based management initiatives.

Workforce Data Quality Initiative.—The Committee recommends \$6,000,000 for the Workforce Data Quality Initiative. Funds are used to assist States with incorporating comprehensive workforce information into longitudinal data systems being developed in part with the support of funding provided by the Department of Education. The initiative is also intended to help improve the quality and accessibility of performance data being produced by training providers. The Committee recommendation will expand the initiative to approximately four additional States, for a total of 41 States receiving at least one grant through this program.

The Committee bill does not include new language requested by the administration extending the period of availability of funding.

WIA Incentive Grants.—The Committee recommendation does not include funding requested by the administration for WIA Incentive grants due to budget constraints.

JOB CORPS

Appropriations, 2014	\$1,688,155,000
Budget estimate, 2015	1,688,155,000
Committee recommendation	1,700,155,000

The recommendation for operations of Job Corps centers is \$1,592,825,000.

The Committee recommendation includes \$13,605,000 to support the operations costs of two new centers, one in New Hampshire and one in Wyoming. With the addition of these two centers, there will be at least one Job Corps center in each State to help provide disadvantaged youth with the skills, education, and technical training that leads to placement in high-growth industries.

The Committee is aware that construction on the new Job Corps center in Manchester, New Hampshire, will be substantially completed in December 2014. The Committee encourages the Department to begin enrolling students at the Manchester Job Corps Center as soon as possible.

The Committee notes that although the budget request assumes an estimated savings of \$11,588,000 from the planned closure of a small number of chronically low-performing centers, the methodology to determine which centers will close has yet to be finalized. As a result, the Committee is concerned that these savings may not materialize during program year 2015. The Committee recommendation provides an increase of \$14,817,000 over the fiscal year 2014 level and \$12,000,000 over the budget request. If the center closures occur on time, the Committee expects the funding provided above the budget request will be used to increase On Board Strength [OBS] at high-performing centers.

The Committee remains concerned about the Department's mismanagement of Job Corps, which resulted in projected costs exceeding the funding provided for the operations account in program years 2011 and 2012. After the Department implemented a series of cost cutting measures, including freezes on new student enrollment, Job Corps ended program year 2012 with more than \$40,000,000 in cost underruns. The Committee notes that Job Corps recently announced plans to increase OBS, utilizing \$12,000,000 from the underruns to support this effort. The Committee places a high priority on maximizing student enrollment within the appropriation provided, and directs the Secretary to provide a report on the policies and procedures in place to address this priority no later than December 1, 2014. The Committee also directs the Department to continue providing timely updates on its implementation of the OIG's May 2013 recommendations to improve financial controls on the Job Corps Web site.

The Committee recommendation for administrative costs is \$32,330,000. This increase will support additional staff to conduct financial oversight and monitoring of Job Corps contracts.

The Committee also recommends a total of \$75,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2015, to June 30, 2017. The Committee bill includes new language, as requested by the administration, to allow the Department to use CRA funding for equipment. This language will allow the Secretary to determine when it is appropriate for facility fixtures to be replaced within the scope of the CRA budget.

The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative

efficiencies. The bill continues to require the Secretary to notify the House and Senate Committees on Appropriations at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2014	\$434,371,000
Budget estimate, 2015	380,000,000
Committee recommendation	434,371,000

As in fiscal years 2012, 2013, and 2014, the budget request includes a proposal to transfer the CSEOA program to ACL in HHS. The Committee again recommends keeping the program in DOL.

CSEOA provides part-time employment in community service activities for unemployed, low-income persons aged 55 and older.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2014	\$608,768,000
Budget estimate, 2015	710,600,000
Committee recommendation	710,600,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE
OPERATIONS

Appropriations, 2014	\$3,698,379,000
Budget estimate, 2015	3,676,455,000
Committee recommendation	3,676,455,000

The Committee recommendation includes \$3,594,889,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$81,566,000 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.

To address the challenges facing State consortia in meeting multiple State requirements when developing and approving automation and information technology acquisitions that support benefit and tax systems, the Committee bill includes new language proposed by the administration to extend the obligation period to 5 years and the expenditure period to 6 years.

The Committee recommends a total of \$2,869,990,000 for UI activities. For UI State operations, the Committee recommends \$2,855,443,000. Of these funds, the Committee includes \$157,650,000, an increase of \$77,650,000, and new bill language to help address and prevent long-term unemployment through a Reemployment and Eligibility Assessments and Reemployment Services [REA/RES] initiative, as requested by the administration. REA/RES services will be targeted to all recently separated military personnel receiving Unemployment Compensation for Ex-Servicemembers as well as the top quarter of UI claimants most likely to exhaust their regular State UI benefits. Of the \$157,650,000 included in the budget request, \$25,000,000 is pro-

posed to be provided through a discretionary cap adjustment amendment to the Balanced Budget and Emergency Deficit Control Act of 1985. The Committee recommendation does not use the cap adjustment, which has yet to be enacted.

The REA/RES initiative will build on the success of the existing REA model by adding reemployment services and training referrals to the program. A recent random assignment evaluation of a similar program in Nevada showed that seamlessly delivering reemployment services with eligibility assessments was highly successful in assisting UI claimants obtain employment faster and with higher wages. Participants were also significantly less likely to exhaust their benefits, producing a savings of \$2.60 for every \$1 spent on the program. The REA/RES initiative is projected to save \$420,000,000 in benefits, creating a net savings of \$262,350,000 to the Unemployment Trust Fund.

The Committee recommendation continues to support investments in UI program integrity activities, including technology-based programs that identify and reclaim overpayments. The Committee expects the Secretary to submit a follow-up report by September 30, 2015 on the Department's progress in meeting the outcomes identified in the plan requested in Senate Report 113-71.

As proposed in the budget request, the Committee includes new bill language allowing funding to pay for the administration of trade adjustment allowances for individuals certified for the Trade Adjustment Assistance for Workers program under petitions filed prior to January 1, 2014.

The Committee recommendation provides \$10,000,000, as requested by the administration, to continue support for a high-performance award program that incentivizes States to improve misclassification efforts. States that are most successful in addressing worker misclassification, which denies the Federal and State UI Trust Funds hundreds of millions of dollars a year, are able to use these incentive funds to upgrade their misclassification detection and enforcement programs.

The Committee recommendation includes new bill language, as requested by the administration, providing \$3,000,000 for continued support of the UI Integrity Center of Excellence. The Center's mission is to develop, implement, and promote innovative integrity strategies in the UI program, focusing on the prevention and detection of fraud.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,957,000, as proposed in the budget request.

The Committee includes new bill language, as proposed by the administration, to improve efficiencies by allowing the Department to consolidate and make payments on behalf of States from administration grants to the entity operating the State Information Data Exchange System.

The Committee recommendation includes new bill language, as requested by the administration, allowing funds used to carry out national activities of the employment service to be obligated in contracts, grants, or agreements with States as well as non-State entities.

The Committee recommends \$14,547,000 for UI national activities, which will support activities that benefit the Federal-State UI system, including helping States adopt common technology-based solutions to improve efficiency and performance. The Committee recommendation includes additional funding to replace the aging UI Reporting System hardware infrastructure and software applications installed in the 53 State workforce agencies and to support the Interstate Connection Network, which enables the timely and accurate payment of UI benefits.

For the Employment Service allotments to States, the Committee recommends \$664,184,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$642,771,000 from the Employment Security Administration account of the Unemployment Trust Fund. At this funding level, an estimated 17.4 million job seekers will receive labor exchange and other reemployment services.

The Committee also recommends \$19,818,000 for Employment Service national activities. The administration of the work opportunity tax credit program accounts for \$18,485,000 of the recommended amount; the balance is for technical assistance and training to States. In previous years, a portion of these funds were used to make amortization payments to States which had independent retirement plans in their State employment services agencies prior to 1980. Those payments are no longer needed, so the bill does not continue language providing funding for this activity.

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$62,310,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications.

For one-stop career centers and labor market information, the Committee recommends \$60,153,000. Of this amount, the Committee recommendation includes \$9,804,000 for ETA, in collaboration with ODEP, to continue to implement their joint plan for improving effective and meaningful participation of persons with disabilities in the workforce. The Committee expects that these funds, in combination with funding available to ODEP, will continue to improve the accessibility and accountability of the public workforce development system for individuals with disabilities.

STATE PAID LEAVE FUND

Appropriations, 2014	
Budget estimate, 2015	\$5,000,000
Committee recommendation	5,000,000

The Committee recommendation includes \$5,000,000 to create a new State Paid Leave Fund. Paid leave programs are financed by employer and/or employee contributions and offer benefits to workers who must take time off to care for an ill child, spouse, or parent, or to bond with a newborn or recently adopted child. Competitive grants will be awarded to States to support pre-implementation planning, such as research and analysis and financial modeling, as well as to support implementation costs, including information technology, outreach to eligible workers and employers,

project management, and the development of reporting and performance accountability processes.

In determining eligibility for funding, the Committee strongly urges the Secretary to include States that have passed State paid leave laws but have yet to implement programs due to funding constraints, as well as States that have yet to pass paid leave laws but are in the planning phase. The Committee also encourages the Secretary to share lessons learned from States that are implementing programs to inform the planning activities occurring in other States.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 2014 .....	.....
Budget estimate, 2015 .....	.....
Committee recommendation .....	.....

The Committee bill continues language providing such sums as are necessary in mandatory funds for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

Appropriations, 2014	\$150,559,000
Budget estimate, 2015	155,563,000
Committee recommendation	157,179,000

The Committee recommendation of \$157,179,000 for program administration includes \$106,505,000 in general funds and \$50,674,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIA, OAA, the Trade Act of 1974, WANTO, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security, training and employment, and executive direction functions.

Of the funding provided for Program Administration, the Committee recommendation includes \$35,000,000 for the Office of Apprenticeship, an increase of \$5,000,000 over the fiscal year 2014 level. The Committee notes that Registered Apprenticeship is a successful model in helping address the mismatch between jobs available and workers' skills. Through customized training plans apprentices earn industry-recognized credentials and a paycheck as they receive on-the-job training and education that in many cases leads to an associate's or bachelor's degree. Research shows that apprentices who complete their apprenticeship training earn approximately \$300,000 more in compensation over the course of their careers than people who participated but did not complete the program. This increase in funding will support outreach activities to raise employers' awareness of the value and benefits of Registered Apprenticeship; technical assistance to sponsors, stakeholders, and partners; and IT improvements to assist sponsors in the development and registration of apprenticeship programs, among other activities.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2014	\$178,500,000
Budget estimate, 2015	188,447,000
Committee recommendation	182,700,000

The Committee recommends \$182,700,000 for EBSA.

EBSA plays a critical role in improving health benefits and retirement security for American workers and their families. EBSA is responsible for the enforcement of title I of ERISA in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986. EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis.

Benefits under EBSA's jurisdiction consist of approximately \$7,800,000,000,000 in assets covering approximately 140 million workers, retirees, and their families. EBSA oversees benefit security for an estimated 684,000 private retirement plans, 2.4 million health plans, and similar numbers of other welfare benefit plans, such as those providing life or disability insurance.

PENSION BENEFIT GUARANTY CORPORATION

PBGC's estimated obligations for fiscal year 2015 include single-employer benefit payments of \$6,618,000,000, multi-employer financial assistance of \$122,000,000, and administrative expenses of \$415,394,000. Administrative expenses are comprised of three activities: pension insurance activities, \$79,526,000; pension plan termination expenses, \$179,230,000; and operational support, \$156,638,000. These expenditures are financed by permanent authority.

The PBGC is a wholly owned Government corporation established by ERISA. The law places it within DOL and makes the Secretary the chair of its board of directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, assets of terminated pension plans, collection of employer liabilities imposed by the act, and investment earnings. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

PBGC's single-employer program protects about 33 million workers and retirees in approximately 24,000 defined benefit pension plans. The multi-employer insurance program protects about 10 million participants in roughly 1,500 plans.

The President's budget proposes and the bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When the trigger is reached, an additional \$9,200,000 becomes available through September 30, 2016, for every 20,000 participants in terminated plans. The Committee bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination ex-

penses, after approval by OMB and notification of the Committees on Appropriations of the House of Representatives and the Senate.

The Committee concurs with the budget request proposal to treat investment management fees as program expenses, not subject to the limitation on administrative expenses established by this act. The Committee understands that these fees will continue to be subject to oversight through various mechanisms, including reviews by the PBGC Board, PBGC Inspector General and GAO. PBGC should continue to report on these expenses in its annual CJ.

The bill includes a general provision prohibiting PBGC from taking additional actions under section 4062(e) of ERISA related to negotiated funding agreements. The PBGC IG recently reported that PBGC does not effectively monitor and evaluate the performance of the agency's actions under this authority.

WAGE AND HOUR DIVISION
SALARIES AND EXPENSES

Appropriations, 2014	\$224,330,000
Budget estimate, 2015	265,766,000
Committee recommendation	237,330,000

The Committee recommends \$237,330,000 for WHD.

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act [FLSA], employment rights under the Family and Medical Leave Act [FMLA], and the Migrant and Seasonal Agricultural Worker Protection Act are several of the important laws that WHD is charged with administering and/or enforcing.

The Committee recommendation includes additional funds over the fiscal year 2014 level to address the misclassification of employees as independent contractors and to enforce the FMLA and FLSA. The Committee is aware that the budget proposed additional resources to strengthen oversight of the subminimum wage program and urges WHD to use resources provided herein to strengthen oversight in this area.

OFFICE OF LABOR-MANAGEMENT STANDARDS
SALARIES AND EXPENSES

Appropriations, 2014	\$39,129,000
Budget estimate, 2015	41,236,000
Committee recommendation	40,000,000

The Committee recommends \$40,000,000 for OLMS.

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, and others. In addition, the Office administers employee protections under federally sponsored transportation programs.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2014	\$104,976,000
Budget estimate, 2015	107,903,000
Committee recommendation	106,476,000

The Committee recommends \$106,476,000 for OFCCP.

This Office protects workers and potential employees of Federal contractors from employment discrimination prohibited under Executive Order 11246, section 503 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2014	\$111,783,000
Budget estimate, 2015	115,115,000
Committee recommendation	113,783,000

The Committee recommends \$113,783,000 for OWCP. The bill provides authority to expend \$2,177,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensation Program. In addition, OWCP houses the Division of Information Technology Management and Services.

SPECIAL BENEFITS

Appropriations, 2014	\$396,000,000
Budget estimate, 2015	210,000,000
Committee recommendation	210,000,000

The Committee recommends \$210,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

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

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

The Committee recommendation also continues language that allows carryover of unobligated balances to be used in the following year and that provides authority to draw such sums as are needed after August 15 to pay current beneficiaries. Such funds are charged to the subsequent year appropriation.

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2014	\$132,858,000
Budget estimate, 2015	101,262,000
Committee recommendation	101,262,000

The Committee recommends a mandatory appropriation of \$77,262,000 in fiscal year 2015 for special benefits for disabled coal miners. This is in addition to the \$24,000,000 appropriated last year as an advance for the first quarter of fiscal year 2015, for a total program level of \$101,262,000 in fiscal year 2015. The decrease in this account below the fiscal year 2014 level reflects a declining beneficiary population.

These mandatory funds are used to provide monthly benefits to coal miners disabled by black lung disease and their widows and certain other dependents, as well as to pay related administrative costs.

The Committee also recommends an advance appropriation of \$21,000,000 for the first quarter of fiscal year 2016. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2014	\$49,769,000
Budget estimate, 2015	56,406,000
Committee recommendation	56,406,000

The Committee recommends \$56,406,000 for the Division of Energy Employees Occupational Illness Compensation. This is a mandatory appropriation.

The Division administers EEIOCPA, which provides benefits to eligible employees and former employees of DOE, its contractors and subcontractors, or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. The Division is part of OWCP.

In fiscal year 2015, the volume of incoming claims under part B of EEIOCPA is estimated at about 5,500 from DOE employees or survivors, and private companies under contract with DOE, who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons.

Under part E, approximately 4,700 new claims will be received during fiscal year 2015. Under this authority, the Department pro-

vides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2014	\$303,059,000
Budget estimate, 2015	321,095,000
Committee recommendation	321,095,000

The Committee bill provides an estimated \$321,095,000 for this mandatory appropriations account. This estimate is comprised of \$59,547,000 for administrative expenses and an estimated \$261,548,000 for benefit payment and interest costs.

The Committee bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In addition, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies: up to \$33,321,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$25,543,000 for Departmental Management, Salaries and Expenses; and up to \$327,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2014	\$552,247,000
Budget estimate, 2015	565,010,000
Committee recommendation	557,364,000

The Committee recommends \$557,364,000 for OSHA, which is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee continues bill language to allow OSHA to retain course tuition and fees for training institute courses used for occupational safety and health training and education activities in the private sector. The cap established by the bill is \$499,000 up from \$200,000 under current law.

The Committee bill retains language that continues to effectively exempt farms employing 10 or fewer people from the provisions of the act with the exception of those farms having a temporary labor camp. The bill also retains language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections.

The Committee bill includes new language clarifying OSHA's ability to inspect small establishments where there exists the potential for a catastrophic chemical incident. The clarifying language exempts employers that are farming, harvesting, or processing operations on farms. The clarifying language will enable OSHA to conduct inspections of nonfarm establishments covered by OSHA's Process Safety of Highly Hazardous Chemical standards or the Environmental Protection Agency's Chemical Accident Prevention Provisions.

The Committee recommends \$101,400,000 for grants to States under section 203(g) of the Occupational Safety and Health Act. These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

The Committee also believes that OSHA's worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. Under the program, grants are made to various types of organizations representing employers and labor organizations for direct training of workers on occupational safety and health. The Committee recommendation includes \$10,687,000 for the OSHA Susan Harwood Training Grant Program.

The bill continues the exemption of small farming operations from OSHA regulation. The OSHA is encouraged to continue working with the Department of Agriculture before moving forward with any attempts to redefine and regulate post-harvest activities, to include, but not limited to, storing, drying, grinding, and other activities necessary to market farm products to subsequent users in the

agricultural value chain, and clarify that this exemption shall apply to on farm post-harvest activities.

The Committee recognizes that fewer injuries mean lower worker’s compensation and healthcare costs, and safer, more productive workers. The average worksite participating in the Voluntary Protection Programs [VPP] has a Days Away Restricted or Transferred case rate of 52 percent below the industry average. The Committee recommends continued support for OSHA’s VPP.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2014	\$375,887,000
Budget estimate, 2015	377,234,000
Committee recommendation	376,371,000

The Committee recommendation includes \$376,371,000 for MSHA.

MSHA enforces the Federal Mine Safety and Health Act by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

The Committee bill continues language authorizing MSHA to use up to \$2,000,000 for mine rescue and recovery activities. It also retains the provision allowing the Secretary to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster. In order to prepare properly for an actual emergency, the Committee also directs MSHA to continue to devote sufficient resources toward a competitive grant activity for effective emergency response and recovery training in various types of mine conditions.

In addition, bill language is included to allow the National Mine Health and Safety Academy to collect not more than \$750,000 for room, board, tuition, and the sale of training materials to be available for mine safety and health education and training activities. Bill language also allows MSHA to retain up to \$2,499,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and to utilize such sums for these activities. Bill language also allows MSHA to establish, collect, and retain fees for services related to the analysis of rock dust samples.

As requested by the administration, the Committee includes new bill language allowing the Secretary to reallocate up to \$3,000,000 within MSHA’s program lines to support inspections or investigations. The Committee expects to be notified prior to any such reallocation. The Committee also expects that any reallocations will not prevent MSHA from addressing important issues that are proposed in the budget request or identified in this report. In addition to items identified previously, Committee priorities include adequate support for MSHA’s instructional capacity for training of mine safety and health inspectors and other mine safety professionals, and sufficient resources for MSHA’s Accountability Program.

BUREAU OF LABOR STATISTICS
SALARIES AND EXPENSES

Appropriations, 2014	\$592,212,000
Budget estimate, 2015	610,082,000
Committee recommendation	602,212,000

The Committee recommends \$602,212,000 for BLS. This amount includes \$65,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$537,212,000 in Federal funds.

BLS is the principal fact finding agency in the Federal Government in the broad field of labor economics.

The Committee recognizes that the Nation requires current, accurate, detailed labor statistics for Federal and non-Federal data users. The Nation also requires Government programs to be administered as cost effectively as possible.

The Committee therefore directs GAO to assess the purpose, structure, methods, and operations of the BLS Federal-State cooperative system. This study should analyze the implementation of recent changes in Current Employment Statistics survey procedures, including the basis on which BLS revised the estimation process and the role for States in the production of data, how changes to the State role in the CES survey were implemented, and the benefits and drawbacks of the implementation of these changes. GAO also should consider the potential for any enhancements to the production of data within the Federal-State cooperative system programs, including the potential for structural efficiencies. The Committee recognizes that the National Academies of Science (Committee on National Statistics) and the National Academy of Public Administration are well-qualified to support the GAO in this work.

Within available resources, the Committee encourages BLS to prioritize work on the Contingent Work Supplement to the Current Population Survey.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2014	\$37,745,000
Budget estimate, 2015	37,833,000
Committee recommendation	41,745,000

The Committee recommends \$41,745,000 for ODEP. The Committee intends that at least 80 percent of these funds shall be used to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

The mission of ODEP is to provide leadership, develop policy and initiatives, and award grants furthering the objective of eliminating physical and programmatic barriers to the training and employment of people with disabilities. The Committee strongly supports each component of ODEP's mission and, in particular, urges the Secretary to ensure that ODEP carries out its leadership role with respect to governmentwide policies related to the training and employment of individuals with disabilities.

The Committee recommendation includes \$4,000,000 to initiate a program that transitions individuals with disabilities from subminimum wage employment under section 14(c) of the Fair Labor Standards Act to competitive, integrated employment. The Committee recommendation also includes \$9,000,000 for ODEP, in addition to resources available through and in collaboration with ETA, to continue to implement their joint plan for improving effective and meaningful participation of persons with disabilities in the workforce. The Committee expects that these funds will continue to improve the accessibility and accountability of the public workforce development system for individuals with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2014	\$336,929,000
Budget estimate, 2015	346,189,000
Committee recommendation	340,623,000

The Committee recommendation includes \$340,623,000 for the Departmental Management account. Of this amount, \$340,315,000 is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$25,543,000 is available by transfer from the Black Lung Disability Trust Fund.

The primary goal of the Department is to protect and promote the interests of American workers. The departmental management appropriation pays the salaries and related expenses of staff responsible for formulating and overseeing the implementation of departmental policy and management activities in support of that goal. In addition, this appropriation includes a variety of operating programs and activities that are not involved in departmental management functions, but for which other appropriations for salaries and expenses are not suitable.

The Committee continues its support of the Department's efforts to reduce the backlog of mine safety cases before the FMSHRC and to assure that the timely processing of cases occurs in the future. As requested in last year's Committee report, the Department and FMSHRC are developing a joint report for reducing the number of pending cases and average case processing time to appropriate levels by the end of fiscal year 2016. The Committee looks forward to reviewing this report.

The Committee recommendation includes \$91,319,000 for the Bureau of International Labor Affairs [ILAB], of which \$64,825,000 is available for obligation through December 31, 2015. ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world and carry out ILAB's statutory mandates and international responsibilities. Funding for international programming to eliminate the worst forms of child labor should prioritize comprehensive and sustainable initiatives that address the root causes of the problem, including lack of education and vocational training opportunities; household poverty; lack of data and awareness of the scope and impact of the worst forms of child labor; gaps in social protection services; and weak enforcement of labor laws, which increase the vulnerability of households to the worst forms of child labor.

The Committee expects ILAB to maintain its current effort on programs to combat exploitative child labor. The Committee also expects that the integrated child labor and worker rights projects proposed in the budget request will have a significant and direct child labor component. The bill requires ILAB to spend not more than \$58,825,000 for programs to combat exploitative child labor internationally and not less than \$6,000,000 to implement model worker rights programs in countries with which the United States has trade preference programs or free trade agreements. The bill also continues language from last year's act regarding the authority to fund microfinance activities.

The Committee bill includes \$10,000,000 to help support achievement of the 70 percent reduction in child labor called for by the Framework of Action to Support Implementation of the Harkin-Engel Protocol. These funds shall be used to support non-formal education activities, mapping of the stakeholder efforts in the cocoa sector, an independent assessment of funded projects and a 2018–2019 survey of child labor in the cocoa sector of Ghana and Ivory Coast.

The Committee commends the Department of Labor for its creation of a Labor Attaché position in Bangladesh. The Committee supports placement of additional Labor Attachés in priority countries and urges the Departments of Labor and State to develop a coordinated plan for labor-related staffing at U.S. missions overseas.

The Committee recommendation provides \$8,040,000 for program evaluation and allows these funds to be available for obligation through September 30, 2016. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill also continues authority to use up to 0.5 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The Committee recommendation provides \$11,536,000 for the Women’s Bureau. These funds will enable the Bureau to undertake critical work in addressing the pay gap. The Committee continues bill language allowing the Bureau to award grants.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2014	\$269,523,000
Budget estimate, 2015	269,981,000
Committee recommendation	269,981,000

The Committee recommendation of \$269,981,000 for VETS includes \$38,109,000 in general revenue funding and \$231,872,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

This account provides resources for VETS to maximize employment opportunities for veterans and transitioning servicemembers, including protecting their employment rights. VETS carries out its mission through a combination of grants to States, competitive grants, and Federal enforcement and oversight.

The Committee provides \$175,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans’ Outreach Program specialists and Local Veterans’ Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning servicemembers early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and, spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee bill includes new language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information.

The Committee provides \$14,000,000 for the Transition Assistance Program [TAP]. This funding will support an estimated 5,444 employment workshops at military installations and in virtual classrooms worldwide for exiting servicemembers and spouses. The Veterans Opportunity to Work to Hire Heroes Act of 2011 makes participation in the employment workshops mandatory for most transitioning servicemembers.

The Committee recommendation includes \$39,458,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$38,109,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to more than 17,000 homeless veterans nationwide. As proposed by the administration, the Committee includes new bill language allowing funding to be used for the Homeless Women Veterans and Homeless Veterans With Children Reintegration Program as well as the Incarcerated Veterans Transition Program [IVTP]. The new bill language allows IVTP funds to be awarded through September 30, 2015 and to serve veterans who have recently been released from incarceration but are at-risk of homelessness. In fiscal year 2014, the appropriations language structure was changed from prior years and did not specify that funding could be used for these programs.

The Committee recommendation includes \$3,414,000 for the National Veterans' Training Institute [NTVI], which provides training to Federal staff and veteran service providers. At this recommended level, an estimated 4,500 trainees will complete classes and distance education courses.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2014	\$19,778,000
Budget estimate, 2015	30,578,000
Committee recommendation	19,778,000

The Committee recommends \$19,778,000 for the IT Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$4,898,000 is provided. These funds help align IT investments with the Department's strategic objectives. The second budget activity, for which \$14,880,000 is provided, assists the Department in consolidating and optimizing common IT infrastructure services, protecting privacy, and improving timely and efficient services to the public. A third activity proposed in the budget request involves support for a digital government integrated platform initiative.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2014	\$80,311,000
Budget estimate, 2015	83,993,000
Committee recommendation	82,311,000

The Committee recommends \$82,311,000 for the DOL OIG. The bill includes \$76,721,000 in general funds and authority to transfer

\$5,590,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$327,000 is available by transfer from the Black Lung Disability Trust Fund.

Through a comprehensive program of audits, investigations, inspections, and program evaluations, OIG attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

GENERAL PROVISIONS

Section 101. The bill continues a provision limiting the use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate not to exceed Executive Level II.

Section 102. The bill continues a provision providing for general transfer authority.

Section 103. The bill continues a provision prohibiting funding for the procurement of goods and services utilizing forced or indentured child labor in industries and host countries already identified by the Department in accordance with Executive Order 13126.

Section 104. The bill continues a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 may only be used for competitive grants that train individuals over the age of 16 who are not enrolled in school, in occupations and industries for which employers are using H-1B visas to hire foreign workers.

Section 105. The bill continues a provision limiting the use of ETA funds by a recipient or subrecipient for compensation of an individual at a rate not to exceed Executive Level II.

Section 106. The bill continues a provision prohibiting the Secretary from taking any action to alter the procedure for redesignating local areas under subtitle B of title I of WIA.

Section 107. The bill continues a provision providing the ETA with authority to transfer funds provided for technical assistance services to grantees to program administration when it is determined that those services will be more efficiently performed by Federal employees. The provision does not apply to section 173A(f)(2) of the WIA.

Section 108. The bill continues a provision allowing up to 0.5 percent of discretionary appropriations provided in this act for all Department agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this act applicable to such office.

Section 109. The bill continues a provision that provides flexibility with respect to the crossing of H-2B nonimmigrants working in the seafood industry.

Section 110. The bill includes a new provision clarifying the Secretary's existing authority with respect to the H-2B program.

Section 111. The bill includes a new provision related to the use of State-approved wage surveys in the H-2B program.

Section 112. The bill includes a new provision related to pensions at companies attempting to restructure their businesses in a way that is protective of workers and retirees.

Section 113. The bill includes a new provision that allows the Secretary to reserve up to 0.25 percent of certain DOL appropria-

tions for investments in information technology purchases and upgrades related to activities funded under such appropriations accounts. The language also requires the Chief Information Officer to submit an operating plan describing the proposed uses of these funds and explaining why the funds are not needed in the donor account. The Committee is particularly interested in this authority being used to address data quality issues in DOL enforcement databases and to develop integrated enforcement and case management systems that allow investigators and evaluators to capture higher quality and more timely data to analyze trends in labor law violations, target investigations and compliance assistance efforts, and evaluate the impact and quality of enforcement activities.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Any references in this title of the report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of HHS or the Department of HHS, respectively, unless otherwise noted.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA activities support programs to provide healthcare services for mothers and infants; the underserved, elderly, and homeless; rural residents; and disadvantaged minorities. This agency supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2014	\$1,491,522,000
Budget estimate, 2015	1,000,000,000
Committee recommendation	1,491,522,000

The Committee recommendation for the activities of the Bureau of Primary Health Care is \$1,491,522,000.

Community Health Centers

The Committee provides \$1,491,522,000 in this bill for the Community Health Centers program. Combined with the \$3,600,000,000 in mandatory funding appropriated for fiscal year 2015 in the ACA, the Committee’s recommended program level totals \$5,091,522,000.

Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural and frontier areas.

The Committee recognizes that health centers face a nearly 70 percent reduction in funding with the expiration of the mandatory Health Center Fund after fiscal year 2015. This significant reduction could endanger the stability of the program and patient access to care. Given sequester and persistently tight budgets, discretionary appropriation levels will not be sufficient to absorb the loss of the mandatory funding in fiscal year 2016. The Committee strongly supports continued mandatory funding beyond 2015 for health centers to provide access to primary care.

Of the available funding for fiscal year 2015, bill language directs that no less than \$140,000,000 shall be awarded for base grant adjustments to existing centers and no less than \$1,000,000,000 shall be awarded for the establishment of new delivery sites, medical capacity expansions, and expanded medical services including oral, behavioral, pharmacy, or vision services. In addition, no more than \$210,000,000 will be awarded for construction, and quality and cap-

ital improvement projects. Bill language also requires the aforementioned funding levels to be obligated by October 1, 2015.

In addition, within the amount provided, the Committee provides up to \$110,893,000 under the Federal Tort Claims Act [FTCA], available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers' federally approved scope of project.

Native Hawaiian Health Care.—The Committee includes sufficient funding in the Community Health Centers program to support healthcare activities funded under the Native Hawaiian Health Care Program, which is specifically cited in the bill. The Committee urges that not less than the fiscal year 2014 level be provided for these activities in fiscal year 2015.

School-Based Health Centers.—The Committee recognizes school-based health centers are an important part of the health center program, as they provide students and their families access to critical healthcare services communities around the United States. The Committee urges HRSA to prioritize support for school-based health centers in new fiscal year 2015 grant awards for the establishment of delivery sites, medical capacity expansions, and expanded medical services.

Infectious Disease Screening.—The Committee urges HRSA to educate health centers and look-alikes on USPSTF recommended preventive screening guidelines for HIV and viral hepatitis. HRSA should also work with health centers to increase the number of individuals they screen for HIV and viral hepatitis.

Free Clinics Medical Malpractice Coverage

The Committee provides \$40,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act.

This appropriation extends FTCA coverage to medical volunteers in free clinics in order to expand access to healthcare services to low-income individuals in medically underserved areas.

BUREAU OF HEALTH PROFESSIONS

Appropriations, 2014	\$732,391,000
Budget estimate, 2015	477,140,000
Committee recommendation	735,517,000

The Committee recommendation for the activities of the Bureau of Health Professions is \$735,517,000.

The Bureau of Health Professions provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to make them obsolete. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

National Health Service Corps

The Committee recommendation does not include discretionary funding for the National Health Service Corps (Corps), as proposed by the administration, due to budget constraints. The Committee strongly supports the Corps' long and successful record of supporting qualified healthcare providers that are dedicated to working in underserved areas with limited access to healthcare. The Committee strongly supports continued mandatory funding for the Corps beyond fiscal year 2015.

The Committee continues to include section 222 of this act to modify the rules governing National Health Service Corps to allow every Corps member 60 days to cancel their contract.

Training for Diversity

The Committee commends the Bureau of Health Professions for its strong record of supporting the training of individuals from disadvantaged backgrounds and supports the creation of educational institutions and programs that train students from disadvantaged backgrounds.

The Committee strongly supports greater diversity among health professionals and notes that it is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better patient-clinician communication. Evidence shows that minority health professionals are more likely to serve in underserved areas with a high proportion of uninsured and underrepresented racial and ethnic groups. For this reason, diversity should be a central goal of Federal health training programs.

The Committee recommendation increases investments in scholarships and loans for disadvantaged students who have committed to and are in training. The Committee believes that direct aid to students with financial need has the most immediate impact on the production of health professionals from diverse backgrounds. The Committee strongly believes that providing financial support to undergraduate, post-baccalaureate, and doctoral students is the most effective way the Federal Government can ensure that the healthcare workforce is of sufficient size and skill to meet the Nation's growing healthcare needs.

The Committee recommendation consolidates the programs that supported outreach and education to K-12 students and directs

HRSA to focus all training investments on direct support to undergraduate, post-baccalaureate, and doctoral students. Rather than small programs on diversity, the Committee recommendation directs HRSA to prioritize support for disadvantaged students throughout the full scope of the Bureau of Health Professions programs. The Committee directs that any new grant competitions in fiscal year 2015 prioritize training for diversity.

In addition, the Committee includes modified bill language in section 216 to expand the eligibility of the National Research Service Award [NRSA] program to schools that have been Centers of Excellence in training diverse populations and schools with experience recruiting disadvantaged students. NRSA research grant awards allow institutions to directly support research opportunities for qualified individuals that will impact the Nation's primary care research agenda and ensure that a diverse and highly trained workforce.

Scholarships for Disadvantaged Students

The Committee provides \$57,857,000 for the Scholarships for Disadvantaged Students program, which is a 30 percent increase above fiscal year 2014. This program increases diversity in the health professions and nursing workforce by providing grants to eligible health professions and nursing schools for use in awarding scholarships to students from disadvantaged backgrounds with financial need, many of whom are underrepresented minorities [URMs]. This program has a strong record of increasing the number of graduates practicing in primary care, enrollment and retention of URMs, and the number of graduates working in medically underserved communities.

Of the available funding in fiscal 2015, the Committee includes \$1,000,000 to support a national center of excellence, which will build on the important foundation of best practices and curricula generated by through Centers of Excellence program. This competitive award will support the development and dissemination of evidenced based practices and technical assistance in recruitment and training for diversity.

Primary Care Training and Enhancement

The Committee provides \$40,884,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2015. The Committee also continues to urge HRSA to prioritize the training of physician assistants and includes bill language allowing HRSA to increase funding for this activity.

Rural Physicians Training and Clinical Training in Interprofessional Practice

The Committee recommendation does not include funding for these two new programs, as proposed by the administration, due to budget constraints.

Training in Oral Health Care

The Committee recommends \$33,928,000 for Training in Oral Health Care programs, which includes not less than \$9,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2015.

The Committee recognizes that better utilization of existing medical and dental providers is needed to address the oral health access crisis. The Committee removes the ban on funding for section 340G-1 of the PHS Act and encourages HRSA to fund new models of delivering oral healthcare in rural and underserved areas that are in compliance with State law. The Committee is also encouraged by the collaboration between HRSA, CMS, and CDC to facilitate access to dental services and allow for the deployment and evaluation of new providers. HRSA should include a report on this continued effort in the fiscal year 2016 CJ.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$30,250,000 for Area Health Education Centers [AHECs]. The Committee once again rejects the administration proposal to eliminate AHEC funding. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding. The Committee is concerned that HRSA may be withholding funds for the Infrastructure and Development grants that are used to plan, build, and implement new networks of centers. The Committee is aware that several existing grantees were awarded multi-center grants but are unable to obtain the full grant funding from HRSA. The Committee also recognizes that Infrastructure and Development grantees are more vulnerable to funding shifts since these grantees are trying to build a network of new centers, while Point of Service and Maintenance grantees are already well established and proven AHEC centers. Therefore, the Committee urges HRSA to fully fund existing Infrastructure and Development grantees that were approved for multi-center grants.

The Committee commends HRSA for its collaboration with SAMHSA to integrate primary care and behavioral health. HRSA

should include an update on this initiative in the fiscal year 2016 budget.

Geriatric Education

The Committee provides \$34,237,000 for Geriatric Education programs. Geriatric programs include: Geriatric Education Centers, the Geriatric Academic Career Awards program, and the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals program.

The Committee reiterates its support for geriatric education and the effort to ensure that the wider primary care provider community has the skills and training to provide high-quality and coordinated care to older adults. The Committee looks forward to the report HRSA is compiling to detail the ways geriatric training content is being integrated into primary care training in HRSA-supported institutions.

Mental and Behavioral Health

The Committee provides \$9,916,000 for Mental and Behavioral Health programs. These programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

The Committee continues to support the Secretary's initiative to increase the number of social workers and psychologists that will pursue clinical work with high need and high demand populations defined as rural, vulnerable, and/or underserved populations, and veterans, military personnel and their families through the Mental and Behavioral Health Education and Training Grants Program. The Committee is aware that 24 grants were awarded through this program throughout the country and approximately one-half targeted veterans, military personnel and their families. The Committee is concerned that as more servicemembers begin to reintegrate into civilian life after numerous deployments, there will not be adequate numbers of social workers and psychologists to assist this population. As such, the Committee directs the Department to maintain a strong commitment to funding for the Mental and Behavioral Health Education and Training Grants Program with an emphasis on proposals that provide support to veterans, military personnel and their families in civilian and community-based settings.

The Committee continues to recognize the importance of social workers and their contribution to family planning and maternal and child health outcomes, particularly in low-income communities. The Committee has included funding to continue the Leadership Training Program in Social Work, which annually funds centers of excellence at schools of social work to help develop the next generation of social workers and to provide critical leadership, resources, and training.

Health Professions Workforce Information and Analysis

The Committee recommends \$5,151,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment. The Committee recommendation includes resources in fiscal year 2015 to evaluate the HRSA training for diversity initiative and the effort to increase recruitment and retainment of students from disadvantaged backgrounds and students inclined to practice in underserved communities. The Committee also encourages HRSA to work with the National Library of Medicine on the development of innovative training models for medical and health profession schools to recruit and retain students from disadvantaged backgrounds.

Public Health Workforce Development

The Committee provides \$22,000,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act and support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs. Funds are used to expand and improve residency training programs, and provide financial assistance to trainees enrolled in such programs.

The Committee recommendation includes no less than \$6,000,000 for preventive medicine residencies and no less than \$4,000,000 for existing programs and residencies related to integrative medicine. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2015. The Committee is pleased with the new competitive opportunity in fiscal year 2014 to improve the integrative medicine residency program with support for a national center of excellence on integrative primary care.

Nursing Workforce Development Programs

The Committee provides \$236,294,000 for Nursing Workforce Development programs. The Committee recommendation provides an increase over fiscal year 2014 of \$7,016,000 for Advanced Education Nursing, an increase of \$2,000,000 each for the following programs: Nursing Faculty Loans, the Loan Repayment and Scholarships, and Nurse Education, Practice and Retention. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged backgrounds in any new grant competition in fiscal year 2015. The Committee rejects the administration's proposal to fund the Advanced Education Nursing Program through transfers from section 241 of the PHS Act.

Within funds available for the Nursing Education and Retention program, the Committee intends that no less than \$5,000,000 be awarded to nurse-managed health centers. The Committee remains concerned that waiting lists for admission to nursing school are limiting our Nation's ability to address the nursing shortage. For

that reason, the Committee continues to place a strong priority on filling vacant nursing faculty positions, the majority of which require either a Ph.D. or a doctorate of nursing practice. The Committee encourages the Division of Nursing to prioritize this level of training and create incentives for students to pursue teaching as a career.

Children's Hospitals Graduate Medical Education

The Committee provides \$265,000,000 for the CHGME program and rejects the administration's proposal to eliminate this funding. The program provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children's teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

National Practitioner Data Bank

The Committee provides \$18,814,000 for the National Practitioner Data Bank. As requested by the administration, modified bill language is included to clarify that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

The National Practitioner Data Bank collects certain adverse information, medical malpractice payment history, and information related to healthcare fraud and abuse. The data bank is open to healthcare agencies and organizations that make licensing and employment decisions.

MATERNAL AND CHILD HEALTH BUREAU

Appropriations, 2014	\$843,893,000
Budget estimate, 2015	846,017,000
Committee recommendation	851,738,000

The Committee recommendation for the MCH Bureau is \$851,738,000. The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation's women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

Maternal and Child Health Block Grant

The Committee provides \$639,000,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

The Committee includes bill language requiring that the State grant portion of the block grant be funded at no less than \$551,631,000. The fiscal year 2014 level is \$546,631,000. The budget request is \$546,631,000.

The Committee also includes bill language identifying \$77,093,000 for the title V SPRANS set-aside. Within that total, the Committee recommendation includes sufficient funding to fully fund the set-asides for oral health, epilepsy, sickle cell anemia, and fetal alcohol syndrome at the enacted in fiscal year 2014.

Hemophilia.—The Committee continues to commend HRSA on its work to establish models of hemophilia care in a culturally sensitive, family-centered and coordinated manner. The National Hemophilia Program is a model system for caring for high-cost, chronic conditions. The Committee encourages HRSA to continue to work with CMS, particularly those regarding transitioning care from adolescence to adulthood.

Oral Health.—The Committee recognizes the key role that Maternal and Child Health Centers in Pediatric Dentistry provide in preparing dentists with dual training in pediatric dentistry and dental public health, fostering academic leadership, and developing expertise in the treatment of children with special healthcare needs. The Committee urges HRSA to continue providing incentives for these centers to leverage resources to strengthen and expand their activities.

Perinatal Hepatitis B.—The Committee is pleased at the progress that has been made in reducing perinatal hepatitis B transmission and commends HRSA for the ongoing review of best practices. The Committee notes that the 2010 rate of transmission was the lowest on record and well below the Healthy People 2010 goal. However, given the availability of an effective post-exposure prophylaxis protocol, the Committee believes that the elimination of all perinatal transmission is a goal worth pursuing. In view of the large number of at-risk women being seen in HRSA-funded settings, the Com-

mittee urges HRSA to move expeditiously to integrate the best practices identified in the review into routine practice. In addition, HRSA is encouraged to validate further best practices to prevent perinatal hepatitis B transmission, particularly in high-risk ethnic communities disproportionately impacted by chronic hepatitis B.

Sickle Cell Anemia

The Committee provides \$4,455,000 for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing; training of health professionals; and coordination of education, treatment, and continuity of care programs.

Traumatic Brain Injury

The Committee provides \$9,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

The Committee includes no less than the fiscal year 2014 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

Autism and Other Developmental Disorders

The Committee provides \$47,099,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities on autism and other developmental disorders, as authorized in the Combating Autism Act of 2006.

The Committee directs HRSA to fund research on evidence-based practices for interventions for individuals with autism and other developmental disabilities, for development of guidelines for those interventions, and for information dissemination at no less than fiscal year 2014 levels.

The Committee recognizes that the Autism and Other Developmental Disorders program has demonstrated an ability to develop early detection, education, and intervention activities on autism and other developmental disorders. The CDC announced that the highest rate of increased diagnoses for children with autism is from minority and rural communities, where the diagnosis and treatment for Autism Spectrum Disorders [ASD] has historically gone unnoticed and untreated at higher rates, resulting in less than optimal outcomes. The Committee urges HRSA to ensure that competitive funding opportunities are made available to specifically target innovative diagnosis and treatment models, including the use of telehealth networks, to improve the diagnosis and treatment of ASD in minority and rural communities.

The Committee directs that HRSA provide no less than the fiscal year 2014 level for LEND programs to maintain their capacity to train professionals to diagnose, treat, and provide interventions to individuals with autism spectrum disorders.

Newborn Screening for Heritable Disorders

The Committee provides \$11,883,000 for the Newborn Heritable Disorders Screening program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008. This program provides funding to improve States' ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

Healthy Start

The Committee provides \$102,000,000 for the Healthy Start infant mortality initiative. The primary purpose of Healthy Start is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

The Committee commends Healthy Start for engaging in public-private partnerships that identify best practices and lead to continuous quality improvement within the program. The Committee encourages HRSA to continue to evaluate rigorously the Healthy Start program and these partnerships.

Stillbirth and Sudden Unexpected Infant Deaths [SUIDs].—The Committee notes that racial disparities in stillbirth and SUIDs persist and significantly contribute to the more than 25,000 stillbirths and over 4,000 SUIDs each year. HRSA is encouraged to support training and assistance that will enhance cooperative partnerships among local community health professionals, public health officers, community advocates, and consumers to address racial disparities in SUIDs and stillbirth. In addition, the Committee continues to support HRSA's efforts to review cases of stillbirth and SUIDs at a local level, especially to identify better ways to address racial disparities.

The Committee recognizes that the Fetal Infant Mortality Review [FIMR] program is an important component of many Healthy Start Initiatives and that providing evidence-based interventions are crucial to improving infant health in high risk communities. The Committee encourages HRSA to continue to support the FIMR program with Healthy Start funding while educating Healthy Start Programs on the successes of the FIMR.

Universal Newborn Hearing Screening and Early Intervention

The Committee provides \$17,818,000 for universal newborn hearing screening and early intervention activities. This program awards grants to 53 States and territories that support statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

Emergency Medical Services for Children

The Committee provides \$20,162,000 for the Emergency Medical Services for Children [EMSC] program which focuses on improving the pediatric components of the emergency medical services system

and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

HIV/AIDS BUREAU

Appropriations, 2014	\$2,288,024,000
Budget estimate, 2015	2,297,781,000
Committee recommendation	2,313,024,000

The Committee recommendation includes \$2,313,024,000 for the HIV/AIDS Bureau. This funding provided through budget authority is sufficient to account for the reduction of funding transferred from section 241 of the PHS Act.

The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act, which provides a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health, and nutritional services.

HIV Testing, Linkage, and Adherence.—The Committee is aware that, despite the demonstrated success of treatment-as-prevention programs, less than 25 percent of all Americans with HIV are on antiretroviral treatment. The Committee continues to believe that the key steps to ending the HIV/AIDS epidemic include finding those people who are unaware of their HIV-positive status, linking all Americans with HIV/AIDS to care and treatment, and retaining them in that care and treatment. The Committee again urges HRSA within its Ryan White SPRANS portfolio to focus on the development of systemic approaches aimed at ensuring viral load suppression.

Emergency Assistance

The Committee provides \$660,688,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic.

Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by formula, and the remainder is awarded through supplemental competitive grants.

Comprehensive Care Programs

The Committee provides \$1,326,911,000 for HIV healthcare and support services.

Funds are awarded to States to support HIV service delivery consortia, the provision of home- and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and support for State AIDS drug assistance programs.

The Committee includes bill language providing \$905,313,000 for AIDS medications in ADAP. This funding provided through budget authority is sufficient to continue the activities funded through HHS transfers in the previous two fiscal years and account for the reduction of funding transferred from section 241 of the PHS Act.

The Committee intends that the increase provided for ADAP be awarded according to the statutory formula.

Early Intervention Services

The Committee provides \$203,512,000 for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families

The Committee provides \$75,297,000 for grants for coordinated services to women, infants, children, and youth. The President's request did not include funding for this program. The Committee does not accept the President's proposal to consolidate this program with the Early Intervention Services program.

Funds are awarded to community health centers, family planning agencies, comprehensive hemophilia centers, county and municipal health departments, and other nonprofit community-based programs that provide comprehensive primary healthcare services to populations with or at risk for HIV.

AIDS Dental Services

The Committee provides \$13,089,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

AIDS Education and Training Centers

The Committee provides \$33,527,000 for AIDS Education and Training Centers [AETCs]. AETCs train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

HEALTH CARE SYSTEMS BUREAU

Appropriations, 2014	\$102,935,000
Budget estimate, 2015	103,659,000
Committee recommendation	103,460,000

The Committee recommendation for the Health Care Systems Bureau is \$103,460,000.

The Health Care Systems Bureau protects the public health and improves the health of individuals through efforts to support and enhance the systems by which healthcare is delivered in America.

Organ Donation and Transplantation

The Committee provides \$24,015,000 for organ donation and transplantation activities, which is an increase of \$525,000 over the fiscal year 2014 level provided as requested in the budget. Funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used to educate the public and health professionals about organ donations and transplants and to support clearinghouse and technical assistance functions.

National Cord Blood Inventory

The Committee provides \$11,238,000 for the National Cord Blood Inventory. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

C.W. Bill Young Cell Transplantation Program

The Committee provides \$22,054,000 for the C.W. Bill Young Cell Transplantation Program.

The Committee continues to strongly support cell transplantation through the use of cord blood, bone marrow, peripheral blood stem cells, and other sources of stem cells that may be available in the future. The Committee appreciates HRSA's efforts to increase the diversity of the registry and the program's research efforts to improve the availability, efficiency, safety, and cost of transplants and the effectiveness of program operations.

Office of Pharmacy Affairs

The Committee provides \$10,212,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug pricing program, which requires drug manufacturers to provide discounts or rebates to a set of programs and hospitals that serve a disproportionate share of low-income patients. More than an individual discount program, the 340B program was designed to help safety net providers maintain, improve, and expand patient access to healthcare services generally.

The Committee remains strongly committed the development of a transparent system to verify the accuracy of the 340B ceiling price. The ACA required HRSA to make 340B ceiling prices available to covered entities through a secure Web site. The Committee is concerned that there continues to be no way for eligible entities to know if they are paying manufacturers the correct prices for

340B drugs. Funding was provided in fiscal year 2014 to implement the ACA requirements, including the creation of a Web site. The Committee directs HRSA to provide a report on program integrity implementation to the Senate Appropriations Committee by October 31, 2014.

The Committee again includes a statutory provision to allow a nominal cost recovery fee to fund the program integrity provisions recommended by the inspector general and included in the ACA. The fee will be set at 0.1 percent for covered entities and is expected to generate \$7,000,000 in fiscal year 2015. The Committee expects HRSA to report the estimated and actual amounts generated by the fee in HRSA's annual CJ.

The Committee also urges the administration to move forward with the comprehensive proposed regulation and expects the rule to address many basic 340B program participation requirements and establish a formal dispute resolution process between covered entities and manufacturers. The Committee remains concerned by HRSA's interpretation of the term "covered outpatient drug" and urges HRSA to create an understanding of the term that is more specific to the 340B program. This would allow 340B-participating entities to use other available purchasing methods to obtain access to non-340B drugs at a lower cost.

Poison Control Centers

The Committee provides \$18,799,000 for poison control activities. The Poison Control Centers program currently supports a mix of grantees. Most serve States; a few serve multistate regions; and, in a handful of cases, more than one grantee serves a single State.

In 2012 more than 3.3 million poisoning, toxic exposure, drug, food safety and public health emergency calls were managed by the Nation's 55 accredited poison centers—an average of more than 9,000 calls per day. Multiple studies have demonstrated that accurate assessment and triage of poisoning, drug and toxic exposures by the Nation's poison centers save critical healthcare dollars by reducing the severity of illness, preventing deaths and reducing the length of hospital stays. It is estimated that every dollar invested in the national poison center program saves \$13.39 in medical costs and lost productivity, thus generating annual cost savings exceeding \$1.8 billion. The Committee continues to believe that increased education and outreach of the services provided by the poison control centers to Medicare and Medicaid beneficiaries could result in substantial savings by CMS. The Committee directs the Secretary to continue the discussions with the Nation's poison control centers to develop an action plan to achieve these possible new Medicare and Medicaid cost savings.

National Hansen's Disease Program

The Committee includes \$15,168,000 for the National Hansen's Disease program. The program consists of inpatient, outpatient, long-term care as well as training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; and 11 outpatient clinic sites in the continental United States and Puerto Rico.

National Hansen’s Disease Program Buildings and Facilities

The Committee provides \$122,000 for the repair and maintenance of buildings at the Gillis W. Long Hansen’s Disease Center.

Payment to Hawaii for Hansen’s Disease Treatment

The Committee provides \$1,852,000 for Hansen’s disease services. Payments are made to the State of Hawaii for the medical care and treatment of persons with Hansen’s disease in hospital and clinic facilities at Kalaupapa, Molokai, and Honolulu. Expenses above the level of appropriated funds are borne by the State of Hawaii.

RURAL HEALTH

Appropriations, 2014	\$141,978,000
Budget estimate, 2015	124,562,000
Committee recommendation	143,978,000

The Committee recommendation for Rural Health programs is \$143,978,000.

The Office of Rural Health Policy [ORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on 62 million residents of rural communities. ORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens’ access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

The Committee continues to commend ORHP for its increased collaboration with the Department of Veterans Affairs [VA] and other agencies of the Federal Government. ORHP has significant experience in the areas of information technology, workforce recruitment and retention, and improved access to care. The Committee urges ORHP to continue providing its expertise across the Government in ways that improve healthcare delivery in rural areas. The Committee directs the Administrator to report to Congress in the fiscal year 2016 CJ on ORHP’s efforts in this area.

Rural Health Outreach

The Committee provides \$56,857,000 for the Rural Health Outreach program.

This program supports projects that demonstrate new and innovative models of outreach in rural areas, such as integration and coordination of health services.

The Committee recommendation includes sufficient funding to continue the five key program areas identified in the President’s budget: outreach services grants, rural network development grants, network planning grants, small healthcare provider quality improvement grants, and the Delta States network grant program.

The Committee recognizes the difficulties rural communities face in combating the emerging public health problem of opioid addiction. The Committee urges HRSA to work directly with rural communities to develop outreach strategies and community-based models to identify individuals vulnerable to and those suffering from substance abuse addiction and connect them with addiction treatment and services.

Frontier Extended Stay Clinics.—The Committee is aware that the Frontier Extended Stay Clinic demonstration concluded in April 2013. The Committee urges HRSA to assist clinics in maintaining their infrastructure while they wait for CMS' evaluation of data from the demonstration.

Native American Graduate Education.—The Committee is aware of significant needs in rural areas of the country for health professionals and in particular those areas that have significant populations of Native Americans. The Committee encourages HRSA to work with institutions in these areas to help them identify appropriate graduate health professions training programs for the need.

Oral Health.—The Committee remains concerned about the unnecessary use of hospital emergency rooms [ERs] for relief but not resolution of oral health maladies. The Committee is encouraged by OHRP's collaboration with the Bureaus of Primary Care and Health Professions to develop and disseminate best practices related to reductions in emergency dental care to small and rural hospitals. The Committee continues to urge HRSA to work with CMS and AHRQ to identify gaps in knowledge related to these prevention initiatives.

The Committee is also aware of the significant need for dental providers in rural communities who can provide oral healthcare and education to individuals on the importance of proper oral care and prevention, and remains concerned about the number of unnecessary hospital emergency room visits for oral health issues. The Committee encourages the Office of Rural Health Policy to support mobile dentistry programs led by properly licensed dental providers. The Committee recognizes that these community based programs were designed to allow maximum flexibility in the use of these funds to meet local healthcare needs that are unique to rural communities.

Rural Health Research

The Committee provides \$9,328,000 for the Rural Health Research program. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service. Supported activities focus on improving the delivery of health services to rural communities and populations.

Rural Hospital Flexibility Grants

The Committee provides \$40,507,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to critical access hospitals to focus on quality and performance improvement and to integrate emergency medical services. The Committee recommendation continues to reject the proposed elimination of the Small Hospital Improvement Program.

The Committee continues to commend ORHP for its collaboration with the VA and USDA on telehealth and electronic health records in rural hospitals, with a focus on mental healthcare for veterans.

Rural Access to Emergency Devices

The Committee provides \$5,356,000 for the Rural Access to Emergency Devices program.

In past fiscal years, the funding was used to purchase automated external defibrillators [AEDs] for public locations and to train emergency responders in their use. Recognizing that many communities have AEDs but are struggling to respond to an increase in drug overdose deaths, particularly due to the increase of opioid abuse, the Committee intends the increase over fiscal year 2014 to be competitively awarded for the purchase of other emergency devices, including naloxone devices, which rapidly reverse the effects of opioid overdoses, as well as training on their use.

The Committee intends this appropriation to fund the rural program authorized in section 413 of the PHS Act, the community access demonstration authorized in section 313, and the Secretary's authority to control epidemics provided in section 311(c)(1). Funding will be used to buy automated external defibrillators, naloxone devices, and other emergency devices and put them in public areas where cardiac arrests and other life threatening events are likely to occur, and train lay rescuers and first responders in their use.

State Offices of Rural Health

The Committee provides \$9,487,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides \$6,749,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Radiation and Exposure Screening and Education Program

The Committee provides \$1,829,000 for activities authorized by the Radiation Exposure Compensation Act. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Telehealth

The Committee provides \$13,865,000 for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals.

The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties. The Committee directs OAT to use these funds to expand existing telehealth networks and to award new grants under the Telehealth Network Grant Program while also increasing ac-

tivities that demonstrate the use and success of telehealth networks across the country.

The Committee also commends OAT for its work to provide greater access, quality, and scope of care to medically underserved populations. The Committee urges OAT to fund sustainable programs with demonstrable accomplishments, placing particular emphasis on programs seeking to aid diverse populations in regions with significant chronic disease burden and evident health disparities such as diabetes.

FAMILY PLANNING

Appropriations, 2014	\$285,760,000
Budget estimate, 2015	286,479,000
Committee recommendation	300,000,000

The Committee provides \$300,000,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide through four key functions: (1) providing individuals with comprehensive family planning and related preventive health services, including all FDA-approved methods of contraception; (2) training for family planning clinic personnel; (3) data collection and research aimed at improving the delivery of services; and (4) information dissemination and community-based education and outreach activities.

The Committee recognizes the ongoing need to support publicly funded family planning services and supplies during and after implementation of the ACA. Although health reform will result in the expansion of insurance coverage, patients seeking family planning and reproductive health services often have privacy concerns that inhibit the full use of coverage. Many of these patients will turn to safety-net settings, such as title X-funded health centers, for care. Public funding for family planning remains a cost-effective means of providing essential health services and will be important to Federal and State efforts to implement the ACA.

Infrastructure.—As essential community providers, title X clinics provide primary and preventive care services, including cancer screenings and family planning services, to nearly 5 million women and men each year. The Committee supports the use of title X program funds for infrastructure investments, including for health information technology, to ensure women’s health providers can keep pace with the increased demand for reproductive health services.

Tiered Subgranting.—The Committee continues to be concerned that some traditional grantees of the title X program are implementing newly tiered approaches which base subgranting decisions on criteria that are unrelated to the performance outcomes of the program. The Committee appreciates HRSA’s recent efforts to give funding preference to applicants with plans that show that a wide range of providers are eligible for subgrants. The Committee expects that funding decisions will be made solely on the ability of a clinic to achieve the best possible outcomes for the population served.

PROGRAM MANAGEMENT

Appropriations, 2014	\$152,677,000
Budget estimate, 2015	157,061,000
Committee recommendation	154,677,000

The Committee provides \$154,677,000 for program management activities.

The Committee does not include bill language requested by the administration to provide additional transfer authority to the Administrator beyond that which is already provided to the Secretary.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2014	\$241,464,000
Budget estimate, 2015	242,500,000
Committee recommendation	242,500,000

The Committee provides that \$242,500,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2015. Of that amount, \$7,500,000 is for administrative costs.

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

The Committee recognizes the critical role vaccines play in assuring the health of children and society and notes the significant innovation that maternal immunization represents. Maternal immunization has become an important part of the U.S. healthcare system, particularly over the last decade, as data have shown that maternal immunization works to reduce the disease burden in newborns. The Committee notes that the Advisory Commission on Childhood Vaccines [ACCV] recommendations on maternal immunization were adopted in 2013. The Committee encourages HHS to implement the ACCV recommendations, under existing authority to administer the Vaccine Injury Compensation Program.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides \$7,054,006,000 in this bill for CDC, which includes \$112,000,000 in transfers under section 241 of the PHS Act, \$55,358,000 in mandatory funds under the terms of EEOICPA and \$887,300,000 in transfers from the PPH Fund.

The activities of CDC focus on several major priorities: providing core public health functions; responding to urgent health threats; monitoring the Nation's health using sound scientific methods; building the Nation's health infrastructure; assuring the Nation's preparedness for emerging infectious diseases and potential pandemics; and providing leadership in the implementation of nationwide prevention strategies that are conducive to improving and maintaining health.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2014	\$782,973,000
Budget estimate, 2015	748,066,000
Committee recommendation	798,735,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$798,735,000, which includes \$160,300,000 in transfers from the PPH Fund.

The mission of the National Center for Immunization and Respiratory Diseases is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Immunization	610,847	560,508	611,177
National Immunization Survey (non-add)	(12,864)	(12,864)	(12,864)
Influenza Planning and Response	172,126	187,558	187,558

Cost Estimates.—The Committee is pleased with CDC's report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted not later than February 1, 2015, to reflect fiscal year 2016 cost estimates. The updated report also should include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

Immunization Strategy.—As the healthcare delivery system continues to evolve through enhanced health insurance coverage, the Committee encourages CDC to work with State and local public health agencies to develop a strategy to modernize immunization information systems and prepare public health departments for changes in the healthcare delivery system, including new billing procedures related to privately insured patients. The strategy should also address how CDC will maintain and expand partner-

ships with the healthcare sector to provide routine and emergency immunization services.

Influenza.—The Committee recommendation includes an increase of \$15,432,000 above the fiscal year 2014 level, as requested by the administration. These additional funds are provided in recognition that pandemic influenza supplemental balances used in fiscal year 2014 to support CDC's global influenza activity are no longer available. The Committee recommendation is equal to the fiscal year 2014 level after accounting for the use of these balances last year. The Committee is disappointed that use of these balances in fiscal year 2014 was not displayed in the CDC CJ, and expects in the future that CDC and the Department will clearly identify in budget documents when and how supplemental appropriations are used. In particular, the Committee expects to be notified if any remaining supplemental balances are used by CDC in fiscal year 2015.

Registries.—The Committee remains concerned about the low rate of adult immunizations. The Committee encourages CDC to continue supporting States that wish to establish and expand their use of immunization registries, with a particular focus on improving information sharing about patients' vaccination histories across different providers and generating reminders to providers and patients about recommended vaccinations.

Section 317 Immunization.—The Committee rejects the reduction to the Section 317 Immunization Program proposed by the administration and provides funding at the comparable fiscal year 2014 level. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, the prevention of vaccine-preventable diseases, and for responding to outbreaks. The Committee recommendation includes \$8,000,000 requested by the administration to build the capacity of public health departments to bill insurers for immunizations and encourages the continuation of billing demonstration projects in State and local health departments. The Committee recommendation provides funding for the National Immunization Survey through budget authority, rather than through transfers available under section 241 of the PHS Act as in previous years.

Vaccine Purchase Formula.—The Committee notes that the current formula used to determine the State allocation of funds for vaccine purchase uses 2013 U.S. Census data, which may not adequately reflect the current landscape of the uninsured adult population. The Committee requests that CDC update the formula as more recent Census data becomes available to better reflect the variability in insurance coverage from State to State.

Vaccine Safety.—According to recent reports, millions of dollars are lost to the U.S. Government and the private sector due to improper storage of vaccines shipped annually to healthcare providers. These losses occur because of a failure to maintain the critical "cold chain" that originates at the point of manufacturer and ends just prior to a vaccine administration by healthcare providers. The Committee encourages CDC to work with State and local officials, the provider community and the public to ensure that the potency of products are ensured through maintenance of correct temperatures.

HIV, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND
TUBERCULOSIS PREVENTION

Appropriations, 2014	\$1,117,609,000
Budget estimate, 2015	1,127,942,000
Committee recommendation	1,117,609,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and TB Prevention is \$1,117,609,000.

The Center administers CDC's activities on HIV/AIDS, viral hepatitis, STDs, and TB, with the exception of the Global AIDS program, which is housed in the Center on Global Health.

The Committee recommends funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Domestic HIV/AIDS Prevention and Research	786,712	796,185	786,712
HIV Prevention by Health Departments	397,161	398,238	397,161
HIV Surveillance	119,861	121,380	119,861
Improving HIV Program Effectiveness	103,208	106,646	103,208
National, Regional, Local, Community & Other Organizations	135,401	135,760	135,401
School Health	31,081	34,161	31,081
Viral Hepatitis	31,331	31,410	31,331
Sexually Transmitted Infections	157,310	157,719	157,310
Tuberculosis	142,256	142,628	142,256

Hepatitis C Prevention.—The Committee remains concerned by the increasing rates of new hepatitis C infections associated with the injection of prescription opioids and heroin, particularly among young people. The Committee encourages the Division of Viral Hepatitis to continue coordinating with other agencies, including SAMHSA, NIDA and the Office of National Drug Control Policy, on ways to remove barriers to implementation of evidence-based prevention strategies.

HIV Screening.—The Committee notes that CDC is proposing an updated recommendation for HIV testing by laboratories. The Committee commends CDC for leading the early adoption of advancements in HIV prevention technology and for recognizing the use of a variety of FDA-approved screening options to facilitate screening in all settings.

Tuberculosis [TB].—The Committee notes that there are barriers to the optimal diagnosis and treatment of TB in the United States, including high costs associated with treating multi-drug resistant TB and national shortages of TB drugs. The Committee applauds the Division of Tuberculosis Elimination's innovative TB Trials Consortium for the development of the first new TB treatment regimen for latent TB in decades, and urges the Division to expand this program to speed the development of new, shorter TB treatments. In addition, the Committee urges CDC and the Federal Tuberculosis Task Force to work with the FDA, the Office of Emergency Preparedness and Response, and other partners to identify long-term strategies to ensure an adequate and affordable national supply of TB drugs.

Viral Hepatitis Screening.—The Committee commends CDC for developing and disseminating hepatitis C virus [HCV] screening

recommendations that recognize the need for identifying infected individuals and the advancements in HCV prevention and treatment technology. The Committee urges CDC to prioritize screening activities and programs.

Youth-based Programs.—The Committee recognizes that youth under the age of 24 have one of the highest rates of HIV diagnosis. CDC is encouraged to improve outreach and education to this population via youth-based programs.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2014	\$389,655,000
Budget estimate, 2015	445,299,000
Committee recommendation	433,777,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$433,777,000, which includes \$82,000,000 in transfers from PPH Fund.

The National Center for Emerging and Zoonotic Infectious Diseases aims to detect, prevent, and control infectious diseases from spreading, whether they are naturally occurring, unintentional, or the result of terrorism.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Core Infectious Diseases	218,141	249,749	248,141
Antibiotic Resistance		30,000	30,000
Vector-borne Diseases	26,410	27,205	26,410
Lyme Disease	10,663	10,688	10,663
Prion Disease	5,848	5,862	5,848
Chronic Fatigue Syndrome	5,400	5,412	5,400
Emerging Infectious Diseases	147,230	147,573	147,230
All Other Infectious Diseases	22,590	23,009	22,590
Food Safety	39,993	50,089	39,993
National HealthCare Safety Network	18,032	32,071	32,071
Quarantine	31,572	31,640	31,572
Federal Isolation and Quarantine (non-add)		(1,000)	(1,000)
Advanced Molecular Detection	29,917	30,000	30,000
Epidemiology and Lab Capacity program	40,000	40,000	40,000
Healthcare-Associated Infections	12,000	11,750	12,000

Advanced Molecular Detection.—The Committee recommendation includes \$30,000,000 for the second year of funding for CDC’s Advanced Molecular Detection initiative. This initiative involves the use of the latest pathogen identification technologies along with enhanced capabilities in bioinformatics (an interdisciplinary field involving the use of computer technology, mathematics, and engineering in the analysis of biologic data) to better understand, prevent, and control infectious diseases.

Antibiotic Resistance.—The Committee includes an increase of \$30,000,000 over the fiscal year 2014 level for CDC’s “Detect and Protect Against Antibiotic Resistance” initiative. These funds, provided through transfers from the PPH Fund, will allow CDC to enhance surveillance and laboratory capacity to speed the identification of antibiotic resistance threats. This initiative will also fund State-based prevention and stewardship collaboratives that pro-

mote implementation of best practices for reducing the spread of antibiotic resistant bacteria and improving appropriate antibiotic use. The Committee expects that CDC will provide measurable goals for this initiative in terms of reduced rates of resistant infections and will track progress toward meeting these goals.

The Committee commends CDC for issuing its first report ranking and detailing antibiotic resistant threats, as well as providing recommended actions. The Committee encourages CDC to issue follow-up reports every 2 years that outline the major issues in resistance; provide data on the societal burden of resistance; publish resistance patterns and antimicrobial use data; articulate CDC activities combating resistance; describe relevant international developments; and identify gaps in surveillance, data collection, prevention and stewardship.

Emerging and Zoonotic Diseases.—The Committee is aware of the arrival of chikungunya in the Caribbean and supports CDC’s work to prepare and monitor any potential arrival of chikungunya in the United States. The Committee encourages the National Center for Emerging and Zoonotic Infectious Diseases to work with the Center for Global Health on cross-cutting issues relating to emerging diseases, particularly in support of the Global Health Security Program.

Food Safety.—The Committee strongly supports CDC’s food safety and surveillance activities. A robust safety-related program is needed to identify food-borne illnesses and effectively confine the spread of an outbreak, limiting the adverse effect on public health. The Committee also continues to support the Integrated Food Safety Centers of Excellence, which serve a critical role in developing and disseminating food safety surveillance and outbreak response.

Infectious Diseases.—The Committee notes that funding through CDC’s core Infectious Disease Program has supported the actions of public health in virtually every major infectious disease outbreak in recent years, while also building systems that work across multiple diseases and that can be leveraged according to conditions on the ground. This funding enables States to adapt to evolving health threats, with tools such as West Nile virus surveillance, foodborne disease investigations, and situational awareness during disease outbreaks.

National Healthcare Safety Network [NHSN].—The Committee recommendation includes an increase of \$14,039,000 above the fiscal year 2014 comparable level for the National Healthcare Safety Network [NHSN]. The Committee notes that at any given time, about 1 in 20 patients have an infection while receiving care in U.S. hospitals. These healthcare-associated infections [HAIs] result in up to \$33,000,000,000 in excess medical costs every year. The NHSN is a surveillance system for HAI tracking and prevention used by over 12,000 healthcare facilities, including hospitals in all 50 States. The Committee recommendation will extend NHSN reporting to more than 3,000 additional sites, providing more data for national HAI prevention and elimination efforts. The additional funding provided will also support development of antibiotic use and resistance components of the NHSN that will provide “real-time” data on antibiotic use and resistance trends.

Quarantine.—The Committee includes bill language requested by the administration that provides extended availability for a small portion of CDC's quarantine funding. CDC currently reimburses State and local governments for medical and transportation costs associated with Federal isolation orders, which CDC issues under its regulatory authority in order to isolate and quarantine travelers with highly contagious diseases. This extended availability will allow CDC to pay these costs when invoices from State and local governments are submitted after the end of the fiscal year.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2014	\$1,186,001,000
Budget estimate, 2015	1,077,957,000
Committee recommendation	1,215,941,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,215,941,000, which includes \$467,000,000 in transfers from the PPH Fund.

The mission of the National Center for Chronic Disease Prevention is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. Nearly one-half of all American adults have at least one chronic illness; such diseases account for nearly 70 percent of all U.S. deaths and three-quarters of all healthcare costs in the United States.

Within the total provided for the National Center for Chronic Disease Prevention and Health Promotion, the following amounts are available for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Tobacco	210,492	210,767	226,492
Nutrition, Physical Activity and Obesity	40,085	40,092	45,085
High Obesity Rate Counties (non-add)	5,000	.....	5,000
School Health	15,383	15,424	15,383
Health Promotion	19,432	19,483	20,432
Community Health Promotion	6,348	6,364	6,348
Glaucoma	3,294	3,303	3,294
Visual Screening Education	512	513	512
Alzheimer's Disease	3,344	3,353	3,344
Inflammatory Bowel Disease	716	718	716
Interstitial Cystitis	659	661	659
Excessive Alcohol Use	2,462	2,468	3,462
Chronic Kidney Disease	2,097	2,103	2,097
Prevention Research Centers	25,461	25,000	25,461
Heart Disease and Stroke	130,037	130,188	130,037
Diabetes	140,129	140,306	140,129
National Diabetes Prevention Program	9,972	10,000	15,000
Cancer Prevention and Control	350,323	308,012	350,323
Breast and Cervical Cancer	206,993	169,204	206,993
WISEWOMAN (non-add)	21,114	21,170	21,114
Cancer Screening Demonstration Project .....	.....	10,000	.....
Breast Cancer Awareness for Young Women	4,951	4,419	4,951
Cancer Registries	49,440	44,131	49,440
Colorectal Cancer	43,294	39,515	43,294
Comprehensive Cancer	19,673	17,561	19,673
Johanna's Law	5,118	4,568	5,118
Ovarian Cancer	5,056	4,512	5,056
Prostate Cancer	13,205	11,787	13,205
Skin Cancer	2,121	1,894	2,121
Cancer Survivorship Resource Center	472	421	472
Oral Health	15,749	15,790	15,749
Safe Motherhood/Infant Health	45,473	45,589	45,473
Other Chronic Diseases	26,735	26,806	14,427
Epilepsy (non-add)	7,994	8,015	7,994
National Lupus Registry (non-add)	5,628	5,643	5,628
Racial and Ethnic Approach to Community Health	50,950	.....	50,950
Partnerships to Improve Community Health	79,780	80,000	90,000
Million Hearts	4,000	4,000	4,000
Workplace Wellness	10,000	.....	10,000
Early Child Care Collaboratives	4,000	4,000	4,000
Hospitals Promoting Breastfeeding	8,000	2,500	13,000

Alzheimer's and Healthy Aging.—The Committee commends the Healthy Brain Initiative for bringing attention to the public health crisis of Alzheimer's disease, for its work on cognitive surveillance in 47 States and territories, and for its efforts to update the National Public Health Road Map to Maintaining Cognitive Health to focus on specific action steps that can be taken over the next 5 years. The Committee notes the importance of developing and maintaining a population-based surveillance system with longitudinal follow-up. The Committee also urges that significant effort be made to ensure comprehensive implementation of the action steps listed in the updated Road Map. The Committee recommends \$3,344,000 for this important initiative to further develop and expand the surveillance system on cognitive decline and caregiving, including widespread dissemination of the data gathered, and to implement the updated Road Map.

Breastfeeding.—The Committee urges CDC to continue to support breastfeeding as a strategy to reduce obesity through the State Public Health Actions to Prevent Chronic Disease and the Partnerships to Improve Community Health grant programs. In addition, the Committee recommendation provides an increase of \$5,000,000 above the fiscal year 2014 level to the Hospitals Promoting Breastfeeding program to allow the program to expand its efforts to overcome barriers to breastfeeding.

Breast and Cervical Cancer Screening.—The Committee rejects the administration's proposed cut to the Breast and Cervical Cancer program and provides funding at the fiscal year 2014 comparable level. The Committee notes that according to a recent study, even with full implementation of the ACA, the National Breast and Cervical Cancer and Early Detection Program would serve less than one-third of women eligible for services. The Committee recommendation does not provide funding for the proposed cancer demonstration project to enable grantees to increase population-level screening rates. The Committee believes that the bill language provided, as requested by the administration, to allow States to spend less than 60 percent of funds on direct services will allow grantees to accomplish the same purpose without specific funding for a new demonstration project.

Chronic Inflammatory Demyelinating Polyneuropathy [CIDP].—The Committee is concerned that delays in diagnosis can lead to negative health outcomes and increased healthcare expenses for CIDP patients. CDC is encouraged to undertake activities to increase awareness and early recognition of CIDP and related conditions.

Chronic Pain.—The Committee notes the significant prevalence and public health impact of chronic pain. The Committee supports the inclusion of questions in ongoing national surveys through the National Center for Health Statistics that will yield urgently needed statistics on chronic pain prevalence, treatment, cost, and disability.

Community Prevention.—The Committee commends the Center for its recent funding announcement for the Partnerships to Improve Community Health program, which the Committee funded for the first time last year. The Committee recommendation includes \$90,000,000 for CDC to expand this program. The Com-

mittee directs the Center to ensure that new or ongoing investments in this program continue to include businesses, schools and non-profit organizations. Further, CDC should encourage grantees to work with cross-sector coalitions and engage non-health partners, address primary prevention by working on common risk factors for chronic disease, support community prevention-clinical-social services linkages and use evidence-based or science-informed approaches. The Committee is aware of “Blue Zones,” which are places in the world where people live measurably better and longer, in large part because the communities in which they live support healthier lifestyles. The Committee encourages CDC to award Partnerships to Improve Community Health grants to communities that aim to accomplish these goals and create their own “Blue Zones.”

Diabetes.—The Committee recognizes the work of CDC’s chronic disease programs, including those housed within the Division of Diabetes Translation, to address the diabetes epidemic. Diabetes affects the quality of life for the nearly 26 million Americans with diabetes and the 79 million with prediabetes. In order to increase efforts to prevent or delay the onset of type 2 diabetes, the Committee recommendation includes \$15,000,000, an increase of \$5,028,000 above the fiscal year 2014 level, for the National Diabetes Prevention Program. This program promotes lifestyle interventions that have been proven to reduce the risk of developing diabetes by 58 percent in individuals at high risk.

Early Care and Education.—According to a recent study, a third of children who were overweight in kindergarten were obese by eighth grade. This suggests that efforts to reduce obesity must start much earlier. The Committee recommendation includes \$4,000,000 to continue the highly successful collaboratives to assist early care and education providers in 10 States adopt policies and practices related to nutrition, breastfeeding support, physical activity and screen time reduction.

Epilepsy.—The Committee applauds the CDC epilepsy program for the progress it has made in advancing a public health agenda to improve the lives of people living with epilepsy. The Committee encourages the CDC to continue to expand its leadership in this arena by expanding internal and external collaborations that advance the recommendations of the 2012 Institute of Medicine Report “Epilepsy Across the Spectrum: Promoting Health and Understanding”.

Excessive Alcohol Use.—The Committee commends CDC for its work in monitoring excessive alcohol use among youth. The Committee recommendation includes an increase of \$1,000,000 above the fiscal year 2014 level for CDC to increase its support of alcohol epidemiologists in State and local health departments, and to widely disseminate existing research on effective strategies for reducing underage drinking, including translational research, and to make that research easily accessible to the public. CDC should also augment its work on excessive alcohol use by providing technical assistance and training to community coalitions around the United States that are implementing comprehensive community based strategies to prevent and reduce underage drinking.

Gynecologic Cancers [Johanna’s Law].—The Committee applauds CDC’s efforts to increase health professional and public awareness

of gynecologic cancers through the Inside Knowledge Campaign and commends the agency for undertaking an evaluation of such activities. The Committee encourages CDC to engage with patient advocates and health professionals to coordinate messages and leverage these entities' networks and resources to extend the reach of the Inside Knowledge campaign. The Committee encourages CDC also to target efforts toward populations of women who are known to be at higher risk, for example due to family history of ovarian or breast cancer, or due to genetic factors.

Heart Disease and Stroke.—The Committee strongly supports the activities of the Division for Heart Disease and Stroke Prevention, including the Paul Coverdell National Acute Stroke Registry, the Sodium Reduction Communities, and the Division's evolving cardiovascular disease surveillance system. The Committee recommendation includes \$4,000,000 from the PPH Fund to the Million Hearts initiative which has a goal of preventing one million heart attacks and strokes by 2017.

High Obesity Counties.—The Committee is concerned about the growing body of evidence suggesting that obesity is the most significant challenge facing the public health system. If this epidemic continues unabated, obesity and the many disorders it causes will bankrupt the healthcare system and increase the disease burden among American youth. Therefore, the Committee recommendation includes \$5,000,000 in competitive funding to continue and expand community specific pilot programs that focus on the use of existing extension and outreach services in the counties with the highest prevalence of obesity. All counties with an obesity prevalence of over 40 percent, as determined by CDC's latest county level data in the Behavioral Risk Factor Surveillance System, shall be eligible to participate in this extension and outreach program.

Inflammatory Bowel Disease.—The Committee continues to prioritize CDC's inflammatory bowel disease epidemiology study and requests that results of this study be communicated to the public.

Interstitial Cystitis [IC].—The Committee commends CDC for its work in raising awareness of IC through media campaigns at a reduced cost. The Committee also recognizes the progress that has been made to assure proper diagnosis and treatment of IC through the development of continuing medical education and patient self-management modules available online.

Maternal Mortality Reviews.—The Committee urges CDC to complete work on a uniform, comprehensive case abstraction form and make such form available to States for use by State maternal mortality review committees.

Mississippi Delta Collaborative [MDHC].—The Mississippi Delta Region experiences some of the Nation's highest rates of chronic diseases, such as diabetes, hypertension, obesity, heart disease, and stroke. The Committee recognizes CDC's expertise in supporting evidence-based programs to prevent the leading causes of death and disability and commends their partnership with the MDHC. The CDC is urged to continue to support MDHC's work to strengthen linkages between the community and clinical services in the region and to continue CDC's support for implementation of

strategies that increase prevention efforts and improve access to physical activity and healthy nutrition.

National Diabetes Report Card.—The Committee encourages CDC to make substantial improvements to the next National Diabetes Report card, including comparing data trends from one report card to the next; adding pertinent data on gestational diabetes, undiagnosed diabetes prevalence, and A1c levels; clarifying the limitations of existing USPSTF diabetes screening measures and report trends on rates of diabetes screening; and including links to Healthy People 2020 Diabetes Objectives and existing diabetes measures. The Committee encourages CDC to use the Breastfeeding Report Card as a model.

Office on Smoking and Health [OSH].—The Committee includes \$226,492,000 for OSH, an increase of \$16,000,000 above the comparable fiscal year 2014 level. While much progress had been made in reducing tobacco use, the recent Surgeon General’s report highlights that each year, smoking kills over 480,000 Americans and costs the Nation at least \$289,000,000,000 in medical bills and lost productivity. The Committee is pleased with the reported results of the OSH media campaign, Tips from Former Smokers. Since it was first launched in 2012, the Tips campaign has generated more than 450,000 additional calls to State quitlines and nearly 2.8 million additional unique visitors to the campaign’s Web site. The Committee expects OSH to commit at least the same amount in fiscal year 2015 for a media campaign and quitlines as it did in fiscal year 2014.

The Committee is pleased with the work of the Environmental Health Laboratory’s effort to analyze tobacco products and their impact on public health. The Committee expects OSH and the lab to reach an agreement on the amount of funds transferred from OSH to the lab, as well as the most effective use of these funds. The Committee notes that this transfer is to be provided to the lab in a manner that supplements and in no way replaces existing funding for tobacco-related activities.

Ovarian Cancer.—The Committee understands that ovarian cancer is expected to claim the lives of more than 14,000 women this year, and there is no test to help identify the disease early when it is most treatable and the chance of survival is greatest. The Committee is pleased that CDC has undertaken pilot efforts in three States to promote breast/ovarian cancer genomics best practices designed to educate women and providers about the BRCA mutation, identify women at high risk, and help ensure appropriate referral for genetic counseling or testing. The Committee encourages CDC to expand these efforts.

Pediatric Cardiomyopathy.—The Committee understands that pediatric cardiomyopathy causes thousands of preventable sudden cardiac arrest-related deaths each year and too many parents, health professionals, and patients remain unaware of the signs, symptoms, and risk factors associated with this life-threatening condition. The Committee encourages CDC to incorporate cardiomyopathy into existing CDC activities.

Preterm Birth.—Preterm birth affects more than 500,000 babies each year in the United States and is the leading cause of neonatal mortality. The Committee commends CDC for funding State-based

Perinatal Collaboratives that focus on improving birth outcomes using known prevention strategies such as reducing early elective deliveries. Funding is provided, as authorized by the PREEMIE Reauthorization Act, to continue these collaboratives, as well as preterm birth research and prevention activities.

Psoriasis.—The Committee recognizes that there are continued gaps in data on psoriasis and psoriatic arthritis, particularly regarding prevalence rates and linkages between comorbidities including cardiovascular disease and diabetes. The Committee encourages the Center on Chronic Disease Prevention and Health Promotion to collaborate with the National Center for Health Statistics to identify survey instruments that could be used to obtain better data and begin to fill these gaps.

Pulmonary Hypertension [PH].—The Committee is concerned that the majority of PH patients are not diagnosed until the disease reaches a late stage, which places them in need of serious and costly medical interventions. CDC is encouraged to undertake activities to improve awareness, education, and early diagnosis of PH.

Racial and Ethnic Approaches to Community Health [REACH].—The Committee recommendation includes \$50,950,000, for the REACH program. The Committee strongly supports the REACH model of partnering with communities that are underserved in order to identify health disparities of concern to the community and then to implement community-based, evidence-based and culturally competent approaches to reduce or eliminate those disparities.

Vision Health.—The Committee is concerned that people with vision impairment often report chronic conditions, such as heart disease, stroke, and diabetes, at substantially higher rates than individuals without vision impairment. CDC is encouraged to incorporate vision and eye health promotion activities into State and national public health chronic disease initiatives, with an initial focus on early detection of diabetic retinopathy.

WISEWOMAN.—The Committee continues to support the WISEWOMAN program, which helps uninsured and under-insured low-income women avoid heart disease and stroke by providing preventive health services, referrals to local healthcare providers, as well as lifestyle counseling and interventions to promote lasting, healthy behavior change. Since 2000, WISEWOMAN has reached more than 50,000 women in need, provided more than 77,500 health screenings and nearly 135,000 lifestyle intervention sessions.

NATIONAL CENTER ON BIRTH DEFECTS, DEVELOPMENTAL
DISABILITIES, DISABILITY AND HEALTH

Appropriations, 2014	\$132,000,000
Budget estimate, 2015	132,337,000
Committee recommendation	131,581,000

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDD] is \$131,581,000.

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of heredity blood disorders and by promoting optimal child develop-

ment and health and wellness among children and adults living with disabilities.

Within the total provided, the following amounts are provided for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Child Health and Development	64,202	64,366	64,202
Birth Defects	18,074	18,121	18,074
Fetal Death	891	893	891
Fetal Alcohol Syndrome	10,505	10,532	10,505
Folic Acid	3,121	3,129	3,121
Infant Health	8,639	8,660	8,639
Autism	22,972	23,031	22,972
Health and Development with Disabilities	53,226	53,362	52,107
Disability and Health	19,342	19,392	20,042
Limb Loss	2,810	2,817	.....
Tourette Syndrome	1,744	1,748	1,744
Early Hearing Detection and Intervention	10,752	10,780	10,752
Muscular Dystrophy	5,969	5,984	5,969
Attention Deficit Hyperactivity Disorder	1,850	1,855	1,850
Fragile X	1,754	1,758	1,754
Spina Bifida	5,996	6,011	5,996
Congenital Heart Defects	3,009	3,017	4,000
Public Health Approach to Blood Disorders	3,989	4,000	4,689
Hemophilia	3,498	3,504	3,498
Hemophilia Treatment Centers	4,986	5,000	4,986
Thalassemia	2,099	2,105	2,099

Birth Defects Prevention.—The Committee commends the CDC and the Centers for Birth Defects Research and Prevention for their work toward greater understanding of the causes of birth defects and applauds them for expanding the National Birth Defects Prevention Network to include the work of the Birth Defects Study to Evaluate Pregnancy Exposures [BD–STEPS] program. The Committee encourages CDC to expand BD–STEPS with the goal of incorporating States that do not currently have a birth defects surveillance system.

Cerebral Palsy [CP].—The Committee urges CDC to build on established surveillance and research methods in order to develop a robust research infrastructure focused on CP across various geographic U.S. regions. Infrastructure of this type holds promise for answering questions about the causes of CP and for identifying opportunities for prevention.

Congenital Heart Defects [CHDs].—The Committee notes that CHDs remain the most common birth defect and a leading cause of infant mortality in the United States. However, survival is improving due to increasing medical treatment options, resulting in a growing population that will require costly, specialized intervention throughout the lifespan. Rigorous epidemiological and longitudinal data on individuals of all ages with CHD is needed to better understand the evolving nature of this population. The Committee provides \$4,000,000 to expand CDC’s surveillance of CHD among adolescents and adults in order to better understand issues relating to CHD incidence, prevalence, disparities and barriers to optimal care for those with CHD.

Duchenne Muscular Dystrophy.—The Committee recognizes the quality of life impact of the Duchenne “Care Considerations” guide-

lines and commends CDC for its initiative to expand the tool to care for adults with this disease. The Committee also encourages the CDC to address access to care and disease-related morbidity, comorbidity, and quality of life for individuals with Duchenne from traditionally underserved populations.

Fragile X.—The Committee commends CDC's efforts to identify and define the population impacted by Fragile X and Fragile X Disorders with the goal of understanding the public health impact of these conditions. Given the connection between Fragile X and autism, the prospect of targeted treatments for both conditions, as well as budgetary constraints, the Committee encourages CDC to explore ways to create greater efficiency and synergy between programs addressing each condition.

Hemophilia.—The Committee has included sufficient funding to maintain the Center's hemophilia programs, particularly the surveillance and research activities of the national network of hemophilia treatment centers and CDC's national outreach and education programs on hemophilia. The CDC hemophilia programs provide critical information to better understand risk factors for complications and identify high-risk populations for prevention measures.

Heritable Connective Tissue Disorders.—The Committee encourages CDC to incorporate heritable connective tissue disorders, such as Marfan syndrome, into newborn and childhood screening activities.

Limb Loss Resource Center.—The Committee has transferred funding for the Limb Loss Resource Center to the Administration for Community Living [ACL]. The Committee expects CDC to work with ACL to ensure a smooth transition for grantees and those served by this program.

Public Approach to Blood Disorders.—The Committee provides additional funding to support cross-cutting collaborative initiatives that address one or more blood, bleeding or vascular disorders. Specifically, the Committee recommendation includes increased funding for CDC to support collaborative pilot models to serve populations with other disorders such as Hereditary Hemorrhagic Telangiectasia [HHT]. The Committee notes that HHT is a vascular genetic disorder that is largely undiagnosed but can result in artery-vein malformations that lead to strokes. The Committee believes that collaborative models could be a way to improve awareness, diagnosis and treatment of HHT. The Committee expects an update on its activities relating to HHT in CDC's fiscal year 2016 CJ.

Spina Bifida.—The Committee recognizes that Spina Bifida is the most common permanently disabling birth defect in the United States. The Committee recommendation includes sufficient funding to support the continuation of CDC's patient registry to improve the efficacy and quality of care.

Tourette Syndrome.—The Committee is supportive of CDC's public health education and research program on Tourette Syndrome. The Committee intends that the funding provided will increase scientific knowledge about the prevalence, risk factors and comorbidities of Tourette Syndrome.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2014	\$480,989,000
Budget estimate, 2015	525,809,000
Committee recommendation	484,650,000

The Committee recommendation for Public Health Scientific Services is \$484,650,000. The Committee provides funding for these activities entirely through budget authority rather than through transfers available under section 241 of the PHS Act.

This funding supports the work of all of the CDC Centers by compiling statistical information to inform public health policy. In particular, these activities assure the accuracy and reliability of laboratory tests; apply digital information technology to help detect and manage diseases, injuries, and syndromes; and develop and inform the public health community on sound public health surveillance, laboratory protocols, and epidemiological practices.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Health Statistics	155,247	155,397	157,897
Surveillance, Epidemiology, and Public Health Informatics	273,464	303,008	274,475
Public Health Workforce and Career Development	52,278	67,404	52,278

Community Guide.—The Committee supports the work of the Guide to Community Preventive Services and the Community Preventive Services Task Force. The Committee encourages the Task Force to continue its work on identifying gaps in the evidence regarding what works in preventing cardiovascular disease, which accounts for one out of every four deaths in the United States.

ENVIRONMENTAL HEALTH

Appropriations, 2014	\$179,404,000
Budget estimate, 2015	168,811,000
Committee recommendation	187,584,000

The Committee recommendation for the National Center for Environmental Health is \$187,584,000. The Committee recommendation includes \$18,000,000 in transfers from the PPH Fund.

The National Center for Environmental Health addresses emerging pathogens and environmental toxins that pose significant challenges to public health. The Center conducts surveillance and data collection to determine which substances in the environment are found in people and to what degree. The Center also determines whether these substances are harmful to humans and at what level of exposure.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Environmental Health Laboratory	55,870	56,003	55,870
Newborn Screening Quality Assurance Program	8,243	8,155	8,243
Newborn Screening for SCID	1,175	1,150	1,175

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Other Environmental Health	46,452	46,698	46,452
Environmental Health Activities	45,580	45,684	46,760
Safe Water	8,601	8,620	8,601
ALS Registry	7,820	7,838	9,000
Built Environment & Health Initiative	2,843	2,849	2,843
Climate Change	8,613	8,632	8,613
All Other Environmental Health	17,703	17,745	17,703
Environmental and Health Outcome Tracking Network	34,904	24,000	34,904
Asthma	27,528	27,596	29,528
Healthy Homes/Childhood Lead Poisoning	15,522	15,528	20,522

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee supports CDC’s national ALS registry, which may help to identify the incidence and prevalence of the disease in the United States and advance research into the causes and treatments of ALS. The Committee provides \$9,000,000 for the registry to continue current activities and for additional activities that utilize registry data or support the goals of the ALS Registry Act. The Committee encourages the CDC to promote enrollment in the registry and facilitate the use of registry information for ALS research. The Committee also encourages the CDC to continue to consult with other Federal agencies, including the NIH and the Department of Veterans Affairs to coordinate efforts and to avoid duplication.

Asthma.—The Committee recognizes the increasing burden of asthma in States and provides \$2,000,000 above the fiscal year 2014 level for the National Asthma Control Program. The Committee instructs CDC to use the additional funding provided to increase the number of States carrying out programmatic activities.

Environmental Public Health Tracking Network.—The Committee recommendation includes sufficient funding for this network to continue to support the 23 States and one city that are currently funded through the program. The program has strengthened State and local agencies’ ability to prevent and control diseases and health conditions that may be linked to environmental hazards.

Harmonization of Laboratory Test Results.—The Committee notes that laboratory professionals use a variety of test methods to obtain accurate and informative results to diagnose and treat patients, which may result in the reporting of different numeric values for the same test. Developing a process to “harmonize” these differing laboratory numbers into a common value is critical to reducing medical errors, improving the quality of care and empowering patients to participate in decisions affecting their care. The Committee urges the CDC to partner with the private sector in “harmonizing” clinical laboratory test results.

Healthy Homes and Lead Poisoning Prevention Program.—The Committee recognizes the important role that healthy homes can play in reducing the risk of numerous conditions, including asthma and lead poisoning. The Committee recommendation includes \$20,522,000 for the Healthy Homes and Lead Poisoning Prevention program, which will increase the number of sites implementing primary prevention strategies to control or eliminate the sources of lead for at-risk children. It will also allow for follow-up services to

children already exposed to lead, such as risk assessments and home inspections.

INJURY PREVENTION AND CONTROL

Appropriations, 2014	\$150,447,000
Budget estimate, 2015	194,304,000
Committee recommendation	175,143,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$175,143,000.

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by fires and burns, poisoning, drowning, violence, and traffic accidents. The national injury control program at CDC encompasses non-occupational injury and applied research in acute care and rehabilitation of the injured.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Intentional Injury	92,001	107,847	92,001
Domestic Violence and Sexual Violence	32,674	32,757	32,674
Youth Violence Prevention	15,086	15,125	15,086
Domestic Violence Community Projects	5,414	5,428	5,414
Rape Prevention	38,827	44,537	38,827
Gun Violence Prevention Research .....	.....	10,000	.....
National Violent Death Reporting System	11,302	23,570	16,302
Unintentional Injury	8,598	8,619	12,598
Traumatic Brain Injury	6,548	6,564	6,548
Elderly Falls	2,050	2,055	2,050
All Other Unintentional Injury .....	.....	.....	4,000
Injury Prevention Activities	28,950	44,646	44,646
Injury Control Research Centers	9,596	9,622	9,596

Gun Violence Research.—The prevalence of shooting incidents in the United States underscores the continued need for peer-reviewed research in this area. A June 2013 Institute of Medicine report laid out a research agenda on gun violence covering key subjects such as the characteristics of firearm violence, risk and protective factors, and the impact of gun safety technology. The Committee believes that adopting a public health research agenda would be a good first step toward understanding the causes of gun violence and identifying the most effective prevention strategies.

Prescription Drug Overdose.—The Committee recommendation for Injury Prevention activities includes an increase of \$15,696,000 for efforts to respond to and reverse the prescription drug overdose epidemic. The Committee applauds CDC's public health approach to combating this problem but does not concur with the administration's proposal to fund this initiative through the Core Violence and Injury Prevention Program because it does not sufficiently target funds where they are most needed. Instead, the Committee directs CDC to fund this initiative through a cooperative agreement with States that targets those States with the greatest burden of prescription drug overdose. Funds should be used for activities such as enhancing State prescription drug monitoring programs in order to

target high-use patients and inappropriate prescribing, implementing guidelines to improve prescribing behaviors, and enhancing insurance mechanisms to improve prevention.

Sports-Related Concussions.—The Committee is aware that, despite growing awareness of sports-related concussions, there is insufficient data to accurately estimate the incidence of traumatic brain injuries, including sports-related concussions in youth. The Committee urges CDC to establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions, as recommended in the IOM report “Sports-Related Concussions in Youth: Improving the Science, Changing the Culture.”

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2014	\$332,363,000
Budget estimate, 2015	280,590,000
Committee recommendation	332,363,000

The Committee recommendation for National Institute for Occupational Safety and Health [NIOSH] programs is \$332,363,000, which includes \$112,000,000 in transfers available under section 241 of the PHS Act.

NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

The Committee recommendation includes funding for the following activities at the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
National Occupational Research Agenda	112,000	100,954	112,000
Education and Research Centers	27,445	.....	27,445
Personal Protective Technology	19,695	20,021	19,695
Healthier Workforce Center	4,976	5,433	4,976
Mining Research	59,420	62,374	59,420
National Mesothelioma Registry and Tissue Bank	1,106	.....	1,106
Other Occupational Safety and Health Research	107,721	91,808	107,721

Facilities.—The Committee urges NIOSH to maximize the use of existing federally owned research facilities and property to conduct its work, in particular its Catastrophic Failure and Prevention, Mining Injury and Disease Prevention and Mining and Surveillance and Statistical programs. The Committee supports the use of non-rental, non-leased, existing federally owned properties, such as those located near the newly revitalized Silver Valley of Idaho, the gold mining areas of Nevada, the platinum area in Montana, the trona mines in Wyoming and the mines of various types in Alaska. The Committee believes utilization of these properties would allow NIOSH to use Federal funds efficiently.

National Occupational Research Agenda [NORA].—The Committee recommendation includes \$24,000,000, the same level that was provided in fiscal year 2014, for the Agriculture, Forestry and Fishing Program within NORA.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2014	\$49,933,000
Budget estimate, 2015	55,358,000
Committee recommendation	55,358,000

The Committee recommendation for EEOICPA is \$55,358,000. This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

GLOBAL HEALTH

Appropriations, 2014	\$415,745,000
Budget estimate, 2015	464,301,000
Committee recommendation	468,670,000

The Committee recommends \$468,670,000 for global health-related activities at CDC.

The Center for Global Health leads international programs and coordinates CDC's global efforts with the goal of promoting health and preventing disease in the United States and abroad. The Center has a particular focus on ensuring rapid detection and response to emerging health threats.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Global HIV/AIDS Program	128,420	128,735	128,420
Global Immunization Program	200,358	210,892	210,762
Polio Eradication	150,524	160,928	160,928
Measles and Other Vaccine Preventable Diseases	49,834	49,964	49,834
Parasitic Diseases and Malaria	24,369	24,421	24,369
Global Public Health Protection	62,598	100,253	105,119
National Public Health Institutes (non-add)	(7,479)	.....	(10,000)

Global Health Protection.—The Committee strongly supports the work of CDC to keep Americans safe from emerging global disease threats. The Committee recommendation includes an increase of \$42,521,000 above the fiscal year 2014 level for CDC's Global Health Protection activities. Included in the recommendation is \$40,000,000 for the Global Health Security [GHS] agenda, which builds on existing CDC programs such as the Global Disease Detection and Field Epidemiology Training programs. The GHS agenda will expand these existing programs but also work on other aspects of public health in other countries, such as building lab networks and creating emergency operations centers for real-time tracking and exchange of information.

The Committee recommendation also includes \$10,000,000 to continue the initiative to create and strengthen National Public Health Institutes [NPHIs] in developing countries. While the Committee supports the GHS agenda, it also believes that our global public health efforts must also focus on institution-building. The Committee notes that many nations have fragmented public health functions, with unclear lines of authority and inadequate communication. Creating strong NPHIs will complement the GHS agenda, since the investments we make in enhanced capacity abroad will be used more effectively and with greater accountability.

Neglected Tropical Diseases.—The Committee is pleased with CDC's ongoing efforts to fight malaria and neglected tropical diseases [NTDs] through the Center for Global Health and the role the Center will play in the Global Health Security Agenda. Despite progress, the Committee is aware of new threats such as chikungunya and therefore encourages CDC to continue its research, monitoring, and evaluation efforts for malaria and NTDs in collaboration with other divisions and agencies. The Committee be-

lieves the United States must maintain advances made in this area, develop the next generation of tools to address vector and parasite resistance, and be vigilant in monitoring for the resurgence of disease.

Polio Eradication.—The Committee continues its significant investment in the global polio eradication initiative by providing \$160,928,000, an increase of \$10,404,000 for this effort. While endemic polio only exists in three countries, the Committee notes that the World Health Organization recently called the spread of polio a public health emergency due to the risk of further virus exportation from Syria, Cameroon and Pakistan. The Committee commends the CDC for its work on this public-private initiative, and provides the additional funding in the hope of achieving a polio-free world by 2018.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2014	\$1,367,551,000
Budget estimate, 2015	1,317,375,000
Committee recommendation	1,369,025,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$1,369,025,000.

The mission of PHPR is to build and strengthen national preparedness for public health emergencies including natural, biological, chemical, radiological, and nuclear incidents. PHPR administers national response programs and assets, as well as grants to States and localities to enhance preparedness efforts across the country.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement	643,609	617,026	643,609
Academic Centers for Public Health Preparedness	8,018	8,018	8,018
All Other State & Local Capacity	9,415	9,415	9,415
BioSense	23,369	23,423	23,369
CDC Preparedness and Response	133,797	134,109	133,797
Strategic National Stockpile	549,343	542,817	550,817

Public Health Emergency Preparedness Cooperative Agreement.—The Committee rejects the proposed cut to the Public Health Emergency Preparedness cooperative agreement [PHEP]. The Committee notes that funding for PHEP has declined by 28 percent since 2007, which put a strained the core public health capabilities, such as laboratory testing, epidemiology, and surveillance, needed at the State and local level to respond to disasters. The funding level provided will enable the CDC to continue its investment in State, local, and territorial health departments and ensure they have the tools to quickly detect, monitor, and respond to health threats.

Update of Response Plans.—The Committee is aware that, as a result of the success of Project BioShield, several new medical countermeasures have been procured for inclusion in the Strategic National Stockpile [SNS]. Additionally, the Committee is aware that CDC has responsibility for developing response plans that will guide the public health response to possible outbreaks and threats such as anthrax and smallpox. The Committee is concerned that the response plans CDC has developed do not include guidance to State and local public health officials regarding new acquisitions to the SNS and how those new acquisitions should be used in a response effort. In order to ensure that healthcare providers and first responders have the most up-to-date guidance to respond to potential threats, the Committee directs CDC to update all current response plans within 120 days of enactment to include countermeasures procured with Project BioShield funds since its inception.

CDC-WIDE ACTIVITIES

Appropriations, 2014	\$298,421,000
Budget estimate, 2015	123,570,000
Committee recommendation	283,570,000

The Committee provides \$283,570,000 for public health leadership and support activities at CDC.

The recommendation includes \$160,000,000 in transfers from the PPH Fund.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	.....	160,000
Building and Facilities	23,772	10,000	10,000
Public Health Leadership and Support	114,649	113,570	113,570

Buildings and Facilities.—The Committee is concerned with the CDC’s proposal to abandon plans to find an alternative site for the underground mining research facility at Lake Lynn. The Lake Lynn Laboratory and Experimental Mine is a unique and critical resource for conducting large scale explosion tests and mine fire research, which are essential components of preventing accidents and disasters in the mining industry. The Committee rejects the budget proposal to redirect existing resources intended for a new mine safety research center to other CDC facility projects and expects this funding to remain available for an alternative site for Lake Lynn. Further, CDC shall move forward with a new site selection process and report to the Committee no later than 60 days after enactment of this act on a specific timeline for replacing this research capability.

Preventive Health and Health Services [PHHS] Block Grant.—The Committee recommends \$160,000,000 for the PHHS Block Grant which is provided through transfers from the PPH Fund. The block grant has been a vital source of funding for over 30 years, allowing States the flexibility to address critical public health needs and to respond to disease outbreaks. Given the large increase in funding provided to this program in fiscal year 2014, the Committee encourages CDC to enhance reporting and accountability for the PHHS Block Grant. This could include providing technical assistance to States regarding using funds for core public health capacities that may not be supported through other CDC categorical funding streams, such as information exchange systems, health information technology, billing capacity, public health accreditation preparation, and implementation of evidence-based practices that drive improved service delivery and better health outcomes.

Transfer Authority.—The Committee recommendation does not include language requested by the administration to provide additional transfer authority for the Director of CDC. The Committee believes that the Director has sufficient transfer authority provided in section 206 of this act to implement any transfer of funds he deems necessary.

NATIONAL INSTITUTES OF HEALTH

The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and then to apply that knowledge to enhance human life, extend longevity, and reduce illness and disability.

NIH has been remarkably successful in that mission, contributing much to American life. A child born today can look forward to an average lifespan of about 78 years—nearly three decades longer than a baby born in 1900.

Although economic success is not the mission of NIH, the life science research supported by NIH contributes to the economy of every State in the Nation. Approximately 83 percent of NIH’s budget is awarded through nearly 60,000 research and research training grants to more than 2,500 research institutions, small businesses, and scientists. Discoveries from NIH-funded research are a cornerstone for the U.S. biomedical industry, contributing \$69,000,000,000 to our Nation’s GDP and supporting 7 million jobs in 2011.

Taxpayers overwhelmingly support NIH’s work in every poll done on what Americans expect from their Government. Yet budget pressures have kept NIH funding stagnant, below the levels necessary just to keep pace with inflation over the last decade, and those budget pressures ultimately resulted in the \$1,550,000,000 sequester cut to NIH in fiscal year 2013.

The Committee provides \$30,459,181,000 for NIH activities within the jurisdiction of this bill, including \$808,200,000 in transfers available under section 241 of the PHS Act. The budget request is \$30,134,304,000 including \$8,200,000 in transfers. When combined with the fiscal year 2014 increase of \$1,000,000,000, this bill fully replaces the sequester cut to NIH. Given that the non-defense discretionary cap increases by only 0.1 percent in fiscal year 2015, this increase required difficult decisions and unfortunate choices in other areas of this bill.

Despite the considerable importance of replacing sequester cuts, the Committee regrets that the current budget caps are not sufficient to allow a consistent growth pattern for the Nation’s biomedical research enterprise.

The Committee bill also includes an important reform for NIH and the stakeholder community. In response to growing outrage at the loss of NIH funds to section 241 transfers, the Committee has reformed the section 241 allocations such that no NIH funding will be removed from NIH under this authority. In fiscal year 2015, NIH will contribute \$696,312,000 to section 241 activities and be allocated \$808,200,000, a net gain of \$111,888,000. This reform ensures that section 241 transfers are a benefit to NIH rather than a liability. In addition, it improves the transparency of NIH’s budget, so that the enacted total is truly the amount the Committee expects to be used for biomedical research.

NATIONAL CANCER INSTITUTE

Appropriations, 2014	\$4,916,221,000
Budget estimate, 2015	4,930,715,000
Committee recommendation	5,003,932,000

The Committee recommends an appropriation of \$5,003,932,000 for NCI. Of this amount, \$8,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Behavioral Research and Cancer.—The Committee urges NCI to support behavioral research on possible ways to prevent cancer and increase early detection in minority and medically underserved populations facing significant cancer health disparities.

Botanical Products Cancer Collaboration.—The Committee commends the FDA for establishing guidelines and opening pathways for Investigational New Drug applications for botanical drugs for medical indications. Because of the historical precedent and increasing utilization by the public of alternative cancer therapies, especially in conditions where conventional treatment is ineffective or inadequate, it is important that we understand clearly their potential benefits and the appropriate medical and pharmaceutical applications. The Committee encourages the NIH, including the NCI, the Office of Cancer Complementary and Alternative Medicine, and other Federal entities that fund cancer research, to work together to advance the development and testing of natural products and their derivatives, with the goal of accelerating the conduct of well-designed trials under appropriate Investigational New Drug applications. The Committee believes these agents represent promising additional integrative approaches to cancer treatment and urges the NIH to support and facilitate trials, particularly in regions with disproportionately high cancer burden and late stage presentation.

Breast Cancer Imaging.—From 1990 to 2010, deaths from breast cancer decreased by 34 percent. This drop in breast cancer mortality has been attributed to both improvements in treatment and earlier detection of cancers. However, the Committee is aware that, since the U.S. Preventive Services Task Force [USPSTF] last reviewed the evidence on mammography screening for breast cancer and false positives, additional peer-reviewed research has been published and the picture of the benefits of screening has been somewhat less clear. The Committee urges NCI to continue validating new imaging technologies. Further, the Committee urges NCI to make research and validation data available to the USPSTF as they continue to promote the widest access to breast cancer imaging within the overall women's healthcare environment.

Deadliest Cancers.—While overall cancer incidence and death rates are declining, the Committee is concerned that there are a group of cancers that continue to have a 5-year survival rate below 50 percent. Estimates are that nearly half of cancer deaths in 2014 will be caused by eight site-specific cancers: ovary, myeloma, brain, stomach, esophagus, lung, liver, and pancreas. The Committee is pleased that the NCI has released the Scientific Framework for Pancreatic Ductal Adenocarcinoma, as required by the Recalcitrant Cancer Research Act, and that it is currently working on a similar report on lung cancer, which was also required by the statute. The Committee looks forward to seeing a full report on lung cancer and encourages the NCI to complete similar reports for other deadly cancers. In follow-up to the report, the Committee remains supportive of NCI's efforts to improve the 5-year survival rate for pancreatic cancer, which continues to hover in the single digits, and di-

rects NCI to include an update in the fiscal year 2016 CJ on how the specific recommendations included in the report continue to be implemented. Further, the Committee notes that the report omitted the specific benchmarks that were called for by the statute and encourages NCI to release them by October 2014.

Exceptional Responders Initiative.—The Committee commends NCI for the development of the new Exceptional Responders Initiative, which seeks to determine the molecular mutations or changes in gene expression that may explain “exceptional responses,” or the 1 to 10 percent of patients that respond well to a compound that does not achieve FDA approval. The Committee urges application of this initiative to key trials of immunotherapy where it is already known that there are exceptional responses. Predictive biomarkers to identify such patients have remained elusive without the coordinated efforts and applied resources offered through this Initiative. In addition, NCI is encouraged to study mechanisms of resistance using new techniques.

Gastric Cancer.—The Committee continues to be concerned about gastric cancer, particularly among young people, and is pleased that gastric cancer has been selected for study under The Cancer Genome Atlas [TCGA]. The Committee notes that research on gastric cancer is less advanced than that of many other cancers, the Committee encourages NCI to help investigators in this field and to issue a request for applications for gastric cancer research to make the best possible use of genomic data from the TCGA.

Information Technology.—New technology is offering expanded opportunities for behavioral monitoring, engagement, and intervention. The Committee encourages NCI to continue research opportunities into the efficacy of information technology and telecommunications to address behavioral risk factors for cancer, such as diet, exercise, and physical activity.

Liver Cancer.—The Committee continues to support the effort to find biomarkers for the most common form of liver cancer and commends NCI for launching the Hepatocellular Carcinoma Early Detection Strategy [HEDS]. The Committee urges NCI to make the biorepository widely available to researchers, as it will provide a valuable tool for the validation of potential biomarkers.

Melanoma.—Given the rising incidence of melanoma coupled with the potential for prevention and screening of this disease, the Committee urges NCI to develop a 5-year strategic plan across divisions and in coordination with other Federal agencies and advocates, aligning resources to decrease the impact of this disease on our Nation’s public health through primary and secondary prevention. In addition, the Committee continues to urge NCI to ensure that the research portfolio encompasses all molecular subtypes of melanoma. While sequencing studies provide significant information about molecular heterogeneity and characteristics of BRAF wild type tumors, work remains to be done in converting this information into effective therapies. Further, as melanoma has the highest risk of CNS metastases among the common cancers, it is important to identify patients at risk and to develop prevention and treatment strategies. Research into mechanisms underlying clinical dormancy is a critical area of cancer biology and could pro-

vide effective means of preventing recurrence. The Committee requests an update on these requests in the fiscal year 2016 CJ.

Metastasis Genetics.—The Committee urges NCI to promote research that investigates metastasis genetics, specifically proposals relating to metastasis from pancreatic cancer.

Minority Participation in Clinical Trials.—The Committee is concerned that African Americans and other minority groups have disproportionately high cancer rates while their enrollment in clinical trials remains disproportionately low. Only 2 to 4 percent of African American cancer patients enroll in trials, a rate well below the national average. Without more diverse participation, it can be difficult to determine whether new therapies will be safe or effective for patient groups that are not well represented in the clinical trial population. Therefore, the Committee encourages NCI to increase efforts to expand the enrollment of African American and other minority patients in clinical trials, including trials of novel immune therapeutics and molecularly targeted therapies.

Neuroblastoma.—The Committee encourages NCI to continue its support for an innovative treatment consortium that tests promising new therapies for high-risk neuroblastoma in early-phase clinical trials.

Ovarian Cancer.—The Committee urges NIH to pursue efforts to focus drug repurposing efforts on ovarian cancer. A collaborative focus on ovarian cancer will integrate expertise in cancer biology, drug discovery and development, bioinformatics, and pharmacogenomics to advance treatment options for patients with ovarian cancer.

Pancreatic Cancer.—The Committee understands that NCI currently has the tools to develop a scientific platform for addressing the deadliest forms of cancer, including pancreatic cancer. The scientific framework enables NCI to capitalize on the full range of its expertise and that of extramural and academic institutions to assess scientific progress against the Nation's deadliest cancers. The Committee is aware that pancreatic cancer has a 5-year survival rate of less than 5 percent due largely to a lack of early detection. Given that biomarkers are uniquely powerful tools to effectively screen and provide for early detection of pancreatic cancer, the Committee recommends that NCI support research efforts, including clinical trials, to study non-invasive methods to screen for pancreatic cancers based on changes in pancreatic protein production. The Committee also urges NCI to continue to support promising and ongoing clinical trials to test members of high-risk pancreatic cancer families.

Pediatric Brain Tumors.—The Committee commends NCI and NINDS for developing the coordinated Pediatric Neuro-Oncology Section and urges NCI to devote additional resources to research projects focused on pediatric malignant brain tumors conducted in partnership with the Pharmacology and Experimental Therapeutics Section. Research should be aimed at developing novel translational and therapeutic studies. The Committee places a priority on efforts to evaluate new agents with novel mechanisms of action for the treatment of childhood brain tumors. In addition, the Committee notes that the Brain Cancer SPORE program has no center of excellence that focuses on pediatric cases and encourages

NCI to address this gap. Finally, the Committee directs NIH to submit a report no later than 60 days after enactment of this act on pediatric brain cancer. The report should include: the state of science; current NIH funded research initiatives; and key research questions that need to be prioritized.

Psycho-Social Distress Complications.—According to the Institute of Medicine, nearly 50 percent of all cancer patients experience distress. Further, studies suggest that distress in cancer patients leads to higher annual healthcare costs, less compliance with treatment pathways and poorer health outcomes. While significant advancements have been made in biomedical treatments in cancer care, the Committee is concerned that the unaddressed psycho-social needs of patients are adversely impacting the effectiveness and cost of care, as well as the individuals' overall well-being. The Committee is encouraged that the American College of Surgeons Commission on Cancer's new patient centered standards will require institutions to screen patients for distress. The Committee urges NCI to implement this requirement in the NIH Clinical Center and in all NCI-funded clinical trials.

Slow-Growing Children's Brain Tumors.—The Committee is encouraged by NIH's progress in better understanding the pathways that are active in Pediatric Low Grade Astrocytoma [PLGA] and pleased that NCI launched the first clinical trial for a targeted agent directed at genomic characteristics common in PLGA. The Committee is eager for these discoveries to be translated into effective therapies for PLGA patients. The Committee encourages NCI to continue its work on PLGA through the Specialized Programs of Research Excellence focusing on brain cancer, and to prioritize PLGA through the Cancer Therapy Evaluation Program.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2014	\$2,978,762,000
Budget estimate, 2015	2,987,685,000
Committee recommendation	3,022,818,000

The Committee recommendation includes \$3,022,818,000 for NHLBI.

Asthma.—According to the CDC, the incidence of asthma in the United States is increasing, particularly among African Americans, whose asthma rate is 35 percent higher than that of Caucasians. The Committee commends the Institute on its efforts to address racial and ethnic disparities in asthma treatment and management, particularly in implementation of science initiatives that aim to rapidly move knowledge and advancements to clinicians.

Cardiomyopathy.—The Committee commends NHLBI for participating in the 3rd Annual International Conference on Cardiomyopathy in Children. The Committee encourages NHLBI to begin an effort, in coordination with other appropriate institutes and with input from relevant private and nonprofit sector stakeholders, to develop and disseminate a strategic plan that outlines gaps in research related to the causes, screening, diagnosis, and treatment of pediatric cardiomyopathy. The pediatric cardiomyopathy strategic plan should focus on efforts related to children and their family members at highest risk for cardiomyopathy-related mortality and take into consideration basic, translational, clinical, and epidemiological research.

Cardiovascular Disease.—Recognizing that heart disease, stroke and other forms of cardiovascular disease continue to pose a serious threat to our country's long-term health and economic stability, the Committee strongly supports research to prevent and manage these disorders. In particular, the Committee supports a broad range of translational, clinical and basic research in line with the NHLBI Division of Cardiovascular Sciences Strategic Plan.

Congenital Heart Disease [CHD].—With increasing medical treatment options, childhood survival is improving but with likely complications across the lifespan. The Committee commends NHLBI for its continued research to address the needs of those with the most life-threatening congenital heart defects. The Committee urges the NHLBI to continue its work with other Federal agencies and professional and patient organizations to expand collaborative research initiatives and other related activities targeted to the diverse lifelong needs of people living with CHD, and to promote integrated interdisciplinary biomedical research on CHD.

Eosinophil-Associated Disorders.—The NIH Task Force on Research Needs of Eosinophil-Associated Diseases [TREAD] recommended research initiatives needed to improve treatment of eosinophil-related cardiovascular and respiratory diseases. The Committee encourages the NHLBI to consider participating in the NIAID's initiative to support related research.

Improving Heart Failure Treatment.—Heart failure is a common condition associated with many hospitalizations, significant morbidity, 1-year mortality rates as high as 40 percent by some reports, and staggering effects on healthcare expenditures. The Committee encourages NHLBI, through its Heart Failure Clinical Re-

search Network, to conduct further research to test strategies to improve care for patients with heart failure and reduce associated healthcare costs, including but not limited to small volume infusion pumps.

Jackson Heart Study.—The Committee recognizes the Jackson Heart Study in Jackson, Mississippi, as authorized in the Public Health Service Act, section 421 (285b–3), as the largest investigation of Cardiovascular Disease in the African American population. The Committee praises the efforts of the Jackson Heart Study to work with individuals and family members across generations in this longitudinal study. The Committee acknowledges the continued need for comprehensive research to address health disparities and the important implications for such research to all persons threatened by cardiovascular disease. The Committee urges continued focus in addressing cardiovascular disease in African Americans at the NHLBI and the NIMHD.

Lung Disease Prevention and Treatment.—Lung disease is now the third leading cause of death in the United States. The Committee supports the Institute's efforts to develop a roadmap on lung disease prevention, from prenatal lung development through the aging process, as well as to improve the speed and efficiency of clinical trials on lung diseases such as COPD.

National Center for Sleep Disorders Research.—The Committee is pleased with the report supplied on the implementation of the 2011 NIH Sleep Disorders Research Plan. The cross-Institute research has uncovered findings of great importance to multiple fields. The work NHLBI did with NIMH that used sleep research to uncover a genetic risk factor for migraine is particularly impressive. The Committee requests a similar update in the fiscal year 2016 CJ.

Pulmonary Hypertension [PH].—The Committee is pleased with breakthroughs in research that have improved treatment development for PH over the last two decades. However, since the Committee notes that diagnosis is delayed for most patients, NHLBI is encouraged to advance efforts to improve early diagnosis of PH. In particular, the Committee is concerned that drugs to treat pulmonary arterial hypertension have known interactions with commonly occurring concomitant disorders, such as COPD, which often severely limit the treatment options provided by these breakthrough treatments. The Committee encourages NHLBI to expand research into PH that acknowledges the complexities faced by most patients with the disease.

Sickle Cell Disease [SCD].—The Committee commends the Institute for its ongoing support of research on SCD, which impacts an estimated 80,000 to 100,000 individuals in the United States. With 3 million Americans carrying the sickle cell trait, the Committee requests an update in the fiscal year 2016 CJ on what translational and clinical research NHLBI supports on treatment for SCD, which includes multiple approaches to ameliorate this disease, save lives, and reduce the cost of care. Further, the Committee notes that SCD is an inherited disorder impacting African Americans in the United States disproportionately. Advances in medical care have increased the average life expectancy to 45 years, but frequent, chronic, and progressive pain crises, along with other medical complications of the disease, make living a normal existence for af-

flicted individuals very difficult. The Committee encourages the NHLBI to work with other NIH Institutes and Centers as well as other Federal agencies to focus on SCD, including funding interdisciplinary research initiatives at hospitals and universities.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2014	\$396,571,000
Budget estimate, 2015	397,131,000
Committee recommendation	402,436,000

The Committee recommendation includes \$402,436,000 for NIDCR.

Dental Caries.—The Committee recognizes that dental caries remain the most prevalent chronic disease in both children and adults, resulting in a significant economic and health burden to the American people. Although caries has significantly decreased for most Americans over the past four decades, disparities remain among some population groups and this downward trend has recently reversed for young children. The Committee is concerned about conflicting information in the media regarding the benefits of community fluoridation and urges NIDCR to enhance efforts to communicate sound science related to dental caries and their prevention.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY
DISEASES

Appropriations, 2014	\$1,739,553,000
Budget estimate, 2015	1,743,336,000
Committee recommendation	1,765,281,000

The Committee recommendation includes \$1,765,281,000 in this bill for NIDDK.

Biomarkers.—The Committee encourages NIDDK to accelerate the development of biomarkers to aid in designing and conducting clinical trials to prevent, treat, and cure type 1 diabetes. The Committee encourages NIDDK to work with NIAID to develop biomarkers specifically related to immune interventions for multiple autoimmune diseases, including type 1 diabetes.

Diabetes.—The Committee recognizes the groundbreaking research NIDDK continues to do to advance the prevention and treatment of diabetes. In particular, the Committee is encouraged by clinical results from a new artificial pancreas, which could constantly and effectively monitor a patient’s blood glucose to ensure a consistently optimal level in the body. Given the ever increasing rates of diabetes in the United States, the Committee encourages NIDDK to further diabetes research that will build upon past successes like the Diabetes Prevention Program, find new methods of prevention and treatment, and bring the Nation closer to a cure.

Diabetes-Related Kidney Disease.—The Committee commends NIDDK on last year’s 30th anniversary of the launch of the landmark Diabetes Control and Complications Trial. The study and its follow-up, Epidemiology of Diabetes Interventions and Complications, found that intensive blood glucose control in people with diabetes reduces the risk of eye disease, nerve disease, kidney disease, cardiovascular events such as heart attack and stroke. NIDDK is further leveraging these investments by funding ancillary studies utilizing biosamples from study participants for basic research to better understand the molecular underpinnings of complications, and more accurately forecast risk. However, despite the fact that tight blood glucose control reduces the risk of kidney disease by 50 percent, diabetic kidney disease is the most common cause of kidney failure in the United States. The Committee encourages NIH to explore research to advance therapies that address this disease and its costly impact on patients and the U.S. economy.

Gestational Diabetes.—The Committee continues to strongly support research related to gestational diabetes, a disease affecting up to 18 percent of all pregnant women and causing long-term health effects for women and infants.

Hepatitis B [HBV].—The Committee commends NIDDK for partnering with NIAID to support small businesses to advance the development of diagnostics and treatments for hepatitis viruses, including HBV.

Inflammatory Bowel Disease [IBD].—The Committee commends NIDDK for its research in advancing the understanding of inflammatory bowel disease, particularly its relationship to gut microbes. The Committee is also interested in a variety of studies over the last few years on IBD in pediatric patients that have linked the disease to celiac disease, antibiotic use, and high levels of folate.

The Committee encourages NIDDK to hold a state of the science conference on IBD in children.

Interstitial Cystitis [IC].—The Committee commends NIDDK for partnering with the Office of Research on Women's Health and the Interagency Pain Research Coordinating Committee on IC research and recognizes NIDDK's efforts to develop a comprehensive approach to the study of IC. The Committee continues to support studies on potential models, diagnostics, therapeutic targets for pain conditions such as IC.

Kidney Disease.—The Committee recognizes that kidney disease is the eighth leading cause of death in the United States. Nearly 450,000 Americans rely on the Medicare End-Stage Renal Disease [ESRD] Program for dialysis at an annual cost of nearly \$35,000,000,000 and more than 20 million Americans with kidney disease, including children, are at risk for progressing to ESRD. Recognizing the unique status and high cost of the Medicare ESRD Program, research into the prevention and treatment of kidney disease is necessary to reduce the social and economic burden to the Nation. Kidney disease disproportionately affects racial and ethnic minority populations, and the Committee encourages NIDDK to support more research identifying the genetic, biologic, and societal causes of kidney disease among these populations.

Pediatric Kidney Disease.—The Committee is impressed by the Chronic Kidney Disease in Children multi-center study and encourages NIDDK to continue research into pediatric kidney disease. Prenatal, perinatal, or childhood kidney diseases affect not only a large number of children, but also lead to increased risk of renal failure and other morbidities such as hypertension and heart disease in adults. The Committee encourages NIDDK to expand its portfolio of collaborative projects with other NIH institutes through work with NICHD and NHLBI to foster multi-disciplinary research that will benefit children with kidney disease.

Primary Glomerular Disease.—The Committee notes the significant advancements in research on focal segmental glomerulosclerosis [FSGS] and nephrotic syndrome [NS] and commends NIDDK for initiating the Cure Glomerulonephropathy [CureGN] project to determine the promise of genetic and molecular targets for therapeutics development. The Committee encourages NIDDK to continue to support research that will ultimately lead to a cure for FSGS and NS, a leading cause of non-diabetic kidney failure.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2014	\$1,538,685,000
Budget estimate, 2015	1,608,461,000
Committee recommendation	1,608,835,000

The Committee recommendation includes \$1,608,835,000 for NINDS.

Amyotrophic Lateral Sclerosis [ALS].—The Committee strongly supports NINDS' research efforts on ALS. Through its grant work, NINDS supports research on improving diagnosis, and finding the cause or causes and ultimately cure for ALS. NINDS is encouraged to partner with the ALS Registry at ATSDR to ensure that researchers have access to the data collected by the Registry.

Cerebral Palsy [CP].—Over 800,000 Americans are impacted by Cerebral Palsy and it is the number one motor disability in children. Currently, there are no identified best practices at diagnosis or through the life span, no organized standards of care, and no proven therapy protocols. The Committee urges NIH to work with scientists and stakeholders to develop a 5-year strategic plan for CP prevention, treatment, and cure through the lifespan with the goal of reducing the number of people impacted by CP overall, as well as improving the opportunity for recovery of those already diagnosed.

Dystonia.—The Committee encourages NINDS to consider multidisciplinary approaches for its research on dystonia, a complex disease with intimate ties to other brain diseases. Advancements in genetics research as well as our understanding of the function of brain movement control circuits raise new questions on how these components interact to present dystonia.

Epilepsy.—The Committee applauds NINDS for past research investments to understand better the causes of epilepsy and to develop a science base to improve current therapeutics for seizure control. The Committee encourages NINDS to consider supporting drug development for epilepsy, including catastrophic forms such as Dravet syndrome.

Network for Excellence in Neuroscience Clinical Trials [NeuroNEXT].—The Committee is pleased to see NINDS' commitment to improving the efficiency and quality of clinical trials in neurology. The Committee encourages NIH to continue to support the NeuroNEXT program and coordinate lessons learned between NeuroNEXT and NINDS' other major trial networks.

Parkinson's Disease.—The Committee commends NINDS for holding a conference of scientists, physicians, and stakeholders to create a research agenda on Parkinson's disease, which is the second most prevalent neurodegenerative disease in the United States. The ultimate success of these recommendations will depend upon focused research efforts, coordination with other research funders, and increased capacity. The Committee requests an update in the fiscal year 2016 CJ on the implementation of these recommendations.

Spinal Muscular Atrophy [SMA] Translational Research.—The Committee commends NINDS for its continued support of SMA therapy development projects across a broad range of therapeutic approaches, including its innovative work on validating SMA bio-

markers and clinical trial endpoints through the NeuroNEXT program. The Committee encourages NINDS to continue to utilize this network for SMA initiatives, including for testing potential therapies. The Committee also commends NINDS for working collaboratively with its partners to leverage resources and spur discoveries.

Stroke.—The Committee commends NINDS on rapidly initiating work on a few of its nine identified top areas in stroke prevention, treatment and recovery research, including the launch of a Stroke Clinical Trials Network, and a workshop on Alzheimer’s Disease Related Dementias, with a focus on vascular cognitive impairment. The Committee directs NINDS to provide an update in the fiscal year 2016 CJ on progress made in the nine priority areas.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2014	\$4,386,870,000
Budget estimate, 2015	4,423,357,000
Committee recommendation	4,451,752,000

The Committee recommendation includes \$4,451,752,000 for NIAID.

Antibiotic Resistance.— The Committee is deeply concerned by the growing risk to global health posed by antibiotic resistance. A wide range of pathogens (including the bacteria that cause tuberculosis, the viruses that causes influenza, the parasites that cause malaria, and the fungi that cause yeast infections) are becoming resistant to the antimicrobial agents used for treatment. The Committee commends NIAID on its efforts to increase the drug development pipeline for novel antibiotics and other recent initiatives to fund research in the prevention and treatment of antibiotic resistance. The Committee urges NIAID to partner with the CDC on a new effort funded in this bill to reduce this threat.

Autoimmune Diseases.—The Committee recognizes the value and importance of supporting cross-cutting research into autoimmune conditions. NIAID is strongly urged to work with NIEHS to expand research into the possible environmental causes and triggers of autoimmune diseases. In addition, NIAID is urged to partner with NCI on research into mechanisms that can be used to enhance the functioning of the body’s immune system. Finally, the Committee notes that rare autoimmune conditions, like alopecia areata and Guillain-Barré syndrome, provide unique opportunities to study immune system dysfunction in various organs.

Food Allergy.—The Committee continues to support the Consortium of Food Allergy Research and urges its renewal in fiscal year 2015. Given the rapidly growing prevalence of food allergies, particularly in children, the Committee strongly supports research in areas such as immunotherapy. The Committee commends NIAID on its partnerships that allow NIH-funded studies to be components of larger privately supported clinical trials.

Microbicides To Prevent HIV/AIDS.—The Committee recognizes that with NIH and USAID leadership, research has shown the potential for antiretroviral [ARV] drugs to prevent HIV infection in women. The Committee encourages NIAID to continue, in coordination with USAID, the State Department and others, research into

novel formulations and routes of administration for ARV-based microbicides.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2014	\$2,358,748,000
Budget estimate, 2015	2,368,877,000
Committee recommendation	2,403,915,000

The Committee recommendation includes \$2,403,915,000 for NIGMS, which includes \$808,200,000 in transfers available under section 241 of the PHS Act.

Institutional Development Award [IDeA].—Consistent with the Committee’s full replacement of sequester cuts for NIH as a whole, the Committee provides \$275,406,000 to fully replace the sequester cut to the IDeA program. The Committee directs the Secretary to dedicate the increase above the fiscal year 2014 enacted level toward new Centers of Biomedical Research Excellence awards. Further, 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. However, many institutions in Experimental Program to Stimulate Competitive Research [EPSCoR] qualifying States that could benefit from the IDeA program are ineligible for funding. The Committee directs the IDeA director to develop a plan, including legislative language, to update eligibility criteria, and specifically evaluate whether EPSCoR participation should be a factor in a State’s eligibility for the IDeA program. The NIH is directed to report to the House and Senate Committees on Appropriations within 60 days after enactment of this act.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH
AND HUMAN DEVELOPMENT

Appropriations, 2014	\$1,279,123,000
Budget estimate, 2015	1,283,487,000
Committee recommendation	1,298,041,000

The Committee recommendation includes \$1,298,041,000 for NICHD.

Chromosome Abnormalities.—NICHD is urged to think broadly with respect to chromosome abnormalities in research. The Committee is pleased by the recent program announcements focusing on model organisms and outcomes measures that will inform future treatment trials for individuals with intellectual and developmental disabilities. Recognizing that translational research into therapeutic gene regulation as it pertains to gene copy number changes is essential to developing treatments, NICHD is encouraged to pursue this research including investigation of less common chromosome abnormalities.

Contraceptive Research and Development.—The Committee encourages NICHD to partner with other ICs and agencies as appropriate, as well as other public and private sector partners, on an initiative to accelerate the research and development of contraceptives that are more effective, affordable, and easier to deliver. The Committee is particularly interested in multipurpose prevention technologies and recent scientific advances in potential oral contraceptives for men.

Demographic Research.—The Committee commends NICHD for its commitment to the Population Dynamics Centers Research In-

frastructure program. This program, currently funding more than 20 centers nationwide, supports critical interdisciplinary research and research training essential to sustaining scientific discovery in demography and population dynamics. The Committee continues to strongly support projects that collect, disseminate, and/or analyze large-scale, longitudinal data sets. These studies, which include the National Longitudinal Survey of Adolescent Health and Fragile Families and the Child Well Being study, provide crucial data on the effects of early life influence on human health and development. The Committee urges NICHD to use all possible mechanisms to make these datasets accessible and cost-efficient for scientists worldwide who study the linkages between health, socioeconomic status, family dynamics, genetics, and environment.

Preterm Birth Research.—The Committee applauds NICHD's work with leading global health organizations to develop a research agenda aimed at reducing preterm birth. Public and privately funded research that spans the range of discovery, development, and delivery science is needed in order to identify the causes of premature birth. The Committee urges NICHD to enhance investments in biomedical and clinical research related to the prevention of preterm birth, including efforts to understand and monitor the placenta, and the care and treatment of preterm infants. A robust research portfolio should include studies to identify and describe the complex interaction of risk factors involved in preterm birth including psychological, behavioral, social, and environmental issues, in addition to genetic and biological influences.

Rehabilitation Research.—The Committee commends the Blue Ribbon Panel on Medical Rehabilitation Research [BRP] for its thorough report and recommendations regarding the best ways to revitalize the National Center for Medical Rehabilitation Research [NCMRR] and rehabilitation science at NIH. The Committee commends NIH for the decision to dedicate specific and increased funding for NCMRR research and seek new leadership for the Center. The Committee agrees with BRP's recommendation to elevate the stature of, and emphasis on, medical rehabilitation research at NIH. The Committee believes that, while co-funding is an important method of coordinating rehabilitation research with other ICs, NCMRR should retain its role in awarding and administering research grants. NCMRR must be able to independently address gaps in research left by the other IC's work and to set new priority areas of innovative work. The Committee urges NCMRR to tie funding to BRP's definition of rehabilitation research and NCMRR's Long-Range Research Plan and annual updates. The Committee also urges the Director of NIH to establish and monitor certain benchmarks to assess whether the coordination proposals being implemented are having a positive impact on rehabilitation science at NIH.

Severe Maternal Morbidity.—Though maternal morbidity rates are rising, there are no uniform definitions of severe maternal morbidity. Having uniform definitions would help Federal, State, and local agencies and research institutions establish standardized and interoperable processes for surveillance, data collection, and research. The collected data could then inform the development and deployment of targeted, evidence-based prevention and treatment

programs to reduce the incidence of severe maternal morbidity. The Committee encourages NICHD to work with a broad range of stakeholders to identify uniform definitions for severe maternal morbidity.

Spinal Muscular Atrophy [SMA] Newborn Screening.—The Committee applauds the NICHD for its support of a pilot newborn screening project for the identification and follow-up of infants with SMA. Newborn screening holds tremendous promise to augment the treatment of SMA by creating the opportunity for early administration of therapies currently undergoing late-stage clinical testing. Preclinical evidence demonstrates that administering SMA therapies pre-symptomatically may improve outcomes. The Committee encourages NICHD to continue to collaborate with stakeholders in government and in the private sector to maintain SMA newborn screening pilot testing.

NATIONAL EYE INSTITUTE

Appropriations, 2014	\$673,341,000
Budget estimate, 2015	675,168,000
Committee recommendation	683,300,000

The Committee recommendation includes \$683,300,000 for NEI.

Audacious Goals in Vision Research.—The Committee commends NEI’s Audacious Goals Initiative, which creatively sought new and compelling scientific ideas from a wide and diverse audience through a challenge competition under the America COMPETES Act. The Committee recognizes the primary goal launched through this initiative to “Regenerate Neurons and Neural Connections in the Eye and Visual System” will directly address key roadblocks in major blinding diseases including macular degeneration, glaucoma, and retinitis pigmentosa. It may also benefit other areas of neuroscience research that involve regrowing or replacing damaged neurons and ensuring they develop proper connections.

Diabetic Retinopathy.—The Committee understands that diabetic eye disease is the leading cause of blindness in working age adults and urges NEI to continue its support of the Diabetic Retinopathy Clinical Research Network.

Marfan Syndrome.—The Committee is aware of the negative health effects that Marfan syndrome can have on the human eye and vision. The Committee encourages NEI to initiate research activities in this area.

Usher Syndrome.—The Committee urges NEI to put a higher priority on Usher syndrome, the leading cause of deaf-blindness.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2014	\$663,638,000
Budget estimate, 2015	665,080,000
Committee recommendation	673,453,000

The Committee recommendation includes \$673,453,000 for NIEHS.

Healthy Homes.—The Committee encourages NIEHS to study further indoor environmental factors affecting children’s health. In addition, the Committee requests NIEHS to hold a workshop (or workshops) in areas where there is the potential to fill gaps in our understanding of interventions that can mitigate exposure to radon, lead and other environmental factors and to identify how to conduct the appropriate science to support changes that reduce these indoor exposures.

NATIONAL INSTITUTE ON AGING

Appropriations, 2014	\$1,167,868,000
Budget estimate, 2015	1,170,880,000
Committee recommendation	1,267,868,000

The Committee recommendation includes \$1,267,868,000 for NIA.

Alzheimer’s Disease.—The Committee notes that the recommendation for NIA is an overall increase of \$100,000,000. In keeping with longstanding practice, the Committee does not recommend a specific amount of NIH funding for research on this or any other individual disease. Doing so would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, in recognition that Alzheimer’s disease poses a serious threat to the Nation’s long-term health and economic stability, the Committee expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer’s. The exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted for Alzheimer’s disease research relative to those submitted for other diseases. The NIA is encouraged to continue addressing the research goals set forth in the National Plan to Address Alzheimer’s Disease, as well as the recommendations from the Alzheimer’s Disease Research Summit in 2012. In addition, NIH is urged to take advantage of existing well-characterized, longitudinal, population-based cohort studies to provide new insights into risk factors and protective factors related to cognitive decline and dementia. The NIH is encouraged to support additional research in minority populations that are at particularly high risk for cognitive decline and dementia. The Committee requests a report to accompany the fiscal year 2016 CJ that outlines research conducted on Alzheimer’s disease relative to milestones established in the National Plan, including funding expended to meet, and progress made against, each milestone. Further, the Committee directs NIH to submit a professional judgment budget for Alzheimer’s disease research no later than 180 days after enactment of this act. It should include an estimate of the number and type of personnel needs for the ICs.

Demographic, Economic, and Behavioral Research.—The Committee continues to support investments in longitudinal datasets, including those that integrate biological, social, economic, and behavioral measures, such as the Health and Retirement Study. In addition to surveys, the Committee encourages NIA to continue supporting other population research infrastructure projects.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2014	\$518,646,000
Budget estimate, 2015	520,189,000
Committee recommendation	526,317,000

The Committee recommendation includes \$526,317,000 for NIAMS.

Hair Biology.—The Committee is pleased to learn that hair biology is one of the fastest growing areas of research. NIAMS is encouraged to collaborate with NCI and other institutes to use the unique stem-cell rich characteristics of follicles as a model for systems biology research.

Heritable Connective Tissue Disorders.—The Committee applauds NIAMS for the Institute’s leadership role in investigating life-threatening heritable connective tissue disorders like Marfan syndrome. NIAMS is encouraged to outline this research portfolio within the Institute’s upcoming fiscal year 2015 to fiscal year 2019 research plan.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS

Appropriations, 2014	\$402,956,000
Budget estimate, 2015	403,933,000
Committee recommendation	408,916,000

The Committee recommendation includes \$408,916,000 for NIDCD.

Usher Syndrome.—The Committee supports research into the prevention and treatment of Usher Syndrome, including research that will lead to improved genetic counseling, early diagnosis, and eventually expanded treatment options for individuals suffering from severe hearing and vision loss. The Committee requests an update in the fiscal year 2016 CJ on the planned and on-going activities related to this syndrome, including the manner in which various ICs coordinate on common goals and objectives.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2014	\$140,136,000
Budget estimate, 2015	140,452,000
Committee recommendation	142,209,000

The Committee recommendation includes \$142,209,000 for NINR.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2014	\$444,818,000
Budget estimate, 2015	446,017,000
Committee recommendation	451,397,000

The Committee recommendation includes \$451,397,000 for NIAAA.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2014	\$1,014,591,000
Budget estimate, 2015	1,023,268,000
Committee recommendation	1,036,597,000

The Committee recommendation includes \$1,036,597,000 for NIDA.

Marijuana Research.—Efforts to legalize marijuana continue across the United States. The Committee is aware that research from different areas of science is converging on evidence that concludes regular marijuana use by young people can have a negative impact on the structure and function of their brains, and is associated with lower educational achievement and reduced IQ. Research clearly demonstrates that marijuana poses a risk to those who abuse it. NIDA is encouraged to continue to fund research on preventing and treating marijuana abuse and addiction. In addition, the Committee strongly urges NIDA to take advantage of the changing laws in the United States to support population-based studies that will generate evidence to inform policy-makers on the impact of various types of laws regarding marijuana use.

Medications Development.—The Committee recognizes that next-generation pharmaceuticals will surely take advantage of new methods and technologies, possibly including NIDA's current efforts to develop viable immunotherapeutic (e.g., bioengineered enzymes)

approaches for treating addiction. The goal of this active area of research is the development of safe and effective therapeutic approaches that prevent or eliminate the effects of specific drugs, like nicotine, cocaine, and heroin, or drug combinations. If successful, immunotherapies, alone or in combination with other medications, behavioral treatments, or enzymatic approaches, could revolutionize how we treat and prevent addiction. The Committee believes this approach shows great promise and strongly supports additional research.

Nurturing Talent and Innovation in Research.—The Committee commends NIDA for its effort to be at the forefront of training the next generation of innovative researchers, including through the Avant-Garde award. The Committee is aware that NIDA is developing an award that would blend NIH's Pioneer and New Innovator award mechanisms. This new opportunity, called "AVENIR" awards, is designed to attract creative young investigators into HIV/drug abuse public health research. The Committee supports this effort, and asks the Institute to report on its progress in the fiscal year 2016 CJ.

Opioid Abuse and Addiction.—The Committee is alarmed by the recent increase of heroin and prescription opioid abuse and strongly urges NIDA to fund research on overcoming barriers to and developing effective strategies toward preventing and treating this public health crisis. The Committee also urges NIDA to focus on researching strategies to effectively combat prescription drug abuse in a way that does not contribute to or create an emerging heroin epidemic. Additionally, the Committee is concerned about the various links between prescription drug abuse and heroin use/addiction, and urges NIDA to continue its focus on this topic. Finally, the Committee is disappointed that, for all of the prescriptions being issued, the opioid medications available are not sufficiently addressing the long-term needs of individuals suffering from chronic pain. The Committee urges NIDA, in collaboration with other NIH institutes from the Pain Consortium, to continue funding research on medications to alleviate pain, including the development of pain medications with reduced possibility for abuse.

Provider Outreach and Education.—The Committee is very pleased with NIDAMed, an initiative designed to reach out to physicians, physicians in training, and other healthcare professionals. The Committee urges the Institute to continue its focus on activities to provide physicians and other medical professionals with the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices.

Research To Assist Military Personnel, Veterans, and Their Families.—The Committee recognizes the significant health challenges, including substance abuse and addiction, faced by military personnel, veterans, and their families. Many of these individuals need help confronting war-related problems including traumatic brain injury, PTSD, depression, anxiety, sleep disturbances, and substance abuse and addiction. The Committee commends NIDA for its successful efforts to coordinate research with the Department of Veterans Affairs, DOD, and other NIH Institutes focusing on these populations, and strongly urges NIDA to continue this collaboration.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2014	\$1,414,901,000
Budget estimate, 2015	1,440,076,000
Committee recommendation	1,440,051,000

The Committee recommendation includes \$1,440,051,000 for NIMH.

Autism.—The Committee commends NIMH for its leadership on autism research and encourages NIMH to ensure that such research focuses on both genetic and environmental causes. The Committee also encourages NIMH to collaborate with NIEHS to ensure that environmental causation research is receiving adequate attention.

Autism and Telehealth.—The Committee continues to support NIMH's funding of meaningful research into the use of telehealth resources in the diagnosis and treatment of autism spectrum disorders. NIMH shall report to the House and Senate Committees on Appropriations within 90 days of enactment of this act detailing the current research opportunities involving telehealth and autism diagnosis and treatment.

Mental Health Medication in Pregnancy.—The Committee notes that there have been few studies regarding the long-term effects of prenatal exposure to psychotropic medications; yet, the American College of Obstetricians and Gynecologists [ACOG] reports that symptoms of depression in pregnant women have ranged from 14 percent to 23 percent. The Committee urges NIMH, in collaboration with NICHD and CDC, to develop a research agenda to give physicians and women the information they need to make responsible choices from conception through the cessation of breast-feeding.

Premature Mortality.—The Committee continues to be concerned about premature mortality and lower life expectancy experienced by adults living with serious mental illness as a result of treatable medical conditions, including cardiovascular, pulmonary, endocrine, and infectious diseases. The Committee urges NIMH to collaborate with other institutes including NIDDK and NHLBI on a focused research program into the causes and interventions needed to address this crisis.

Psychotropic Drugs and Children.—Recent statistics indicate a dramatic increase in the number of psychotropic medications being used with children and youth. A December 2011 GAO study noted that foster children with prescriptions in the States GAO analyzed were more likely to have serious side effects associated with their use. The Committee encourages NIMH to expand research, including ongoing intramural research, to examine the impact of these medications in children. In addition, NIMH is encouraged to continue research on the biological evidence-base of psychosocial interventions that can be used instead of, or in combination with, medications.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2014	\$496,465,000
Budget estimate, 2015	498,451,000
Committee recommendation	503,808,000

The Committee recommendation includes \$503,808,000 for NHGRI.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2014	\$325,921,000
Budget estimate, 2015	328,532,000
Committee recommendation	332,741,000

The Committee recommendation includes \$332,741,000 for NIBIB.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2014	\$123,960,000
Budget estimate, 2015	124,509,000
Committee recommendation	125,793,000

The Committee recommendation includes \$125,793,000 for NCCIH.

The Committee has included a provision in section 223 of this act to change the name of this center from the “National Center for Complementary and Alternative Medicine” to the “National Center for Complementary and Integrative Health.” Since the inception of this center, the practices it researches have grown in use to the point that Americans no longer consider them an alternative to medical care; well over half of Americans report using a dietary supplement; CDC data shows that Americans spend \$3,900,000,000 annually on spinal manipulation therapy; and a recent survey showed that three-quarters of healthcare workers prefer to utilize complementary methods when suffering from illness or injury. These methods are no longer being used instead of medical care; they are increasingly being integrated into the Nation’s healthcare system, whether by practitioners or by patients themselves. For that reason, the Committee has retired the term “alternative medicine” in favor of supporting research on integrative health. The Committee believes that NIH should study the effectiveness of these practices in the integrated manner in which Americans are using them.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2014	\$267,595,000
Budget estimate, 2015	267,953,000
Committee recommendation	271,553,000

The Committee recommendation includes \$271,553,000 for NIMHD.

Asian American Health Disparities.—The Committee encourages NIMHD to expand its research and evaluation of Asian American health and health disparities, through its centers of excellence program, investigator initiated grants, and other research mechanisms.

Health Disparities in Children and Adolescents.—The Committee remains interested in improving the health of the Nation’s children and adolescents, especially those living in poverty. As such, the Committee urges that funds dedicated to research on the health status of children and adolescents be targeted toward programs in States suffering from high chronic disease burden and where a significant percentage of minors live below the Federal poverty level. Specifically, the Committee urges NIMHD to make grant funds available for outcomes-based pilot programs aimed at reducing high levels of morbidity and mortality among disadvantaged youth in these communities.

Primary Glomerular Disease.—The Committee commends NIMHD for supporting research on the APOL1 gene, variants of which account for high rates of kidney disease among African Americans and contribute greatly to racial health disparities. The Committee encourages NIMHD to continue to pursue research on

the factors that combine with APOL1 gene variants to cause the racial health disparities in kidney disease, as well as how gene variants promote glomerular injury.

Priority on Health Disparities.—The Committee is disappointed that NIMHD was not proposed for an increase in the fiscal year 2015 budget request. The Committee is concerned about the impact of budget shortfalls on NIMHD programs. The Committee expects NIH and NIMHD to report to the House and Senate Committees on Appropriations in the fiscal year 2016 CJ on how the provisions of the law establishing the NIMHD are being implemented.

Research Centers in Minority Institutions.—Research Centers in Minority Institutions [RCMI] play a critical role, especially at the graduate level, in addressing the health research and training needs of the Nation. The Committee encourages NIMHD to continue supporting this mission.

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

Appropriations, 2014	\$67,395,000
Budget estimate, 2015	67,776,000
Committee recommendation	68,630,000

The Committee recommendation includes \$68,630,000 for the FIC.

The Center plays an essential role in global health research and training that can both assist developing countries advance their own research and health solutions and help the United States form partnerships to fight malaria, neglected tropical diseases, and other infectious diseases that disproportionately impact the global poor. The Committee urges FIC to continue this important work.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2014	\$631,553,000
Budget estimate, 2015	657,471,000
Committee recommendation	651,528,000

The Committee recommendation includes \$651,528,000 for NCATS. The Committee includes bill language allowing up to \$29,810,000 of this amount, the same as the budget request, to be used for the Cures Acceleration Network [CAN]. The fiscal year 2014 funding level for CAN is \$9,835,000.

Clinical and Translational Science Awards [CTSAs].—The Committee is pleased that NCATS is implementing the recommendations of the IOM report on the CTSA program. NCATS should provide an update on implementation in the fiscal year 2016 CJ.

Global Health Technologies.— The Committee recognizes the urgent need for new global health technologies. As global health is a stated focus of NCATS, the Committee requests that NCATS include a report in the fiscal year 2016 CJ on initiatives targeted at neglected diseases and global health conditions, with specific focus on global health technologies and devices.

Health Disparities.—The Committee supports the goals of NCATS and believes the principles that serve as its foundation: public-private partnerships, community outreach, and faster access to clinical trials have tremendous potential for addressing the long-standing diseases associated with health disparities. The Com-

mittee encourages NIH to fund CTSA centers with a history of serving health disparity populations so that research funding provided through the various institutes can be leveraged to address the higher incidences of cancer, stroke, and heart disease associated with minority populations. In addition, the Committee encourages NCATS to give priority to applications that propose to conduct research in areas that are characterized by geographically interspersed minority populations. Clinical and translational research with such populations can reveal clinically significant differences that drive improvements in diagnosis and treatment.

Drug Rescue and Repurposing.—NCATS' Discovering New Therapeutic Uses for Existing Molecules program has catalyzed new strategies for drug rescue and repurposing, including crowdsourcing from the research community and streamlined template collaboration agreements to speed negotiation time between a pharmaceutical company and an academic investigator. The Committee urges NCATS to strengthen and expand this program by connecting knowledge bases of systems biology, systems pharmacology, and diseases. In addition, the Committee urges NCATS to utilize this program to explore new partnerships that might allow for clinical trials of combination drug regimens earlier in the development process.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2014	\$335,536,000
Budget estimate, 2015	381,051,000
Committee recommendation	340,377,000

The Committee recommends \$340,377,000 for NLM. Of the funds provided, \$4,000,000 is for the improvement of information systems, to remain available until September 30, 2017.

Innovations in Training.—The Committee urges NLM to develop best practices for health professions training, identifying and utilizing innovative teaching technologies, and more efficient integration of core curriculum and on-site training with the goal of retaining and supporting minority populations through to completion. Research indicates that health professions students from disadvantaged backgrounds are more likely to choose primary care settings and are more likely to spend their long-term careers practicing in underserved communities. The Committee urges NLM to collaborate with HRSA to develop and support evidence based strategies for recruiting and retaining students from disadvantaged backgrounds.

OFFICE OF THE DIRECTOR

Appropriations, 2014	\$1,396,344,000
Budget estimate, 2015	1,451,786,000
Committee recommendation	1,448,995,000

The Committee recommendation includes \$1,448,995,000 for the Office of the Director [OD]. Within this total, \$564,039,000 is provided for the Common Fund.

The Committee includes bill language allowing up to \$165,000,000 to be used for continuation of the National Children's Study. The budget request includes the same amount for this purpose but does not specify an amount in bill language.

Blue Ribbon Commission on Scientific Standing.—In the 1960s, Jonas Salk's discovery of the polio vaccine inspired a generation of young people to aspire to pursue careers in research and hold scientists in high regard. Recent reports suggest that students in America today are experiencing a sense of disillusionment with science resulting in an exodus of math and science students from pursuing research careers. High profile headlines around nutrition, exercise, and other behavioral sciences suggest that Americans are quick to react to initial findings, but become jaded by the nuance and complexity that often follows from additional study. Finally, moral and economic dilemmas often color American's absorption and utilization of research outcomes. However, science and technology are bedrocks of the modern world. The Committee believes that basic scientific literacy is critical to responsible contemporary citizenship. For those reasons, the Committee recommendation includes \$1,000,000 for a contract with the National Academy of Sciences to establish a Blue Ribbon Commission charged with discerning American public opinion on, understanding of, and faith in scientific research. The Commission shall examine the present state of scientific repute in America and present recommendations for how to improve scientific literacy and enhance scientific regard amongst the American public.

The Committee does not include bill language requested by the administration that would provide additional transfer authority to the Director beyond that which is already provided to the Director through the Secretary.

Amyloidosis.—The Committee encourages NIH to continue its research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. These diseases are often fatal and there is no known cure.

Angiogenesis.—The Committee commends the research NIH is conducting on angiogenesis, specifically examining the need to address the lack of predictive markers for angiogenic therapies. The Committee understands that a collection of predictive markers may need to be assessed to determine a predictive value for anti-angiogenic and pro-angiogenic therapies. The Committee urges NIH to further examine angiogenic predictive markers across NCI, NHLBI, NEI, NIDDK, NIA, and NICHD and to also consider focusing on various angiogenesis modifying interventions, including diet, exercise, metabolism, targeted drugs, and common medications.

Basic Research.—The Committee urges the Director to maintain NIH's current focus on the funding of basic biomedical research. Basic biomedical research seeks fundamental knowledge about the nature and behavior of living systems, and is an important investment in the future health, wealth, and international competitiveness of our Nation and plays a critical role in the Nation's economy. The Committee understands that it is the purpose of basic research to discover the nature and mechanics of disease and identify potential therapeutic avenues likely to lead to the prevention and treatment of human disease. Without this early scientific investigation, future development of treatments and cures would be impossible. The Committee believes that basic biomedical research must remain a key component of both the intramural and extramural research portfolio at the NIH.

Big Data.—The Committee understands that there is an urgent need for more researchers who know how to extract meaningful information from massive and heterogeneous datasets, also known as big data, and more fully integrate its use in biomedical research. The Committee has included additional resources for the Big Data to Knowledge [BD2K] initiative. The Committee notes that the ability of researchers to take full advantage of big data will be limited without new computational instruments that have the potential to redefine the scientific landscape of biomedical research. The Committee recognizes that the development of such tools is a key goal of the BD2K initiative and strongly supports cross-disciplinary efforts in this area. Finally, the Committee applauds the initial efforts by NIH to build an extensive and solid information infrastructure for the secure and regulatory-compliant collection, storage, and use of all types of data that promote biomedical discovery.

BRAIN Initiative.—The Committee continues to strongly support the Brain Research through Application of Innovative Neuro-technologies [BRAIN] initiative. The bill assumes the full President's request of \$100,000,000 to be pooled from various ICs.

Cerebral Cavernous Angioma.—The Committee encourages NIH to expand and intensify NINDS programs regarding research and

related activities for cavernous Angioma by conducting basic, clinical, and translational research.

Chronic Overlapping Pain Conditions.—The Committee continues to support strongly an expanded and coordinated trans-NIH research effort on chronic overlapping pain conditions that solely or predominantly affect women. The Committee urges NIH to establish research standards for chronic overlapping pain conditions. This includes the development of a case definition, research diagnostic criteria, and a data repository. The Committee requests that NIH provide an update in the fiscal year 2016 CJ on the common data elements and outcome measures being developed. Further, the Committee commends NIDDK for its ongoing initiative, “Multidisciplinary Approach to the Study of Chronic Pelvic Pain [MAPP]” Research Network, and encourages NIH to expand the network to include additional chronic overlapping pain conditions in the second phase of the initiative.

Chronic Pain Research.—The Committee notes that at least 100 million Americans suffer from chronic pain, at a cost of over \$560,000,000,000 in healthcare and lost productivity each year. Further, the dramatic increase in prescription opioid abuse highlights the urgent need for evidence-based guidelines for the diagnosis, management, and safe and effective treatment of chronic pain. The Committee strongly urges NIH to expand research efforts in this area as well as explore how chronic pain can be understood through existing programs like the Advanced Medicines Partnership and public-private partnerships within NCATS. NIH should provide the Committee an update on progress made in this area in its fiscal year 2016 CJ.

Cystic Fibrosis [CF].—The Committee encourages new personalized approaches to CF therapeutics, including new means to identify and characterize the efficacy of multidrug therapy that addresses the mutant protein that is the underlying cause of CF in the majority of those with the disease. These approaches include predictive tools to measure individualized responses to treatment which will help capitalize on recent momentum that has led to revolutionizing treatments for a minority of CF patients. The Committee supports research into nonsense mutations of CF, which impact about 10 percent of the CF population and also contribute to thousands of other genetic diseases. In addition, the Committee urges further research into live imaging modalities that are able to characterize mucus and monitor mucociliary clearance, defense mechanisms at the heart of CF, and many other respiratory diseases.

Doctors of Veterinary Medicine and Loan Repayment Programs.—The Committee recognizes the important role that doctors of veterinary medicine [DVMs] play in biomedical research teams, and ultimately in the promotion of human health. A 2012 report from the National Academy of Sciences highlighted the need for a commitment and investment by veterinary academe to produce DVMs who pursue careers in biomedical research. However, like other medical professionals, a large debt load upon graduation influences their career choice. The Committee commends NIH on expanding the eligibility for the loan repayment programs to include DVMs and requests that NIH report to the Committee on the utilization of this

program by DVMs in the fiscal year 2016 CJ. NIH is encouraged to conduct outreach to veterinary schools to make this program more widely known to potential applicants.

Drug Allergy.—The Committee looks forward to an update of the 2013 NIAID-sponsored workshop on drug allergy. As NIH and NCATS plan or fund drug development initiatives, this prioritized research agenda should be evaluated to determine if there is an opportunity to accelerate the identification of drug allergies or those individuals who may be most susceptible to them.

Duchenne Muscular Dystrophy.—The Committee is encouraged that NIH support for earlier stage research in Duchenne muscular dystrophy has successfully resulted in a substantial pipeline of new potential therapeutics for Duchenne. To provide a smooth transition for these projects into clinical development and to increase the potential for success, the Committee encourages NIH to increase support for late stage preclinical and early stage clinical projects; to consider partnering with outside entities, including patient organizations and industry and to organize a consortium focused on the rapid identification and qualification of new biomarkers for Duchenne.

Entrepreneur-In-Residence Initiative [EIR].—The Committee is aware of various EIR programs at venture capital firms, universities, law firms, and other organizations. The Committee is pleased that the Office of Technology Transfer is employing this model to bridge the gap between biomedical research and capital markets. The program is meant to increase the ability of innovations to develop into commercial products and eventually have a measurable impact on human health. EIRs will support scientists, early stage start-ups, and licensed technologies. The Committee urges NIH to expand this program and establish the appropriate metrics to evaluate the effectiveness of this effort. The Committee requests an update in the fiscal year 2016 CJ on the progress this program has made across a wide domain of scientific disciplines and new potential medicines, therapies, and technologies.

Eosinophil-Associated Disorders.—The NIH Task Force on Research Needs of Eosinophil-Associated Diseases [TREAD] recommended research initiatives needed to improve treatment of eosinophil-related cutaneous and fibrotic diseases. The Committee strongly encourages NIAMS to participate in the NIAID initiative to support related research.

Facioscapulohumeral Muscular Dystrophy.—The Committee encourages NIH to foster opportunities for multidisciplinary research on FSHD, a complex form of muscular dystrophy. The Committee hopes such research will help advance treatments and access to therapies for this and other diseases that weaken the muscular system.

Gabriella Miller Kids First Act.—The Committee has not included specific funding for pediatric research in the Common Fund. However, the Committee strongly supports increasing this research through the IC budgets, as they are better able to incorporate pediatric research into the understanding of specific conditions. Each of the ICs shall include in the fiscal year 2016 CJ an explanation of the ways in which pediatric research was conducted specifically and incorporated in larger research initiatives funded by NIH.

Government-Wide Collaboration.—NIH, the Department of Veterans Affairs, and DOD collaborate frequently and successfully. The Committee directs NIH to include in the fiscal year 2016 CJ a description of the cooperative and strategic approach the agencies take in areas of biomedical research that overlap to maximize the potential of the research.

High-Risk and High-Reward Research.—The Committee is particularly interested in NIH's plans to place additional emphasis on high-risk, high-reward projects using a goal-oriented, milestone-driven approach. The Committee believes such an approach can be particularly valuable in addressing major scientific gaps and encourages NIH to establish clear priorities.

Interdisciplinary Training.—The Committee strongly supports inter-disciplinary research, particularly research that illustrates novel therapies and identifies the best ways to ensure patient adherence. The Committee believes that predoctoral training is an important time in preparing scientists to be effective interdisciplinary team researchers. NIH is therefore encouraged to continue its support for predoctoral training grants for scientists at the interface of the behavioral and biomedical sciences. NIH is further encouraged to give priority to applications that have a strong emphasis on increasing diversity in the research workforce.

Interstitial Cystitis [IC].—The Committee continues to support the collaboration between the Office of Research on Women's Health and NIDDK regarding the study of IC.

Kidney Disease.—The Committee encourages NIH to support research uncovering the various etiologies of and determine appropriate prevention and treatments for kidney disease given the significant correlation between kidney disease, hypertension, and cardiovascular disease. Research may include collaboration and joint initiatives between NIDDK, NHLBI, NIA, and other Federal agencies such as the Department of Veterans Affairs. While kidney disease starts in the kidney, the life threatening complications include increased risk of cardiovascular disease, infections, fracture, and poor physical performance/function. Thus, collaboration is critical to early diagnosis and effective prevention and treatment of complications directly related to kidney disease.

Mitochondrial Disease Research.—The continued identification of new genes, drugs, and environmental toxins that directly impair the capacity of the oxidative phosphorylation system to generate energy is leading to growing recognition that mitochondrial diseases are more common than previously realized. Moreover, given the essential role of impaired mitochondrial function in aging and degenerative diseases such as Parkinson's, diabetes, and hearing loss, research into Primary Mitochondrial Disease provides benefits for a number of conditions. The Committee commends NIH for taking steps to implement many of the recommendations contained in the white paper developed as a result of the 2-day workshop that was held at NIH in March 2012. In particular, the Committee is strongly supportive of the work of the NICHD in providing sustained, ongoing support for the North American Mitochondrial Disease Consortium and encourages further expansion of this effort. The Committee is also supportive of the trans-NIH Mitochondrial Working Group established in 2013, and the work of NINDS to es-

establish standard data types and definitions. The Committee looks forward to an update on further implementation of the white paper in the fiscal year 2016 CJ.

Mucopolysaccharidoses.—The Committee applauds NIH’s work to expand research efforts in the development of effective treatments for MPS diseases. The Committee commends NINDS, NIDDK, and the Office of Rare Diseases Research [ORDR] for sponsoring scientific conferences like the Gordon Research Conference, the Rare Diseases Clinical Research Network [RDCRN] investments in research consortia in this area, and the additional opportunities for small research communities through Lysosomal Disease Network. The Committee supports continued efforts, including NIH participation in the Lysosomal Disease Network WORLD Symposium. This international conference gives researchers an opportunity to share findings in basic, translational, and clinical research and to establish novel collaborations in vital areas of research.

National Primate Research Centers [NPRC].—The Committee urges NIH to ensure the NPRC Consortium maintains viability in the wake of facility closures. The Committee also urges the Office of Research Infrastructure Programs to work closely with the consortium to promote its capabilities across the NIH research community, particularly in NIH priority areas such as genomics, precision medicine, and ensuring well-structured, reproducible animal model studies that translate basic science findings into therapies for human patients.

Natural Products Collections.—The Committee commends NCI on the open repository of natural products and encourages NIH to consider how other institutes could collaborate to expand the use of this national resource.

Neglected Tropical Diseases.—One-sixth of the world’s population suffers from one or more neglected tropical diseases [NTDs]. Malaria killed more than 627,000 people in 2012. There is little commercial market for tools, drugs, vaccines, and diagnostics to treat neglected disease, and as such, world-class research conducted by NIH is a key component to ensuring there are tools to treat, control, and eventually eradicate many neglected diseases. The Committee urges NIH to continue its investment in NTD and malaria research, including work in late-stage and translational research for NTDs, and to work with other agencies to foster research and ensure that basic discoveries are translated into much needed solutions.

Neurofibromatosis [NF].—The Committee commends NIH for its continued support of NF research and treatment at multiple NIH Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer, and the Committee encourages NCI to continue its support of fundamental basic science, translational research, and clinical trials focused on NF. Because NF causes brain and nerve tumors and is associated with cognitive and behavioral problems, the Committee urges NINDS to continue to support fundamental basic science research on NF. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2 basic and clinical research.

Office of Research on Women's Health.—The Committee notes the recent 25th anniversary of the NIH's Office of Research on Women's Health. This office was authorized by Congress to correct the gender imbalance of research and highlight the importance of women's health issues to the larger scientific community. The Committee congratulates the office on its longevity and success in increasing the volume of research into women's health issues at NIH and in the biomedical research community, as well as NIH's ongoing efforts to ensure that health research is generally conducted without a gender bias.

OppNet.—The Committee is pleased with the contribution made by the Basic Behavioral and Social Science Opportunity Network [OppNet], and is supportive of NIH's proposal to continue the OppNet initiative in fiscal year 2015.

Palliative Care.—The Committee urges NIH to develop a trans-Institute strategy for increasing research in palliative care for persons living with chronic and serious illness. Expanded research is needed on: treatment of pain and common non-pain symptoms across all chronic disease categories, which should include cancer, heart, renal and liver failure, lung disease, Alzheimer's disease, and related dementias; methods to improve communication about goals of care and treatment options between providers, patients, and caregivers; care models that maximize the likelihood that treatment delivered is consistent with patient wishes; and care models that improve coordination, transitions, caregiver support, and strengthen the ability of individuals living with chronic and serious illness to remain living at home.

Patient Privacy.—The Committee notes that NIH ended the third-party payer pilot in part because of patient privacy concerns. The Committee is supportive of efforts to ensure that the NIH clinical center employs strict patient privacy controls and requests a briefing on the ways in which the clinical center protocols on privacy differ from those in other healthcare facilities.

Pediatric Research.—The Committee recognizes the potential for the National Pediatric Research Consortia Act to accelerate the pace of discovery through a collaborative, multi-institution approach to basic science. The act endorses a hub and spoke method for enhancing research infrastructure that is both an efficient and effective model for supporting innovation. The Committee encourages NICHD to conduct a portfolio analysis of pediatric research networks and centers supported by the NIH to ensure that future pediatric research funding does not duplicate current efforts, and addresses gaps and scientific opportunities in pediatric research. The Committee encourages NIH, through the NICHD, to look at ways to address the issues raised by the law.

Phelan-McDermid Syndrome.—The Committee encourages NINDS, NIMH, NICHD, NHGRI, and ORDR to develop a research plan to study the causes of and seek a cure for Phelan-McDermid Syndrome. This plan should focus on gaining a better understanding of the SHANK3 gene and its role in brain development, and how defects in the gene result in autism spectrum disorders and intellectual disabilities.

Precision Medicine.—The National Academy of Sciences report, "Toward Precision Medicine: Building a Knowledge Network for

Biomedical Research and a New Taxonomy of Disease,” recommended developing the science and research infrastructure necessary to build a “Knowledge Network” that integrates emerging research on the molecular makeup of diseases with clinical data and individual patients that could revolutionize disease diagnosis, therapy, and clinical decisions, leading to more individualized treatments and improved outcomes for patients. The Committee commends NIH for making Precision Medicine a thematic priority in its budget request. The Committee encourages NIH to work with the National Coordinator for Health Information Technology, the Office of Science and Technology Policy, and the National Science Foundation to advance the field of precision medicine.

Reproducibility of Scientific Research.—The gold standard of good science is the ability of a lab to reproduce a method and produce the same finding. The Committee is deeply concerned with reports that some published NIH research cannot be easily reproduced. While this does not necessarily negate findings, the lack of clear reproducibility undermines scientific credibility and progress. The Committee compliments NIH on convening workshops and soliciting expert opinion on how to address this problem. The Committee encourages NIH to consider implementing best practices to facilitate the conduct of reproducible research. In particular, NIH should evaluate methods to encourage transparency in the reporting of methods and findings that would assist other scientists to replicate, validate, and extend previous research.

Science Education.—The Science Education Partnership Awards [SEPA] fosters important connections between biomedical researchers and K–12 teachers and their students. These connections establish an education pipeline to careers in biomedical sciences, which is one of the most important areas of workforce development for the U.S. economy in the 21st century. Therefore, NIH is directed to continue funding the SEPA program at no less than last year’s level.

Sex and Gender Differences in Research.—The Committee commends NIH on the recent policy announced to begin assessing sex and gender as important biological variables in pre-clinical trials. Results that are more applicable to one gender may lead to recommendations or conclusions that should, but do not, differentiate between men and women. The Committee looks forward to an update in the fiscal year 2016 CJ on the progress being made in this work.

Spina Bifida.—The Committee encourages NINDS, NICHD, and NIDDK to support research focused on better treatment and management of spina bifida and associated secondary conditions, such as hydrocephalus; the causes and care of the neurogenic bladder in order to improve the quality of life of children and adults with spina bifida; and understanding the myriad co-morbid conditions experienced by children with spina bifida, including those associated with both paralysis and developmental delay.

Temporomandibular Disorders [TMD].—The Committee appreciates the collaboration of NIAMS and NIBIB with NIDCR in organizing the May 2013 Roundtable on The Temporomandibular Joint in Health and Disease. A panel of experts from a variety of fields, many outside of dentistry, reviewed the state of the science on the

jaw and associated muscles and developed a list of research recommendations. The Committee encourages NIH and its roundtable co-sponsors to work collaboratively to implement the recommendations and recruit the intellectual and scientific talent necessary to resolve the outstanding issues of diagnosis and treatment.

Tuberous Sclerosis Complex [TSC].—The Committee commends NIH for convening a trans-NIH working group that includes coordination with the DOD Medical Research Program. The Committee remains supportive of research into finding a cure for TSC and the promising translational potential of new therapeutics for treating the neurological conditions of TSC, including autism and epilepsy. The Committee encourages NINDS to consider sponsoring a conference to update the 2003 “Research Plan for Tuberous Sclerosis” including NIH, other TSC research-funding organizations, and patient advocates.

OFFICE OF AIDS RESEARCH

OAR coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. The Committee recommendation does not include a direct appropriation for OAR. Instead, the Director of OAR and the Director of NIH together determine the total for AIDS research within the total NIH appropriation, and the Director of OAR determines and allocates distribution of those funds to the ICs and OAR. The recommendation continues a general provision permitting the NIH Director and OAR to shift up to 3 percent of AIDS research funding among Institutes and Centers throughout the year if needs change or unanticipated opportunities arise.

The Committee commends NIH for supporting the AIDS and non-AIDS funding allocations at their current relative rates and endorses the continuation of this policy. The Committee recognizes that OAR's AIDS allocation to each IC is based on scientific need and opportunity. Therefore, individual IC AIDS budgets may not each grow at the same rate, but total AIDS and non-AIDS funding will continue to grow at a comparable rate.

The Committee continues bill language permitting OAR to use up to \$8,000,000 for construction or renovation of National Primate Research Centers. This amount is the same as the fiscal year 2014 level and the budget request.

BUILDINGS AND FACILITIES

Appropriations, 2014	\$128,316,000
Budget estimate, 2015	128,663,000
Committee recommendation	128,638,000

The Committee recommendation includes \$128,638,000 for NIH buildings and facilities. This funding will remain available for obligation for 5 years. The budget request proposes making the funding available until expended.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$3,577,545,000 for SAMHSA. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund.

SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

The Committee recommendation continues bill language included last year that instructs the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2015, as was done prior to fiscal year 2012.

MENTAL HEALTH

Appropriations, 2014	\$1,085,752,000
Budget estimate, 2015	1,056,831,000
Committee recommendation	1,078,975,000

The Committee recommends \$1,078,975,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance, the MHBG, children’s mental health services, PATH, and PAIMI.

PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

The Committee recommends \$378,597,000 for PRNS within CMHS. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs through developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
CAPACITY:			
Seclusion & Restraint	1,147	1,149	1,147
Youth Violence Prevention	23,099	23,156	23,099
Project AWARE State Grants	39,902	40,000	39,902
Mental Health First Aid	14,963	15,000	14,963
Healthy Transitions	19,951	20,000	19,951
National Traumatic Stress Network	45,887	45,714	45,887
Children and Family Programs	6,458	6,474	6,458
Consumer and Family Network Grants	4,954	4,966	4,954
MH System Transformation and Health Reform	10,556	10,582	3,779
Project LAUNCH	34,555	34,640	34,555
Primary and Behavioral Health Care Integration	49,877	26,004	49,877
National Strategy for Suicide Prevention	2,000	4,000	2,000
Suicide Lifeline	7,198	5,512	7,198

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
GLS—Youth Suicide Prevention States	35,427	27,682	35,427
GLS—Youth Suicide Prevention Campus	6,488	4,966	6,488
AI/AN Suicide Prevention Initiative	2,931	2,938	2,931
Homelessness Prevention Programs	30,696	30,772	30,696
Tribal Behavioral Grants	4,988	5,000	4,988
Minority AIDS	9,224	16,270	9,224
Criminal and Juvenile Justice Programs	4,269	4,280	4,269
Grants for Adult Trauma Screening		2,896	
SCIENCE AND SERVICE:			
GLS Suicide Prevention Resource Center	5,988	4,948	5,988
Practice Improvement and Training	7,828	7,847	7,828
Primary and Behavioral Health Care Integration TA	1,991	1,996	1,991
Consumer & Consumer Support TA Centers	1,918	1,923	1,918
Minority Fellowship Program	8,059		8,059
Disaster Response	1,953	2,950	1,953
Homelessness	2,296	2,302	2,296
HIV/AIDS Education	771	773	771

Access to Mental Health Services for Veterans.—The Committee is aware of the success achieved in localities that use customized web portals to assist veterans struggling with mental health and substance abuse issues. These portals provide veterans with a directory of local mental health providers and services; quick reference to local crisis intervention and emergency care programs; comprehensive job search and support; and a consumer and peer social networking platform. The Committee encourages SAMHSA to promote locally-customized web portals in order to expand their use nationwide.

Primary and Behavioral Healthcare Integration.—The Committee provides funding for this program through budget authority rather than through transfers from the PPH Fund as requested by the administration. The Committee continues to direct SAMHSA to ensure that new Integration grants awarded for fiscal year 2015 are funded under the authorities in section 520K of the PHS Act.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

The Committee recommends \$482,571,000 for the MHBG. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee recommendation continues the bill language it added last year requiring that at least 5 percent of the funds for the Mental Health Block Grant program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 17 years to translate research findings into practice, and hopes that this joint effort between NIMH and SAMHSA may be

a model for how to reduce this timeframe. The Committee recommends that SAMHSA continue its collaboration with NIMH to ensure that funds from this set-aside are used only for programs showing strong evidence of effectiveness.

CHILDREN'S MENTAL HEALTH SERVICES

The Committee recommends \$117,026,000 for the Children's Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems.

The Committee has included bill language requested by the administration allowing SAMHSA to provide technical assistance to communities wanting to establish comprehensive children's mental health services even if they are not current grantees. The authorization currently limits the provision of technical assistance by SAMHSA only to current grantees.

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

The Committee recommends \$64,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

The Committee recommends \$36,146,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities, or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2014	\$2,178,680,000
Budget estimate, 2015	2,117,256,000
Committee recommendation	2,140,016,000

The Committee recommends \$2,140,016,000 for substance abuse treatment programs, including programs of regional and national significance and the substance abuse prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act.

PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

The Committee recommends \$324,573,000 for PRNS within CSAT. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act.

Programs of regional and national significance include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
CAPACITY:			
Opioid Treatment Programs/Regulatory Activities	8,724	8,746	8,724
Screening, Brief Intervention, Referral, & Treatment	46,889	30,000	46,889
Targeted Capacity Expansion	13,223	15,256	23,223
Pregnant & Postpartum Women	15,931	15,970	15,931
Strengthening Treatment Access and Retention	1,664	1,000	1,000
Recovery Community Services Program	2,434	2,440	2,434
Access to Recovery	50,000	.....	.....
Primary Care & Addiction Services Integration .....	.....	20,000	.....
Children and Families	29,605	29,678	29,605
Treatment Systems for Homeless	41,386	41,488	41,386
Minority AIDS	65,570	58,859	65,570
Criminal Justice Activities	74,816	64,446	74,816
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,024	8,081	11,024
Minority Fellowship Program	2,539	.....	2,539
Special Initiatives/Outreach	1,432	1,436	1,432

Addiction Technology Transfer Centers [ATTCs].—The Committee rejects the administration’s proposed reduction to the ATTCs, which are a network of regional and national centers that develop and strengthen the addiction treatment workforce. The Committee notes that the demand for substance use disorder treatment services is anticipated to increase as a result of the Affordable Care Act and the Mental Health Parity and Addictions Equity Act. The Committee recommendation includes \$11,024,000 for the ATTCs. The Committee expects that the increased funding should be used by the National and Regional ATTCs to enhance the skills of the current addiction workforce and to recruit and mentor new professionals into the addiction workforce. The Committee expects a report on the use of these additional funds in the SAMHSA fiscal

year 2016 CJ. The Committee continues to direct SAMHSA to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services.

Drug Treatment Courts.—The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee expects CSAT to ensure that non-State substance abuse agency applicants for any drug treatment court grant in its portfolio continue to demonstrate extensive evidence of working directly and extensively with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant.

Heroin and Prescription Drug Treatment.—The Committee recognizes that the United States has seen a 500 percent increase in admissions to treatment for prescription drug abuse since 2000. Further, according to a recent study, 37 States saw an increase in admissions to treatment for heroin dependence during the past 2 years. Of the amount provided for Targeted Capacity Expansion, the Committee recommendation includes \$12,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment [MAT] and other clinically appropriate services. These grants should be made available to States with the highest rates of primary treatment admissions for heroin and opiates per capita, and should target those States that have demonstrated a dramatic increase in admissions for the treatment of opiates and heroin in recent years.

Oral Fluid Drug Screening Guidelines.—The Committee urges SAMHSA to swiftly develop and promulgate oral fluid drug screening guidelines. The Committee notes that the SAMHSA Administrator approved the Drug Testing Advisory Board's recommendation to include oral fluid as an alternative specimen in the Mandatory Guidelines for Federal Workplace Drug Testing Programs, yet no guidelines have been forthcoming. SAMHSA is encouraged to take into account existing screening tools as it develops the testing guidelines.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee provides funding for SBIRT through budget authority rather than through transfers from section 241 of the PHS Act as requested by the administration. The Committee continues to direct SAMHSA to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention and treatment services to those at risk of developing substance abuse disorders.

Viral Hepatitis Screening.—The Committee commends SAMHSA's leadership to recommend screening injection drug users [IDUs] in opioid treatment programs for viral hepatitis. The Committee encourages SAMHSA to continue to expand opportunities for screening constituents who are at-risk for hepatitis. Injection drug use is a factor in many of the newly acquired viral hepatitis C cases and IDUs are more likely to experience adverse hepatitis-related health outcomes compared to other infected populations.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

The Committee recommends \$1,815,443,000 for the SAPT block grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

Overdose Fatality Prevention.—The Committee continues to be deeply concerned about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. The Committee commends SAMHSA for the letter sent in April to State agencies that administer the SAPT block to clarify that block grant funds may be used for the purchase of naloxone, as well as for assembling and disseminating overdose kits. The Committee encourages SAMHSA to continue to support initiatives that improve access to naloxone for public health and law enforcement professionals.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2014	\$175,200,000
Budget estimate, 2015	185,560,000
Committee recommendation	175,217,000

The Committee recommends \$175,217,000 for CSAP, the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

The Committee provides \$175,217,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnership for Success	109,484	119,754	109,484
Strategic Prevention Framework Rx (non-add)		(10,000)	
Mandatory Drug Testing	4,894	4,906	4,894
Minority AIDS	41,205	41,307	41,205
Sober Truth on Preventing Underage Drinking (STOP Act)	6,983	7,000	7,000
National Adult-Oriented Media Public Service Campaign	998	1,000	1,000
Community-based Coalition Enhancement Grants	4,987	5,000	5,000
ICCPUD	998	1,000	1,000
SCIENCE AND SERVICE:			
Fetal Alcohol Spectrum Disorder	998	1,000	998
Center for the Application of Prevention Technologies	7,493	7,511	7,493
Science and Service Program Coordination	4,072	4,082	4,072
Minority Fellowship Program	71		71

The Committee recommendation provides \$109,484,000 for the Strategic Prevention Framework State Incentive Grant [SPFSIG] and Partnerships for Success programs. The Committee intends that these two programs continue to focus exclusively on: addressing State- and community-level indicators of alcohol, tobacco, and drug use; targeting and implementing appropriate universal prevention strategies; building infrastructure and capacity; and preventing substance use and abuse. Due to budgetary constraints, the Committee recommendation does not include funding for the new Strategic Prevention Framework Rx program requested by the administration.

The Committee does not approve of SAMHSA’s proposal to use \$1,500,000 from the SPFSIG to expand the focus of community coalitions to include mental health promotion and mental illness prevention. SAMHSA is directed not to use any SPFSIG funds for this initiative.

The Committee directs that all of the money appropriated explicitly for substance abuse prevention purposes both in CSAP’s PRNS lines as well as the funding from the 20 percent prevention set-aside in the SAPT Block Grant be used only for bona fide substance abuse prevention programs and strategies and not for any other purposes.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2014	\$180,574,000
Budget estimate, 2015	206,724,000
Committee recommendation	183,337,000

The Committee recommends \$183,337,000 for Health Surveillance and Program Support activities. The recommendation includes \$31,428,000 in transfers available under section 241 of the PHS Act.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA’s surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Health Surveillance	47,258	49,428	48,208
Program Management	72,002	72,729	72,729
Public Awareness and Support	13,482	15,571	13,482
Performance and Quality Info. Systems	12,918	12,996	12,918
Mental and Behavioral Education and Training Program	34,914	35,000	35,000
Peer Professional Workforce Development .....	.....	10,000	.....
Minority Fellowship Program .....	.....	10,000	.....
Behavioral Health Workforce Data .....	.....	1,000	1,000

The Committee has included bill language requested by the administration to allow funds tapped for emergency response grants, as authorized by section 501(m) of the PHS Act, to be available for an additional year. The Committee believes that this provision would improve the agency’s ability to respond to disasters and

would limit the amount of funding tapped from programs. The Committee requests that SAMHSA provide a report within 90 days on its use of this authority for the past 5 years, which should include the amount of funds tapped from programs and the amount lapsing at the end of the year.

The Committee is aware that SAMHSA is taking steps to change the platforms used to collect data describing outcomes associated with substance abuse grants and mental health grants. The Committee maintains a distinct interest in not only the type of data collected but the mechanisms used to gather this important information. The Committee believes that any data collection effort must reflect the fact that mental illness and addiction are two separate and unique diseases requiring different data elements to accurately assess program performance. Therefore the Committee directs SAMHSA to submit a report to the Committee by October 31, 2014, describing any changes made to date and any plans for additional changes to data platforms; the reasons behind the structural changes; the process by which input is sought regarding any proposed changes to the type of data by multiple stakeholders and any other relevant information.

The Committee recommendation includes \$1,000,000 requested by the administration for the Behavioral Health Minimum Data Set, which will develop consistent data collection methods to identify and track the behavioral health workforce needs.

The Committee does not include bill language requested by the administration that would provide additional transfer authority to the Administrator beyond that which is already provided to the Secretary.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2014	\$371,008,000
Budget estimate, 2015	334,099,000
Committee recommendation	373,295,000

The Committee provides \$373,295,000 for AHRQ. The Committee provides funding to AHRQ entirely through budget authority rather than through transfers from section 241 of the PHS Act.

AHRQ was established in 1990 to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

The Committee continues to support AHRQ's unique mission within the Department to fund health services research that improves patient safety and promotes the delivery of high-quality healthcare. Although NIH and CDC also fund health research, only AHRQ provides funding to universities, medical centers and research institutions that produces evidence to improve the delivery of healthcare services and the health outcomes of patients. The Committee recognizes AHRQ's efforts to promote the use of the Comprehensive Unit-based Safety Program [CUSP] to reduce Catheter-Associated Urinary Tract Infections [CAUTI] in hospitals. These infections are the most common type of HAIs in U.S. hospitals and account for 35 percent of all such infections. The Committee notes that this AHRQ-funded program has recruited over 850 hospitals and over 1,300 hospital units in 37 States, the District of Columbia, and Puerto Rico. Participating hospital units that have reported results after 14 months of CUSP implementation have thus far achieved a 16 percent reduction in CAUTI rates.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$238,148,000 for research on health costs, quality, and outcomes [HCQO]. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Research on Health Costs, Quality, and Outcomes:			
Prevention/Care Management	22,904	11,300	11,590
Value	3,252		
Health Information Technology	29,572	23,465	28,170
Patient Safety	71,584	72,614	82,681
Health Services Research, Data and Dissemination	111,072	93,209	115,707

Antibiotic Stewardship.—According to a new study in the Journal of the American Medical Association, too many clinicians are prescribing antibiotics in error. Despite established evidence-based guidelines advising against the use of antibiotics, 7 in 10 patients

who show up to clinics or emergency rooms with bronchitis receive antibiotics from their physician. The Committee believes that, in the effort to combat antibiotic resistance, more work needs to be done regarding the behavioral issues affecting how clinicians prescribe antibiotics and their use among patients. The recommendation includes \$3,000,000 within the Patient Safety portfolio for AHRQ to increase its research and implementation efforts regarding the appropriate use of antibiotics, especially in ambulatory and long-term care settings. The funding provided should address the creation and dissemination of new models of antibiotic stewardship in these settings. AHRQ should coordinate its activities with those of CDC to avoid duplication.

Diagnostic Tools.—The Committee believes that new point of care diagnostics are needed to improve physicians' ability to discern which infections need antibiotics, thereby helping to reduce the unnecessary use of antibiotics that drives the development of resistance. Research is also needed to provide data on diagnostics' use in varied clinical settings and to document the impact of diagnostic testing on patient outcomes, the healthcare system, and public health. The Committee urges that AHRQ collaborate with NIH and the Patient Centered Outcome Research Institute to support research that determines whether use of specific diagnostic tests improves patient outcomes and impacts resource utilization, such as length of stay and duration of antimicrobial therapy.

Health IT Safety.—The Committee recommendation includes \$4,000,000 to continue AHRQ's work on safe health IT practices specifically related to the design, implementation, usability, and safe use of health IT systems. The Committee believes this investment will generate new evidence regarding safe health IT practices that will ultimately be used by ONC, FDA, CMS, and others to inform policy interventions.

Healthcare Delivery Systems.—The Committee is pleased with AHRQ's implementation of the funding provided last year for Healthcare Delivery Systems grants, or "patient safety learning labs." This funding supports a systems model approach to patient safety issues in order to identify interrelated threats, generate new ways of thinking about these threats, and establish new environments conducive to brainstorming and rapid prototyping techniques. Within the Patient Safety portfolio, the Committee recommendation includes \$10,000,000 for these grants.

Healthcare-Associated Infections.—The Committee notes that while much research on preventing Central-Line Associated Bloodstream Infections [CLABSI] has been dedicated to the exploration of proper line insertion techniques and line management, little attention has been given to the relationship between the connectors utilized in central lines and rates of infection. The Committee urges AHRQ to examine whether neutral fluid displacement needleless connectors have the potential to reduce the incidence of CLABSI as compared to positive fluid displacement needleless connectors. AHRQ is encouraged to provide a best practice recommendation for the use of such connectors in hospital settings.

Investigator-Initiated Research.—The Committee continues to believe that investigator-initiated research forms the backbone of AHRQ's ability to improve healthcare with creative,

groundbreaking approaches to ongoing and emerging healthcare issues. Within the Health Services Research, Data and Dissemination portfolio, the Committee provides \$45,882,000 for investigator-initiated research, which is the same as the fiscal year 2014 level. The administration's request for this research is \$40,000,000. The Committee believes that investigator-initiated research should not be targeted to any specific area of health services research in order to generate the best unsolicited ideas from the research community about a wide variety of topics. For this reason the Committee rejects the administration's request to target \$15,000,000 of the investigator-initiated grants to health economics.

Malnutrition.—The Committee is aware that several studies suggest that malnourished hospitalized patients have a significantly higher incidence of infection, are at increased risk of mortality, have longer median lengths of stay, and are more likely to be readmitted. The Committee requests that AHRQ assess the prevalence of malnutrition in U.S. hospitals and report back to the Committee in its fiscal year 2016 CJ.

Nursing.—The Committee encourages AHRQ to continue supporting research to improve healthcare quality, reduce costs, advance patient safety, decrease medical errors and broaden access to essential services. This research should seek to highlight the unique contribution of nurses, including advanced practice and doctorally prepared nurses. The Committee supports health services research that takes into consideration the contributions of all providers, including nursing.

Training Grants.—The Committee continues to be concerned by the level of funding in AHRQ's budget for training grants for health services researchers across all disciplines. The Committee recommendation includes sufficient funding for AHRQ to provide new "K" development awards for emerging scientists.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$65,447,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee recommends \$69,700,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs such as rent.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2014	\$204,032,934,000
Budget estimate, 2015	234,608,916,000
Committee recommendation	234,608,916,000

The Committee recommends \$234,608,916,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2015 recommendation excludes \$103,472,323,000 in fiscal year 2014 advance appropriations for fiscal year 2015. As requested by the administration, \$113,272,140,000 is provided for the first quarter of fiscal year 2016.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the national average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2014	\$255,185,000,000
Budget estimate, 2015	259,212,000,000
Committee recommendation	259,212,000,000

The Committee recommends \$259,212,000,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare part B benefits and for Medicare part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee provides \$194,343,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare part B enrollees.

The Committee further provides \$63,342,000,000 for the general fund share of benefits paid under Public Law 108–173, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. As in previous years, the Committee includes bill language requested by the administration providing indefinite authority for paying the general revenue portion of the part B premium match and provides resources for the part D drug benefit program in the event that the annual appropriation is insufficient.

The Committee recommendation also includes \$418,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of part D administrative expenses. The Committee recommendation includes \$153,000,000 in reimbursements to the HCFAC fund, which reflects the portion of the HCFAC spending to be reimbursed by the General Fund.

PROGRAM MANAGEMENT

Appropriations, 2014	\$4,093,326,000
Budget estimate, 2015	4,199,744,000
Committee recommendation	4,175,391,000

The Committee recommends \$4,175,391,000 for CMS program management, which includes funding for research, program operations, survey and certification programs, and Federal administration.

Research, Demonstrations, and Evaluations

The Committee has consolidated the research office into program operations, as requested by the administration.

Program Operations

The Committee recommends \$2,987,891,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

The Committee includes additional funding for program operations above the fiscal year 2014 level to support expanding workloads due to the enrollment of the baby boom generation in the Medicare program. The Committee includes modified bill language to make necessary technical changes.

The Committee is encouraged by the latest ACA enrollment estimates, indicating 8 million people have signed up for coverage in the State and Federal exchanges, and close to 5 million in Medicaid and the Children's Health Insurance Program. The Committee continues funding for the implementation and execution of the ACA that is level with fiscal year 2014 funding. The Committee expects that CMS will ensure compliance with the Patient's Bill of Rights and other insurance market rules, help States enforce the Medical Loss Ratio regulations, and implement additional quality measures to improve healthcare services for all Americans.

The Committee is concerned that the CMS is not providing congressional notification on issues of importance to the Committee, such as ACA innovation grants and Health Insurance Marketplace enrollment figures. In particular, the Committee is aware these notifications are provided to organizations prior to notification to the Committee, and in some cases without any notification provided to the Committee. CMS is directed to notify the Committee not less than 1 full business day before ACA-related data and grant opportunities are released by the Department.

Health Insurance Marketplace Transparency.—The Committee includes modified bill language in section 225 that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Marketplace related Information Technology [IT]; Non IT Program Costs, including Health Plan Benefit and Rate Review, Market place Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Marketplace Quality Review; Small Business Health Options Program [SHOP] and

Employer Activities; and Other Marketplace Activities. Cost Information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2016.

Frontier Health.—The Committee notes that funding was included in fiscal year 2014 for the Frontier Community Health Integration Demonstration and expects CMS to report on the project in the fiscal year 2016 CJ.

Multi-Payer Advanced Primary Care Practice.—The Committee encourages HHS to extend the Multi-Payer Advanced Primary Care Practice [MAPCP] Demonstration until the demonstration's evaluation is finalized in 2016. CMS established this Medicare demonstration to test whether advanced primary care practices—like patient-centered medical homes—reduce costs, improve quality of care, and expand the availability of care in underserved areas. Eight States—Maine, Michigan, Minnesota, North Carolina, New York, Pennsylvania, Rhode Island, and Vermont—are involved in the demonstration, which is scheduled to expire on December 31, 2014. The Committee recognizes that early results from participating sites are encouraging, and that more time is needed for the full potential of this demonstration to be realized. The Committee urges CMS to make a decision about the extension of the MAPCP program in advance of the expiration date and use all available data to inform this decision.

Evidence-Based Psychosocial Interventions.—The Committee supports the Administration's proposal to encourage States to provide evidence-based psychosocial interventions to children and youth in foster care. The goal is to reduce reliance on psychotropic medications, which are disproportionately prescribed to foster children, and improve outcomes for these young people. CMS should ensure Medicaid enrollees receive the most appropriate care by providing a pathway creating the opportunity for children in psychiatric residential treatment facilities to receive home and community-based services.

Critical Access Hospitals.—The Committee continues to be concerned about the proposal to eliminate critical access hospital status from facilities located less than 10 miles from another hospital. The Committee included report language in the fiscal year 2014 omnibus requesting a list of critical access hospitals that would be redesignated under the proposal. The Committee still has not received this list and expects CMS to submit the list and a report on how this proposal would impact access to services in rural communities by October 31, 2014.

Dialysis Facilities.—The Committee notes that dialysis facilities and manufacturers may be receiving contradictory guidance from State surveyors regarding conditions for coverage. The Committee urges CMS to review this issue and take appropriate corrective actions as needed.

Hepatitis C.—The Committee encourages CMS to consider the prevalence of chronic viral hepatitis among beneficiaries and the cost of providing care to those who are in the late stages of this disease. The Committee encourages CMS to educate Medicare beneficiaries and healthcare providers about hepatitis C and the

need for screening while identifying opportunities to improve the quality of treatments and services.

Medicare Appeals Process.—The Committee is pleased by CMS' proposed list of changes that will be included in the next round of RAC contracts. The Committee directs CMS to submit a report on the status and recommendations for the cross-agency working group reviewing the entire Medicare appeals process within 180 day after enactment of this act. This report should include a comprehensive strategy analyzing the entire appeals process including the Office of Medicare Hearing and Appeals [OMHA]. The report should address how CMS will: improve the overall appeals process moving forward, including the quality of medical reviews across all Medicare audit contractors; identify any statutory changes to remove current barriers; outline strategies to eliminate the existing appeals backlog and address the high overturn rates at OMHA; and create stakeholder confidence that Medicare policies are interpreted consistently and transparently throughout the appeals process.

Rehabilitation Innovation Centers.—The Committee recognizes that comprehensive rehabilitation research centers in the United States serve a unique role in complex fields such as brain injury, strokes, multiple traumas, and wartime injuries. These centers of excellence are performing complex rehabilitation services, conducting research, and providing advanced medical training in the field of rehabilitation medicine. Given the high volume of Medicare and Medicaid patients served by these centers, the Committee urges HHS to evaluate the current prospective payment rate with the goal of maintaining these centers of excellence and continuing the high quality of care provided by these centers.

Fraud, Waste, and Abuse.—The OIG conducts reviews of all HHS programs to prevent fraud, waste, and abuse with taxpayer funds. The Committee urges CMS to collaborate with the OIG on the oversight of ACA-related contracts to ensure that all contract recipients meet their performance obligations and are held accountable for any actions not in accordance to the contract. The Committee requests a report no later than 90 days after enactment of this act describing the current oversight measures in place for contracts awarded by CMS, including the recourse available in the event that an organization fails to meet its contractual obligations.

Ophthalmology.—The Committee is concerned that the lack of ophthalmologic services in medically underserved areas increases the risk of individuals suffering preventable vision loss and blindness. The Committee urges CMS to review its current policy regarding awarding in-patient hospital status for the purpose of Medicare and Medicaid reimbursement for specialty eye hospitals and report to the Senate Appropriations Committee on results of the review within 180 days of enactment of this act.

Immunization Payment.—The Committee continues to be concerned that a new coding rule for the provision of preventive services may undermine the provision of immunizations at well baby and well child visits. The Committee urges CMS to reconsider the new coding rule. The Committee directs CMS to submit a report no later than 30 days after the implementation of the new coding rule on the impact of the change in policy on immunization rates.

Influenza Vaccine for Healthcare Workers.—The Committee continues to support the new requirement for acute care hospitals participating in the CMS Inpatient Prospective Payment System Hospital Inpatient Quality Reporting Program to submit summary data on influenza vaccination of healthcare personnel via CDC's NHSN. The Committee encourages CMS to expand required reporting to all hospitals, skilled nursing facilities, and nursing facilities.

Outpatient Drug Dispensing.—The Committee is strongly committed to eliminating waste in Medicare part D and believes that more should be done to reduce wasteful spending on outpatient prescription drugs in long-term care facilities. The Committee directs the Administrator of CMS to develop additional proposals designed to encourage short-cycle dispensing of outpatient prescription drugs in long-term care facilities and investigate the effects of dispensing fee changes on cost savings in the short-cycle dispensing program. These proposals should be submitted to the Committee no later than 90 days after enactment of this act.

Provider Nondiscrimination.—The fiscal year 2014 omnibus directed HHS to correct the 2013 FAQ on Section 2706 of the ACA to reflect the law and congressional intent. The Committee notes that CMS has not complied with this directive. The Committee expects the corrected FAQ by November 3, 2014, or an explanation for ignoring congressional intent.

Research.—The Committee strongly supports the research activities that CMS undertakes to improve the efficiency of payment, delivery, access, and quality of Medicare, Medicaid, and ACA programs. The Committee recommendation includes sufficient funding to fulfill the President's request for the Medicare Current Beneficiaries Survey, the Research Data Assistance Center, public use data files, and Medicaid Analytic Data.

Treatment of Hard-to-Heal Wounds.—The Committee included funding in fiscal year 2014 for CMS to initiate a pilot study on the health outcomes of new medical technologies for treating hard-to-heal wounds. The Committee expects CMS to report on the progress of the pilot in the fiscal year 2016 CJ.

Entrepreneur-In-Residence Initiative [EIR].—The Committee is aware of various EIR programs at venture capital firms, universities, law firms, and other organizations. The Committee is pleased that NIH is employing this model to bridge the gap between biomedical research and capital markets. The program is meant to increase the ability of innovations to develop into commercial products and eventually have a measurable impact on human health. EIRs will support scientists, early stage start-ups, and licensed technologies. The Committee urges CMS to work in coordination with NIH to develop this program and establish the appropriate metrics to evaluate the effectiveness of this effort. The Committee requests an update in the fiscal year 2016 CJ on the progress this program has made across a wide domain of scientific disciplines and new potential medicines, therapies and technologies.

Implantable Pain Pumps.—For 20 years, both pharmacies and providers have billed Medicare directly for patient-specific Part B drugs prescribed by providers and used for certain implantable pain pumps. Patients suffering with chronic pain often depend on

these medications for a cost effective pain management solution. CMS implemented a technical billing change in 2013 whereby only providers could bill CMS for these Part B drugs. The Committee encourages CMS to review this billing policy so that patient access to these medications will not be restricted in States where State law prohibits pharmacies from selling these medications to providers who directly bill CMS.

Relative Values under the Medicare Physician Fee Schedule.— The Committee encourages CMS to increase the representation of primary care physicians on any advisory board that formulates recommendations on the physician work relative values. CMS should specifically consider physicians actively practicing in family medicine, general internal medicine, general pediatrics, preventive medicine, obstetrics and gynecology, or psychiatry.

State Survey and Certification

The Committee recommends \$400,000,000 for State Survey and Certification activities, which 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.

The Committee continues to support CMS collecting and analyzing the findings from this surveillance tool to inform the agency’s education and surveillance efforts moving forward.

High-Risk Insurance Pools

The Committee does not include funding for High-Risk Insurance Pools, as requested by the administration. The Committee notes that by the end of fiscal year 2014 all State high-risk pools should have transitioned to the ACA Health Exchange Marketplaces.

Federal Administration

The Committee recommends \$787,500,000 for Federal Administration, which funds the majority of CMS’ staff and operating expenses for routine activities such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTH CARE FRAUD AND ABUSE CONTROL

Appropriations, 2014	\$293,588,000
Budget estimate, 2015	318,588,000
Committee recommendation	672,000,000

The Committee recommends \$672,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$361,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

Funding in this bill, in addition to the \$1,322,000,000 in mandatory monies for these activities, will provide a total of \$1,994,000,000 for HCFAC activities in fiscal year 2015.

The Committee strenuously objects to the President's budget proposal for HCFAC, which did not utilize the cap adjustment that Congress provided in the Budget Control Act. The Committee notes that the latest data demonstrates that for every \$1 spent on fraud and abuse in fiscal year 2013, \$8.10 was recovered by the Treasury. This is the highest 3-year average return on investment [ROI] in the 17-year history of HCFAC. By not utilizing the cap adjustment assumed in the Budget Control Act, which would have provided an increase of \$898,000,000 for HCFAC over the past 3 years, the Federal Government has lost over \$6,000,000,000 in savings to the Treasury.

ADMINISTRATION FOR CHILDREN AND FAMILIES
 PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND
 FAMILY SUPPORT PROGRAMS

Appropriations, 2014	\$2,965,245,000
Budget estimate, 2015	2,438,523,000
Committee recommendation	2,438,523,000

The Committee recommendation includes \$2,438,523,000 in fiscal year 2015 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,160,000,000 in advance funding for the first quarter of fiscal year 2016.

These funds support States' efforts to promote the self-sufficiency and economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2014	\$3,390,304,000
Budget estimate, 2015	2,800,000,000
Committee recommendation	3,390,304,000

The Committee recommendation includes \$3,390,304,000 for LIHEAP, once again rejecting the administration's proposed cut to this program. LIHEAP provides critical home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient. Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2014 level.

The Committee recommendation provides the full amount for LIHEAP under the State formula grant. This maintains the level of funding provided in fiscal year 2014 and provides States more certainty as they plan their program for the upcoming year.

The Committee recommendation does not include funding for the LIHEAP emergency contingency fund, which has not been funded since fiscal year 2011. Severe cold and heat in parts of the country last year, coupled with a spike in prices for certain home energy fuels, demonstrated the need for flexible funding to respond to such emergencies. The Committee supports a contingency fund to respond to such emergencies and notes that funding for the contingency fund has routinely been designated as emergency requirements pursuant to the Balanced Budget and Emergency Deficit Control Act. This treatment is consistent with the authorization for the program in subsection 2602(e) of the Low Income Home Energy Assistance Act. However, due to budget constraints, the Committee does not recommend funding for the contingency fund under current discretionary spending limits.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2014	\$1,529,943,000
Budget estimate, 2015	1,486,129,000
Committee recommendation	2,550,884,000

The Committee recommends \$2,550,884,000 for Refugee and Entrant Assistance programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas, trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied immigrant children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

Refugee and Entrant Assistance Contingency Fund.—The Committee recommendation includes bill language establishing a “Refugee and Entrant Assistance Contingency Fund”, modified from the administration’s request. In recent years, there has been a sudden, difficult-to-predict increase in costs of the UAC program. However, the costs of other ORR programs are also subject to inherent uncertainty or sudden changes in urgent needs. This will allow ORR to transfer any unneeded unobligated balances from ORR programs at the end of the fiscal year into the contingency fund to be used for authorized activities in future years. The Committee bill requires HHS to notify the Committee on Appropriations of the Senate and House of Representatives at least 15 days prior to announcing any planned uses of any such funds. This contingency fund will effectively formalize flexibilities currently available to ORR because of multi-year funding availability.

Transitional and Medical Services

The Committee recommendation includes \$383,266,000 for Transitional and Medical Services [TAMS]. This program provides grants to States and nonprofit organizations to provide up to 8 months of cash and medical assistance to incoming refugees as well as foster care services to unaccompanied minors.

Within the total, the Committee strongly encourages HHS to expand the Voluntary Agency Matching Grant program. This program provides grants to resettlement agencies to support comprehensive services—including case management, basic job training, job placement, and interim housing and cash assistance—for arriving refugees with the goal of refugees becoming self-sufficient within their first 4 months in the United States. Many resettlement agencies exhaust their matching grant slots well before the end of the year. While this program may not be appropriate for many arriving refugees, the fact that many agencies quickly use up funds provided through this program indicates there is more demand than available resources. Expanding the matching grant program could improve overall services available to refugees in their first few months in the United States while saving money elsewhere in the TAMS budget.

Victims of Trafficking

The Committee recommendation includes \$14,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within the total, the Committee recommendation includes \$13,000,000 for programs for foreign national victims of trafficking and \$1,755,000 to improve services available for U.S. citizens and legal permanent residents who are victims of trafficking.

The Committee directs HHS to submit information in their fiscal year 2016 CJ specifically addressing how this funding is furthering the goals of the Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States. This should include information on how HHS is coordinating victims of trafficking activities across the Department—including with runaway and homeless youth, child welfare, and family violence prevention and services programs—to further the goals of the strategic plan. Victims of trafficking often interact with these types of programs at the local level but these programs rarely have the capacity, expertise, or resources to properly provide services for this particularly vulnerable population.

Social Services

The Committee recommendation includes \$149,927,000 for Social Services programs for refugees. These funds include both formula and discretionary grants to States and nonprofit organizations to provide a variety of employment and support services to recently arrived refugees.

The Committee continues to strongly encourage HHS to use existing discretionary resources for extended case management services for vulnerable refugees, including victims of torture, women-headed households, and refugees who are disabled or have serious medical issues.

Preventive Health

The Committee recommendation includes \$4,600,000 for Preventive Health services for refugees. This program funds competitive grants to States to provide newly arrived refugees health orientation and education services, referrals for medical and mental health services, and access to ongoing healthcare.

Targeted Assistance

The Committee recommendation includes \$47,601,000 for the Targeted Assistance program. This program provides additional funds to States and counties with the greatest number of refugee arrivals and high concentrations of refugees facing difficulties achieving self-sufficiency.

Unaccompanied Alien Children

The Committee recommendation includes \$1,940,000,000 for the UAC program, a \$1,028,152,000 increase over the comparable fiscal year 2014 level. The budget request is \$868,000,000. The UAC program provides temporary shelter and basic services to unaccom-

panied immigrant children, who have no lawful immigration status in the United States, apprehended in the United States by the Department of Homeland Security or other law enforcement agencies. HHS takes custody of the children until they can be placed with a parent or guardian living in the United States pending resolution of their immigration status, or until their immigration status otherwise changes.

Beginning in 2012, the number of unaccompanied immigrant children coming to the United States, and apprehended by DHS, began to dramatically increase. In fiscal year 2011 approximately 6,500 children were apprehended by DHS and transferred to HHS care, in line with historical levels. However, in fiscal year 2012 the number of children increased to 13,600 and in fiscal year 2013 to 24,700. DHS and HHS currently estimate it will increase to 60,000–70,000 in fiscal year 2014.

The reasons for the dramatic increase in children leaving their home countries and making the dangerous trip through Mexico to attempt to enter the United States are complex. A number of recent studies from outside organizations have examined the issue and reached the same basic conclusion, that it is a combination of interrelated factors, most prominently escalating and severe drug and gang violence in parts of Central America, but also a lack of economic and education opportunities, and the desire to join family members already living in the United States. Many of the children placed into HHS's care are victims, or at-risk of becoming victims, of violence, abuse, or trafficking, and are seeking relief under United States immigration law.

The Committee continues to work with the administration to address the root causes of this migration and address the challenges posed by the significant increase in children. The Committee also appreciates the work HHS has done to manage this very complicated, difficult, ever-changing issue. The number of children can change significantly even from week-to-week, putting constant pressure on an already stretched-system. Further, while costs have significantly increased, HHS has been able to slow the growth in costs by significantly reducing the average time children are in HHS' care. This requires a proper balance to ensure children are being placed in safe and appropriate settings. That is why the Committee is deeply frustrated and disappointed with the administration's disingenuous budget request for the UAC program. While it is difficult to accurately predict the number of children that will arrive in fiscal year 2015, the budget request is inadequate to even maintain services at fiscal year 2014 levels. If current trends continue HHS will not be able to maintain enough shelter space for arriving children, and children will be forced to remain at DHS border facilities, intended for adults, for extended periods of time. In addition to being grossly inappropriate for children, this puts a burden on DHS resources.

The Committee recommendation provides adequate resources for the UAC program to increase shelter space, and continue to provide critical support services for children, if the trend in arrivals continues in fiscal year 2015. The Committee continues to be concerned about the impact of this significant increase in children on the availability of support services, including access to pro bono

legal representation, child advocates, social workers, physicians, and psychologists. In addition, given the volatile nature of this emerging issue and the inherent uncertainty of estimates of arriving children, the Committee includes expanded transfer authority to allow HHS to transfer additional funds into the Refugee and Entrant Assistance account if costs are higher than the Committee recommendation supports. The Committee directs the administration to continue to provide frequent and periodic updates to the Senate Committee on Appropriations of estimated arrivals and its impact on UAC costs, services for unaccompanied immigrant children, and other HHS programs.

Supporting Access to Legal Services.—The Committee continues to strongly support the pro bono legal services initiative to help ensure access to legal services for children while in HHS' custody and during their immigration proceedings. The Committee recommendation includes no less than \$80,000,000 for legal services, which includes these activities, and strongly supports increased funding as circumstances allow or dictate. The Committee understands the funding constraints but given that children are in HHS' care for an increasingly shorter period of time, the Committee directs HHS to dedicate a significant portion of this funding, including no less than \$10,000,000, and increased funding as circumstances allow or dictate, to improve access to legal counsel for children after they've been released from HHS' custody. Many children in the UAC program are fleeing escalating drug and gang violence and are victims, or at risk of becoming victims, of trafficking, abuse, or severe violence. Yet as these children seek relief under U.S. immigration law, many appear before an immigration judge without legal counsel and little or no access to legal services. This is unjust for children but also puts a burden on the immigration court system. The Committee directs HHS to work with the Department of Justice [DOJ] in administering these funds. Further, the Committee directs the administration to brief the Committee on Appropriations of the Senate regarding how to best expand access to legal services and coordinate legal services for children in the UAC program between HHS and DOJ going forward.

Child Advocate Program.—The Committee recommendation includes not less than \$1,000,000 for the child advocate program. This program helps protect the interest and rights of the most vulnerable children while awaiting adjudication of their immigration status. The additional funding provided here over the comparable fiscal year 2014 funding level should help develop new sites where a significant number of children are detained or released and expand the reach of this critical program.

Victims of Torture

The Committee recommendation includes \$10,735,000 for the Victims of Torture program. This program provides treatment, social, and legal services to victims of torture and training to healthcare providers on treating the physical and psychological effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

Appropriations, 2014	\$2,358,246,000
Budget estimate, 2015	2,417,000,000
Committee recommendation	2,458,246,000

The Committee recommends \$2,458,246,000 for the CCDBG, a formula grant to States that provides financial assistance to families to help pay for child care, and funding to otherwise improve the quality of child care programs. The Committee recommendation will help States improve access to quality, affordable, child care—by providing assistance to more families than they would otherwise be able to, increasing subsidy and provider reimbursement rates, improving health and safety standards, and improving the quality of the child care workforce.

In March 2014, the Senate overwhelmingly passed the Child Care and Development Block Grant Act of 2014 (CCDBG Act of 2014). This reauthorization makes many important reforms to the CCDBG program, including strengthening health and safety standards, improving education and training for child care workers, and supporting policies that promote the healthy development of young children. In May 2013 the administration issued a Notice of Proposed Rulemaking that would require many of the same reforms.

The Committee recommendation will help support efforts such as these to improve the quality of child care programs. However, the discretionary CCDBG represents only about 25 percent of total funding for the Child Care and Development Fund [CCDF], for which the CCDBG Act governs the use of funds. Funding for the CCDF also comes from the mandatory Child Care Entitlement program, TANF, and State-matching funds. Improving the quality of child care programs as envisioned by the CCDBG Act of 2014, while even just maintaining the number of children and families receiving assistance, will require additional funding from all sources. Already in recent years States have had to significantly reduce the number of children and families receiving child care subsidies, from about 1.8 million children in fiscal year 2006, to 1.5 million in fiscal year 2012, to an estimated 1.4 million in fiscal year 2013. At the same time, States have generally been unable to maintain subsidy and provider reimbursement rates to keep up with rising costs of high-quality child care. For example, HHS recommends that States set reimbursement rates for providers at the 75th percentile of current market rates. In 2001, 22 States set reimbursement rates at this level but in 2013 only three States did. Without additional funding, States will be forced to continue to make these types of decisions.

The Committee recommendation is an important step to help States maintain the number of families receiving assistance while improving the quality of child care programs. However, the Committee also strongly supports increasing funding for other programs that make up the CCDF and notes the budget request included a \$750,000,000 increase in mandatory funding for the Child Care Entitlement to States program. Combining that increase with the funding provided here for CCDBG, States would be able to increase the quality of child care consistent with the CCDBG reauthoriza-

tion, while providing assistance to approximately 1.4 million children and their families in fiscal year 2015, the same as the current level.

The Committee recommendation also maintains several existing set-asides within the CCDBG. This includes \$19,357,000 for child care resource and referral and school-aged child care activities, of which \$996,000 is for a national toll-free referral line and Web site to provide child care consumer education information to low-income families, including information about the quality of child care programs. It also includes \$308,827,000 for activities authorized under 658G of the CCDBG Act to improve the quality of child care, including \$113,258,000 to improve the quality of infant and toddler care. This amount is in addition to the 4 percent set-aside for improving the quality of child care in section 658G of the CCDBG Act. Finally, it includes \$9,851,000 for research, demonstration, and evaluation activities.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2014	\$1,656,480,000
Budget estimate, 2015	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 in mandatory funds for the SSBG, a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly.

The Committee continues to regard the SSBG as a critical source of funding for services that protect children from neglect and abuse, including providing foster and respite care, as well as related services for children and families, persons with disabilities, and older adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2014	\$10,345,556,000
Budget estimate, 2015	10,282,824,000
Committee recommendation	10,491,979,000

The Committee recommends \$10,491,979,000 for Children and Family Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$8,742,845,000 for Head Start. Head Start provides grants directly to local community-based organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

The Committee recommendation supports a 1 percent cost of living adjustment for all current grantees. This will help current Head Start providers retain and recruit highly qualified staff and keep pace with rising costs to maintain high-quality services.

Within the total for Head Start, in addition to funds otherwise available for Early Head Start, the Committee recommendation includes a total of \$565,000,000, an increase of \$65,000,000, to continue Early Head Start expansion, including through Early Head Start-Child Care Partnerships where appropriate. Early Head Start, which provides services to children and their families from before birth to age 3, currently serves less than 5 percent of eligible children, yet research increasingly supports the importance and benefits of high-quality early childhood education beginning at birth, including for families before birth. Through Early Head Start-Child Care Partnerships, Early Head Start providers will partner with local center and family-based child care providers, leveraging current investments through the Child Care and Development Fund, to raise the bar on the quality of existing child care programs. The Committee expects that partnering child care providers will have 18 months before being subject to the requirements of the Designation Renewal System [DRS], providing them adequate time to develop quality partnerships.

This funding to expand Early Head Start builds off of the significant investment this Committee made in those same activities in fiscal year 2014. The grant competition for fiscal year 2014 funds will occur in the summer of 2014, with final funding decisions and awards made by March 2015. If there are high-quality unfunded or underfunded applications as part of that competition, in awarding fiscal year 2015 funds provided in this bill, the Committee strongly encourages HHS to fund down the slate of those high-quality applications, or otherwise supplement funding awarded under that competition. HHS should allocate these additional funds to States by considering the number of young children from families whose income is below the poverty line. Further, HHS shall reserve no less than 3 percent for Indian Head Start programs and no less than 4.5 percent for migrant and seasonal Head Start programs, consistent with the Head Start Act.

In awarding fiscal year 2015 funds, the Committee also strongly encourages HHS to give priority to Early Head Start providers in underserved areas who submitted high-quality applications for fiscal year 2014 funds, but that did not receive funding because they did not propose forming child care partnerships. The Committee strongly supports Early Head Start-Child Care Partnerships. However, such partnerships will not be viable in every community and in many places it may be more appropriate to simply expand traditional Early Head Start, either through current or new grantees.

Within the total for Head Start, the Committee recommendation also includes up to \$25,000,000, the same as the comparable fiscal year 2014 level and the budget request, for transition-related costs associated with the Head Start DRS. Each year certain Head Start programs are required to re-compete for continued funding. These supplemental funds support start-up and other transition-related costs to ensure that when new grantees are awarded funds, any disruptions in services for children and families are minimized. In addition, the Committee continues to encourage HHS to consider the unique challenges faced by Head Start providers in remote and frontier areas when reviewing grantees as part of the DRS.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$98,500,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

The Committee recommendation for Runaway and Homeless Youth Programs does not include funding for the, "Prevalence, Needs and Characteristics of Homeless Youth," study requested by the administration. The Committee supports the study but due to budget constraints and the need for resources and services at the local level, the Committee directs new funding provided over the fiscal year 2014 level to the core runaway and homeless youth programs.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes \$17,141,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to or are at risk of being subjected to sexual abuse or exploitation.

Child Abuse Prevention and Treatment State Grants

The Committee recommendation includes \$25,310,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

Child Abuse Discretionary Activities

The Committee recommendation includes \$28,744,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

Improving Outcomes for Infants and Toddlers in the Child Welfare System.—The Committee recommendation includes \$3,000,000 to continue the support for implementation and evaluation of evidence-based approaches in the handling of cases of abuse or neglect of infants and toddlers. Very young children are highly susceptible and vulnerable to stress before, during, and after removal from their home. This can have a deleterious impact on their development, increasing the likelihood of development delays, behavior problems, and other issues later in life. These funds support efforts that bring together the court system, child welfare agencies, health professionals, and community leaders to improve current practices in the child welfare system and make better informed decisions on the behalf of the child.

Supportive Housing Partnerships for Children in the Child Welfare System.—Many children and families with extensive involvement in the child welfare system also have severe housing needs. The lack of stable, quality, affordable housing can exacerbate challenges faced by low-income families and lead to increased involvement of the child welfare system, increased costs, and the unnecessary dissolution of families. The Committee strongly supports ACF current efforts to test and demonstrate supportive housing programs for such families. These programs integrate housing, case management, community-based services, trauma-informed interventions, and mental health services to improve outcomes for children and families. The Committee strongly encourages ACF to continue to work with the Department of Housing and Urban Development [HUD] to identify ways to better coordinate HHS and HUD programs at the Federal and local levels to improve services for these particularly vulnerable children and families.

Community-Based Child Abuse Prevention

The Committee recommendation includes \$39,764,000 for the Community-Based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local, community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

Abandoned Infants Assistance

The Committee recommendation includes \$11,063,000 for the Abandoned Infants Assistance program. This program provides discretionary grants to public and private community and faith-based organizations to develop, implement, and operate demonstration projects that prevent the abandonment of infants and young children impacted by substance abuse and HIV. Funds may be used to provide respite care for families and caregivers, allow abandoned infants and children to reside with their natural families or in foster care, and carry out residential care programs for abandoned infants and children who are unable to reside with their families or be placed in foster care.

Child Welfare Services

The Committee recommendation includes \$268,735,000 for Child Welfare Services. This formula grant program helps State and tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes \$14,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

The Committee recommendation represents a decrease from the fiscal year 2014 level because of the significant reduction in planned obligations under the Innovative Approaches to Foster Care program. That program funded 5-year competitive grants, approximately \$19,000,000 annually, from fiscal year 2010 to 2014. As these demonstration projects come to an end, or receive no-cost extensions as appropriate, HHS will continue to support evaluation and other program support costs for those projects. However, this will represent a significant reduction from fiscal year 2014 funding levels. The Committee continues to strongly support this program and eagerly awaits evaluations and findings from these demonstrations. The Committee will consider future funding for these activities as appropriate. Excluding funding for the Innovative Approaches to Foster Care program, while still maintaining program support cost in fiscal year 2015, the Committee recommendation represents a \$7,800,000 increase over the comparable fiscal year 2014 level.

National Survey of Child and Adolescent Well-Being.—The Committee recommendation includes funding within this program for HHS to resume the National Survey of Child and Adolescent Well-Being, including enrolling a new cohort of children. The budget request included funding for this activity in Social Services and In-

come Maintenance Research. This survey provides critical, nationally representative, longitudinal data on children who have been involved in State child protective services programs. This helps examine the current characteristics and needs of children and families involved with child protective services, and evaluate the impact of interventions to improve child and family well-being.

Improving Services for Older Youth in the Child Welfare And Foster Care Systems.—The Committee strongly supports ACF's current efforts throughout appropriate programs to improve services, and the coordination of services, for older youth in the child welfare system and youth aging out, and who have recently aged-out, of the foster care system. Children aging out foster care face an abrupt transition and are at high-risk of becoming homeless, unemployed, and involved in the criminal justice system, among other negative outcomes. Improving the quality of services available to youth aging out of foster care, including the coordination of existing services, can help improve outcomes for these particularly vulnerable youth and reduce total costs to the Government. In addition, as HUD explores efforts to improve housing services for youth aging out of foster care, including through their Family Unification Program for youth, the Committee strongly encourages HHS and HUD to work together to improve the coordination of their programs and services at the Federal and local level. The Committee recommendation includes sufficient funding within this program to support any HUD demonstrations.

The Committee directs HHS to provide a briefing to the Committee on Appropriations of the Senate on current and planned activities to improve the coordination of housing and both HHS' funded foster care and child welfare services. In addition, HHS should include information on any such activities in their fiscal year 2016 CJ.

Intergenerational Approaches for At-Risk Youth and Families.—The Committee continues to encourage ACF to work with ACL and other HHS agencies to evaluate intergenerational approaches for improving outcomes for at-risk youth and families. The Committee is aware of promising housing initiatives now using the intergenerational approach to improve outcomes for vulnerable youth, families, and seniors. The Committee strongly encourages HHS to use existing discretionary resources for such place-based efforts, and to work with HUD in doing so.

Adoption Opportunities

The Committee recommends \$42,622,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

Intensive Child-Focused Adoptive Parent Recruitment.—Within the total, the Committee recommendation includes \$6,000,000, a \$2,000,000 increase over the fiscal year 2014 comparable level, for discretionary grants to test intensive and exhaustive child-focused adoptive parent recruitment strategies for children in foster care. Such intensive recruitment strategies have been shown to move foster youth into permanent families at a much higher rate than

traditional recruitment approaches. These programs should focus on children that are hardest to place because of age, disability, or sibling group membership.

The Committee is also aware of effective faith-based initiatives that increase the number of suitable, available foster families by recruiting from within the faith community and encourages the Adoption Opportunities program to support faith-based initiatives with expertise in the recruitment of foster and adoptive parents.

Adoption Incentives

The Committee recommends \$37,943,000 for the Adoption Incentives program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

Social Services and Income Maintenance Research

The Committee recommends \$6,762,000 for Social Services and Income Maintenance Research. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

Reducing Child Poverty.—The Committee recommendation includes \$1,000,000 for the Secretary to enter into an agreement with the National Academy of Sciences to study current efforts aimed at reducing poverty, and propose recommendations with the goal of reducing child poverty by half in 10 years.

Native American Programs

The Committee recommends \$46,520,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including no less than \$4,000,000 for Native American language nests and survival schools, as authorized by sections 803C(b)(7)(A)–(B) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006. In addition, the Committee directs ACF to coordinate with the Department of Education in administering these funds.

Community Services Block Grant

The Committee recommendation includes \$667,957,000 for the Community Services Block Grant [CSBG]. The CSBG is a formula grant to States and Indian tribes to provide a wide range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

The Committee again rejects the administration's proposed cut to the CSBG and continues to strongly support this program, which

provides critical and flexible funding for local organizations that fight poverty and serve as a central source of assistance for low-income populations at the local level.

Community Economic Development

The Committee recommendation includes \$29,585,000 for the Community Economic Development [CED] program. This program provides grants to community development corporations to support employment and business development opportunities for low-income individuals. Within the total for the CED program, the Committee recommendation includes up to \$10,000,000 for the Healthy Food Financing Initiative [HFFI], the same as the comparable fiscal year 2014 funding level.

Rural Community Facilities

The Committee recommendation includes \$5,912,000 for the Rural Community Facilities program. This program provides grants to regional nonprofit organizations to provide training and technical assistance to low-income rural communities in developing and managing safe and affordable water and wastewater treatment facilities. These funds support projects in communities that generally cannot access resources and services through similar programs at the Department of Agriculture and the Environmental Protection Agency.

Assets for Independence

The Committee recommendation includes \$18,950,000 for the Assets for Independence [AFI] program. The AFI program provides discretionary grants to organizations to support individual development accounts that encourage low-income individuals to create savings accounts for dedicated purposes, such as buying a home, paying for college, or starting a business.

In addition, the Committee recommendation includes new bill language requested by the administration that will allow HHS to recapture unused funds by grantees and reallocate them to new or existing projects. AFI grantees are required to match individual savings with equal amounts of Federal and non-Federal funds. Grantees have 5 years to expend funds but some have struggled to encourage enough savings or to provide a sufficient match to be able to expend their full grant during that time.

National Domestic Violence Hotline

The Committee recommendation includes \$4,500,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

Family Violence Prevention and Services

The Committee recommendation includes \$134,521,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for victims of domestic violence and their dependents.

The Committee recommendation includes an increase to help improve access to services for victims of domestic violence. According to a 2013 survey, on any given day about 67,000 victims of domestic violence receive services by local domestic violence shelters and programs. However, on top of that approximately 10–15 percent of requests for services have to be turned down, the majority of which are requests for emergency shelter and transitional housing, because of a lack of resources.

Chafee Education and Training Vouchers

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and FEMA contacts in order to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$202,201,000 for the Federal costs of administering ACF programs. This amount includes continued support for the Center for Faith-Based and Neighborhood Partnerships.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2014	\$379,925,000
Budget estimate, 2015	404,765,000
Committee recommendation	404,765,000

The Committee recommends \$404,765,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act and \$59,765,000 in discretionary appropriations.

This program supports activities that can prevent the emergence of family crises that might require the temporary or permanent removal of a child from his or her home. Grants allow States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2014	\$4,805,914,000
Budget estimate, 2015	4,832,000,000
Committee recommendation	4,832,000,000

The Committee recommends \$4,832,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$2,300,000,000 in advance mandatory funding for the first quarter of fiscal year 2016. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

Over-Prescription of Psychotropic Medications for Children in Foster Care.—The Committee strongly supports the administration’s initiative to reduce inappropriate prescribing of psychotropic medications among children and youth in foster care through Medicaid. Children in foster care are prescribed psychotropic medications at rates far higher than rates for other children served by Medicaid. The administration’s proposal would support States’ efforts to test and increase the use of evidence-based psychosocial interventions and treatment of trauma and mental health disorders experienced by foster and adopted youth. Such efforts should strive to not only reduce inappropriate prescribing of psychotropic medication but to increase positive outcomes for foster and adopted youth. Further, HHS should continue to evaluate how current non-medical child welfare policies might be contributing to the over-medication of foster youth.

National Responsible Fatherhood Registry.—The Committee encourages HHS to examine establishing a national responsible fatherhood registry. Such registries currently exist in 34 States and help expedite the stable placement of children with adoptive families. A national registry could help coordinate State-level registries and provide further assurances in the adoption process.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2014	\$1,683,208,000
Budget estimate, 2015	1,722,839,000
Committee recommendation	1,703,919,000

The Committee recommends an appropriation of \$1,703,919,000, for the Administration for Community Living [ACL], which includes \$52,115,000 in Medicare trust funds. The Committee recommendation also includes \$27,700,000 be transferred to ACL from the PPH Fund. The Committee recommendation again reflects a consolidated account structure for ACL, which was established by HHS in April 2012 by combining the organizational components of Administration on Aging, the HHS Office on Disability, and the Administration on Developmental Disabilities.

ACL was created with the goal of increasing access to community supports for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] and the Developmental Disabilities Act, as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities.

The Committee recognizes that the United States is home to over 100,000 Holocaust survivors, approximately 25 percent of whom live in poverty and are likely to have complex physical and mental health needs. The Committee urges ACL to prioritize this population within its existing programs, which provide a wide range of supportive and community-based services to assist seniors to age with dignity in their homes and communities. The Committee encourages ACL to continue working with survivors, their families, and the various organizations that serve this population, in order to generate innovative approaches to supporting this extremely vulnerable population.

Home- and Community-Based Supportive Services

The Committee recommends an appropriation of \$347,724,000 for the Home- and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance such as personal care and homemaker assistance. The Committee directs ACL to work with States to prioritize innovative service models, like naturally occurring retirement communities [NORCs], which help older Americans remain independent as they age. The Committee notes that NORCs, and similar settings, are a more cost-effective alternative to long-term care that enables older Americans to be more engaged in their communities while living at home.

Preventive Health Services

The Committee recommends \$19,848,000 for Preventive Health Services. This program funds activities such as medication manage-

ment and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

Protection of Vulnerable Older Americans

The Committee recommends \$20,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

The Committee urges the Long-term Care Ombudsman program to include ombudsman training on the possible dangers of chemical and physical restraints, including portable adult bedrails, and how to safely minimize their use.

National Family Caregiver Support Program

The Committee recommends \$151,106,000 for the National Family Caregiver Support program. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

Native American Caregiver Support Program

The Committee recommendation includes \$6,031,000 to carry out the Native American Caregiver Support program. This program provides grants to tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee recommends an appropriation of \$438,191,000 for congregate nutrition services and \$216,397,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

Nutrition Services Incentives Program

The Committee recommendation includes \$154,211,000 for the Nutrition Services Incentives Program [NSIP], which is consistent with the fiscal year 2014 comparable level after accounting for the HHS transfer to USDA for the program. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and tribes may choose to receive all or part of their funding in the form of commodities from the USDA.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$26,158,000 for grants to Native Americans. This program provides grants to eligible tribal organizations for the delivery of nutrition and supportive services to Native Americans. The Committee encourages ACL to coordinate with the HHS Interagency Council on Native American Affairs to improve tribal consultation on issues that affect Indian older individuals and aging.

Aging Network Support Activities

The Committee recommends \$7,442,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

Improving Transportation for Older Americans.—The Committee is aware of the growing need for transportation services for older Americans and urges ACL to support efforts that encourage private-public partnerships to carry out section 416 of the OAA.

Alzheimer's Disease Demonstration Grants to States

The Committee recommendation includes \$3,790,000 for Alzheimer's Disease Demonstration Grants to States. This program funds competitive grants to States to test and implement new models of care for individuals with Alzheimer's disease.

Alzheimer's Disease Initiative

The Committee recommends \$14,700,000 in mandatory funding be transferred from the PPH Fund to ACL for the Alzheimer's Disease Initiative. Of the total, \$10,500,000 is provided to expand the availability of home- and community-based dementia services and supports. The remaining \$4,200,000 is provided for a public awareness outreach campaign regarding Alzheimer's disease.

Lifespan Respite Care

The Committee recommends \$2,354,000 for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease with managing their conditions and improving their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee recommends that \$5,000,000 be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement. The Committee intends that these funds should be used in coordination with CDC for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

Elder Justice Initiative

The Committee is very concerned that the negative effects of abuse, neglect, and exploitation of seniors continue to grow as the population of elder Americans increases. Research has demonstrated that older victims of even modest forms of abuse have significantly higher morbidity and mortality rates than non-abused older people and that additional adverse health impacts include an increased likelihood of heart attacks, dementia, depression, chronic diseases, and psychological distress. According to a national incidence study, 84 percent of all elder abuse incidents go unreported, meaning that for every reported case of abuse there are over five that go unreported.

The Committee recommendation includes \$10,000,000 for a new Elder Justice Initiative. This new program, authorized in the Elder Justice Act, will provide competitive grants to States to test and evaluate innovative approaches to preventing and responding to elder abuse. The Committee urges ACL to test innovative practices that develop partnerships across disciplines for the prevention, investigation, and prosecution of abuse, including financial abuse against the elderly. Funds will also be used to support the implementation of a nationwide Adult Protective Service data system, research to translate promising interventions from other violence prevention areas to elder abuse, and evaluations of the effectiveness of the intervention. The Committee directs ACL to coordinate the new initiative with the full scope of its Protection of Vulnerable Adults programs that are also designed to prevent, detect, and respond to elder abuse, neglect, and exploitation.

Senior Medicare Patrol

The Committee recommends \$8,888,000 for the Senior Medicare Patrol program. These funds support a network of retired senior

volunteers who educate older adults on preventing and identifying healthcare fraud and abuse.

Elder Rights Support Activities

The Committee recommends \$3,864,000 for Elder Rights Support activities. This activity supports programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommendation includes \$6,104,000 for ADRCs. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence. The Committee urges ACL to improve coordination among ADRCs, area agencies on aging, and centers for independent living to ensure that there is “no wrong door” to access services.

State Health Insurance Assistance Program

The Committee recommendation includes \$52,115,000 for State Health Insurance Assistance Programs [SHIPs], which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

Community Service Employment for Older Americans

The budget request proposes moving the CSEOA program to ACL. The Committee continues to reject that change and provides funding for this program in the Department of Labor.

Paralysis Resource Center

The Committee recommendation includes \$6,683,000 for the Paralysis Resource Center [PRC], which provides comprehensive information and referral services to people living with paralysis and their families. The Committee is pleased that the funding and administrative transfer of the PRC from CDC to ACL was executed smoothly. The Committee believes the PRC will benefit from ACL’s goals of maximizing the independence and well-being of people with disabilities, as well as its ties to disability networks.

Limb Loss

The Committee provides \$2,800,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss [PWLL] and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. The Committee transfers the funding and administrative responsibility for the Limb Loss Program from CDC to ACL in fiscal year 2015. The Committee believes that the program is better aligned with the ACL mission of increasing the independence and well-being of people with disabilities.

The Committee urges ACL to work with CDC on a smooth transition of the program, which ensures that support for current grantees is continued in fiscal year 2015. In particular, the Com-

mittee supports the work of grantees that provide communities with health promotion training by disseminating effective strategies for disability service providers and by mobilizing national networks to encourage a healthier lifestyle for Americans with disabilities.

Developmental Disabilities State Councils

The Committee recommendation includes \$71,692,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Developmental Disabilities Protection and Advocacy

The Committee recommendation includes \$38,634,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

Voting Access for Individuals with Disabilities

The Committee recommendation includes \$4,963,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommendation includes \$8,857,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

Human Services Transportation.—The Committee recommendation includes \$1,000,000 for a competitive grant or contract for the purpose of providing generally available technical assistance to local government and nonprofit transportation providers. This assistance should focus on the most cost-effective ways to provide transportation assistance to all persons of any age with disabilities. The activities should be limited to onsite technical assistance, establishment of a technical assistance Web site, a toll free hotline and preparation of technical material. In addition, because of rising fuel prices, such technical assistance should include expanding the use of accessible, fuel-efficient taxi service for persons with disabilities and those receiving dialysis.

University Centers for Excellence in Developmental Disabilities

The Committee recommendation includes \$37,674,000 for University Centers for Excellence in Developmental Disabilities [UCEDDs]. The UCEDD program supports a network of 67 university-based centers that conduct research, provide interdisciplinary education, and develop model services for children and adults with disabilities. The centers serve as the major vehicle to translate disability-related research into community practice and to train the next cohort of future professionals who will provide services and supports to an increasingly diverse population of people with disabilities. Within the amount appropriated for UCEDD, the Committee provides no less than the fiscal 2014 level for technical assistance for the UCEDD network.

Program Administration

The Committee recommends \$30,035,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities. Due to budget constraints, the Committee recommendation does not include funding for several new initiatives that were requested by the administration, including Youth Transitions, Holocaust Survivors Fund, and the White House Conference on Aging.

The Committee understands that ACL is committed to supporting a Conference on Aging in fiscal year 2015 to engage older adults, family caregivers, aging services providers, policy makers and advocates at the Federal, State and local level. Given the current funding environment, the Committee does not provide new funding for the conference but encourages ACL to utilize existing resources with other agencies within HHS, in the White House, and across the Federal Government in creating and supporting this conference.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2014	\$525,924,000
Budget estimate, 2015	509,722,000
Committee recommendation	507,526,000

The Committee recommends \$507,526,000 for General Departmental Management [GDM]. The recommendation includes \$64,828,000 in transfers available under section 241 of the PHS Act.

This appropriation supports activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [ASH], including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Adolescent Health.—The Committee supports the efforts of the Office of Adolescent Health [OAH] to improve health and reduce risky behaviors among adolescents. The recommendation includes not less than \$2,000,000 for OAH to coordinate activities within the Department with respect to adolescent health, including program design and support, trend monitoring and analysis, research projects, the training of healthcare professionals, and demonstration projects to improve adolescent health.

Antimicrobial Resistance.—The Committee commends the work of the Interagency Task Force on Antimicrobial Resistance, but is concerned that its action plan is missing measurable benchmarks and completion deadlines. The Committee urges the Secretary to designate an office and director within the ASH or the Assistant Secretary for Preparedness and Response to lead the task force and coordinate the Federal response. The Committee further recommends that the task force establish an advisory body of non-government antimicrobial resistance experts to help set priorities and provide expert input on a routine basis.

Chronic Pain.—The Committee notes the significant public health and economic burden of chronic pain, and is encouraged by the Department's charge to the NIH Interagency Pain Research Coordinating Committee to develop a comprehensive population health-level strategy for pain prevention, treatment, and education that includes specific goals, actions and timeframes. The Committee urges the Department to finalize and promptly implement this strategic plan. Further, the Committee recommends that chronic pain be included in the Healthy People 2020 and 2030 initiatives.

Clinical Data Registries.—The Committee notes that the requirements of the Federal Policy for the Protection of Human Subjects, otherwise known as the "Common Rule," for protecting identifiable patient information substantially overlap with the stricter, more comprehensive requirements of the regulations issued under the Health Insurance Portability and Accountability Act of 1996

[HIPAA]. In order to facilitate the development of clinical data registries, as well to avoid unnecessary regulatory burden and duplication of effort, the Committee encourages the Office of Human Research Protection to consider adopting an exception to the Common Rule for circumstances where individuals or entities are collecting identifiable patient information, but are not engaged in direct human subjects intervention or interaction, and those individuals or entities are following all the applicable HIPAA with respect to protecting the privacy and security of such information.

Diabetes Clinical Care Commission.—The Committee encourages the Secretary to convene a commission comprised of healthcare providers, patient advocates and Federal agencies that operate programs that impact the care of people with pre-diabetes and diabetes. The goal of such a commission would be to make recommendations about developing improved clinical resources and tools, innovative care models, quality measures and registries, diabetes screening programs and other prevention and care activities.

Effects of Marijuana.—The Committee notes the heightened interest in the legalized use of marijuana, including the medical use for children and adolescents with serious conditions such as epilepsy. The Committee recommendation includes \$800,000 for an IOM study that reviews the current science on the effects of marijuana on the developing brain. This study should summarize the current research and scientific findings relating to the effects of marijuana use on: IQ levels, school performance, memory, problem solving, motor coordination, as well as any other possible adverse effects on the developing brain in children and adolescents. The study should also note where gaps exist in the research and recommend priorities for further study.

Food Allergies in Schools.—The Committee notes that deaths from anaphylactic reactions to food allergens are entirely preventable. Nevertheless, these tragedies continue to occur when epinephrine is not readily accessible for prompt administration. The Committee urges the Department to support the purchase of epinephrine for use in schools as well as the implementation of CDC's food allergy school guidelines published last year.

Sports-Related Injuries.—The Committee encourages the Department to investigate the development of new and better standards for testing sports equipment that is supported through independent research, governance, and industrial independence. These standards should actually replicate on-field impacts and produce testing data for “worst-practical-impact” conditions. Such standards will lead to research and development of new safety equipment to ensure that athletes have state-of-the-art gear that significantly reduces injuries.

Traumatic Brain Injury [TBI].—The Committee notes that TBI is a leading cause of death and disability worldwide, especially in children and young adults ages 1 to 44. The Secretary is encouraged to support the development and implementation of multidisciplinary approaches to the rapid evaluation and diagnosis of injured patients who may have TBI, as well as the development of early intervention and treatment protocols for use in preventing TBI and improving patient outcomes.

Viral Hepatitis.—The Committee recognizes the tremendous health and financial burden of viral hepatitis. With the introduction of new screening guidelines and technology, as well as new treatment options, the Department has an unprecedented opportunity to address this national health problem. The Committee encourages HHS to continue to implement the Action Plan on Viral Hepatitis and to ensure that all appropriate agencies are actively involved and coordinated.

Teen Pregnancy Prevention

The Committee recommendation includes \$107,800,000 for the Teenage Pregnancy Prevention program. The recommendation includes \$6,800,000 in transfers available under section 241 of the PHS Act. The Committee provides \$101,000,000 in funding for this activity through budget authority, rather than through transfers from the PPH Fund as requested by the administration. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

Office of Minority Health

The Committee recommends \$49,004,000 for OMH. This Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals.

The Committee recommendation includes \$2,000,000 to continue the national health education program on lupus for healthcare providers, with the goal of improving diagnosis for those with lupus and reducing health disparities. The Committee continues to strongly support this program, which is intended to engage healthcare providers, educators, and schools of health professions in working together to improve lupus diagnosis and treatment through education.

Abstinence Education

The Committee recommendation does not include funding for abstinence education. Instead of funding a separate program for this purpose, the Committee continues to strongly support the Teen Pregnancy Prevention program, which funds evidence-based strategies to reduce teen pregnancy, including those that emphasize abstinence.

Office of Women's Health

The Committee recommends \$31,965,000 for OWH. This office develops, stimulates, and coordinates women's health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, in order to address the disparities in women's health.

The Committee recommendation includes \$3,100,000 to continue the violence against women state partnership initiative. This program provides funding to state-level public and private health pro-

grams to partner with domestic and sexual violence organizations to improve healthcare providers' ability to help victims of violence and improve prevention programs.

Menopause.—The Committee sees the value of physician and patient education regarding the unique health needs of millions of American women who are undergoing menopause today and the 25 million women who will experience its impact in the next decade. The Committee encourages OWH to find new ways of improving the health of this growing segment of the U.S. population.

HIV/AIDS in Minority Communities

The Committee recommends \$52,093,000 to address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS. The Committee provides funding for this activity through budget authority, rather than through transfers available under section 241 of the PHS Act as requested by the administration. These funds are available to key operating divisions of the Department with expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

Embryo Donation and Adoption

The Committee does not provide funding for embryo donation and adoption awareness activities. The Committee notes that this program has had a limited number of applicants since its inception and the administration has been unable to demonstrate its effectiveness.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2014	\$82,381,000
Budget estimate, 2015	100,000,000
Committee recommendation	90,000,000

The Committee provides \$90,000,000 for OMHA. This Office is responsible for hearing Medicare appeals at the administrative law judge level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an administrative law judge.

Appeals Backlog.—The Committee continues to be concerned over the substantial backlog in the number of cases pending before the administrative law judges at OMHA and the 2 year moratorium on assigning new cases. The Committee directs OMHA to use the additional funds provided to address the current backlog and to increase its capacity to process the rising caseload. The Committee requests a report no later than 90 days after enactment of this act describing the plan to resolve the current and future backlog at OMHA.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2014	\$60,325,000
Budget estimate, 2015	74,688,000
Committee recommendation	61,474,000

The Committee makes available \$61,474,000 to ONC. The Committee provides funding for ONC entirely through budget authority, rather than through both budget authority and transfers available under section 241 of the PHS Act. ONC is responsible for promoting the use of electronic health records in clinical practice, coordinating Federal health information systems, and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Information Blocking.—The Committee urges ONC to use its certification program judiciously in order to ensure certified electronic health record technology [CEHRT] provides value to eligible hospitals, eligible providers and taxpayers. The Committee believes ONC should use its authority to certify only those products that clearly meet current meaningful use program standards and that do not block health information exchange. ONC should take steps to decertify products that proactively block the sharing of information because those practices frustrate congressional intent, devalue taxpayer investments in CEHRT, and make CEHRT less valuable and more burdensome for eligible hospitals and eligible providers to use. The Committee requests a detailed report from ONC regarding the extent of the information blocking problem, including an estimate on the number of vendors or eligible hospitals or providers who block information. This detailed report should also include a comprehensive strategy on how to address the information blocking issue.

Interoperability.—The Committee directs the Health IT Policy Committee to submit a report to the Senate Committees on Appro-

priations and Health, Education Labor, and Pensions no later than 12 months after enactment of this act regarding the challenges and barriers to interoperability. The report should cover the technical, operational and financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, as well as any other barriers identified by the Policy Committee.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2014	\$71,000,000
Budget estimate, 2015	75,000,000
Committee recommendation	71,000,000

The Committee recommends an appropriation of \$71,000,000 for the HHS OIG. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 provides a permanent appropriation of \$240,455,000 for OIG.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department’s operating and staff divisions, including the recipients of the Department’s grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department’s programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2014	\$38,798,000
Budget estimate, 2015	41,205,000
Committee recommendation	38,798,000

The Committee recommends \$38,798,000 for OCR, which is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2014	\$540,429,000
Budget estimate, 2015	562,241,000
Committee recommendation	562,241,000

The Committee provides an estimated \$562,241,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service [PHS]. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2014	\$1,251,094,000
Budget estimate, 2015	1,437,813,000
Committee recommendation	1,389,813,000

The Committee recommends \$1,389,813,000 for the Public Health and Social Services Emergency Fund. This appropriation supports the activities of ASPR and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department's cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee recommendation includes \$1,198,085,000 for activities administered by ASPR. This Office was created by the Pandemic and All-Hazards Preparedness Act [PAHPA] to lead the Department's activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

Hospital Preparedness Program

The Committee's recommendation includes \$254,555,000 for the Hospital Preparedness Program [HPP]. This program provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. HPP funds have been used to facilitate preparedness and response activities associated with the recent deadly meningitis outbreak, Hurricane Sandy, the whooping cough epidemic in Washington State, the Boston Marathon bombing, as well as the devastation caused by numerous tornadoes and flooding. The Committee believes this funding should continue to provide our nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies that are inevitable in our nation's communities.

Allocation of Funds.—The Committee urges ASPR and States grantees to be strategic about allocation of HPP funds. Under current structures, States may allocate funds to as many healthcare coalitions as they deem appropriate. ASPR is encouraged to communicate to grantees the minimum standards a healthcare coalition must meet to be qualified under the program. ASPR should also provide oversight and technical assistance to ensure coalitions are meeting those standards and States are subgranting funds appropriately.

Local Health Departments.—The Committee seeks to understand how State HPP funding is distributed at the local level. ASPR is encouraged to require States to report how much of their Federal HPP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.

Emergency System for Advance Registration of Volunteer Health Professionals [ESAR VHP]

The Committee recommendation includes \$505,000 for the ESAR VHP program, which has established a national network of health professionals who provide assistance during an emergency. Funding will provide technical support to States to continue the program's mission.

Biomedical Advanced Research and Development

The Committee recommendation includes \$415,000,000 for advanced research and development. The Committee recommendation does not include language or funding for the Strategic Investor initiative as requested by the administration.

The Committee recommendation includes \$94,000,000, an increase of \$15,000,000 above the budget request, for BARDA's Broad Spectrum Antimicrobials program. The Committee applauds the agency for establishing public-private partnerships that have served to invigorate the antibacterial pipeline. The Committee notes that BARDA has eight drug candidates under development that may hold promise for combating drug resistance, including two that may be used for fighting carbapenem-resistant enterobacteriaceae [CRE] infections, which are caused by bacteria that are resistant to all or nearly all antibiotics and can kill up to half of people who get them. The Committee expects BARDA to continue to use its other transactional authority, as granted by PAHPA, to the maximum extent possible to further its work in this area.

Medical Countermeasure Dispensing

The Committee recommendation does not include funding for the Medical Countermeasure Dispensing program, consistent with the administration request. The Committee notes that prior year balances exist to support any remaining program costs in fiscal year 2015.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$407,000,000 for the Project BioShield SRF. The Committee is committed to ensuring the nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The Committee recognizes a public-private partnership to develop medical countermeasures [MCMs] is required to successfully prepare and defend the nation against these threats. Where there is little or no commercial market, the Committee supports the goal of Government financing providing a market guarantee.

The Committee notes that it has still not received the 5-year spend plan for the MCM enterprise as requested in last year's Senate Committee report 113-71, and as required by Public Law 113-5, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 [PAHPRA]. The Committee had expected to receive this spend plan earlier this year so it could inform its allocation of resources between the various components of the Public Health Emergency Medical Countermeasures Enterprise [PHEMCE]. Due to tight budgetary constraints, the Committee has had to make dif-

difficult decisions regarding how best to allocate funds. The Committee notes that since BioShield's inception, several new countermeasures have been purchased for the SNS, such as a newer, safer smallpox vaccine, yet the Office of Public Health Preparedness and Response at CDC has not received any additional resources for management of these new products once they are added to the SNS. The Committee has redirected a portion of BioShield's funds to the SNS in recognition of the increased costs of managing these new countermeasures, along with the budgetary challenges of replacing expiring products already in the SNS.

The Committee requests that the Department submit the aforementioned plan as soon as possible. This plan should inform prioritization of resources, identify MCM life-cycle management costs, and outline how BARDA proposes to spend the \$2,800,000,000 authorized in PAHPRA for the SRF in fiscal years 2014–2018 if fully appropriated.

Other Activities

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations*.—\$31,305,000;
- Preparedness and Emergency Operations*.—\$24,789,000;
- National Disaster Medical System*.—\$50,054,000; and
- Policy and Planning*.—\$14,877,000.

Office of the Assistant Secretary for Administration

The Committee recommends \$45,270,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of the Assistant Secretary for Health

The Committee recommendation includes \$8,979,000 for the Medical Reserve Corps program in ASH. This program is a national network of local volunteers who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

Office of the Secretary

The Committee recommendation includes \$137,479,000 for activities within the Office of the Secretary.

Pandemic Influenza Preparedness

The Committee recommendation includes \$130,009,000 for Pandemic Influenza Preparedness. Of the total, \$30,009,000 is provided in annual funding and \$100,000,000 in no-year funding.

The Committee strongly supports ASPR's International Influenza Vaccine Manufacturing program and has included \$15,000,000 in annual pandemic influenza funding for this purpose. Since its establishment in 2006, ASPR has obligated \$59,700,000 for this program, which helps developing countries build and operate in-country vaccine manufacturing facilities. The goal for this program is that by 2015, developing country vaccine manufacturers will have

the capacity to produce 500 million doses of pandemic vaccine annually. Achieving this goal will not only increase access to vaccines in developing countries, thus reducing the potential impact of a pandemic, but will also significantly reduce demand for pandemic vaccine produced by more developed countries such as the United States.

Office of Security and Strategic Information

The Committee includes \$7,470,000 for the Office of Security and Strategic Information to maintain the security of the Department's personnel, systems, and critical infrastructure.

PREVENTION AND PUBLIC HEALTH FUND

The PPH Fund was created in the ACA and provides \$14,500,000,000 in mandatory funds over the next 10 years to supplement investments in public health and prevention. The Committee strongly believes that additional resources for prevention will improve people's health and reduce healthcare costs over the long term. Recognizing the Committee's responsibility to determine funding levels for community-based prevention and public health programs, the ACA specifically gives the Committee authority to transfer funds into Federal programs that support the goal of making America healthier.

In fiscal year 2015, the level transferred from the fund after accounting for sequestration is \$927,000,000. The Committee includes bill language in section 220 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

Agency	Account	Program	Committee recommendation
CDC	Immunization and Respiratory Diseases	Section 317 Immunization Grants	\$160,300
CDC	Emerging and Zoonotic Infectious Diseases.	Antimicrobial resistance	30,000
CDC	Emerging and Zoonotic Infectious Diseases.	Epidemiology and Laboratory Capacity Grants.	40,000
CDC	Emerging and Zoonotic Infectious Diseases.	Healthcare Associated Infections	12,000
CDC	Chronic Disease Prevention and Health Promotion.	Office of Smoking and Health (Tobacco Prevention/Media & Quit Lines).	121,000
CDC	Chronic Disease Prevention and Health Promotion.	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	13,000
CDC	Chronic Disease Prevention and Health Promotion.	Million Hearts Program	4,000
CDC	Chronic Disease Prevention and Health Promotion.	Racial and Ethnic Approaches to Community Health (REACH).	30,000
CDC	Chronic Disease Prevention and Health Promotion.	Nutrition, Physical Activity, & Obesity Base Activities.	35,000
CDC	Chronic Disease Prevention and Health Promotion.	Heart Disease & Stroke Prevention Program.	73,000
CDC	Chronic Disease Prevention and Health Promotion.	Diabetes	73,000
CDC	Chronic Disease Prevention and Health Promotion.	Cancer Prevention & Control	104,000
CDC	Chronic Disease Prevention and Health Promotion.	Workplace Wellness	10,000
CDC	Chronic Disease Prevention and Health Promotion.	Early Care Collaboratives	4,000
CDC	Environmental Health	Lead Poisoning Prevention	18,000

Agency	Account	Program	Committee recommendation
CDC	CDC-Wide Activities	Preventive Health and Health Services Block Grants.	160,000
SAMHSA	Mental Health	Suicide Prevention (Garrett Lee Smith)	12,000
ACL	Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach.	14,700
ACL	Aging and Disability Services Programs	Chronic Disease Self Management	8,000
ACL	Aging and Disability Services Programs	Falls Prevention	5,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill modifies a provision limiting the use of certain grant funds to pay individuals more than an annual rate of executive level II.

Section 203. The Committee recommendation continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees of the House and Senate on the proposed use of funds.

Section 204. The Committee recommendation continues a provision authorizing the transfer of up to 2.5 percent of PHS Act funds for evaluation activities.

Section 205. The Committee recommendation continues a provision restricting transfers of appropriated funds and requires a 15-day notification to both the House and Senate Appropriations Committees.

Section 206. The Committee recommendation continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 207. The Committee recommendation retains language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the Institutes and Centers consistent with the AIDS research plan.

Section 208. The Committee recommendation continues a provision regarding requirements for family planning applicants.

Section 209. The Committee recommendation retains language which states that no provider services under title X of the PHS Act may be exempt from State laws regarding child abuse.

Section 210. The Committee recommendation retains language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 211. The Committee recommendation modifies a provision which facilitates the expenditure of funds for international health activities.

Section 212. The Committee recommendation continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 213. The Committee continues a provision that permits CDC and the Agency for Toxic Substances and Disease Registry to transfer funds that are available for Individual Learning Accounts.

Section 214. The Committee recommendation continues a provision permitting NIH to use up to \$3,500,000 per project for improvements and repairs of facilities.

Section 215. The Committee recommendation modifies a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 216. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 217. The Committee recommendation continues a provision requiring a publicly available Web site that details expenditures from the PPH Fund.

Section 218. The Committee recommendation continues a provision transferring mandatory funds from section 4002 of the Patient Protection and Affordable Care Act to accounts within the Department for activities outlined under the heading "Prevention and Public Health Fund" in this report.

Section 219. The Committee recommendation retains a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 220. The Committee recommendation retains a provision requiring CJs to include certain FTE information with respect to ACA.

Section 221. The bill retains a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 222. The bill includes a new provision changing the name of the National Center on Complementary and Alternative Medicine.

Section 223. The bill includes a new provision related to third party payments to NIH.

Section 224. The bill includes a modified provision related to ACA exchange funding transparency.

Section 225. The bill temporarily extends the authorization for certain sections of the Autism and Other Developmental Disorders program (section 399BB of the Public Health Service Act), which sunsets at the end of fiscal year 2014 under current law.

Section 226. The bill includes a new provision expanding ClinicalTrials.gov to include information on federally funded Phase I clinical trials.

TITLE III
DEPARTMENT OF EDUCATION
EDUCATION FOR THE DISADVANTAGED

Appropriations, 2014	\$15,552,693,000
Budget estimate, 2015	15,347,546,000
Committee recommendation	15,566,226,000

The Committee recommends an appropriation of \$15,566,226,000 for education for the disadvantaged.

The President’s budget was based on the administration’s proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

The programs in the Education for the Disadvantaged account help ensure that poor and low-achieving children are not left behind in the Nation’s effort to raise the academic performance of all children and youth. Funds appropriated in this account primarily support activities in the 2015–2016 school year.

Grants to Local Educational Agencies

Title I Grants to LEAs provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of schoolwide programs, help all students in high-poverty schools meet challenging State academic standards. Title I Grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant.

The Committee recommends \$14,434,802,000 for the Title I Grants to LEAs program. Of the funds available for Title I Grants to LEAs, up to \$3,984,000 shall be available on October 1, 2014 for transfer to the Census Bureau for poverty updates; \$4,685,762,000 will become available on July 1, 2015; and \$10,841,177,000 will become available on October 1, 2015. The funds that become available on July 1, 2015, and October 1, 2015, will remain available for obligation through September 30, 2016.

The Committee notes that the biggest barrier for homeless children and youth attempting to enroll in and attend school regularly is the lack of transportation. The Committee bill continues a provision that was included in last year’s bill clarifying that title I funds may be used to address this transportation issue, as well as support homeless liaisons. The Committee is very disappointed in the Department’s implementation of last year’s bill and understands that the Department will provide further clarification related to the use of title I funds for serving homeless students. The Committee expects the Department to provide it with drafts of any documents used in implementation of this provision prior to their release.

The Committee is aware that integrated student supports has been identified as a promising approach to promoting academic achievement and educational attainment by coordinating, through a site coordinator, a seamless system of wraparound supports for the student, the family and school, to target academic and non-academic barriers to student learning. The Committee notes that guid-

ance on use of title I funds states that title I funds may be used to hire a coordinator to facilitate the delivery of health, nutrition, and social services to the school's students in partnership with local service providers. The Committee requests the Department to further clarify and broadly communicate that title I funds may, under current law, be used for these activities.

School Improvement Grants

The Committee recommendation includes \$505,756,000 for the SIG program.

The Committee continues authorities provided by prior appropriations acts that address several issues. First, it continues the expansion of the number of schools that may receive funds through the program. This language allows schools to be eligible for SIG if they are eligible for title I and have not made adequate yearly progress for at least 2 years or are in the State's lowest quintile of performance based on proficiency rates. Second, States may make subgrants of not more than \$2,000,000 to each participating school for an award period of 5 years. A set-aside of up to 5 percent of the SIG appropriation may be used for national activities. Schools that receive SIG funds have the flexibility to choose and implement a research-proven, whole-school reform program and SEAs, with the approval of the Secretary, have the ability to establish an alternative State-determined school improvement strategy that may be used by LEAs. The purpose of this alternative strategy is to allow SEAs to develop their own flexible models that can be implemented by LEAs that receive SIG funds.

The Committee expects that any approach taken with SIG funds should address: schoolwide factors, whole school culture, the individual needs of the students, and the use of data to inform instruction and provide continuous improvement; ensure that the needs of the students are met through the organization of the school, curriculum and instruction, and social and emotional support services; and improve teacher and leader effectiveness, including through training and support for teachers and school leaders in school improvement efforts and in the needs of students.

The Committee also notes that interventions undertaken by priority schools in ESEA waiver States must align those interventions with certain principles, including redesigning the school day, week, or year to include additional time for student learning and teacher collaboration. In non-waiver States, this is a feature of the turnaround and transformation models. The Committee is strongly supportive of this principle and looks forward to learning more from SIG evaluations about the effects of such redesigns.

Striving Readers Comprehensive Literacy Program

The Committee recommends \$168,000,000 to continue the Striving Readers Comprehensive Literacy [SRCL] program.

The Committee bill includes language that continues the competitive portion of the program as it was established in the fiscal year 2010 appropriations act. The SRCL program is a birth-through-12th grade comprehensive initiative focused on data and assessment, systemic interventions, professional development, and explicit literacy instruction.

The Committee notes that the majority of students leave high school without the advanced reading and writing skills needed to succeed in college and a career. According to the 2013 NAEP, more than 60 percent of 12th grade students scored below the proficient level in reading achievement, and 25 percent scored below the basic level in reading. Many other students who struggle to read and write well make up a substantial portion of the 1.2 million students who leave high school without a diploma each year. States have acknowledged this challenge by improving standards to meet 21st century college- and career-ready demands. For students to learn and transition to college and professional careers, they must be literate. The SRCL program is the Federal Government's sole program dedicated to improving literacy achievement for low-income and low-performing students.

To strengthen State grantees' ability to significantly improve students' literacy skills, the Committee directs the Secretary to report to the Committee on Appropriations of the Senate within 60 days of enactment of this act on its policies and procedures for providing State grantees timely, and effective technical assistance and support. In addition, the implementation of SRCL provides an important opportunity to test, learn, and share effective policies and practices to strengthen student literacy. Therefore, the Committee continues to direct the Secretary to utilize the 5 percent set-aside for national activities to implement a national evaluation of the SRCL program.

Migrant Education Program

The Committee recommends \$374,751,000 for the title I Migrant Education program.

This funding supports grants to SEAs for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee recommends \$47,614,000 for the title I Neglected and Delinquent program.

This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

Evaluation

The Committee recommends \$680,000 for evaluation of title I programs.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is contributing to stu-

dent academic achievement. Funds also are used to evaluate State assessment and accountability systems and analyze the effectiveness of educational programs supported with title I funds.

In addition, the Committee bill continues a general provision in this title that clarifies the Department's authority to reserve up to 0.5 percent of each ESEA appropriation in the bill, except for titles I and III of the ESEA, for evaluation of ESEA programs funded in this act. The Department is required to provide the Senate Committees on Appropriations and HELP an operating plan describing the proposed uses of this evaluation authority as well as the source appropriation for such activities. In addition, not later than 45 days prior to the submission of the required operating plan, the Department shall brief the Senate Committees on Appropriations and HELP on the programs and activities being considered for inclusion in the plan. Further, the Committee expects the Department to include in future CJs a discussion of its planned use of this new authority.

High School Graduation Initiative

The Committee recommends no additional funds for the High School Graduation Initiative under title I, part H of the ESEA due to budget constraints.

The High School Graduation Initiative has provided competitive grants to LEAs or SEAs to implement effective high school graduation and reentry strategies in schools and districts that serve students in grades 6 through 12 and have annual school dropout rates that are above their State's average. Funds also have been used for certain national activities, including evaluation, technical assistance, and dissemination of information on effective programs and best practices.

Special Programs for Migrant Students

The Committee recommends \$34,623,000 for Special Programs for Migrant Students, which consist of HEP and CAMP.

HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military.

CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education.

PRESCHOOL DEVELOPMENT

Appropriations, 2014	\$250,000,000
Budget estimate, 2015	500,000,000
Committee recommendation	350,000,000

The Committee recommends \$350,000,000 to continue and expand the Preschool Development Grants program.

This program awards competitive grants to States to support their efforts to expand voluntary, high-quality preschool programs for 4-year-olds from low- and moderate-income families, including children with disabilities. Preschool Development Grants complement the administration’s Preschool for All proposal, which will provide matching mandatory funds to States for improving access to such high-quality preschool systems. The Department, in partnership with HHS, awards two types of grants, one for development grants to States with small or no State-funded preschool programs and another for expansion grants for States with larger State-funded preschool program or that have been awarded a Race to the Top—Early Learning Challenge grant. These grants help States address fundamental needs including workforce development, quality improvement efforts, comprehensive services and family engagement, and the scale-up of proven preschool models. The bill allows States to subgrant funds to LEAs and other early learning providers or consortia thereof. The Committee directs the Department to require any use of child assessments to conform to the recommendations and cautions of reports by the National Research Council on assessments of children. No funds may be used for construction.

This program, combined with investments in this bill in programs administered by HHS, will help improve the quality of early learning and development programs for ages birth through 5 and help close the achievement gap for children from low-income families.

IMPACT AID

Appropriations, 2014	\$1,288,603,000
Budget estimate, 2015	1,221,790,000
Committee recommendation	1,288,603,000

The Committee recommends \$1,288,603,000 for the Impact Aid program.

Impact Aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities.

Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education.

The Committee bill retains language that provides for continued eligibility for students affected by the deployment or death of their

military parent, as long as these children still attend schools in the same school district.

Basic Support Payments.—The Committee recommends \$1,151,233,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

Payments for Children With Disabilities.—The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under IDEA.

Facilities Maintenance.—The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction.—The Committee recommends \$17,406,000 for eligible LEAs for emergency repairs and modernization of school facilities.

The Committee recommendation includes bill language allowing these funds to be awarded entirely on a competitive basis and be available for obligation through September 30, 2016. The budget request proposes to award funds on a competitive basis. Last year's bill provided funds only under the formula portion of the program.

Payments for Federal Property.—The Committee recommends \$66,813,000 for Payments for Federal Property. These payments compensate LEAs in part for revenue lost due to the removal of Federal property from local tax rolls.

The Committee notes that the fiscal year 2014 act made a permanent law change to allow a district to carry its section 8002 eligibility to a new school district that was formed as a result of district consolidation. Therefore, such districts will receive payments supported by the fiscal year 2015 appropriation.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2014	\$4,397,391,000
Budget estimate, 2015	4,501,052,000
Committee recommendation	4,402,674,000

The Committee recommendation includes \$4,402,674,000 for the School Improvement Programs account.

The President’s budget was based on the administration’s proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, programs in this account are based generally on current law, as authorized under the ESEA.

State Grants for Improving Teacher Quality

The Committee recommends \$2,349,830,000 for State Grants for Improving Teacher Quality.

The appropriation for this program primarily supports activities associated with the 2015–2016 academic year. Of the funds provided, \$668,389,000 will become available on July 1, 2015, and \$1,681,441,000 will become available on October 1, 2015. These funds will remain available for obligation through September 30, 2016.

States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay, and merit-based performance systems. These funds may also be used by districts to hire teachers to reduce class sizes.

The Committee bill modifies a set-aside for the Supporting Effective Educator Development program, which provides competitive awards to national not-for-profit organizations for recruiting, training, or providing professional enhancement activities for teachers and school leaders, particularly for high-need schools most likely to face shortages in these areas. These funds may be used to support such activities in civic learning. The Committee recommends that up to 5.5 percent of funds available for State Grants for Improving Teacher Quality shall be used for this purpose; in fiscal year 2014, the set-aside was 2 percent. Up to 10 percent of the set-aside funds may be used for related research, outreach, evaluation, dissemination, and technical assistance.

The Committee is aware that research over the past 10 years has proven that strong school leadership is second only to teaching among in-school influences on student success, and the impact of leadership is most significant in schools with the greatest needs. However, a 2013 report from the Department on “The Use of Funds Under Title II,” of the Elementary and Secondary Act indicates that only 4 percent of these funds are spent on principal professional development. The Committee is concerned that as the roles and responsibilities of principals continue to expand including the implementation of State-led teacher evaluation systems, college- and career-ready standards and new on-line assessments, they must be afforded specialized opportunities for professional learning

and growth targeted to their role as instructional leaders. Therefore, the Committee requests that the Department of Education provide guidance to SEAs on ensuring that sufficient professional development opportunities are provided to principals in order to help them improve instructional leadership capacity.

Effective Teachers and Leaders

The Committee recommends no funding to create the Effective Teachers and Leaders State Grant program.

The Committee has provided \$2,349,830,000 for State Grants for Improving Teacher Quality within the School Improvement Programs account. These funds may be used for purposes that are similar to those under this proposed program.

College Pathways and Accelerated Learning

The Committee recommends no funds for the proposed College Pathways and Accelerated Learning program. Activities supported under this proposed program are instead funded under current law.

The College Pathways and Accelerated Learning program would support efforts to increase high school graduation rates and preparation for college matriculation and success by providing college-level and other accelerated courses and instruction in middle and high schools with concentrations of students from low-income families and in high schools with low graduation rates.

Effective Teaching and Learning: Literacy

The Committee recommends no funds for the proposed Effective Teaching and Learning: Literacy program. Activities supported under this proposed program are instead funded under current law.

This literacy program would provide competitive grants to SEAs, or SEAs in partnership with appropriate outside entities, to support development and implementation of comprehensive, evidence-based State and local efforts to provide high-quality literacy programs aligned with college- and career-ready English language standards.

Effective Teaching and Learning for a Well-Rounded Education

The Committee recommends no funds for the proposed Effective Teaching and Learning for a Well-Rounded Education program. Activities supported under this proposed program are instead funded under current law.

The Effective Teaching and Learning for a Well-Rounded Education program would provide competitive grants to high-need LEAs, SEAs, and institutions of higher education or nonprofit organizations in partnership with one or more high-need LEAs to support the development and expansion of innovative practices to improve teaching and learning across a well-rounded curriculum that includes the arts, health education, physical education, foreign languages, civics and government, history, geography, environmental education, economics and financial literacy, and other subjects.

Science, Technology, Engineering, and Mathematics [STEM] Innovation

The Committee does not recommend creating a new STEM Innovation program, a collection of STEM activities requested by the administration. Instead, the bill provides funding for some of the same proposed activities through existing programs.

The proposed STEM Innovation initiative is comprised of STEM Innovation Networks, STEM Teacher Pathways, the STEM Master Teacher Corps, and the Effective Teaching and Learning: STEM program. These programs are intended to develop, validate, and scale up effective practices in pre-K–12 STEM instruction; increase student engagement in STEM subjects; and recruit, prepare, and further develop highly effective STEM educators.

Mathematics and Science Partnerships

The Committee recommends \$155,000,000 for the Mathematics and Science Partnerships program.

At the recommended funding level, the ESEA requires the Department to award grants by formula to States for competitive awards to eligible partnerships, which must include an engineering, math, or science department of an institution of higher education and a high-need LEA. Partnerships will seek to improve the performance of students in the areas of math and science, including engineering, by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians, and engineers to increase the teachers' subject-matter knowledge and improve their teaching skills.

The Committee believes States should put a priority on reaching underrepresented populations, such as girls and minorities, and using nontraditional STEM teaching activities, including robotics competitions, as a means of further engaging and inspiring students to pursue further study or careers in STEM education.

Supplemental Education Grants

The Committee recommendation includes \$16,699,000 for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM].

This grant program was authorized by the Compact of Free Association Amendments Act of 2003. These funds will be transferred from the Department to the Secretary of the Interior for grants to these entities. The Committee bill includes language requested in the budget that allows the Secretary of Education to reserve 5 percent of these funds to provide FSM and RMI with technical assistance.

21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,149,370,000 for the 21st Century Community Learning Centers [21st CCLC] program.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning oppor-

tunities, such as before- and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a schoolwide program under title I of the ESEA or serve high percentages of students from low-income families.

The Committee is aware of a growing interest in extending the school day and/or school year as a means of providing additional educational opportunities to students. Therefore, the Committee includes new bill language that will give LEAs the option of using 21st CCLC subgrants for extended learning time programs. LEAs will continue to be able to use the funding for high-quality, after-school, before school, and summer learning programs if they choose.

The Committee believes that SEAs should award grants to high-quality programs that address individual student learning needs and student well-being. Funded programs should deliver services through a variety of high-quality and effective strategies for boosting learning and enrichment including afterschool, before school, summer school, or expanded day, week, or year opportunities; align with and complement, rather than replicate, the regular school day, by offering a range of activities that capture student interest and support student engagement to promote higher class attendance, reduce risk for retention or dropping out, and foster good health; integrate academics, enrichment, and skill development through hands-on experiences that make learning relevant and engaging; and actively address the specific learning needs and interests of all types of students, especially those who may benefit from approaches and experiences not offered in the traditional classroom setting. The Committee directs the Department to refrain from giving priority to, showing preference for, or providing direction about whether communities should use these funds for afterschool, before school, summer school, or expanded school day programs, unless specifically requested by SEAs or LEAs.

The Committee urges the Department to provide guidance and technical assistance to States, schools, and community partners on how to develop and maintain strong community-school partnerships, particularly in data-sharing arrangements; implement continuous quality improvement processes; and ensure that programs meet the needs of individual students. The Committee also urges the Department to consult with experts in the field, including State and local intermediaries, in creating and providing such guidance and technical assistance. The Committee also believes SEAs should ensure that local communities receiving 21st CCLC program funds identify strategies for students to engage in programs and services during the afternoon and early evening hours while most parents or guardians are at work.

State Assessments and Enhanced Assessment Instruments

The Committee recommends \$378,000,000 for the State Assessments and Enhanced Assessment Instruments program.

This program has two components. The first provides formula grants to States to pay the cost of developing and implementing

standards and assessments required by the ESEA. The Committee provides not less than \$369,000,000 for this purpose.

Under the second component—grants for enhanced assessment instruments—appropriations in excess of the State assessment program are used for a competitive grant program designed to support efforts by States to improve the quality and reliability of their assessment systems. The Committee recommendation for the second component is up to \$9,000,000.

Education for Homeless Children and Youth

For carrying out education activities authorized by title VII, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends \$65,042,000.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee bill also includes language under the Education for the Disadvantaged account clarifying the availability of title I funds for services to homeless children and youths.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act, the Committee recommends \$6,598,000.

The funds provided will support awards to operate the 10 regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

Education for Native Hawaiians

For programs for the education of Native Hawaiians, the Committee recommends \$32,397,000.

The Committee bill continues a provision that allows funding provided by this program to be used for construction.

Alaska Native Educational Equity

The Committee recommends \$31,453,000 for the Alaska Native Educational Equity Assistance program.

These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives. The Committee bill continues language that allows funding provided by this program to be used for construction. The Committee bill also includes language overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

The Committee is pleased the Department followed the direction of the Committee to fulfill the intent of the current statute by adhering to the priorities authorized in the statute. The Committee directs the Department to continue its efforts to ensure maximum participation of Alaska Native organizations in programs funded under the Alaska Native Education Equity Act, implement statutory requirements that State and Local Educational Agencies apply in consortia with Alaska Native organizations, ensure that all grantees have meaningful plans for consultation with Alaska Native leaders, and strictly adhere to the programmatic priorities contained in the statute. The Committee looks forward to the report to Congress on how the Department will work to improve consultation with and promote maximum participation of Alaska Native organizations.

Rural Education

The Committee recommends \$169,840,000 for rural education programs.

The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

Comprehensive Centers

The Committee recommends \$48,445,000 for the Comprehensive Centers program.

These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. The system currently includes 15 regional centers, which are charged with providing intensive technical assistance to SEAs to increase their capacity to assist LEAs and schools with meeting the goals of the ESEA, and 7 content centers, which are organized by topic area.

INDIAN EDUCATION

Appropriations, 2014	\$123,939,000
Budget estimate, 2015	123,939,000
Committee recommendation	123,939,000

The Committee recommends \$123,939,000 for Indian education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$100,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

Special Programs for Indian Children

The Committee recommends \$17,993,000 for special programs for Indian children.

Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National Activities

The Committee recommends \$5,565,000 for national activities.

Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to tribal educational departments for education administration and planning.

INNOVATION AND IMPROVEMENT

Appropriations, 2014	\$931,317,000
Budget estimate, 2015	1,534,095,000
Committee recommendation	868,721,000

The Committee recommends \$868,721,000 for programs within the Innovation and Improvement account.

The President's budget was based on the administration's proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, programs in this account are based generally on current law.

Race to the Top

The Committee recommendation does not include funds for a new Race to the Top—Equity and Opportunity Program. This program was designed to drive meaningful changes in how States and LEAs identify and close persistent educational opportunity and achievement gaps.

The Committee notes that the purpose of the Elementary and Secondary Education Act is to reduce the inequitable access to quality education that exists for disadvantaged students. This goal is as important today as when the law was first passed. While this bill is unable to provide funding for the proposed Race to the Top—

Equity and Opportunity program, the Committee believes that the Department will be able to support improved educational equity and opportunity through its 50 State strategy on teacher equity. Research indicates that teacher quality is the biggest in-school factor related to student academic achievement, so a more equitable distribution of effective teachers and school leaders would help reduce educational opportunity gaps that exist today. The Committee believes that the Department should move forward expeditiously in announcing this strategy and engaging stakeholders in this effort. The Committee expects the Department to provide an update on current activity and a timeline for planned activity in this area not later than 30 days after enactment of this act.

Investing in Innovation

The Committee recommends \$141,602,000 for the Investing in Innovation program.

Investing in Innovation, which was established in ARRA, provides funding for replicating education programs that meet the highest level of evidence; expanding those with significant levels of evidence; and supporting promising practices for which there is some level of appropriate research. Grants may be made for up to 6 years for grantees meeting their performance targets. The Committee supports this three-tier evidentiary model and believes that this feature of the program should continue to guide future funding opportunities and decisions. The Committee also appreciates the absolute priority given to rural applicants in previous competitions and believes that this priority should continue to be used in the fiscal year 2015 competition. The Committee expects the Department to distribute grants equally among the absolute priority categories unless there are an insufficient number of qualified grants for a particular category.

The Committee bill continues language from last year's bill providing up to 5 percent of the appropriation for this program to be used for evaluation and technical assistance. The Committee expects to be notified in advance of the proposed uses of these funds.

The Committee notes that the Investing in Innovation program has funded interventions across a range of important issues. These are critical investments from which much will be learned, and the Committee looks forward to reviewing findings from the evaluations that are being conducted. However, the Committee believes that the Department should fund more work around high school redesign across the three types of competitions and recommends that the Department establish an absolute priority on high school redesign in the fiscal year 2015 competition. The priority should address the academic outcomes, cognitive competencies, and employability skills of high school students, as well as the need to develop interventions that support degree attainment for students who are off track for graduation or have dropped out of school.

ConnectEDucators

The Committee recommends no funding to create the ConnectEDucators program. This proposal was designed to help educators effectively use technology in increasing student learning.

High School Redesign

The Committee recommends no funds for the proposed High School Redesign program because of budget constraints.

This program would promote the whole school redesign of the high school experience in order to provide students with challenging and relevant academic and career-related learning experiences that prepare them for postsecondary education and careers.

Expanding Educational Options

The Committee recommends no funding to create the Expanding Educational Options program. The program would generally support competitive grants to SEAs, LEAs, charter school authorizers, charter management organizations, and other nonprofit organizations to start or expand high-performing charter schools and other autonomous public schools.

The Committee provides resources under current law programs that may be used for purposes that are similar to those proposed under this new program.

Transition to Teaching

The Committee recommends \$13,700,000 for the Transition to Teaching program.

This program provides grants to help support efforts to recruit, train, and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom.

School Leadership

The Committee recommends \$17,000,000 for the School Leadership program.

The program provides competitive grants to assist high-need LEAs to recruit and train principals and assistant principals through activities such as professional development and training programs. The Committee continues to recognize the critical role that district and school leaders and managers play in creating an environment that fosters effective teaching and high academic achievement for students.

Charter Schools

The Committee recommends a total of \$248,172,000 for the support of charter schools.

The Committee allocates the recommended funding as follows: \$136,972,000 for Charter School Grants, up to \$11,000,000 for State Facilities incentives, not less than \$13,000,000 for the Credit Enhancement for Charter Schools Facilities program, and up to \$12,000,000 for national activities designed to support local, State, and national efforts to increase the number of high-quality charter schools.

Charter Schools Grants support the planning, development, and initial implementation of charter schools. SEAs that have authority under State law to approve charter schools are eligible to compete for grants. If an eligible SEA does not participate, charter schools from the State may apply directly to the Secretary.

Under the State facilities program, the Department awards 5-year competitive grants to States that operate per-pupil facilities aid programs for charter schools. Federal funds are used to match State-funded programs in order to provide charter schools with additional resources for charter school facilities financing.

The credit enhancement program provides assistance to help charter schools meet their facility needs. Funds are provided on a competitive basis to public and nonprofit entities to leverage non-Federal funds that help charter schools obtain school facilities through purchase, lease, renovation, and construction.

The Committee continues bill language that allows the Secretary to reserve a portion of the charter school grant funds to make multiple awards to charter management organizations and other entities for the replication and expansion of successful charter school models that have a track record of success. In addition, this year's bill allows up to \$75,000,000 of funds available for charter school grants to be used for this purpose.

The Committee urges the Department to continue using a portion of the funds available for national activities to address issues related to services to students with disabilities enrolled in or interested in enrolling in charter schools, as well as efforts to strengthen charter authorizing practices that will result in a greater share of high-quality charter schools.

The Committee bill continues language that allows charter school funds to be used for preschool programs in charter schools.

Magnet Schools Assistance

The Committee recommends \$96,647,000 for the Magnet Schools Assistance program.

This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials, salaries of instructional staff, and the purchase of technology, educational materials, and equipment.

Fund for the Improvement of Education

The Committee recommends an appropriation of \$67,376,000 for FIE.

Within programs of national significance, the Committee includes \$25,000,000 to continue an initiative of competitive awards to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities. The Committee expects no less than 50 percent of these funds to be awarded to school libraries proposing high-quality projects for increasing access to a wide range of print and electronic resources that provide learning opportunities to all students, but particularly those less likely to have access to such materials at home.

Within programs of national significance, the Committee also recommends \$4,656,000 to continue awards for full-service community schools, \$1,276,000 for data quality and evaluation initiatives,

\$2,000,000 to develop and test interventions to improve non-cognitive skills in the middle grades, \$1,300,000 for performance partnerships, and \$144,000 for peer review. It also includes \$1,000,000 to continue the education facilities clearinghouse, which will provide information on planning, designing, financing, building, maintaining, and operating safe, healthy, high-performance educational facilities, including early learning centers.

Within the amount for FIE, the Committee also includes \$25,000,000 for the Arts in Education program. The budget request includes funds for similar activities under its proposed Effective Teaching and Learning for a Well-Rounded Education program, but no funds specifically for Arts in Education. The funding is used for competitive awards for national nonprofit organizations engaged in arts education, professional development activities, and model arts education programs. Funds also are used for evaluation and dissemination activities, as well as to support a partnership with the National Endowment for the Arts.

Within FIE, the Committee recommends \$7,000,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students, including those from disadvantaged and underrepresented populations.

The Committee directs that funds provided for Gifted and Talented Education be used only for projects that build and enhance the ability of elementary and secondary schools to meet the special educational needs of gifted and talented students, a group that includes high achieving students as well as those capable of high achievement.

Within these funds, the Committee also directs the Department to continue support to a National Research Center on the Gifted and Talented.

Teacher Incentive Fund

The Committee recommendation includes \$230,000,000 for TIF.

The goals of TIF are to improve student achievement by increasing teacher and principal effectiveness; reform compensation systems to reward gains in student achievement; increase the number of effective teachers teaching low-income, minority, and disadvantaged students, and students in hard-to-staff subjects; and other activities designed to increase the effectiveness of teachers, principals, and other personnel in high-need schools.

Teacher and Leader Innovation Fund

The Committee recommends no funding to create the Teacher and Leader Innovation Fund proposed in the budget request.

The Committee provides \$230,000,000 for the Teacher Incentive Fund and additional funds for other current law programs that may be used for similar purposes as those proposed under this program.

Ready-To-Learn Television

The Committee recommendation includes \$25,741,000 for the Ready-to-Learn Television program.

This program is intended to use the power and reach of public television to help prepare children, especially disadvantaged children, enter and succeed in school.

The Committee is aware that academic studies have shown that the Ready to Learn Television program leverages the power and reach of public television to help prepare children, especially disadvantaged children, to enter and succeed in school as Congress intended. Current law requires that all programming and digital content created under Ready to Learn Television be specifically designed for nationwide distribution over public television stations' digital broadcasting channels and the Internet. Congress required that funds shall be made available only to public telecommunications entities with the capacity at both the local and national levels to develop and distribute educational and instructional television and related media programming to the widest possible audience, especially disadvantaged preschool and elementary age children in all 50 States and are made accessible to all Americans.

The Committee also notes that recipients must have a demonstrated track record in high-quality educational television production for preschool and/or elementary school aged children and demonstrated success in improving reading and math skills for children 2–8. Several recent studies have found that fully researched, engaging educational television, online content and teacher professional development improves overall performance, grows targeted math skills and improves problem-solving skills among children who watch and interact with Ready To Learn Television funded programs, versus those who don't. The Committee directs the Department to work with local and national public television entities to ensure that Ready To Learn Television content has the broadest possible reach and continues to provide the greatest positive educational impact for our Nation's children.

Advanced Placement

The Committee recommends \$28,483,000 for AP programs.

Funds have supported two programs: the AP Test Fee program and the AP Incentive [API] program. The purpose of both is to aid State and local efforts to increase access to AP and International Baccalaureate [IB] classes and tests for low-income students. Under the test fee program, the Department makes awards to SEAs to enable them to cover part or all of the cost of test fees of low-income students who are enrolled in an AP or IB class and plan to take an AP or IB test. Under the API program, the Department makes 3-year competitive awards to SEAs, LEAs, or national nonprofit educational entities to expand access for low-income individuals to AP programs through activities including teacher training; development of pre-advanced placement courses; coordination and articulation between grade levels to prepare students for academic achievement in AP or IB courses; books and supplies; and participation in online AP or IB courses. Under the authorizing statute, the Department must give priority to funding the test fee program.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2014	\$270,892,000
Budget estimate, 2015	314,000,000
Committee recommendation	270,892,000

The Committee recommends a total of \$270,892,000 for activities to promote safe schools, healthy students, and citizenship education.

The President's budget was based on the administration's proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

Promise Neighborhoods

The Committee recommends \$56,754,000 for the Promise Neighborhoods program.

Competitive grants are awarded to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community.

Two types of awards are made under this program: 1-year planning grants and implementation grants. Funds for planning grants are used by communities to develop a plan for providing a continuum of services and supports for the children and youth in a particular neighborhood. Implementation grants are awarded to organizations with feasible plans for achieving the goals of the program.

The Committee notes that at least one implementation grantee has included college savings accounts as part of its plan for providing a high-quality continuum of integrated cradle to college career services. The Committee is interested in understanding the number of grantees that have included college savings accounts in their plans and the impact the use of college savings accounts is having on the college-going behavior of participating students.

Successful, Safe, and Healthy Students

The Committee recommends no funds for this proposed program, which is based on the administration's reauthorization plan. The Committee has allocated funds for related current law programs, as described under the individual headings in this account.

Under this program, the Department would award grants to SEAs, title I-eligible LEAs, and their partners for programs designed to improve the school culture and climate; improve students' physical health and well-being; and improve students' mental health and well-being.

Safe and Drug-Free National Activities

The Committee recommendation includes \$90,000,000 for the national activities portion of the Safe and Drug-Free Schools and Communities program. This funding will help schools address the consequences of their students witnessing or being the victim of violence and other root causes of unhealthy school climates.

From the amount available for national activities, the Committee recommends \$50,000,000 for the School Climate Transformation Grants program, which will train school staff to implement evidence-based strategies, such as positive behavioral interventions and supports, to improve school climate. The Committee recommendation also provides \$25,000,000 for Project Prevent, which will award grants to LEAs to help schools in troubled communities break the cycle of violence; up to \$5,000,000, to remain available until expended, for Project SERV, which offers education-related services following violent or traumatic events; and \$10,000,000 for other national activities.

Elementary and Secondary School Counseling

The Committee recommends \$49,561,000 to establish or expand counseling programs in elementary and secondary schools. As authorized, at least \$40,000,000 must be used to support elementary school counseling programs.

Carol M. White Physical Education for Progress Program

The Committee recommendation includes \$74,577,000 to help LEAs and community-based organizations initiate, expand, and improve physical education programs for students in grades K–12. This funding will help schools and communities improve their structured physical education programs for students and help children develop healthy lifestyles to combat the national epidemic of obesity.

The Committee notes the findings and recommendations from last year's Institute of Medicine report, "Educating the Student Body: Taking Physical Activity and Physical Education to School." The report states that "Extensive scientific evidence demonstrates that regular physical activity promotes growth and development in youth and has multiple benefits for physical, mental, and cognitive health." The Department should provide the Committee with a report not later than 60 days after enactment of this act on the steps it has taken and will take to address the recommendations made by the report and help SEAs and LEAs integrate meaningful physical education and physical activity into the educational experience.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2014	\$723,400,000
Budget estimate, 2015	723,400,000
Committee recommendation	723,400,000

The Committee recommends an appropriation of \$723,400,000 for the English Language Acquisition program.

The President’s budget was based on the administration’s proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

The Department makes formula grants to States based on each State’s share of the Nation’s limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs; and evaluation activities. National activities funds shall be available for 2 years.

The Committee bill continues language that requires the Secretary to use a 3-year average of the most recent data available from the American Community Survey for calculating allocations to all States under this program.

SPECIAL EDUCATION

Appropriations, 2014	\$12,497,350,000
Budget estimate, 2015	12,600,627,000
Committee recommendation	12,555,044,000

The Committee recommends an appropriation of \$12,555,044,000 for special education programs.

Grants to States

This program provides formula grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities.

The appropriation for this program primarily supports activities associated with the 2015–2016 academic year. Of the funds available for this program, \$2,229,465,000 will become available on July 1, 2015, and \$9,283,383,000 will become available on October 1, 2015. These funds will remain available for obligation through September 30, 2016.

As requested by the administration, the Committee continues bill language capping the Department of the Interior set-aside at the prior year level, adjusted by the lower of the increase in inflation or the change in the appropriation for grants to States. This provision also would prevent a decrease in the amount to be transferred in case the funding for this program decreases or does not change.

The bill also continues language clarifying provisions of the IDEA. The first provision clarifies that penalties for violating the State maintenance of effort [MOE] under part B of the IDEA shall be reallocated to States by formula to those States that did not violate those requirements. The language further clarifies that both the reduced State allocations due to penalties paid and increased amounts under the reallocation shall not be considered in the current or future years for allocations under the statutory formula. The bill also includes language clarifying that the level of effort under part B that an LEA must meet in the year after it fails to maintain its fiscal effort is the level that it should have met. Finally, the bill includes language clarifying that funds reserved under section 611(c) of the IDEA may be used to enhance State capacity to meet data collection requirements under the IDEA and improve data collection, quality, and use under the act. These provisions are included in the administration's budget request and the fiscal year 2014 appropriations act.

The bill includes new language allowing the Department to apply penalties for violations of MOE over a maximum of 5 years. It also includes new language allowing the Secretary to recover non-Federal funds or reduce IDEA section 611 funds in the amount of a State's violation of MOE. These language provisions are proposed in the budget request.

The bill does not include requested language allowing up to \$100,000,000 of these funds to be used by the Department for competitive awards for States to implement their State Systemic Im-

provement Plans [SSIP]. Funds are provided under the technical assistance and dissemination program for this purpose.

Preschool Grants

The Committee recommends \$353,238,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

Grants for Infants and Families

The Committee recommends \$441,825,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of the IDEA authorizes formula grants to States, outlying areas, and other entities to implement statewide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. The IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

State Personnel Development

The Committee recommends \$41,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities. The bill includes language proposed in the budget request that allows funds under the program to be used for program evaluation.

Technical Assistance and Dissemination

The Committee recommends \$54,345,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

The Committee recommendation includes \$10,000,000 for grants to States to assist with implementation of their State Systemic Improvement Plans. These plans will help States evaluate their outcomes for children with disabilities and identify the actions required to improve State support systems and local service delivery systems. These funds will assist with implementation of those plans through such activities as technical assistance, professional development and coaching.

The Committee believes there is a compelling need for the OSEP to provide LEAs with guidance and technical assistance to ensure the best possible educational outcomes for children with vision loss served under parts B and C of IDEA. The Committee urges OSEP to update and re-issue policy guidance, last published in the Fed-

eral Register on June 8, 2000, concerning the provision of special education and related services to this low-incidence population. The Committee also urges OSEP to strengthen its support of technical assistance for professionals and schools serving this population, which may include the establishment of a national technical assistance center. OSEP's technical assistance should develop innovative practices for educating students and supporting their parents, provide technical assistance and disseminate information regarding innovative practices, and assist in coordinating research related to serving this population, including research related to the number and demographics of students who are blind and visually impaired. OSEP's efforts in this area should enlist nationally-recognized leaders in the field and family members of and students who are blind and visually impaired.

Personnel Preparation

The Committee recommends \$83,700,000 for the Personnel Preparation program.

Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

Parent Information Centers

The Committee recommends \$29,411,000 for Parent Information Centers.

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.

The Committee directs the increased funds provided in the bill to be used first to restore cuts to parent training and information centers back to the 2007 hold harmless levels the Department established previously, before being distributed by the population, poverty and rural formula factors.

Technology and Media Services

The Committee recommends \$28,047,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

The Committee notes the progress made with related tools and services provided under the technology and media services appropriation that have allowed 275,000 students free access to more than 190,000 books in multiple digitally accessible formats. The Committee recognizes particular advancements made in the field of accessible images, graphics and math as a result of this program for individuals with print disabilities. Further work is needed, how-

ever, to ensure that all students have access to this critical educational content, particularly for success in STEM fields. The Committee would like to see continued progress in this area, including further research, development, and dissemination of new and emerging platforms and tools for students with disabilities to access images, graphics, math, and chemistry. The Committee also notes the growing challenge of ensuring accessibility for interactive educational content for students with visual disabilities and the need for useful tools, standards or guidelines in this fast-emerging arena.

Special Olympics

The Committee recommendation includes \$10,000,000 for Special Olympics education activities. Under the Special Olympics Sport and Empowerment Act of 2004, the Secretary is authorized to provide financial assistance to Special Olympics for activities that promote its expansion and for the design and implementation of education activities that can be integrated into classroom instruction and are consistent with academic content standards.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2014	\$3,442,749,000
Budget estimate, 2015	3,683,335,000
Committee recommendation	3,722,853,000

Vocational Rehabilitation State Grants

The Committee recommends \$3,335,074,000 for VR State Grants. The Committee recommends the full amount authorized by the Rehabilitation Act of 1973 for this mandatory funding stream.

State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment.

The Rehabilitation Act requires that not less than 1 percent and not more than 1.5 percent of the appropriation for VR State Grants be set aside for Grants for American Indians.

The Committee bill continues language, requested by the administration, allowing excess funds above those requested during the reallocation process to support innovative activities aimed at improving outcomes for individuals with disabilities, including activities under the Promoting Readiness of Minors in Supplemental Security Income [PROMISE] program. Funds used for these activities will remain available for obligation through September 30, 2016.

PROMISE was created in fiscal year 2012 with the goal of improving outcomes, such as employment and completion of postsecondary education, for children who receive SSI as well as their families. Competitive grants were awarded in the fall of 2013 to five States for a period of 5 years.

After covering the continuation costs of PROMISE, the administration requests and the Committee recommends VR funds remaining available at the end of fiscal year 2015 to support a new Transition Model System [TMS] that addresses the complex challenges facing youth with disabilities as they transition from school to adult life. The administration estimates that \$15,000,000 will be needed to support the cost of the 5-year TMS projects. The Committee expects to be notified in advance of announcements related to the initiative.

According to GAO Report 12–594, dated July 12, 2012, the various programs and services providing transition services can be difficult for students with disabilities and their families to navigate. These funds will support the development and testing of a coordinated system of comprehensive services and supports to improve career preparation, postsecondary education, and competitive employment for youth with disabilities. The TMS will include representatives from vocational rehabilitation, secondary and postsecondary education, community rehabilitation partners, disability support service providers, business and employers, and families. The targeted population will be broader than those served under the PROMISE program, which is limited to children who receive SSI, and will include youth with disabilities ages 14–24 who are receiving services under IDEA or accommodations pursuant to section 504 of the Rehabilitation Act, and youth with disabilities who have dropped out or are at risk of dropping out of high school.

The Committee notes that access to and knowledge of public transportation—especially in rural areas—is critical for transition-

aged youth with disabilities to participate in employment programs and receive services. Given the challenges facing youth with disabilities in accessing reliable public transportation, the Committee strongly urges the Secretary to collaborate with transit experts on increasing transportation access for transition-aged youth with disabilities when designing and implementing the TMS. The Committee expects partnerships with local transportation providers to develop transportation education and coordination strategies will be a strong component of the initiative.

Client Assistance State Grants

The Committee recommends \$14,000,000 in discretionary funds for Client Assistance State Grants.

This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs in order to receive VR State Grant funds.

The \$2,000,000 in increased funding over the fiscal year 2014 level is intended to help transition-aged students with disabilities and persons with disabilities in subminimum wage positions obtain competitive, integrated employment through advocacy and the enforcement of their rights under the Rehabilitation Act.

Training

The Committee recommends \$30,188,000 for training rehabilitation personnel. The Committee bill includes new language, proposed by the administration, overriding the funding reservation for the In-Service Training program, which assists State VR agencies in the training of State agency staff. There are no continuation costs for this activity in fiscal year 2015. State VR agencies have the authority to carry out in-service training activities under the VR State Grants program, and elimination of this funding set-aside will save on the administrative costs involved in making small grants to approximately 80 State VR agencies and overseeing the associated grantee reporting requirements.

The Committee recommendation for training is intended to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. The program awards grants and contracts to States and public or not-for-profit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs.

Demonstration and Training Programs

The Committee recommends \$5,796,000 for demonstration and training programs.

This program awards grants to States and not-for-profit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals with a wide array of disabilities.

The Committee recommendation includes not less than \$985,000 to continue support for the Parent Information and Training Centers as well as the National Parent Technical Assistance Center. These centers provide information and training on transition plan-

ning, the adult service system, and strategies that prepare youth for successful employment, postsecondary education, and independent living outcomes.

Migrant and Seasonal Farmworkers

The Committee concurs with the administration's proposal to eliminate the Migrant and Seasonal Farmworkers program. Funding provided in fiscal year 2014 supported the final year of the current grant cycle, so there are no continuation costs. Migrant and seasonal farmworkers with disabilities will continue to be eligible for services under the VR State Grants program. Elimination of this program will streamline administrative efficiencies and help focus efforts on ensuring that States provide effective and appropriate services to all eligible individuals, including the population served under this program.

Protection and Advocacy of Individual Rights

The Committee recommends \$21,650,000 for the Protection and Advocacy of Individual Rights program.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

The \$4,000,000 in increased funding over the fiscal year 2014 level is intended to provide advocacy for transition-aged students with disabilities and persons with disabilities in subminimum wage positions to address barriers they face in obtaining competitive, integrated employment.

Supported Employment State Grants

The Committee recommends \$27,548,000 for the Supported Employment State Grant program. The budget request does not include funding for this program.

Supported Employment State Grants provide assistance to the most severely disabled individuals by providing ongoing support needed to obtain competitive employment.

Independent Living State Grants

The Committee recommends \$23,386,000 for Independent Living State Grants.

This program provides formula grants to States to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

Centers for Independent Living

The Committee recommends \$80,054,000 for Centers for Independent Living.

These funds support consumer-controlled, cross-disability, non-residential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

Independent Living Services for Older Individuals Who Are Blind

The Committee provides \$34,060,000 for the Independent Living Services for Older Individuals Who Are Blind program.

Through this program, assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently, and avoid societal costs associated with dependent care. Services most commonly provided by this program are daily living skills training, counseling, community integration, information and referral, the provision of low-vision and communication devices, and low-vision screening.

Helen Keller National Center

The Committee recommends \$9,127,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults.

The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

National Institute on Disability and Rehabilitation Research

The Committee recommends \$103,970,000 for NIDRR. This funding will support research activities under a new regulatory framework that NIDRR intends to have in place in fiscal year 2015.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

Assistive Technology

The Committee recommends \$38,000,000 for the Assistive Technology program.

This program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. The program supports various activities that help States develop comprehensive, consumer-responsive statewide programs that increase access to, and the availability of, assistive technology devices and services.

The Committee recommendation will ensure all 50 statewide assistive technology programs, the District of Columbia, and outlying areas will receive the minimum grant provided under statute for the first time.

The Committee recommendation includes \$31,000,000 for State grant activities authorized under section 4 of the Rehabilitation Act of 1973, \$6,000,000 for protection and advocacy systems authorized by section 5, and \$1,000,000 for technical assistance activities authorized under section 6.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2014	\$24,456,000
Budget estimate, 2015	24,456,000
Committee recommendation	25,000,000

The Committee recommends \$25,000,000 to help support APH.

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 72 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

The Committee recognizes that students who are blind or have vision loss must have equal access to the same educational content and should receive that information at the same time as their sighted peers if they are to achieve academically. The transition from print to digital publishing poses significant challenges for producers of accessible educational materials, especially conveying information via tactile graphics and image descriptions. To address this issue, the Committee includes \$544,000 to support APH's Resources with Enhanced Accessibility for Learning [REAL] plan. REAL will provide new advances in software and hardware technology to ensure that students with vision loss receive high quality educational materials, in a timely manner, in the appropriate formats required to meet individual student learning needs.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2014	\$66,291,000
Budget estimate, 2015	66,291,000
Committee recommendation	67,741,000

The Committee recommends \$67,741,000 for NTID.

The Committee recommendation for NTID continues to consolidate funds into operations and does not include funding for construction. The Committee will consider funding for construction in the future as needs may warrant.

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

The Committee commends NTID for its partnership with SSA and Cornell University to track the educational and career outcomes of deaf and hard-of-hearing students who applied to NTID from 1965 to the present. The findings suggest that NTID alumni earned more, made use of SSI and SSDI less, and were employed at a higher rate than the deaf and hard-of-hearing NTID applicants who were either denied admission or withdrew.

GALLAUDET UNIVERSITY

Appropriations, 2014	\$119,000,000
Budget estimate, 2015	119,000,000
Committee recommendation	121,550,000

The Committee recommends \$121,550,000 for Gallaudet University.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university's Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation increases operations funding over the fiscal year 2014 level by \$2,550,000 but does not include funding for construction. Between fiscal year 2008 and fiscal year 2013, Congress appropriated a total of \$35,500,000 to support construction. This funding is covering the costs of building a new 200-bed dormitory to house all residential students at the Model Secondary School for the Deaf. Completion of construction is expected by the end of 2015.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2014	\$1,702,686,000
Budget estimate, 2015	1,722,686,000
Committee recommendation	1,720,939,000

Career and Technical Education

The Committee recommends \$1,130,421,000 for the Career and Technical Education [CTE] account.

State Grants.—The Committee recommends \$1,123,000,000 for CTE State grants. The administration requests \$1,117,598,000 to support implementation of the Department’s blueprint for the reauthorization of the Carl D. Perkins Career and Technical Education Act. The budget request assumes revisions to the State allocation formula and reserves up to \$100,000,000 from the State grant program for a new competitive innovation program. The Committee recommendation does not include the proposal.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act.

Of the funds available for this program, \$332,000,000 will become available July 1, 2015, and \$791,000,000 will become available on October 1, 2015. These funds will remain available for obligation until September 30, 2016.

National Programs.—The Committee recommends \$7,421,000 to support research, development, demonstration, dissemination, evaluation, and assessment of activities aimed at improving the quality and effectiveness of CTE.

Adult Education

The Committee recommends \$590,518,000 for Adult Education programs.

Adult Education State Grants.—For adult basic and literacy education State grants, the Committee recommends \$576,806,000.

Funds are used by States and outlying areas for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

The Committee is concerned that 36 million adults—one in six—lack basic literacy and numeracy skills and are not well-positioned to compete for family-wage jobs in the 21st century economy. The increased funds over the fiscal year 2014 level will assist States in addressing this persistent challenge.

The Committee recommendation continues the English literacy and civics education State grants set-aside within the adult education State grants appropriation. Within the total, \$72,425,000 is available to help States or localities affected significantly by immigration and large limited-English populations to implement programs that help immigrants acquire English literacy skills, gain knowledge about the rights and responsibilities of citizenship, and develop skills that will enable them to navigate key institutions of American life.

National Leadership Activities.—The Committee recommends \$13,712,000 for national leadership activities, including up to \$3,000,000 for continued support for the reentry education model demonstration initiative.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2014	\$24,486,210,000
Budget estimate, 2015	24,486,210,000
Committee recommendation	24,233,210,000

The Committee recommends an appropriation of \$24,233,210,000 for programs under the Student Financial Assistance account.

Federal Pell Grant Program

The Committee recommends \$22,475,352,000 in discretionary funding for the Pell grant program. At the recommended level, the maximum Pell grant award will increase by an estimated \$100 for a total of \$5,830 in academic year 2015–2016. The funding level will also enable an approximate surplus of \$4,063,000,000 to carry over and help defray the cost of the program in fiscal year 2016. The surplus is the additional funding the Committee is providing in excess of what is necessary to comply with section 406 of H. Con. Res. 95, also known as the Pell scoring rule. The Pell scoring rule requires the Committee to fully fund the Pell grant program based on the Congressional Budget Office’s program cost estimate for the upcoming award year.

The Committee is contributing \$303,000,000 less than it contributed in fiscal year 2014 to the fiscal year 2016 potential Pell grant funding gap while recommending more than sufficient funding to comply with the Pell scoring rule and protect a surplus of \$4,063,000,000 in fiscal year 2015. The unexpected increase in discretionary costs for the Student Aid Administration created by the Bipartisan Budget Act of 2013, in addition to the non-defense discretionary caps increasing by only 0.1 percent in fiscal year 2015, required the Committee to make a choice between ensuring continued support for student loan servicing and providing level funding for the Pell grant program. The Committee’s approach addresses the increased student loan servicing costs, makes much needed new investments in other higher education programs, while providing more than sufficient funding to support an increase in the maximum award and protecting a substantial surplus.

Pell grants provide need-based financial assistance that helps undergraduate students and their families defray a portion of the costs of postsecondary education. Awards are determined according to a statutory need-analysis formula that takes into account a student’s family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions.

More than 8.8 million students are expected to receive a Pell grant during the 2015–2016 academic year. Of the 9 million students who relied on Pell grants during the 2012–2013 award year, 74 percent had incomes or came from families with incomes less than or equal to \$30,000.

The Pell grant program is funded partly through the discretionary appropriations process and partly through mandatory funding. The HCERA included mandatory money to support an increase in the maximum grant based on the Consumer Price Index [CPI] for each award year 2014–2015 through 2017–2018 as long as the discretionary portion of the funding is sufficient to support \$4,860

of the maximum award. The Committee recommendation for fiscal year 2015 more than meets that requirement, so it will trigger enough mandatory funding to add an estimated \$970 (\$100 more than in fiscal year 2014) to the discretionary portion of the award, for a projected total maximum award of \$5,830. The Department will rely on CPI data available at the end of the 2014 calendar year to determine the exact increase for academic year 2015–2016.

Student Aid Eligibility for Career Pathways Students.—The Committee bill includes a new provision making students without a high school diploma who enroll in eligible career pathways programs eligible for financial aid. Research shows that when low-skilled adults are enrolled concurrently in education and training programs that provide counseling and supportive services they are more likely to earn college credits and workforce credentials and to receive higher wages than their peers.

Because the Pell grant program receives both discretionary and mandatory funding as described above, any provision that expands eligibility not only increases the discretionary cost of the program but also requires a mandatory offset to prevent the provision from violating the Changes in Mandatory Programs budget point of order. The career pathways provision increases the discretionary cost of the Pell grant program by \$9,000,000 in fiscal year 2015, and the Committee-recommended funding level in this bill for Pell grants is sufficient to cover the increased cost. The Committee was not able to identify a suitable offset for the mandatory costs over the entire budget window. As a result, the Committee recommendation expands eligibility for students enrolled in career pathways programs for financial aid, including the maximum discretionary Pell grant award and the mandatory add-on, for 1 year. Beginning July 1, 2015, new students enrolled in career pathways programs are eligible for financial aid, but not for the Pell grant mandatory add-on.

Protecting Financial Aid for Students and Taxpayers

The Committee is disturbed by overwhelming findings that some colleges and universities are using Federal student financial assistance funding for aggressive marketing, recruitment, and advertising rather than for the programs' intended purpose—to help low- and middle-income students access and successfully complete a postsecondary education.

At a time when Federal resources are scarce and students and families across the Nation are struggling to afford a college education, this practice should not be tolerated.

To that end, the Committee includes a new general provision that prohibits all colleges and universities receiving funding through the HEA from spending Federal educational program dollars on advertising, marketing, and recruitment. Colleges and universities will continue to be free to spend however much they want on these activities; this provision simply stipulates that they cannot use Federal tax dollars intended for education to do so. This reform will target Federal resources at educating students, as opposed to online advertisements and aggressive recruiting strategies, and help ensure that both taxpayers and students receive a good return on their investment.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$748,130,000 for the SEOG program.

The SEOG program provides funds to approximately 3,800 postsecondary institutions for need-based grants to more than 1.6 million undergraduate students. Institutions must contribute at least 25 percent toward SEOG awards. Students qualify for grants of up to \$4,000 by demonstrating financial need. Priority is given to Pell grant recipients with exceptional need.

Federal Work-Study Program

The Committee bill provides \$1,009,728,000 for the FWS program.

This program provides grants to approximately 3,400 institutions and helps nearly 700,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

The Department shall provide \$8,390,000 from the FWS program appropriation for the Work Colleges program authorized under section 448 of the HEA.

STUDENT AID ADMINISTRATION

Appropriations, 2014	\$1,166,000,000
Budget estimate, 2015	1,446,924,000
Committee recommendation	1,446,924,000

The Committee recommends \$1,446,924,000 for the Student Aid Administration account. These funds are available until September 30, 2016, and support the Department's student aid management expenses.

The Committee recommendation includes \$675,224,000 for administrative costs and \$771,700,000 for loan servicing activities.

The Bipartisan Budget Act of 2013 struck section 458(a)(2) of the HEA, eliminating the mandatory funding source that supported the NFP servicer program and two of the TIVAS contracts. In order to avoid disrupting 16.9 million student borrowers whose loan servicing was supported with mandatory funding, a portion of the costs required to continue the contracts was provided with mandatory funding at the end of 2013 and the remaining amount needed was provided through an increase of \$177,000,000 in discretionary funding in fiscal year 2014. The mandatory funding source is no longer available, and the vast majority of the \$268,951,000 increase for servicing activities in fiscal year 2015 required is due to the elimination of the mandatory funding source. The Committee notes that this elimination does not reduce the Federal responsibility to service student loans. The mandatory savings was achieved through a cost shift that resulted in effectively reducing the non-defense discretionary cap purchasing power.

The Committee bill includes new language, as requested by the administration, providing the Department with the authority to administer the Health Education Assistance Loan [HEAL] program, since this Committee, through Public Law 113–76, required HHS to transfer the HEAL program to the Department to improve administrative efficiencies. The bill language allows the Department to continue managing and servicing the program's outstanding student loans.

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities broken out by servicer and activity.

The Committee commends the Department for the increased focus it has placed on preventing campus sexual violence. The Office of Federal Student Aid employs 13 staff dedicated to enforcing the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, which includes conducting program reviews, addressing complaints, and monitoring and researching compliance issues. Within the amount for Student Aid Administration, the Committee expects the Department to continue its efforts to prevent sexual violence on campus.

College Ratings System.—The Committee notes that the Department is in the process of developing a college ratings system to be made available for students and families before the 2015–2016 academic year. The Committee urges the Secretary to consider carefully the metrics used to determine the rankings system, given the complexity in accurately measuring the value offered by colleges

and universities. The Committee expects the Secretary to take into account the limitations in data collected by the Integrated Postsecondary Education Data System [IPEDS], especially since IPEDS currently only captures graduation rate information relating to first-time, full-time students and will not report graduation rate data on part-time and transfer students until the 2015–2016 academic year. The Committee also expects the Secretary to propose a system that reflects the full range of successful post-graduation outcomes, including employment and participation in public service.

Multi-Agency Working Group.—Proprietary institutions of higher education only enroll 13 percent of college students but receive 31 percent of the Federal student aid disbursed through the Department and are responsible for 46 percent of all student loan defaults. To improve the accountability of the proprietary industry to students and taxpayers, the Committee directs the Secretary to encourage greater coordination and information sharing among Federal and State agencies involved in oversight of the industry. To accomplish this goal, the Committee recommends the Department lead a working group of relevant Federal agencies to coordinate closely with State Attorneys General, consumer advocates, veterans service organizations, and other stakeholders. The Department should also work with appropriate Federal agencies to publish an annual Governmentwide report on proprietary institutions of higher education participating in Federal education and training programs that includes information on student outcomes, the Federal investment, and an accounting of investigations, audits, or other actions taken by Federal or State oversight agencies. The Committee requests an update on the progress of the multi-agency working group in the fiscal year 2016 CJ.

Student Complaint System.—In Senate report 113–71, the Committee commended the Department for working with the Department of Veterans Affairs, DOD, and the Federal Trade Commission on the development of a uniform complaint system for students receiving education benefits pursuant to Executive Order 13607. The Committee directed the Department to broaden the scope of the complaint system to make it more accessible to all students attending institutions of higher education, regardless of their receipt of Federal education benefits. The Committee also directed the Department to post information on its main Web site about the complaint system no later than 6 months after enactment of the act. The Committee requests that the fiscal year 2016 CJ include an update on the Department’s implementation of the expanded complaint system.

National Student Loan Data System.—The Committee recognizes the importance of student loan borrowers having online access to accurate and comprehensive information regarding both their Federal and private student loans in one central location. While the Committee acknowledges that legislation requiring banks to transfer private student loan data to the Department’s National Student Loan Data System [NSLDS] has yet to be enacted, the Committee requests a report on the technological updates or modifications necessary to support the expansion of NSLDS to include private student loan data no later than December 1, 2014.

Not-for-Profit Servicers.—As the Department prepares to implement the plan it announced in September 2013 regarding allocations of additional borrower accounts to NFP servicers and begin the process of creating Common Origination and Disbursement interfaces for high-performing NFP servicers, the Committee directs the Secretary to implement consistent metrics and pricing to ensure a fair evaluation across all servicers and provide an opportunity for the TIVAS and NFP servicers to provide feedback on the modifications before contract modifications are made. In order to minimize disruption to borrowers, the Committee notes that the process of completely aligning the NFP and TIVAS portfolios will take some time, since NFP servicers did not receive borrower accounts with any loans that were in school, grace, deferment, or forbearance statuses at the time of selection. The Committee urges the Secretary to continue its focus on providing the best service to borrowers and best value to taxpayers, especially during this transition period.

In October 2013, the Department announced that the impact of the 7.3 percent reduction in funds for NFP servicers, pursuant to the mandatory sequester provisions in the Budget Control Act of 2011, prevented the Department from entering into contracts with new NFP servicers, including those that had signed memoranda of understanding. The Committee notes that the Department expects to begin the process of recompeting servicing contracts not later than fiscal year 2016. One of the evaluation factors will be the servicers' utilization of small business subcontractors, with the goal of broadening opportunities for new entities to participate in Federal student loan servicing. The Committee directs the Secretary to hold a full and open competition consistent with legal procurement requirements that allows eligible NFP servicers to compete for servicing contracts, including those NFP servicers that were affected by the mandatory sequester.

HIGHER EDUCATION

Appropriations, 2014	\$1,925,408,000
Budget estimate, 2015	2,025,457,000
Committee recommendation	1,968,799,000

The Committee recommends an appropriation of \$1,968,799,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$530,014,000 for Aid for Institutional Development.

Strengthening Institutions.—The Committee bill recommends \$80,462,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-Serving Institutions [HSIs].—The Committee recommends \$100,231,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials. In addition to the Committee-recommended level, the HCERA provides \$100,000,000 of mandatory funding in each fiscal year through 2019 to support HSIs in the development of STEM and articulation programs.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$8,992,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

Strengthening Historically Black Colleges and Universities.—The Committee recommends \$227,524,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students. In addition to the Committee-recommended level, this program will receive \$85,000,000 of mandatory funding through the HCERA in each fiscal year through 2019.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends \$58,840,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and aca-

ademic and counseling services to improve student success. Funds may also be used for construction, maintenance, and renovation activities; the purchase or lease of scientific and laboratory equipment; and the establishment of an endowment.

Strengthening Predominately Black Institutions [PBIs].—The Committee recommends \$9,244,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacity to serve more low- and middle-income Black American students. In addition to the Committee-recommended level, the HCERA provides \$15,000,000 of mandatory funding in each fiscal year through 2019 to support programs at PBIs in the areas of STEM; health education; internationalization or globalization; teacher preparation; and improving the educational outcomes of African-American males.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$3,113,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals. In addition to the Committee-recommended level, AANAPISIs will receive \$5,000,000 of mandatory funding through the HCERA in each fiscal year through 2019 to develop faculty; strengthen academic programs; improve institutional management; expand student services; and construct classrooms, libraries, laboratories, and other instructional facilities.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].—The Committee recommends \$12,833,000 for the Strengthening ANNHs program. In addition to the Committee recommended level, these institutions receive \$15,000,000 of mandatory funding through the HCERA in each fiscal year through 2019.

The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and, provide education or counseling services designed to improve the financial and economic literacy of students or their families.

Strengthening Native American-Serving Nontribal Institutions.—The Committee recommends \$3,113,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. In addition to the Committee recommended level, these institutions receive \$5,000,000 of mandatory funding through the HCERA in each fiscal year through 2019 to help institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$25,662,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum, and student services. In addition to the Committee recommended level, this program receives \$30,000,000 of mandatory funding through the HCERA in each fiscal year through 2019.

International Education and Foreign Language Studies

The bill includes a total of \$81,164,000 for International Education and Foreign Language Studies programs.

Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

Domestic Programs.—The Committee recommends \$74,103,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

The Committee recommendation includes \$5,000,000 for competitive grants authorized by section 604 of the HEA to institutions of higher education committed to increasing study abroad consistent with the recommendations of the Commission on the Abraham Lincoln Study Abroad Fellowship Program that Congress created in Public Law 108–199. The Committee expects that grants will leverage efforts by such institutions to increase significantly the number of U.S. students studying abroad and that the students will be demographically representative of the U.S. undergraduate population. The Committee also expects grants to increase significantly the proportion of study abroad that takes place in nontraditional destinations, including developing countries.

Overseas Programs.—The Committee recommends \$7,061,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad as well as special bilateral projects. Grants focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

Fund for the Improvement of Postsecondary Education

The Committee recommends \$84,775,000 for FIPSE.

First in the World.—The Committee includes \$75,000,000 to continue the First in the World Initiative [FITW], which was created in fiscal year 2014. FITW supports grants to institutions of higher education to help ensure that they have access to and implement innovative strategies and practices shown to be effective in improving college completion and making college more affordable for students and families, with a priority for applications that target

strategies at low-income students. Of the amount recommended for the initiative, the Committee includes \$20,000,000 to continue the set-aside for minority-serving institutions, as defined in titles III and V of the HEA. The Committee bill includes new language allowing up to 2.5 percent of the funds made available for FITW to be used for technical assistance and evaluation.

The Committee believes that one of the roles the Federal Government can play in addressing college affordability and student success is by investing in programs at institutions of higher education that are innovative and utilize evidence-based strategies but may not be benefiting from affordability and completion efforts led by non-governmental entities for a variety of reasons, including geographic location. The Committee notes the high level of interest in the FITW competition held in fiscal year 2014 and requests a report no later than December 1, 2014, providing the following information about that competition: number of applicants; number of applicants and awardees that applied under the competitive priority, including how many applicants and awardees each submitted as supporting evidence correlational studies, randomized control trials, or quasi-experimental design studies; analysis of geographic distribution of applicants and awardees; and the number of applicants and awardees that partnered with public and private organizations and agencies as well as a description of the types of partner organizations and agencies.

National Center for Information and Technical Support for Postsecondary Students with Disabilities.—The Committee recommendation includes \$3,500,000 to establish a National Center for Information and Technical Support for Postsecondary Students with Disabilities (National Center), as authorized by section 777(a) of the HEA. The Committee is concerned that students with disabilities attend postsecondary education programs at a lower rate than students in the general population. To provide better outreach, recruitment, and other assistance that helps bridge the gap for students with disabilities between high school and postsecondary education, the National Center will serve as a resource to parents and students with disabilities on the services available at various institutions of higher education; serve as a technical assistance center to colleges and universities and provide training to faculty and staff on how to improve services for students with disabilities; and host an online database for the collection and dissemination of a variety of disability-related information for students with disabilities interested in accessing postsecondary education.

Centers of Excellence for Veteran Student Success.—Within the total for FIPSE, the Committee includes \$6,000,000 for the Centers of Excellence for Veteran Student Success program, as authorized by section 873 of the HEA, to establish and improve university-based veteran's resource centers. The Committee believes this investment will help veterans integrate into the university community by providing advice and guidance about housing, academic programs, financial aid, personal counseling, career counseling, and many other services.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommendation includes \$12,718,000 for competitive grants to postsecondary institutions to support model programs that help students with intellectual disabilities transition to and complete college, as authorized by section 767 of the HEA. Funds may be used for student support services; academic enrichment, socialization, or independent living; integrated work experiences; and partnerships with LEAs to support students with intellectual disabilities participating in the model program who are still eligible for special education and related services under the IDEA.

Of the funds provided, the Committee includes no less than \$2,000,000 to support a national coordinating center to conduct and disseminate research on strategies to promote positive academic, social, employment, and independent living outcomes for students with intellectual disabilities. The Committee expects that the coordinating center will establish a comprehensive research and evaluation protocol for TPSID programs; administer a mentoring program matching current and new TPSID grantees based on areas of expertise; and coordinate longitudinal follow-up data collection and technical assistance to TPSID grantees on programmatic components and evidence-based practices. The coordinating center should also provide technical assistance to build the capacity of K–12 transition services as well as postsecondary education inclusive practices, among other activities.

Minority Science and Engineering Improvement

The Committee recommends \$9,447,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$8,705,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

Federal TRIO Programs

The Committee recommends \$846,652,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students.

Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help

them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$304,639,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee continues bill language allowing the Department to set aside up to 1.5 percent of the total provided for evaluation purposes.

Graduate Assistance in Areas of National Need and Javits Fellowships

The Committee recommends \$31,000,000 to support GAANN.

In fiscal year 2012, Congress consolidated the GAANN and Javits Fellowships programs, as proposed by the administration. Fiscal year 2014 funding supported the final year of non-competing continuations for Javits fellows. With \$5,340,000 estimated to be spent on GAANN continuation costs in fiscal year 2015, the remaining funding will support new awards. As the Secretary consults with appropriate agencies and organizations to designate the fields of study that are considered “areas of national need,” the Committee strongly urges the Secretary to consider the humanities and social sciences as eligible fields and take into account the extent to which these areas fulfill a compelling national interest.

GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow’s tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

Teacher Quality Partnership Program

The Committee recommends \$42,747,000 for the Teacher Quality Partnership program. The budget request consolidates activities supported by this program into a proposed new Effective Teachers and Leaders State Grants authority as part of the administration’s plan for reauthorizing the ESEA. The Teacher Quality Partnership

Program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

The Committee recommends an appropriation of \$15,938,000 for CCAMPIS. This program supports the efforts of a growing number of nontraditional students who are struggling to complete their college degrees at the same time that they take care of their children. Discretionary grants of up to 4 years are made to institutions of higher education to support or establish campus-based child care programs primarily serving the needs of low-income students enrolled at the institutions.

GPRA Data / Higher Education Act Program Evaluation

The Committee directs that \$1,000,000 provided for data collection and evaluation activities will support a new Postsecondary and Adult Data Quality Initiative [DQI]. The Committee urges the Department to collaborate with DOL when creating the Postsecondary and Adult DQI, as DOL has expertise in developing longitudinal data systems that integrate workforce and education data through implementation of the Workforce DQI.

HOWARD UNIVERSITY

Appropriations, 2014	\$221,821,000
Budget estimate, 2015	221,821,000
Committee recommendation	221,821,000

The Committee recommends an appropriation of \$221,821,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. Federal funds from this account support approximately 38 percent of the university's operating costs. The Committee recommends, within the funds provided, not less than \$3,405,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$27,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2014	\$435,000
Budget estimate, 2015	435,000
Committee recommendation	435,000

Federal Administration.—The Committee bill includes \$435,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL
FINANCING PROGRAM ACCOUNT

Appropriations, 2014	\$19,430,000
Budget estimate, 2015	19,430,000
Committee recommendation	20,444,000

The Committee recommends \$20,444,000 for the HBCU Capital Financing Program.

The Committee recommendation includes \$20,110,000 to pay the loan subsidy costs in guaranteed loan authority under this program. This amount will support \$338,552,000 in new loan volume in fiscal year 2015. The remaining \$334,000 will be used for administrative expenses.

The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

INSTITUTE FOR EDUCATION SCIENCES

Appropriations, 2014	\$576,935,000
Budget estimate, 2015	637,180,000
Committee recommendation	579,021,000

The Committee recommends \$579,021,000 for IES. This account supports education research, development, dissemination, and evaluation; data collection and analysis activities; and the assessment of student progress.

Under the Education Sciences Reform Act of 2002, Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. The act required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and non-ideological and are free of partisan political influence.”

The Committee directs the Director to submit an operating plan within 90 days of enactment of this act detailing how IES plans to allocate funding available to the Institute for research, evaluation, and other activities authorized under law.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$184,860,000 for education research, development, and national dissemination activities. Funds are available for obligation for 2 fiscal years. These funds support 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.

STATISTICS

The Committee recommends \$106,060,000 for data gathering and statistical analysis activities at NCES.

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$55,423,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will continue to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee appreciates the efforts of IES to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$54,000,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSEER]. This amount should enable NCSEER to fund roughly \$23,000,000 in new awards in fiscal year 2015.

The Center addresses gaps in scientific knowledge in order to improve special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the center are available for obligation for 2 fiscal years.

The Committee commends NCSEER for the rigor and relevancy of its research. NCSEER-supported research has informed early identification, the development and testing of interventions to improve school outcomes, and the validation of assessments to help identify and monitor the progress of the Nation's 6 million children with disabilities. An investment in research continues to fill a critical need to better understand the most effective ways of educating and improving school outcomes for those with or at risk for disabilities.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$11,818,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$34,539,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to design, develop, and implement statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual data for students of all ages. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The Committee believes the Department should continue its efforts to ensure every State has the base support necessary to develop effective systems. Funds are available for obligation for 2 fiscal years.

The Committee bill allows up to \$6,000,000 to be used for awards to public or private agencies or organizations to support activities to improve data coordination, quality, and use at the local, State, and national levels. The Committee requests that, prior to obligating any funds for this purpose, the Department provide to the Committee an operating plan describing the proposed purpose and use of such funds.

ASSESSMENT

The Committee recommends \$132,321,000 to provide support for NAEP, a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$7,705,000 for NAGB, which is responsible for formulating policy for NAEP.

The Committee is aware that increased NAEP contract costs and the 2013 sequester led to decisions in 2013 to postpone indefinitely implementation of assessments for 4th and 12th grade students in United States History, Civics and Geography and other assessments. A new assessment in Technology and Engineering literacy continues to move forward. Previous assessments conducted by the National Assessment Governing Board indicate that fewer than one in four 4th, 8th, and 12th grade students at all grade levels is proficient in United States History. Reducing the frequency of assessments in this area will limit the ability of Congress to track the progress of the American education system in addressing this important problem. The Committee therefore requests that the National Assessment Governing Board report within 30 days of enactment of this act on the costs of implementing its current assessment schedule and the costs of and timeline for implementing assessments in 4th and 12th grade History, Civics and Geography.

DEPARTMENTAL MANAGEMENT
PROGRAM ADMINISTRATION

Appropriations, 2014	\$422,917,000
Budget estimate, 2015	442,000,000
Committee recommendation	426,917,000

The Committee recommends \$426,917,000 for program administration.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

The Committee recommendation includes \$1,000,000 for building modernization activities for the Department.

The Committee is aware of State and local education agencies submitting the exact same data elements to various principal offices within Department. This duplicative reporting diverts important resources to filling out paperwork rather than to providing direct services to students and supports for schools. Therefore, the Committee directs the Department to review the reporting requirements across principal offices and determine ways to reduce confusion and duplication across offices in order to streamline reporting requirements in accordance with the Paperwork Reduction Act.

The Committee directs the GAO to conduct a study on the use of State, local, Federal, and philanthropic funds to support year-round learning activities. The study should include (1) what is known about LEAs' and SEAs' use of funds to support year-round school calendars; (2) a discussion of barriers, if any, to the use of funds to implement year-round school calendars; and (3) a review of what is known about the effectiveness of summer learning in improving the achievement gap, addressing summer-slide, the propensity of involvement in criminal behavior, and other key challenges facing the Nation's school systems. To address the third objective, the study should include information about evaluations from schools and school districts that have implemented year-round school calendars, to the extent such evaluations are available.

The Committee requests that the Secretary provide a report to the Committee not later than 180 days after enactment of this act on current and planned Department initiatives designed to support SEAs and LEAs in preventing, identifying and supporting child victims of human trafficking and forced labor in schools and also identify areas where the Department can expand upon current or planned initiatives designed to better address child trafficking within educational systems.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2014	\$98,356,000
Budget estimate, 2015	102,000,000
Committee recommendation	102,000,000

The Committee recommends \$102,000,000 for OCR.

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

The Committee commends the Department for the increased focus it has placed on preventing campus sexual violence. The OCR has provided updated guidance on the issue, has strengthened its enforcement procedures and made clear that schools should provide survivors with interim relief pending the outcome of an OCR investigation. The Committee expects the additional resources provided to OCR will enable it to expand its work in this area.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2014	\$57,791,000
Budget estimate, 2015	59,181,000
Committee recommendation	58,791,000

The Committee recommends \$58,791,000 for OIG.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance.

Section 302. The bill continues a provision prohibiting the involuntary transportation of students other than to the school nearest to the student's home.

Section 303. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 304. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 305. The bill continues a provision that allows the outlying areas to consolidate funds under title V of the ESEA.

Section 306. The bill continues a provision that allows the Republic of Palau to receive certain Federal funds.

Section 307. The bill continues a provision that clarifies the Department's authority to reserve up to 0.5 percent of each ESEA appropriation in the bill for evaluation of ESEA programs funded in this act. These resources are in addition to any funds specifically provided for evaluation purposes.

Section 308. The bill includes a new provision prohibiting all colleges and universities that receive funding through HEA from spending Federal educational program dollars on advertising, marketing, and recruitment.

Section 309. The bill continues a provision related to the Free Application for Federal Student Aid and the requirement for the Department to inform foster youth of their eligibility for certain financial aid programs.

Section 310. The bill includes a new provision reinstating student aid eligibility for students enrolled in career pathways programs.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2014	\$5,257,000
Budget estimate, 2015	5,441,000
Committee recommendation	5,441,000

The Committee recommends \$5,441,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled.

The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

CNCS, a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act, the National and Community Service Trust Act, and the SERVE America Act. Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$1,065,281,000, a level sufficient to support approximately 81,000 AmeriCorps members, an increase of more than 1,000 over the estimated 2014 level, and maintain support for over 300,000 Senior Corps volunteers.

OPERATING EXPENSES

Appropriations, 2014	\$756,849,000
Budget estimate, 2015	703,093,000
Committee recommendation	765,349,000

The Committee recommends \$765,349,000 for the operating expenses of CNCS.

Volunteers in Service to America [VISTA]

The Committee recommends \$92,364,000 for VISTA. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and expand programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee recommends \$202,117,000 for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute

their job skills and expertise to community projects and organizations. These programs include the Retired Senior Volunteer Program [RSVP], the Foster Grandparent Program, and the Senior Companion Program.

The Committee rejects the budget request's proposal to restructure the Senior Corps programs, and includes funding for each of the Senior Corps programs at no less than their fiscal year 2014 levels. The budget request proposed consolidating the Foster Grandparent and Senior Companion programs into AmeriCorps and RSVP with the Volunteer Generation Fund. These programs leave a lasting impact on the communities and individuals they serve across the country. Any significant changes to these programs, such as those proposed in the budget request, should be considered through the authorization process, as appropriate.

AmeriCorps State and National Grants

The Committee recommends \$343,430,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

The budget request proposed consolidating the Foster Grandparent and Senior Companion programs into AmeriCorps, including funding for those programs within AmeriCorps State and National Grants. The Committee rejects that consolidation and recommends an \$8,000,000 increase over the comparable fiscal year 2014 funding level, enough to support approximately 72,000 AmeriCorps members.

The Committee recommendation includes bill language to reinforce longstanding policy that a professional corps program may demonstrate an inadequate number of professionals in a number of ways, including a determination of need by the local community. Further, the Committee expects that CNCS will continue to carry out section 177 of the 1990 Act in the manner it has in recent years.

Finally, the Committee is concerned about the impact of CNCS' proposal to significantly limit, and in many cases eliminate, program costs as part of Professional Corps grants on the viability of AmeriCorps programs in certain communities. The Committee understands that proposals such as these represent a difficult balancing effort to expand access to AmeriCorps with limited funding. CNCS should ensure that any changes to these grants provide the maximum amount of flexibility on a community-by-community basis. CNCS should brief the Committees on Appropriations and Health, Education, Labor, and Pensions of the Senate no less than 30 days prior to making any significant changes to current practices.

Supporting Access to Legal Services for Unaccompanied Immigrant Children.—The Committee strongly supports CNCS' initiative, working in close consultation with HHS and the Department of Justice, to expand access to legal counsel and services for unac-

accompanied immigrant children through the UAC program. Many children in the UAC program are fleeing escalating gang and drug violence in Central America, and are victims, or at risk of becoming victims, of trafficking, abuse, or severe violence. Yet as these children seek relief under U.S. immigration law, many appear before an immigration judge without legal counsel and little or no access to legal services. This is unjust for children but also puts a burden on the immigration court system. Utilizing AmeriCorps members and leveraging resources at CNCS and DOJ can be an innovative way to expand access to legal services.

In addition, the Committee strongly supports CNCS' current efforts through AmeriCorps to expand access to legal services more generally for low-income and underserved populations. Recruiting highly-motivated recent law-school graduates to participate in AmeriCorps could expand access to quality legal counsel for underserved populations while providing valuable experiences for the members themselves.

National Civilian Community Corps [NCCC]

The Committee recommendation includes \$30,000,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

Innovation, Demonstration, and Assistance Activities

The Committee recommendation includes \$76,900,000 for innovation, demonstration, and assistance activities.

Social Innovation Fund [SIF].—Within the funds provided, the Committee recommendation includes \$70,000,000 for the SIF authorized under section 1807 of the SERVE America Act, the same as the comparable fiscal year 2014 level and the budget request. Within this amount, the Committee recommendation includes up to \$14,000,000 for Pay for Success projects, the same as the comparable fiscal year 2014 funding level and the budget request. Pay for Success is a financing model that leverages significant private funding, with the ultimate goal of improving the effectiveness of government programs and outcomes of individuals served by them. While the basic model is still in its infancy, many States and local communities have begun projects or are exploring doing so. CNCS' SIF is uniquely suited to be able to help local communities develop Pay for Success projects, explore areas where this model could be applied, and grow the body of evidence and research in this relatively new field. The Committee strongly supports CNCS' proposal to use fiscal year 2014 funds to support the pipeline of Pay for Success projects starting at the earliest stages of development. Fiscal year 2015 funding will build on these fiscal year 2014 investments and continue to support the implementation of Pay for Success projects across the country.

The Committee strongly encourages CNCS to allow current high-performing SIF grantees to apply for renewal funding to continue the implementation and evaluation of their current projects as appropriate and consistent with the statute, and to compete for new SIF funding for projects not currently funded by the SIF.

Volunteer Generation Fund.—Within the total, the Committee recommendation includes \$3,800,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act, the same as the comparable fiscal year 2014 funding level. The budget request proposed consolidating RSVP with the Volunteer Generation Fund and included funding for RSVP within this program. The Committee funds RVSP within the National Senior Volunteer Corps program. The Committee recommendation also provides \$1,000,000 for MLK Day of Service.

Evaluation

The Committee recommendation includes \$5,000,000 for CNCS evaluation activities.

The Committee continues to strongly encourage CNCS to evaluate the impact of service on both the lives of those served and the lives of those serving. For example, research has shown the negative long-term impacts of individuals entering the labor market during economic downturns and otherwise slack labor markets. Participating in federally funded service programs could help mitigate those lasting impacts. The Committee strongly encourages CNCS to explore evaluating outcomes such as these, and others on the potential benefits of service.

State Commission Grants

The Committee recommendation includes \$15,538,000 for State Commission Grants. In fiscal year 2014 training and technical assistance grants were consolidated with State Commission Grants. The Committee recommendation supports this consolidation, which the Committee believes will create efficiencies at both the Federal and State levels of government by combining two State grants with overlapping purposes.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2014	\$207,368,000
Budget estimate, 2015	253,885,000
Committee recommendation	210,695,000

The Committee recommends an appropriation of \$210,695,000 for making payments to the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

The recommended funding level is sufficient to support approximately 81,000 servicemembers. The budget request proposed reforms to SeniorCorps programs that increased costs within the National Service Trust. The Committee does not include those changes. The Committee recommendation includes sufficient funding for the National Service Trust to support fiscal year 2015 costs based on the estimated number of servicemembers above.

SALARIES AND EXPENSES

Appropriations, 2014	\$80,737,000
Budget estimate, 2015	87,257,000
Committee recommendation	83,737,000

The Committee recommends an appropriation of \$83,737,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

The Committee recommendation includes an increase in salaries and expenses, in large part, to support the improvement of information technology [IT] systems. IT modernization efforts will help streamline grantee reporting and improve efficiencies of CNCS programs as a whole, while reducing burdens on local organizations.

The Committee reiterates its strong support for efforts to redesign the outreach activities meant to recruit and support national servicemembers with disabilities. These efforts should utilize and build on successful models of integration of persons with disabilities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2014	\$5,000,000
Budget estimate, 2015	6,000,000
Committee recommendation	5,500,000

The Committee recommends an appropriation of \$5,500,000 for the CNCS OIG. The OIG's goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee retains language in the fiscal year 2014 appropriations act concerning five administrative provisions: requiring the Corporation to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); and allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (section 405).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2016	\$445,000,000
Budget estimate, 2017	445,000,000
Committee recommendation	445,000,000

The Committee recommends \$445,000,000 for CPB as an advance appropriation for fiscal year 2017. Two-year advance funding has been in place since 1975 to ensure the independence of public broadcasting programming.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB's administrative costs.

FEDERAL MEDIATION AND CONCILIATION SERVICE
SALARIES AND EXPENSES

Appropriations, 2014	\$45,149,000
Budget estimate, 2015	45,666,000
Committee recommendation	45,666,000

The Committee recommends \$45,666,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, the Committee recommendation includes \$400,000 for labor-management partnership grants. These grants support innovative approaches to collaborative labor-management relationships to resolve potential problems, explore ways to improve productivity, and avert serious work stoppages.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION
SALARIES AND EXPENSES

Appropriations, 2014	\$16,423,000
Budget estimate, 2015	17,061,000
Committee recommendation	17,061,000

The Committee recommends \$17,061,000 for FMSHRC, which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. Most cases involve civil penalties proposed by MSHA. FMSHRC's administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ decisions.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2014	\$226,860,000
Budget estimate, 2015	226,448,000
Committee recommendation	227,860,000

The Committee recommends \$227,860,000 for IMLS. This agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

Within the total for IMLS, the Committee recommendation includes the amounts below:

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Library Services Technology Act:			
Grants to States	154,848	152,501	154,848
Native American Library Services	3,861	3,869	3,861
National Leadership: Libraries	12,200	12,232	12,200
Laura Bush 21st Century Librarian	10,000	10,000	10,000

[In thousands of dollars]

Budget activity	Fiscal year 2014 appropriation	Fiscal year 2015 request	Committee recommendation
Subtotal, LSTA	180,909	178,602	180,909
Museum Services Act:			
Museums for America	20,200	20,643	20,200
Native American/Hawaiian Museum Services	924	926	924
National Leadership: Museums	7,600	8,080	7,600
Subtotal, MSA	28,724	29,649	28,724
African American History and Culture Act	1,407	1,410	1,407
Administration	14,000	15,000	15,000
Policy, Research, Program Evaluation, and Statistics	1,820	1,787	1,820

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2014	\$7,500,000
Budget estimate, 2015	8,700,000
Committee recommendation	8,500,000

The Committee recommends \$8,500,000 for MACPAC. This commission was established in the Children's Health Insurance Program Reauthorization Act of 2009 and is tasked with reviewing State and Federal Medicaid and Children's Health Insurance Program access and payment policies and making recommendations to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee recommendation will allow MACPAC to continue to build capacity to carry out these activities.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2014	\$11,519,000
Budget estimate, 2015	12,300,000
Committee recommendation	12,300,000

The Committee recommends \$12,300,000 for MedPAC, which provides independent policy and technical advice on issues affecting the Medicare program.

Current law requires the Medicare Payment Advisory Commission [MedPAC] to be comprised of a mix of individuals with expertise in the financing and delivery of healthcare services and have a broad geographic representation, including, but not limited to, those with rural backgrounds and experience. The Committee urges GAO to continue to follow the statute when making appointments to MedPAC.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2014	\$3,186,000
Budget estimate, 2015	3,264,000
Committee recommendation	3,264,000

The Committee recommends \$3,264,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations

to the President, Congress, the RSA, and NIDRR on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

The Committee directs NCD to study the accessibility of taxicabs in the United States and internationally, and to make recommendations about how to increase the number and availability of accessible taxicabs in the United States. The Committee also directs NCD, in conjunction with the Access Board, to work with the World Bank to develop a safeguard on disability in order to increase the inclusion and opportunities for individuals with disabilities in countries that receive funds from the World Bank.

NATIONAL HEALTH CARE WORKFORCE COMMISSION
SALARIES AND EXPENSES

Appropriations, 2014	
Budget estimate, 2015	
Committee recommendation	\$3,000,000

The Committee recommendation includes \$3,000,000 for the National Health Care Workforce Commission. This commission will serve as a resource to Congress, the President, and State and local entities in evaluating healthcare workforce needs, including assessing education and training activities to determine to what extent the demand for health workers is being met; identifying barriers to improved coordination at the Federal, State, and local levels; and recommending changes to address those barriers.

NATIONAL LABOR RELATIONS BOARD
SALARIES AND EXPENSES

Appropriations, 2014	\$274,224,000
Budget estimate, 2015	277,840,000
Committee recommendation	277,840,000

The Committee recommends \$277,840,000 for the NLRB, which administers and enforces the National Labor Relations Act and protects employee and employer rights provided under that act.

NATIONAL MEDIATION BOARD
SALARIES AND EXPENSES

Appropriations, 2014	\$13,116,000
Budget estimate, 2015	13,227,000
Committee recommendation	13,227,000

The Committee recommends \$13,227,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2014	\$11,411,000
Budget estimate, 2015	12,651,000
Committee recommendation	12,651,000

The Committee recommends \$12,651,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act and Railroad Unemployment Insurance Act.

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2014	\$39,000,000
Budget estimate, 2015	34,000,000
Committee recommendation	34,000,000

The Committee recommends \$34,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$3,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 2014	\$150,000
Budget estimate, 2015	150,000
Committee recommendation	150,000

The Committee recommends \$150,000 for Federal Payments to the Railroad Retirement Account. These funds reimburse the railroad retirement trust funds for interest earned on non-negotiated checks.

LIMITATION ON ADMINISTRATION

Appropriations, 2014	\$110,300,000
Budget estimate, 2015	112,150,000
Committee recommendation	112,150,000

The Committee recommends \$112,150,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2014	\$8,272,000
Budget estimate, 2015	8,750,000
Committee recommendation	8,750,000

The Committee recommends \$8,750,000 for the RRB OIG. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2014	\$16,400,000
Budget estimate, 2015	16,400,000
Committee recommendation	16,400,000

The Committee recommends \$16,400,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2014	\$41,249,064,000
Budget estimate, 2015	40,926,029,000
Committee recommendation	40,998,647,000

The Committee recommends \$40,998,647,000 in fiscal year 2015 mandatory funds for the SSI program. This is in addition to the \$19,700,000,000 provided in the fiscal year 2014 appropriations act for the first quarter of fiscal year 2015. In addition, the Committee recommends \$19,200,000,000 in advance funding for the first quarter of fiscal year 2016. The SSI program guarantees a minimum level of income to individuals who are disabled, blind, or older than age 65, and meet certain income and resource limitations.

Federal Benefit Payments

The Committee recommendation includes a fiscal year 2015 program level of \$56,201,000,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$560 for 8.3 million recipients.

Beneficiary Services

The Committee recommendation includes \$70,000,000 in new mandatory budget authority for beneficiary services. Including carryover of prior year unobligated balances this will fund a total estimated fiscal year 2015 program level of \$79,000,000.

These funds reimburse VR agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [ENs], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

The Committee recommendation includes \$83,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act. These funds support a variety of research and demonstration

projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

Disability Early Intervention Initiative.—The Committee recommendation includes \$35,000,000 for a disability early intervention initiative, to be available until expended. This demonstration project will test innovative and evidence-based approaches to improve outcomes for individuals with disabilities who are not yet receiving Social Security disability benefits, but who are likely to be eligible for benefits in the future, focusing on helping them remain in the workforce. Such efforts could help reduce the likelihood that certain individuals end up needing Social Security disability benefits in the future. The Committee directs SSA to work in close consultation with the Departments of Labor, Education, HHS, and other agencies as appropriate, in developing and administering this demonstration project, including determining the appropriate target population and the types of interventions or services to be tested. The Committee expects that the actual interventions or services will be provided by organizations and programs typically funded by these other agencies. Prior to issuing a funding opportunity announcement [FOA] for this demonstration project, SSA should publish a detailed executive summary of a proposed FOA, or a draft FOA itself, and allow for public comment by outside organizations. SSA should also ensure that participation in any demonstration is voluntary and that individuals are not required to waive any of their rights under the Social Security Act. Finally, the Committee expects SSA, in coordination with the other agencies involved, to provide periodic briefings to the Committees on Appropriations of the House and Senate, the Senate Committee on Finance, and House Committee on Ways and Means, as they develop this demonstration project.

Administrative Expenses

The Committee recommendation includes \$4,344,647,000 for SSI program administrative expenses. This appropriation funds the SSI program’s share of administrative expenses incurred through the Limitation on Administrative Expenses [LAE] account.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2014	\$11,697,040,000
Budget estimate, 2015	12,024,000,000
Committee recommendation	11,921,040,000

The Committee recommends \$11,921,040,000 for SSA’s LAE account. This account provides resources for SSA to administer the OASI, DI, and SSI programs, and to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program’s share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, proc-

essing individuals' annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

The Committee remains concerned about the impact of persistently tight budget constraints on SSA's ability to provide convenient, quality, and timely services to the public. After years of inadequate funding in the mid-2000s basic services began to suffer. For example, by 2008 it took an average of 532 days to process a disability hearing, and a substantial number of cases were pending for over 900 and even 1,000 days. Significant funding increases in fiscal years 2009 and 2010 allowed SSA to work down this backlog and reduce waiting times while keeping pace with increasing workloads. The Committee is deeply concerned that significantly reduced discretionary spending caps—non-defense discretionary spending subject to caps is \$28 billion less in fiscal year 2015 than projected in August 2011—and the resulting budget constraints for SSA have reversed these positive trends and are impacting basic services to the American public. Individuals are waiting longer to receive initial disability decisions and to hear back on their appeals, waiting longer at field offices, and increasingly reaching busy signals or waiting longer when they call SSA's 1-800 number. In recent years SSA has closed many offices, reduced hours offices are open to the public, and reduced services available at field offices. At the same time, program integrity activities, including but not limited to CDRs and SSI redeterminations, have significantly increased. The Committee supports such activities but remains particularly concerned about the balance in funding for program integrity activities and the core basic services at field offices, SSA's 1-800 number, disability determination services, and hearing offices that millions of Americans rely on every day. Therefore, the Committee recommendation includes a \$224,000,000 increase over the fiscal year 2014 level for LAE to keep pace with rising costs and improve services to the public, while also increasing program integrity efforts.

Continuing Disability Reviews and SSI redeterminations.—The Committee recommendation includes \$1,396,000,000 for CDRs and SSI redeterminations of non-medical eligibility. This includes \$273,000,000 in base funding and \$1,123,000,000 in cap adjustment funding allowed under the Budget Control Act of 2011. The Committee recommendation is a \$199,000,000 increase over the comparable fiscal year 2014 funding level which will allow SSA to continue to increase their program integrity activities.

Veterans Affairs [VA] Benefits.—The Committee commends the work SSA has done in recent years to improve coordination and data sharing with the VA to help improve the VA's disability claims process. The Committee directs SSA to continue to provide it with periodic updates on steps taken to continue to improve the process.

Access and Availability of Benefit Verification Letters and SSN Printouts.—The Committee remains concerned about plans to eliminate the Social Security Number printout, and to limit the availability of Benefit Verification letters at field offices. The Committee agrees that SSN printouts should be phased out but remains concerned about the planned timeline. Similarly, the Com-

mittee remains unconvinced that the availability of Benefit Verification letters at field offices should be limited. The Committee appreciates that SSA has revised its guidance related to Benefit Verification letters and the ability of individuals to continue to receive this document at field offices but remains concerned about the effect of the overall policy change. It is often third parties, such as local government agencies, banks, or employers that require individuals to provide these documents. While the Committee strongly supports SSA encouraging third parties to use existing online tools to verify the same information, and eliminate the need for individuals to provide these documents altogether, that ultimately relies on third parties to do so. Similarly, the Committee supports individuals being able to access this information through multiple service channels, including over the phone or online. However, many individuals will prefer or need to request this information in-person at a field office. The Committee strongly encourages SSA to continue to make these documents readily available at field offices until there is more evidence or better assurances that individuals will not be adversely impacted by any changes.

Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].—The Committee recommendation includes \$23,000,000 for WIPA and \$7,000,000 for PABSS, the same as the comparable fiscal year 2014 levels respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work.

Representative Payee Oversight.—SSA assigns representative payees when beneficiaries are unable to financially manage their own benefit payments. The Committee strongly encourages SSA to continue to pursue efforts to improve representative payee oversight, including continuing to partner with outside organizations to identify, investigate, and prevent fraud and abuse.

Social Security Annual Statements.—The Committee directs SSA to resume mailing annual Social Security Statements, and to otherwise increase the number of individuals receiving their statement annually, in accordance with its plan submitted to Congress in March 2014. Under this plan, most workers would receive a paper statement at age 25 and then at least every 5 years thereafter. In addition, SSA would continue to encourage individuals to sign up and use SSA's my Social Security Web site, where they can view their statement electronically. Annual Social Security Statements provide valuable information to workers on their benefits under Social Security programs and help improve individuals' awareness and understanding of the programs, including when planning for retirement. It also allows workers to check their earning history and notify SSA of any errors in a timely fashion. Earnings discrepancies identified years later can be complicated and time-consuming to resolve. The Committee strongly encourages SSA to expand access to this valuable tool and to increase the number of individuals receiving an annual statement, both by mail and electronically as appropriate.

Field Office Closings.—The Committee remains concerned about SSA's lack of transparency in its policies and procedures for proposing to close field offices. The Committee directs SSA to develop a process that would provide an opportunity for community input

before a final decision is made to close an office. Closing a local field office can have significant impacts on individuals being able to conveniently access critical and basic services. While the Committee supports efforts to expand access to online services and modernize service delivery options, face-to-face service is a critical component of what SSA does, and will remain so in the future. Individuals rely on convenient access to Social Security, including through local field offices, for a wide-range of critical Social Security services but also for a variety of other Federal or local programs, and private purposes. SSA has detailed internal procedures in place to review their physical field office footprint. However, allowing public input could help SSA consider even more information about the particular impact on individual communities for which local community stakeholders can know best, and improve the overall transparency of these critical decisions.

Predictive Analytics and Cognitive Computing.—The Committee strongly supports the work SSA has done in implementing and exploring the use of predictive analytics to strengthen its program integrity activities and improving the efficiency and accuracy of its disability claims and review process. The Committee strongly encourages SSA to continue these efforts and explore the use of cognitive computing in supporting disability examiners and administrative law judges, and to explore innovative ways to use data analytics to improve program integrity operations that encourage collaboration with outside public and private organizations.

Social Security Advisory Board.—The Committee recommendation includes not less than \$2,300,000 for the Social Security Advisory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

User Fees.—Within the total for LAE, the Committee recommendation includes up to \$125,000,000 for administrative activities funded from user fees. This includes \$124,000,000 in fees collected from States that request SSA to administer State SSI supplementary payments and up to \$1,000,000 from fees collected from non-attorney claimant representatives.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2014	\$102,078,000
Budget estimate, 2015	104,622,000
Committee recommendation	103,078,000

The Committee recommends \$103,078,000 for SSA's OIG. This includes \$74,249,000 funded from the OASI and DI trust funds for those programs' share of OIG's expenses and \$28,829,000 funded from general revenues for the SSI program's share of expenses.

TITLE V

GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortion.

Section 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act.

Section 514. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill continues a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill modifies a provision rescinding funds from the State Children's Health Insurance Program performance bonus fund.

Section 519. The bill modifies a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 520. The bill continues a provision regarding reporting status of balances of appropriations.

Section 521. The Committee strongly supports continuation of the Performance Partnerships for Disconnected Youth which were created in last year's appropriations act. The Performance Partnerships Pilots will allow States and localities to identify better ways of improving outcomes for disconnected youth by giving them additional flexibility in using discretionary funds available through multiple Federal programs.

The Committee requests the administration provide it with annual reports containing the following information: detailed summary of all involved pilot Programs, overview of how pilots were selected, summary of findings from the various pilots, and recommendations for Congress on how to apply best practices more broadly.

Section 522. The Committee continues a provision to promote public access to research supported by Federal funding.

Section 523. The bill continues a provision requiring computer networks to block pornography.

Section 524. The bill includes a new general provision rescinding funds from the State Children's Health Insurance Program.

Section 525. The bill includes a new provision related to reporting requirements for conference spending.

Section 526. The bill includes a new provision restricting funds for excessive conference spending.

Section 527. The bill includes a new provision prohibiting the use of third party, nongovernmental certification for seafood sustainability.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Elementary and Secondary Education Act; Institute of Education Sciences; parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Empowerment Act of 2004; Workforce Investment Act; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Combating Autism Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs (except for Victims of Trafficking); Head Start; Runaway and Homeless Youth programs; Adoption Incentives; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; YouthBuild Transfer Act; Assistive Technology Act; Carl D. Perkins Career and Technical Education Improvement Act; Corporation for Public Broadcasting; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 00, 2014, the Committee ordered favorably reported, en bloc, an original bill (S. 0000) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the year ending September 30, 2015, and for other purposes, and an original bill (S. 0000) making appropriations for the Legislative Branch for the fiscal year ending September 30, 2015, and for other purposes provided, that each bill be subject to amendment and that each bill be consistent with the subcommittee funding guidance, by

a recorded vote of 00–00, a quorum being present. The vote was as follows:

Yeas

Nays

**COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE
STANDING RULES OF THE SENATE**

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

TITLE 20—EDUCATION

**CHAPTER 28—HIGHER EDUCATION RESOURCES AND
STUDENT ASSISTANCE**

SUBCHAPTER IV—STUDENT ASSISTANCE

**PART A—GRANTS TO STUDENTS IN ATTENDANCE AT INSTITUTIONS OF
HIGHER EDUCATION**

SUBPART 1—FEDERAL PELL GRANTS

1070a. Federal Pell Grants: amount and determinations; applications

(a) * * *

(b) Purpose and amount of grants

(1) * * *

(2)(A) The amount of the Federal Pell Grant for a student eligible under this part shall be—

(i) the maximum Federal Pell Grant, as specified in the last enacted appropriation Act applicable to that award year, plus

(ii) the amount of the increase calculated under paragraph (7)(B) for that year *except that a student eligible only under 484(d)(1)(A) who first enrolls in an eligible program of study on or after July 1, 2015, shall not be eligible for the amount of the increase calculated under paragraph (7)(B), less*

* * * * *

**PART F—GENERAL PROVISIONS RELATING TO STUDENT ASSISTANCE
PROGRAMS**

1091. Student eligibility

(a) * * *

* * * * *

[(d) Students who are not high school graduates

[In order for a student who does not have a certificate of graduation from a school providing secondary education, or the recognized equivalent of such certificate, to be eligible for any assistance under subparts 1, 3, and 4 of part A and parts B, C, and D of this subchapter and part C of subchapter I of chapter 34 of title 42, the student shall have completed a secondary school education in a home school setting that is treated as a home school or private school under State law.]

(d) STUDENTS WHO ARE NOT HIGH SCHOOL GRADUATES.—

(1) STUDENT ELIGIBILITY.—In order for a student who does not have a certificate of graduation from a school providing secondary education, or the recognized equivalent of such certificate, to be eligible for any assistance under subparts 1, 3, and 4 of part A and parts B, C, D, and E of this title, the student shall meet the requirements of one of the following subparagraphs:

(A) The student is enrolled in an eligible career pathway program and meets one of the following standards:

(i) The student shall take an independently administered examination and shall achieve a score, specified by the Secretary, demonstrating that such student can benefit from the education or training being offered. Such examination shall be approved by the Secretary on the basis of compliance with such standards for development, administration, and scoring as the Secretary may prescribe in regulations.

(ii) The student shall be determined as having the ability to benefit from the education or training in accordance with such process as the State shall prescribe. Any such process described or approved by a State for the purposes of this section shall be effective 6 months after the date of submission to the Secretary unless the Secretary disapproves such process. In determining whether to approve or disapprove such process, the Secretary shall take into account the effectiveness of such process in enabling students without secondary school diplomas or the equivalent thereof to benefit from the instruction offered by institutions utilizing such process, and shall also take into account the cultural diversity, economic circumstances, and educational preparation of the populations served by the institutions.

(iii) The student shall be determined by the institution of higher education as having the ability to benefit from the education or training offered by the institution of higher education upon satisfactory completion of 6 credit hours or the equivalent coursework that are applicable toward a degree or certificate offered by the institution of higher education.

- (B) *The student has completed a secondary school education in a home school setting that is treated as a home school or private school under State law.*
- (2) **ELIGIBLE CAREER PATHWAY PROGRAM.**—*In this subsection, the term “eligible career pathway program” means a program that—*
 - (A) *concurrently enrolls participants in connected adult education and eligible postsecondary programs;*
 - (B) *provides counseling and supportive services to identify and attain academic and career goals;*
 - (C) *provides structured course sequences that—*
 - (i) *are articulated and contextualized; and*
 - (ii) *allow students to advance to higher levels of education and employment;*
 - (D) *provides opportunities for acceleration to attain recognized postsecondary credentials, including degrees, industry relevant certifications, and certificates of completion of apprenticeship programs;*
 - (E) *is organized to meet the needs of adults;*
 - (F) *is aligned with the education and skill needs of the regional economy; and*
 - (G) *has been developed and implemented in collaboration with partners in business, workforce development, and economic development.*

PUBLIC HEALTH SERVICE ACT

TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

SEC. 401. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

- (a) * * *
- (b) **NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.**—
The following agencies of the National Institutes of Health are national research institutes or national centers:
 - (1) The National Cancer Institute.
 - * * * * *
 - (23) The **[National Center for Complementary and Alternative Medicine]** *National Center for Complementary and Integrative Health.*
 - * * * * *

Subpart 5—**[National Center for Complementary and Alternative Medicine]** *National Center for Complementary and Integrative Health*

SEC. 485D. PURPOSE OF CENTER.

(a) **IN GENERAL.**—The general purposes of the **[National Center for Complementary and Alternative Medicine]** *National Center for Complementary and Integrative Health* (in this subpart referred to as the “Center”) are the conduct and support of basic and applied research (including both intramural and extramural research), research training, the dissemination of health information,

and other programs with respect to identifying, investigating, and validating **complementary and alternative treatment** *complementary and integrative health*, diagnostic and prevention modalities, disciplines and systems. The Center shall be headed by a director, who shall be appointed by the Secretary. The Director of the Center shall report directly to the Director of NIH.

(b) **ADVISORY COUNCIL.**—The Secretary shall establish an advisory council for the Center in accordance with section 406, except that at least half of the members of the advisory council who are not ex officio members shall include practitioners licensed in one or more of the major systems with which the Center is concerned, and at least 3 individuals representing the interests of individual consumers of complementary and **alternative medicine** *integrative health*.

[(c) COMPLEMENT TO CONVENTIONAL MEDICINE.—In carrying out subsection (a), the Director of the Center shall, as appropriate, study the integration of alternative treatment, diagnostic and prevention systems, modalities, and disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States.]

(c) In carrying out subsection (a), the Director of the Center shall, as appropriate, study the integration of new and non-traditional approaches to health care treatment and consumption, including but not limited to non-traditional treatment, diagnostic and prevention systems, modalities, and disciplines.

(d) **APPROPRIATE SCIENTIFIC EXPERTISE AND COORDINATION WITH INSTITUTES AND FEDERAL AGENCIES.**—The Director of the Center, after consultation with the advisory council for the Center and the division of research grants, shall ensure that scientists with appropriate expertise in research on complementary and **alternative medicine** *integrative health* are incorporated into the review, oversight, and management processes of all research projects and other activities funded by the Center. In carrying out this subsection, the Director of the Center, as necessary, may establish review groups with appropriate scientific expertise. The Director of the Center shall coordinate efforts with other Institutes and Federal agencies to ensure appropriate scientific input and management.

(e) **EVALUATION OF VARIOUS DISCIPLINES AND SYSTEMS.**—In carrying out subsection (a), the Director of the Center shall identify and evaluate **alternative and complementary medical treatment** *complementary and integrative health*, diagnostic and prevention modalities in each of the disciplines and systems with which the Center is concerned, including each discipline and system in which accreditation, national certification, or a State license is available.

* * * * *

(g) **DATA SYSTEM; INFORMATION CLEARINGHOUSE.**—

(1) **DATA SYSTEM.**—The Director of the Center shall establish a bibliographic system for the collection, storage, and retrieval of worldwide research relating to **complementary and alternative treatment** *complementary and integrative health*, diagnostic and prevention modalities, disciplines and systems. Such a system shall be regularly updated and publicly accessible.

(2) CLEARINGHOUSE.—The Director of the Center shall establish an information clearinghouse to facilitate and enhance, through the effective dissemination of information, knowledge and understanding of **alternative medical treatment** *complementary and integrative health*, diagnostic and prevention practices by health professionals, patients, industry, and the public.

(h) RESEARCH CENTERS.—The Director of the Center, after consultation with the advisory council for the Center, shall provide support for the development and operation of multipurpose centers to conduct research and other activities described in subsection (a) with respect to **complementary and alternative treatment** *complementary and integrative health*, diagnostic and prevention modalities, disciplines and systems. The provision of support for the development and operation of such centers shall include accredited complementary and **alternative medicine** *integrative health* research and education facilities.

—————
**CONSOLIDATED APPROPRIATIONS ACT, 2014, PUBLIC
 LAW 113-76**

**DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND
 HUMAN SERVICES, AND EDUCATION, AND RELATED
 AGENCIES APPROPRIATIONS ACT, 2014**

TITLE V

GENERAL PROVISIONS

(INCLUDING TRANSFER OF FUNDS)

SEC. 526. (a) * * *

* * * * *

(b) USE OF DISCRETIONARY FUNDS IN **FISCAL YEAR 2014** *FISCAL YEAR 2015*.—Federal agencies may use Federal discretionary funds that are made available in this Act to carry out up to 10 Performance Partnership Pilots. Such Pilots shall:

(1) be designed to improve outcomes for disconnected youth, and

* * * * *

(A) the length of the Agreement (which shall not extend beyond **September 30, 2018** *September 30, 2019*);

* * * * *

(e) TRANSFER AUTHORITY.—For the purpose of carrying out the Pilot in accordance with the Performance Partnership Agreement, and subject to the written approval of the Director of the Office of Management and Budget, the head of each participating Federal agency may transfer Federal discretionary funds that are being used in the Pilot to an account of the lead Federal administering agency that includes Federal discretionary funds that are being used in the Pilot. Subject to the waiver authority under subsection (f), such transferred funds shall remain available for the same purposes for which such funds were originally appropriated: *Provided,*

That such transferred funds shall remain available for obligation by the Federal Government until the expiration of the period of availability for those Federal discretionary funds (which are being used in the Pilot) that have the longest period of availability, except that any such transferred funds shall not remain available beyond **【September 30, 2018】** *September 30, 2019*.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2015
 [In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year	54,080	54,080	64,736	+ 10,656	+ 10,656
Advance from prior year	(712,000)	(712,000)	(712,000)		
Fiscal year 2016	712,000	712,000			
Subtotal	766,080	766,080	776,736	+ 10,656	+ 10,656
Youth Training	820,430	820,430	831,842	+ 11,412	+ 11,412
Dislocated Worker Assistance, current year	141,598	141,598	155,530	+ 13,932	+ 13,932
Advance from prior year	(860,000)	(860,000)	(860,000)		
Fiscal year 2016	860,000	860,000	860,000		
Subtotal	1,001,598	1,001,598	1,015,530	+ 13,932	+ 13,932
Subtotal, Grants to States	2,588,108	2,588,108	2,624,108	+ 36,000	+ 36,000
Current Year	(1,016,108)	(1,016,108)	(1,052,108)	(+ 36,000)	(+ 36,000)
Fiscal year 2016	(1,572,000)	(1,572,000)	(1,572,000)		
Federally Administered Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	20,859	20,859	20,859		
Advance from prior year	(200,000)	(200,000)	(200,000)		
Fiscal year 2016	200,000	200,000	200,000		
Subtotal	220,859	220,859	220,859		
Subtotal, Dislocated Worker Assistance	1,222,457	1,222,457	1,236,389	+ 13,932	+ 13,932

Native American Programs	46,082	46,082	47,282	+ 1,200	+ 1,200
Migrant and Seasonal Farmworker programs	81,896	81,896	82,896	+ 1,000	+ 1,000
Women in Apprenticeship	994	994	994	+ 994	+ 994
YouthBuild activities	77,534	77,534	79,534	+ 2,000	+ 2,000
Sector Strategies	15,000	15,000	15,000	- 15,000	- 15,000
Workforce Innovation Fund	47,304	60,000	47,304	- 47,304	- 60,000
Subtotal, Federally Administered Programs [FAP]	474,669	501,371	431,565	- 43,104	- 69,806
Current Year	(274,669)	(301,371)	(231,565)	(- 43,104)	(- 69,806)
Fiscal year 2016	(200,000)	(200,000)			
National Activities:					
Reintegration of Ex-Offenders	80,078	80,078	80,078		
Workforce Data Quality Initiative	6,000	6,000	6,000		
WIA incentive grants		80,000			- 80,000
Subtotal	86,078	166,078	86,078		- 80,000
Total, Training and Employment Services [TES]	3,148,855	3,255,557	3,141,751	- 7,104	- 113,806
Current Year	(1,376,855)	(1,483,557)	(1,369,751)	(- 7,104)	(- 113,806)
Fiscal year 2016	(1,772,000)	(1,772,000)			
Office of Job Corps					
Administration	30,147	32,330	32,330	+ 2,183	
Operations	1,578,008	1,580,825	1,592,825	+ 14,817	+ 12,000
Construction, Rehabilitation and Acquisition	80,000	75,000	75,000	- 5,000	
Total, Office of Job Corps	1,688,155	1,688,155	1,700,155	+ 12,000	+ 12,000
Current Year	(1,688,155)	(1,688,155)	(1,700,155)	(+ 12,000)	(+ 12,000)
Community Service Employment For Older Americans ¹	434,371	380,000	434,371		+ 54,371
Federal Unemployment Benefits and Allowances	608,768	710,600	710,600	+ 101,832	
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation [UI]:					
State Operations	2,881,575	2,855,443	2,855,443	- 26,132	
National Activities	10,676	14,547	14,547	+ 3,871	
Subtotal, Unemployment Compensation	2,892,251	2,869,990	2,869,990	- 22,261	
Employment Service [ES]:					
Allotments to States:					
Federal Funds	21,413	21,413	21,413		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Trust Funds	642,771	642,771	642,771		
Subtotal	664,184	664,184	664,184		
ES National Activities	19,818	19,818	19,818		
Subtotal, Employment Service	684,002	684,002	684,002		
Federal Funds	(21,413)	(21,413)	(21,413)		
Trust Funds	(662,589)	(662,589)	(662,589)		
Foreign Labor Certification:					
Federal Administration	47,691	48,028	48,028	+337	
Grants to States	14,282	14,282	14,282		
Subtotal, Foreign Labor Certification	61,973	62,310	62,310	+337	
One-Stop Career Centers/Labor Market Information	60,153	60,153	60,153		
Total, State UI and ES	3,698,379	3,676,455	3,676,455	-21,924	
Federal Funds	(81,566)	(81,566)	(81,566)		
Trust Funds	(3,616,813)	(3,594,889)	(3,594,889)	(-21,924)	
State Paid Leave Fund		5,000	5,000	+5,000	
Advances to the Unemployment Trust Fund and Other Funds ²	600,000			-600,000	
Program Administration					
Training and Employment					
Trust Funds	60,074	60,853	60,853	+779	
Trust Funds	8,639	8,727	8,727	+88	
Employment Security					
Trust Funds	3,469	3,512	3,512	+43	
Trust Funds	39,264	39,845	39,845	+581	
Apprenticeship Services	30,000	33,384	35,000	+5,000	+1,616
Executive Direction	7,034	7,140	7,140	+106	

	2,079	2,102	2,102	2,102	+ 23	
Trust Funds						
Total, Program Administration	150,559	155,563	157,179	157,179	+ 6,620	+ 1,616
Federal Funds	(100,577)	(104,889)	(106,505)	(106,505)	(+ 5,928)	(+ 1,616)
Trust Funds	(49,982)	(50,674)	(50,674)	(50,674)	(+ 692)	
Total, Employment and Training Administration	10,329,087	9,871,330	9,825,511	9,825,511	- 503,576	- 45,819
Federal Funds	6,662,292	6,225,767	6,179,948	6,179,948	- 482,344	- 45,819
Current Year	(4,890,292)	(4,453,767)	(4,407,948)	(4,407,948)	(- 482,344)	(- 45,819)
Fiscal year 2016	(1,772,000)	(1,772,000)	(1,772,000)	(1,772,000)		
Trust Funds	3,666,795	3,645,563	3,645,563	3,645,563	- 21,232	
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)						
Salaries and Expenses	145,000	154,520	149,100	149,100	+ 4,100	- 5,420
Enforcement and Participant Assistance	26,901	27,224	26,901	26,901		- 323
Policy and Compliance Assistance	6,599	6,703	6,699	6,699	+ 100	- 4
Executive Leadership, Program Oversight and Administration						
Total, EBSA	178,500	188,447	182,700	182,700	+ 4,200	- 5,747
PENSION BENEFIT GUARANTY CORPORATION (PBGC)						
Pension Benefit Guaranty Corporation Fund	(76,100)	(79,526)	(79,526)	(79,526)	(+ 3,426)	
Pension Insurance Activities	(266,070)	(179,230)	(179,230)	(179,230)	(- 86,840)	
Pension Plan Termination	(154,464)	(156,638)	(156,638)	(156,638)	(+ 2,174)	
Operational Support						
Total, PBGC (program level)	(496,634)	(415,394)	(415,394)	(415,394)	(- 81,240)	
WAGE AND HOUR DIVISION	224,330	265,766	237,330	237,330	+ 13,000	- 28,436
OFFICE OF LABOR-MANAGEMENT STANDARDS	39,129	41,236	40,000	40,000	+ 871	- 1,236
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS	104,976	107,903	106,476	106,476	+ 1,500	- 1,427
OFFICE OF WORKERS' COMPENSATION PROGRAMS						
Salaries and Expenses	109,641	112,938	111,606	111,606	+ 1,965	- 1,332
Trust Funds	2,142	2,177	2,177	2,177	+ 35	
Total, Salaries and Expenses	111,783	115,115	113,783	113,783	+ 2,000	- 1,332
Federal Funds	(109,641)	(112,938)	(111,606)	(111,606)	(+ 1,965)	(- 1,332)
Trust Funds	(2,142)	(2,177)	(2,177)	(2,177)	(+ 35)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2015—Continued
 (In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Special Benefits					
Federal Employees' Compensation Benefits	393,000	207,000	207,000	-186,000	
Longshore and Harbor Workers' Benefits	3,000	3,000	3,000		
Total, Special Benefits	396,000	210,000	210,000	-186,000	
Special Benefits for Disabled Coal Miners					
Benefit Payments	128,000	96,000	96,000	-32,000	
Administration	4,858	5,262	5,262	+404	
Subtotal, fiscal year 2016 program level	132,858	101,262	101,262	-31,596	
Less funds advanced in prior year	-40,000	-24,000	-24,000	+16,000	
Total, Current Year	92,858	77,262	77,262	-15,596	
New advances, 1st quarter, fiscal year 2016	24,000	21,000	21,000	-3,000	
Total, Special Benefits for Disabled Coal Miners	116,858	98,262	98,262	-18,596	
Energy Employees Occupational Illness Compensation Fund					
Part B Administrative Expenses	49,769	56,406	56,406	+6,637	
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	248,232	261,548	261,548	+13,316	
Workers' Compensation Programs, Salaries and Expenses	30,655	33,321	33,321	+2,666	
Departmental Management, Salaries and Expenses	23,539	25,543	25,543	+2,004	
Departmental Management, Inspector General	303	327	327	+24	
Subtotal, Black Lung Disability	302,729	320,739	320,739	+18,010	

	330	356	356	+ 26
Treasury Department Administrative Costs	303,059	321,095	321,095	+ 18,036
Total, Black Lung Disability Trust Fund				
Total, Workers' Compensation Programs	977,469	800,878	799,546	- 177,923
Federal Funds	975,327	798,701	797,369	- 177,958
Current year	(951,327)	(777,701)	(776,369)	(- 174,958)
Fiscal year 2016	(24,000)	(21,000)	(21,000)	(- 3,000)
Trust Funds	2,142	2,177	2,177	+ 35
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION [OSHA]				
Salaries and Expenses				
Safety and Health Standards	20,000	20,292	20,292	+ 292
Federal Enforcement	207,785	210,838	209,032	+ 1,247
Whistleblower enforcement	17,000	21,253	18,000	+ 1,000
State Programs	100,000	103,987	101,400	+ 1,400
Technical Support	24,344	24,224	24,224	- 120
Compliance Assistance:				
Federal Assistance	69,433	70,380	70,380	+ 947
State Consultation Grants	57,775	57,775	57,775	
Training Grants	10,687	10,687	10,687	
Subtotal, Compliance Assistance	137,895	138,842	138,842	+ 947
Safety and Health Statistics	34,250	34,488	34,488	+ 238
Executive Direction and Administration	10,973	11,086	11,086	+ 113
Total, OSHA	552,247	565,010	557,364	+ 5,117
MINE SAFETY AND HEALTH ADMINISTRATION				
Salaries and Expenses				
Coal Enforcement	167,859	169,693	169,693	+ 1,834
Metal/Non-Metal Enforcement	91,697	92,634	92,634	+ 937
Standards Development	5,416	6,070	5,800	+ 384
Assessments	6,976	8,043	8,043	+ 1,067
Educational Policy and Development	36,320	30,923	30,923	- 5,397
Technical Support	33,791	34,252	34,252	+ 461
Program Evaluation and Information Resources [PEIR]	17,990	19,593	19,000	+ 1,010
Total, MINE SAFETY AND HEALTH ADMINISTRATION				
Total, OSHA				- 7,646

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
(In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Program Administration	15,838	16,026	16,026	+188	.....
Total, Mine Safety and Health Administration	375,887	377,234	376,371	+484	-863
Total, Worker Protection Agencies	1,586,852	1,660,711	1,614,024	+27,172	-46,687
Federal Funds	(1,584,710)	(1,658,534)	(1,611,847)	(+27,137)	(-46,687)
Trust Funds	(2,142)	(2,177)	(2,177)	(+35)	.....
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics	200,383	208,728	204,483	+4,100	-4,245
Labor Market Information	65,000	65,000	65,000	.....	.....
Prices and Cost of Living	200,586	207,791	203,385	+4,800	-2,406
Compensation and Working Conditions	81,506	83,032	81,906	+400	-1,126
Productivity and Technology	10,203	10,406	10,403	+200	-3
Executive Direction and Staff Services	34,535	35,125	35,035	+500	-90
Total, Bureau of Labor Statistics	592,212	610,082	602,212	+10,000	-7,870
Federal Funds	527,212	545,082	537,212	+10,000	-7,870
Trust Funds	65,000	65,000	65,000	.....	.....
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses	37,745	37,833	41,745	+4,000	+3,912
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction	31,010	31,187	31,010	.....	-177
Departmental Program Evaluation	8,040	9,000	8,040	.....	-960
Legal Services	125,136	131,890	126,136	+1,000	-5,754
Trust Funds	308	308	308	.....	.....

International Labor Affairs	91,125	91,319	91,319	91,319	+194	.....
Administration and Management	28,413	28,563	28,413	28,413	.....	-150
Adjudication	29,420	31,996	31,920	31,920	+2,500	-76
Women's Bureau	11,536	9,047	11,536	11,536	.....	+2,489
Civil Rights Activities	6,880	7,789	6,880	6,880	-909
Chief Financial Officer	5,061	5,090	5,061	5,061	-29
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Total, Departmental Management	336,929	346,189	340,623	340,623	+3,694	-5,566
Federal Funds	(336,621)	(345,881)	(340,315)	(340,315)	(+3,694)	(-5,566)
Trust Funds	(308)	(308)	(308)	(308)
<hr/>						
Veterans Employment and Training						
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State Administration, Grants	175,000	175,000	175,000	175,000
Transition Assistance Program	14,000	14,000	14,000	14,000
Federal Administration	39,000	39,458	39,458	39,458	+458	.....
National Veterans Training Institute	3,414	3,414	3,414	3,414
Homeless Veterans Program	38,109	38,109	38,109	38,109
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Total, Veterans Employment and Training	269,523	269,981	269,981	269,981	+458
Federal Funds	38,109	38,109	38,109	38,109
Trust Funds	231,414	231,872	231,872	231,872	+458
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Information Technology Modernization						
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Departmental support systems	4,898	4,898	4,898	4,898
Infrastructure technology modernization	14,880	20,880	14,880	14,880	-6,000
Digital Government Integrated Platform	4,800	-4,800
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Total, IT Modernization	19,778	30,578	19,778	19,778	-10,800
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Office of Inspector General						
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Program Activities	74,721	78,403	76,721	76,721	+2,000	-1,682
Trust Funds	5,590	5,590	5,590	5,590
<hr/>						
Total, Office of Inspector General	80,311	83,993	82,311	82,311	+2,000	-1,682
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Total, Departmental Management	706,541	730,741	712,693	712,693	+6,152	-18,048
Federal Funds	469,229	492,971	474,923	474,923	+5,694	-18,048
Current Year	(469,229)	(492,971)	(474,923)	(474,923)	(+5,694)	(-18,048)
Trust Funds	237,312	237,770	237,770	237,770	+458	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
(In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Working Capital Fund					
Total, Workforce Investment Act Programs	4,836,016	4,943,712	4,840,912	+ 4,896	- 102,800
Current Year	(3,064,016)	(3,171,712)	(3,068,912)	(+ 4,896)	(- 102,800)
Fiscal year 2016	(1,772,000)	(1,772,000)	(1,772,000)		
Total, Title I, Department of Labor	14,118,123	13,596,460	13,481,948	- 636,175	- 114,512
Federal Funds	10,146,874	9,645,950	9,531,438	- 615,436	- 114,512
Current Year	(8,350,874)	(7,852,950)	(7,738,438)	(- 612,436)	(- 114,512)
Fiscal year 2016	(1,796,000)	(1,793,000)	(1,793,000)	(- 3,000)	
Trust Funds	3,971,249	3,950,510	3,950,510	- 20,739	
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
HEALTH RESOURCES AND SERVICES					
Primary Health Care					
Community Health Centers	1,491,482	1,000,000	1,491,482		+ 491,482
Free Clinics Medical Malpractice		40			- 40
Total, Primary Health Care	1,491,482	1,000,040	1,491,482		+ 491,442
Free Clinics Medical Malpractice	40		40		+ 40
Subtotal, Primary Health Care	1,491,522	1,000,040	1,491,522		+ 491,482
Health Professions					
National Health Service Corps		100,000			- 100,000
Training for Diversity:					
Centers of Excellence	21,657	21,711		- 21,657	- 21,711

Health Careers Opportunity Program	14,153	.....	.....	.....	- 14,153	.....
Faculty Loan Repayment	1,187	1,190	.....	.....	- 1,187	- 1,190
Scholarships for Disadvantaged Students	44,857	44,970	57,857	.....	+ 13,000	+ 12,887
Subtotal, Training for Diversity	81,854	67,871	57,857	.....	- 23,997	- 10,014
Training in Primary Care Medicine	36,831	36,924	40,884	.....	+ 4,053	+ 3,960
Oral Health Training	31,928	32,008	33,928	.....	+ 2,000	+ 1,920
Interdisciplinary Community-Based Linkages:						
Area Health Education Centers	30,250	.....	30,250	.....	.....	+ 30,250
Geriatric Programs	33,237	33,321	34,237	.....	+ 1,000	+ 916
Clinical Training in Interprofessional Practice .....	.....	10,000	.....	.....	.....	- 10,000
Mental and Behavioral Health	7,896	7,916	9,916	.....	+ 2,020	+ 2,000
Subtotal, Interdisciplinary Community Linkages	71,383	51,237	74,403	.....	+ 3,020	+ 23,166
Rural Physician Training Grants .....	.....	4,000	.....	.....	.....	- 4,000
Workforce Information and Analysis	4,651	4,663	5,151	.....	+ 500	+ 488
Public Health and Preventive Medicine programs	18,131	18,177	22,000	.....	+ 3,869	+ 3,823
Nursing Programs:						
Advanced Education Nursing	61,426	.....	68,442	.....	+ 7,016	+ 68,442
Evaluation Tap Funding .....	.....	(61,581)	.....	.....	.....	(- 61,581)
Nurse Education, Practice, and Retention	37,913	38,008	39,913	.....	+ 2,000	+ 1,905
Nursing Workforce Diversity	15,304	15,343	15,304	.....	.....	- 39
Loan Repayment and Scholarship Program	79,785	79,986	81,785	.....	+ 2,000	+ 1,799
Comprehensive Geriatric Education	4,350	4,361	4,350	.....	.....	- 11
Nursing Faculty Loan Program	24,500	24,562	26,500	.....	+ 2,000	+ 1,938
Subtotal, Nursing programs	223,278	162,260	236,294	.....	+ 13,016	+ 74,034
Subtotal, Evaluation Tap Funding .....	.....	(61,581)	.....	.....	.....	(- 61,581)
Total, Nursing programs	223,278	223,841	236,294	.....	+ 13,016	+ 12,453
Children's Hospitals Graduate Medical Education	264,335	.....	265,000	.....	+ 665	+ 265,000
National Practitioner Data Bank	27,496	18,814	18,814	.....	- 8,642	.....
User Fees	- 27,456	- 18,814	- 18,814	.....	+ 8,642	.....
Subtotal, Health Professions	732,391	477,140	735,517	.....	+ 3,126	+ 258,377
Subtotal, Evaluation Tap Funding .....	.....	61,581	.....	.....	.....	- 61,581
Total, Health Professions	732,391	477,140	735,517	.....	+ 3,126	+ 258,377

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
(In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Maternal and Child Health					
Maternal and Child Health Block Grant	632,409	634,000	639,000	+ 6,591	+ 5,000
Sickle Cell Anemia Demonstration Program	4,455	4,466	4,455	.....	- 11
Traumatic Brain Injury	9,321	9,344	9,321	.....	- 23
Autism and Other Developmental Disorders	47,099	47,218	47,099	.....	- 119
Heritable Disorders	11,883	11,913	11,883	.....	- 30
Healthy Start	100,746	101,000	102,000	+ 1,254	+ 1,000
Universal Newborn Hearing Screening	17,818	17,863	17,818	.....	- 45
Emergency Medical Services for Children	20,162	20,213	20,162	.....	- 51
Subtotal, Maternal and Child Health	843,893	846,017	851,738	+ 7,845	+ 5,721
Total, Maternal and Child Health	843,893	846,017	851,738	+ 7,845	+ 5,721
Ryan White HIV/AIDS					
Ryan White HIV/AIDS:					
Emergency Assistance	649,373	655,876	660,688	+ 11,315	+ 4,812
Comprehensive Care Programs	1,314,446	1,315,005	1,326,911	+ 12,465	+ 11,906
AIDS Drug Assistance Program [ADAP] (NA)	(900,313)	(900,313)	(905,313)	(+ 5,000)	(+ 5,000)
Early Intervention Program	205,544	280,167	203,512	- 2,032	- 76,655
Children, Youth, Women, and Families	72,395	.....	75,297	+ 2,902	+ 75,297
AIDS Dental Services	12,991	13,122	13,089	+ 98	- 33
Education and Training Centers	33,275	33,611	33,527	+ 252	- 84
Subtotal, Ryan White HIV/AIDS program	2,288,024	2,297,781	2,313,024	+ 25,000	+ 15,243
Subtotal, Evaluation Tap Funding (NA)	(25,000)	(25,000)	.....	(- 25,000)	(- 25,000)
Total, Ryan White HIV/AIDS program level	(2,313,024)	(2,322,781)	(2,313,024)	.....	(- 9,757)
Subtotal, Ryan White HIV/AIDS Program	2,288,024	2,297,781	2,313,024	+ 25,000	+ 15,243

Subtotal, Evaluation Tap Funding	25,000	25,000	25,000	- 25,000	- 25,000	- 25,000
Health Care Systems						
Organ Transplantation	23,490	24,015	24,015	24,015	+ 525	
National Cord Blood Inventory	11,238	11,266	11,238	11,238		- 28
Bone Marrow Program	22,054	22,109	22,054	22,054		- 55
Office of Pharmacy Affairs	10,212	10,238	10,212	10,212		- 26
340B Drug Pricing User Fees		7,000	7,000	7,000	+ 7,000	
User Fees		- 7,000	- 7,000	- 7,000	- 7,000	
Poison Control	18,799	18,846	18,799	18,799		- 47
National Hansen's Disease Program	15,168	15,206	15,168	15,168		- 38
Hansen's Disease Program Buildings and Facilities	122	122	122	122		
Payment to Hawaii, Treatment of Hansen's	1,852	1,857	1,852	1,852		- 5
Total, Health Care Systems	102,935	103,659	103,460	103,460	+ 525	- 199
Rural Health						
Rural Outreach Grants	56,857	57,000	56,857	56,857		- 143
Rural Health Research/Policy Development	9,328	9,351	9,328	9,328		- 23
Rural Hospital Flexibility Grants	40,507	26,200	40,507	40,507		+ 14,307
Rural and Community Access to Emergency Devices	3,356		5,356	5,356	+ 2,000	+ 5,356
State Offices of Rural Health	9,487	9,511	9,487	9,487		- 24
Black Lung Clinics	6,749	6,766	6,749	6,749		- 17
Radiation Exposure Screening and Education Program	1,829	1,834	1,829	1,829		- 5
Telehealth	13,865	13,900	13,865	13,865		- 35
Total, Rural Health	141,978	124,562	143,978	143,978	+ 2,000	+ 19,416
Family Planning	285,760	286,479	300,000	300,000	+ 14,240	+ 13,521
Program Management	152,677	157,061	154,677	154,677	+ 2,000	- 2,384
HEAL Liquidating Account	(1,000)				(- 1,000)	
Health Education Assistance Loans Program Account	2,687				- 2,687	
Vaccine Injury Compensation Program Trust Fund						
Post-fiscal year 1988 Claims	235,000	235,000	235,000	235,000		
HRSA Administration	6,464	7,500	7,500	7,500	+ 1,036	
Total, Vaccine Injury Compensation Trust Fund	241,464	242,500	242,500	242,500	+ 1,036	+ 801,177
Total, Health Resources & Services Administration	6,283,331	5,535,239	6,336,416	6,336,416	+ 53,085	+ 801,177

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2015—Continued
 (In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Total, Evaluation Tap Funding	(25,000)	(86,581)	.....	(-25,000)	(-86,581)
Total, HRSA program level	(6,308,331)	(5,621,820)	(6,336,416)	(+28,085)	(+714,596)
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases	609,809	607,942	638,435	+28,626	+30,493
Evaluation Tap Funding	(12,864)	(12,864)	.....	(-12,864)	(-12,864)
Prevention and Public Health Fund ³	(160,300)	(127,260)	(160,300)	.....	(+33,040)
Subtotal	(782,973)	(748,066)	(798,735)	(+15,762)	(+50,669)
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	1,117,609	1,124,942	1,117,609	.....	-7,333
Evaluation Tap Funding	.....	(3,000)	.....	.....	(-3,000)
Subtotal	1,117,609	1,127,942	1,117,609	.....	-10,333
Emerging and Zoonotic Infectious Diseases	337,655	393,549	351,777	+14,122	-41,772
Prevention and Public Health Fund ³	(52,000)	(51,750)	(82,000)	(+30,000)	(+30,250)
Subtotal	389,655	445,299	433,777	+44,122	-11,522
Chronic Disease Prevention and Health Promotion	740,001	608,253	748,941	+8,940	+140,688
Prevention and Public Health Fund ³	(446,000)	(469,704)	(467,000)	(+21,000)	(-2,704)
Subtotal	1,186,001	1,077,957	1,215,941	+29,940	+137,984
Birth Defects, Developmental Disabilities, Disabilities, and Health	132,000	61,541	131,581	-419	+70,040
Prevention and Public Health Fund ³	.....	(70,796)	.....	.....	(-70,796)
Subtotal	132,000	132,337	131,581	-419	-756
Public Health Scientific Services	395,298	377,723	484,650	+89,352	+106,927
Evaluation Tap Funding	(85,691)	(95,086)	.....	(-85,691)	(-95,086)
Prevention and Public Health Fund ³	.....	(53,000)	.....	.....	(-53,000)

Subtotal	(480,989)	(525,809)	(484,650)	(+ 3,661)	(- 41,159)
Environmental Health	166,404	131,811	169,584	+ 3,180	+ 37,773
Prevention and Public Health Fund ³	(13,000)	(37,000)	(18,000)	(+ 5,000)	(- 19,000)
Subtotal	179,404	168,811	187,584	+ 8,180	+ 18,773
Injury Prevention and Control	150,447	188,699	175,143	+ 24,696	- 13,556
Evaluation Tap Funding		(5,605)			(- 5,605)
Subtotal	150,447	194,304	175,143	+ 24,696	- 19,161
National Institute for Occupational Safety & Health ³	220,363		220,363		+ 220,363
Evaluation Tap Funding	(112,000)	(280,590)	(112,000)		(- 168,590)
Subtotal	(332,363)	(280,590)	(332,363)		(+ 51,773)
Energy Employees Occupational Illness Compensation Program	49,933	55,358	55,358	+ 5,425	
Global Health	415,745	464,301	468,670	+ 52,925	+ 4,369
Public Health Preparedness and Response	1,367,551	1,317,375	1,369,025	+ 1,474	+ 51,650
Subtotal	1,367,551	1,317,375	1,369,025	+ 1,474	+ 51,650
CDC-wide Activities and Program Support	138,421	123,570	123,570	- 14,851	
Prevention and Public Health Fund ³	(160,000)		(160,000)		(+ 160,000)
Subtotal, CDC-Wide Activities	(298,421)	(123,570)	(283,570)	(- 14,851)	(+ 160,000)
Total, Centers for Disease Control	6,672,536	6,264,574	6,942,006	+ 269,470	+ 677,432
Evaluation Tap Funding (NA)	(210,555)	(397,145)	(112,000)	(- 98,555)	(- 285,145)
Prevention and Public Health Fund ³	(831,300)	(809,510)	(887,300)	(+ 96,000)	(+ 77,790)
Total, Centers for Disease Control Program Level	(6,883,091)	(6,661,719)	(7,054,006)	(+ 170,915)	(+ 392,287)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	4,916,221	4,930,715	5,003,932	+ 87,711	+ 73,217
National Heart, Lung, and Blood Institute	2,978,762	2,987,685	3,022,818	+ 44,056	+ 35,133
National Institute of Dental & Craniofacial Research	396,571	397,131	402,436	+ 5,865	+ 5,305
National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]	1,739,553	1,743,336	1,765,281	+ 25,728	+ 21,945
National Institute of Neurological Disorders & Stroke	1,583,685	1,608,461	1,608,835	+ 25,150	+ 374
National Institute of Allergy and Infectious Diseases	4,386,870	4,423,357	4,451,752	+ 64,882	+ 28,395
Subtotal, NIAID program level	4,386,870	4,423,357	4,451,752	+ 64,882	+ 28,395

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
(In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
National Institute of General Medical Sciences Evaluation Tap Funding	2,358,748	2,368,877	1,595,715 (808,200)	-763,033 (+ 808,200)	-773,162 (+ 808,200)
Subtotal, National Institute of General Medical Sciences	2,358,748	2,368,877	2,403,915	+ 45,167	+ 35,038
National Institute of Child Health & Human Development	1,279,123	1,283,487	1,298,041	+ 18,918	+ 14,554
National Eye Institute	673,341	675,168	683,300	+ 9,959	+ 8,132
National Institute of Environmental Health Sciences	663,638	665,080	673,453	+ 8,815	+ 8,373
National Institute on Aging	1,167,868	1,170,880	1,267,868	+ 100,000	+ 96,988
National Institute of Arthritis and Musculoskeletal and Skin Diseases	518,646	520,189	526,317	+ 7,671	+ 6,128
National Institute on Deafness and Other Communication Disorders	402,956	403,933	408,916	+ 5,960	+ 4,983
National Institute of Nursing Research	140,136	140,452	142,209	+ 2,073	+ 1,757
National Institute on Alcohol Abuse and Alcoholism	444,818	446,017	451,397	+ 6,579	+ 5,380
National Institute on Drug Abuse	1,014,591	1,023,268	1,036,597	+ 22,006	+ 13,329
National Institute of Mental Health	1,414,901	1,440,076	1,440,051	+ 25,150	-25
National Human Genome Research Institute	496,465	498,451	503,808	+ 7,343	+ 5,357
National Institute of Biomedical Imaging and Bioengineering	325,921	328,532	332,741	+ 6,820	+ 4,209
National Center for Complementary and Integrative Health	123,960	124,509	125,793	+ 1,833	+ 1,284
National Institute on Minority Health and Health Disparities	267,595	267,953	271,553	+ 3,958	+ 3,600
John E. Fogarty International Center	67,395	67,776	68,630	+ 1,235	+ 854
National Center for Advancing Translation Sciences	631,553	657,471	651,528	+ 19,975	-5,943
National Library of Medicine (NLM) Evaluation Tap Funding	327,336 (8,200)	372,851 (8,200)	340,377	+ 13,041 (- 8,200)	-32,474 (- 8,200)
Subtotal	335,536	381,051	340,377	+ 4,841	-40,674
Office of the Director	1,396,344	1,451,786	1,448,995	+ 52,651	-2,791
Common fund	(531,174)	(583,039)	(564,039)	+ 32,865	(- 19,000)
Buildings and Facilities	128,316	128,663	128,638	+ 322	-25
Total, NIH Program Level	(29,853,513) (8,200)	(30,134,304) (8,200)	(30,459,181) (808,200)	(+ 605,668) (+ 800,000)	(+ 324,877) (+ 800,000)
Total, Evaluation Tap Funding					

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)						
Mental Health						
Programs of Regional and National Significance	373,374	311,740	366,597	-6,777	+54,857	
Evaluation Tap Funding	(12,000)	(5,000)	(12,000)		(-5,000)	
Prevention and Public Health Fund ³		(38,000)			(-26,000)	
Subtotal	385,374	354,740	378,597	-6,777	+23,857	
Mental Health block grant	461,532	462,705	461,532		-1,173	
Evaluation Tap Funding	(21,039)	(21,039)	(21,039)			
Subtotal	(482,571)	(483,744)	(482,571)		(-1,173)	
Children's Mental Health	117,026	117,315	117,026		-289	
Grants to States for the Homeless (PATH)	64,635	64,794	64,635		-159	
Protection and Advocacy	36,146	36,238	36,146		-92	
Subtotal, Mental Health	1,052,713	992,792	1,045,936	-6,777	+53,144	
Subtotal, Mental Health program level	(1,085,752)	(1,056,831)	(1,078,975)	(-6,777)	(+22,144)	
Substance Abuse Treatment						
Programs of Regional and National Significance	311,237	267,400	322,573	+11,336	+55,173	
Evaluation Tap Funding	(2,000)	(30,000)	(2,000)		(-28,000)	
Prevention and Public Health Fund ³	(50,000)					
Subtotal	(363,237)	(297,400)	(324,573)	(-38,664)	(+27,173)	
Substance Abuse block grant	1,736,243	1,740,656	1,736,243		-4,413	
Evaluation Tap Funding	(79,200)	(79,200)	(79,200)			
Subtotal	(1,815,443)	(1,819,856)	(1,815,443)		(-4,413)	
Subtotal, Substance Abuse Treatment	2,047,480	2,008,056	2,058,816	+11,336	+50,760	
Subtotal, Program level	(2,178,680)	(2,117,256)	(2,140,016)	(-38,664)	(+22,760)	
Substance Abuse Prevention						
Programs of Regional and National Significance	175,200	169,092	175,217	+17	+6,125	
Evaluation Tap Funding		(16,468)			(-16,468)	
Health Surveillance and Program Support	150,146	127,729	151,909	+1,763	+24,180	
Evaluation Tap Funding (NA)	(30,428)	(58,995)	(31,428)	(+1,000)	(-27,567)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2015—Continued
 [In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Prevention and Public Health Fund ³		(20,000)			(-20,000)
Data request and publications	1,500	1,500	1,500		
User fees	-1,500	-1,500	-1,500		
Subtotal	180,574	206,724	183,337	+2,763	-23,387
Total, SAMHSA	3,425,539	3,297,669	3,431,878	+6,339	+134,209
Total, Evaluation Tap Funding	(132,667)	(210,702)	(133,667)	(+1,000)	(-77,035)
Total, Prevention and Public Health Fund ³	62,000	58,000	12,000	-50,000	-46,000
Total, SAMHSA Program Level	(3,620,206)	(3,566,371)	(3,577,545)	(-42,661)	(+11,174)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds			238,148	+238,148	+238,148
Evaluation Tap Funding	(231,384)	(200,588)		(-231,384)	(-200,588)
Prevention and Public Health Fund ³	(7,000)			(-7,000)	
Medical Expenditures Panel Surveys:			65,447	+65,447	+65,447
Federal Funds					
Evaluation Tap Funding (NA)	(63,811)	(63,811)		(-63,811)	(-63,811)
Subtotal, Medical Expenditures Panel Surveys	(63,811)	(63,811)	(65,447)	(+1,636)	(+1,636)
Program Support:					
Federal Funds			69,700	+69,700	+69,700
Evaluation Tap Funding (NA)	(68,813)	(69,700)		(-68,813)	(-69,700)
Total, AHRQ Program Level	(371,008)	(334,099)	(373,295)	(+2,287)	(+39,196)
Evaluation Tap Funding (NA)	(364,008)	(334,099)		(-364,008)	(-334,099)

	(7,000)			(-7,000)	
Prevention and Public Health Fund ³					
Total, Public Health Service (PHS) appropriation	45,395,419	44,414,076	45,847,276	+451,857	+1,433,200
Total, Public Health Service Program Level	(47,037,149)	(46,423,913)	(47,800,443)	(+763,294)	(+1,376,530)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	288,250,350	315,238,600	315,238,600	+26,988,250	
State and Local Administration	18,555,745	18,766,022	18,766,022	+210,277	
Vaccines for Children	3,562,470	4,076,617	4,076,617	+514,147	
Subtotal, Medicaid Program Level	310,368,565	338,081,239	338,081,239	+27,712,674	
Less funds advanced in prior year	-106,335,631	-103,472,323	-103,472,323	+2,863,308	
Total, Grants to States for Medicaid	204,032,934	234,608,916	234,608,916	+30,575,982	
New advance, 1st quarter, fiscal year 2016	103,472,323	113,272,140	113,272,140	+9,799,817	
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	194,565,000	194,343,000	194,343,000	-222,000	
Federal Uninsured Payment	204,000	187,000	187,000	-17,000	
Program Management	1,319,000	763,000	763,000	-556,000	
General Revenue for Part D Benefit	58,596,000	63,342,000	63,342,000	+4,746,000	
General Revenue for Part D Administration	373,000	418,000	418,000	+45,000	
HCFA Reimbursement	128,000	153,000	153,000	+25,000	
State Low-Income Determination for Part D		6,000	6,000	+6,000	
Total, Payments to Trust Funds, Program Level	255,185,000	259,212,000	259,212,000	+4,027,000	
Program Management					
Research, Demonstration, Evaluation	20,054			-20,054	
Program Operations	2,943,405	2,987,891	2,987,891	+44,486	
State Survey and Certification	375,330	424,353	400,000	+24,670	
High Risk Insurance Pools	22,004			-22,004	
Federal Administration	732,533	787,500	787,500	+54,967	
Total, Program management	4,093,326	4,199,744	4,175,391	+82,065	-24,353
Health Care Fraud and Abuse Control Account					
CMS Activities	237,344	262,344	451,339	+213,995	+188,995
HHS Office of Inspector General	28,122	28,122	112,918	+84,796	+84,796

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued

[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Department of Justice	28,122	28,122	107,743	+ 79,621	+ 79,621
Total, Health Care Fraud and Abuse Control	293,588	318,588	672,000	+ 378,412	+ 353,412
Total, Centers for Medicare and Medicaid Services	567,077,171	611,611,388	611,940,447	+ 44,863,276	+ 329,059
Federal funds	562,690,257	607,093,056	607,093,056	+ 44,402,799	.....
Current year	(459,217,934)	(493,820,916)	(493,820,916)	(+ 34,602,982)	.....
New advance, fiscal year 2016	(103,472,323)	(113,272,140)	(113,272,140)	(+ 9,799,817)	.....
Trust Funds	4,386,914	4,518,332	4,847,391	+ 460,477	+ 329,059
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF) .....	.....	.....	.....	.....	.....
Payments to States for Child Support Enforcement and Family Support Programs .....	.....	.....	.....	.....	.....
Payments to Territories	33,000	33,000	33,000	.....	.....
Repatriation	928	1,000	1,000	+ 72	.....
Subtotal	33,928	34,000	34,000	+ 72	.....
Child Support Enforcement:	.....	.....	.....	.....	.....
State and Local Administration	3,501,625	3,117,555	3,117,555	- 384,070	.....
Federal Incentive Payments	519,692	526,968	526,968	+ 7,276	.....
Access and Visitation	10,000	10,000	10,000	.....	.....
Subtotal, Child Support Enforcement	4,031,317	3,654,523	3,654,523	- 376,794	.....
Total, Family Support Payments Program Level	4,065,245	3,688,523	3,688,523	- 376,722	.....
Less funds advanced in previous years	- 1,100,000	- 1,250,000	- 1,250,000	- 150,000	.....
Total, Family Support Payments, current year	2,965,245	2,438,523	2,438,523	- 526,722	.....
New advance, 1st quarter, fiscal year 2016	1,250,000	1,160,000	1,160,000	- 90,000	.....

Low Income Home Energy Assistance (LIHEAP)						
Formula Grants	3,390,304	2,550,000	3,390,304			+ 840,304
Contingency Fund		200,000				- 200,000
Energy burden reduction grants		50,000				- 50,000
Total, LIHEAP, Program Level	3,390,304	2,800,000	3,390,304			+ 590,304
Refugee and Entrant Assistance						
Transitional and Medical Services	391,477	383,266	383,266	- 8,211		
Victims of Trafficking	13,755	22,000	14,755	+ 1,000		- 7,245
Social Services	149,927	149,927	149,927			
Preventive Health	4,600	4,600	4,600			
Targeted Assistance	47,601	47,601	47,601			
Unaccompanied Minors	911,848	868,000	1,940,000	+ 1,028,152		+ 1,072,000
Victims of Torture	10,735	10,735	10,735			
Total, Refugee and Entrant Assistance	1,529,943	1,486,129	2,550,884	+ 1,020,941		+ 1,064,755
Child Care and Development Block Grant	2,358,246	2,417,000	2,458,246	+ 100,000		+ 41,246
Social Services Block Grant (Title XX)	1,656,480	1,700,000	1,700,000	+ 43,520		
Children and Families Services Programs						
Programs for Children, Youth and Families:						
Head Start, current funded	8,597,845	8,868,389	8,742,845	+ 145,000		- 125,544
Consolidated Runaway, Homeless Youth Program	97,000	99,000	98,900	+ 1,500		- 500
Prevention Grants to Reduce Abuse of Runaway Youth	17,141	17,141	17,141			
Child Abuse State Grants	25,310	25,310	25,310			
Child Abuse Discretionary Activities	28,321	28,744	28,744			
Community Based Child Abuse Prevention	39,764	39,764	39,764	+ 423		
Abandoned Infants Assistance	11,063	11,063	11,063			
Child Welfare Services	268,735	268,735	268,735			
Child Welfare Training/ Innovative Approaches to Foster Care	24,984	24,984	15,984	- 9,000		- 9,000
Adoption Opportunities	40,622	40,622	42,622	+ 2,000		+ 2,000
Adoption Incentive	37,943	37,943	37,943			
Social Services and Income Maintenance Research		9,000	6,762	+ 6,762		- 2,238
Evaluation Tap Funding	(5,762)	(5,762)		(- 5,762)		(- 5,762)
Subtotal, Program Level	(5,762)	(14,762)	(6,762)	(+ 1,000)		(- 8,000)
Native American Programs	46,520	46,520	46,520			

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
(In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Community Services:					
Community Services Block Grant programs:					
Grants to States for Community Services	667,957	350,000	667,957		+ 317,957
Economic Development	29,585		29,585		+ 29,585
Rural Community Facilities	5,912		5,912		+ 5,912
Subtotal	703,454	350,000	703,454		+ 353,454
Individual Development Account Initiative	18,950	19,026	18,950		- 76
Subtotal, Community Services	722,404	369,026	722,404		+ 353,378
Domestic Violence Hotline	4,500	4,500	4,500		
Family Violence/Battered Women's Shelters	133,521	135,000	134,521	+ 1,000	- 479
Independent Living Training Vouchers	43,257	43,257	43,257		
Faith-Based Center	1,299	1,368	1,299		- 69
Disaster Human Services Case Management	1,864	1,864	1,864		
Program Direction	197,701	204,832	202,201	+ 4,500	- 2,631
Total, Children and Families Services Programs	10,335,794	10,277,062	10,491,979	+ 152,185	+ 214,917
Current Year	(10,335,794)	(10,277,062)	(10,491,979)	(+ 152,185)	(+ 214,917)
Evaluation Tap Funding	(5,762)	(5,762)		(- 5,762)	(- 5,762)
Total, Program Level	(10,341,556)	(10,282,824)	(10,491,979)	(+ 146,423)	(+ 209,155)
Promoting Safe and Stable Families	320,160	345,000	345,000		
Discretionary Funds	59,765	59,765	59,765		
Total, Promoting Safe and Stable Families	379,925	404,765	404,765	+ 24,840	
Payments for Foster Care and Permanency					
Foster Care	4,278,950	4,289,000	4,289,000	+ 10,050	
Adoption Assistance	2,463,000	2,504,000	2,504,000	+ 41,000	
Kinship Guardianship	124,000	99,000	99,000	- 25,000	

Independent Living	139,964	140,000	140,000	+36	.....
Total, Payments to States	7,005,914	7,032,000	7,032,000	+26,086	.....
Less Advances from Prior Year	-2,200,000	-2,200,000	-2,200,000	.....	.....
Total, payments, current year	4,805,914	4,832,000	4,832,000	+26,086	.....
New Advance, 1st quarter, fiscal year 2016	2,200,000	2,300,000	2,300,000	+100,000	.....
Total, ACF	30,875,851	29,815,479	31,726,701	+850,850	+1,911,222
Current year	(27,425,851)	(26,355,479)	(28,266,701)	(+840,850)	(+1,911,222)
Fiscal year 2016	(3,450,000)	(3,460,000)	(3,460,000)	(+10,000)	.....
Evaluation Tap Funding	(5,762)	(5,762)	.....	(-5,762)	.....
Total, ACF Program Level	30,881,613	29,821,241	31,726,701	+845,088	+1,905,460
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services	347,724	347,724	347,724	.....	.....
Preventive Health	19,848	19,848	19,848	.....	.....
Protection of Vulnerable Older Americans-Title VII	20,658	20,658	20,658	.....	.....
Subtotal	388,230	388,230	388,230	.....	.....
Family Caregivers	145,586	145,586	151,106	+5,520	+5,520
Native American Caregivers Support	6,031	6,031	6,031	.....	.....
Subtotal, Caregivers	151,617	151,617	157,137	+5,520	+5,520
Nutrition:					
Congregate Meals	438,191	438,191	438,191	.....	.....
Home Delivered Meals	216,397	216,397	216,397	.....	.....
Nutrition Services Incentive Program	154,211	160,069	154,211	.....	-5,858
Subtotal	808,799	814,657	808,799	.....	-5,858
Subtotal, Grants to States	1,348,646	1,354,504	1,354,166	+5,520	-338
Grants for Native Americans	26,158	26,158	26,158	.....	.....
Aging Network Support Activities	7,406	7,461	7,442	+36	-19
Alzheimer's Disease Demonstrations	3,772	.....	3,790	+18	+3,790

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
(In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Evaluation Tap Funding .....	.....	(3,800)	.....	.....	(-3,800)
Lifespan Respite Care	2,342	.....	2,354	+ 12	+ 2,354
Evaluation Tap Funding .....	.....	(2,360)	.....	.....	(-2,360)
Prevention and Public Health Fund ³	(8,000)	(8,000)	(8,000)	.....	.....
Prevention and Public Health Fund ³	(5,000)	(5,000)	(5,000)	.....	.....
Elder Justice demonstrations .....	.....	25,000	10,000	+ 10,000	- 15,000
Senior Medicare Patrol Program	8,888	8,910	8,888	.....	- 22
Elder Rights Support Activities	3,845	3,874	3,864	+ 19	- 10
Aging and Disability Resources	6,067	.....	6,104	+ 37	+ 6,104
State Health Insurance Program	52,115	52,115	52,115	.....	.....
Paralysis Resource Center	6,683	.....	6,683	.....	+ 6,683
Evaluation Tap Funding .....	.....	(6,700)	.....	.....	(-6,700)
Limb loss .....	.....	.....	2,800	+ 2,800	+ 2,800
Alzheimer's Disease Initiative Prevention and Public Health Fund ³	(14,700)	(14,700)	(14,700)	.....	.....
Developmental Disabilities Programs ⁴: .....	.....	.....	.....	.....	.....
State Councils	70,692	70,876	71,692	+ 1,000	+ 816
Protection and Advocacy	38,634	38,734	38,634	.....	- 100
Voting Access for Individuals with Disabilities	4,963	4,963	4,963	.....	.....
Developmental Disabilities Projects of National Significance	8,821	8,880	8,857	+ 36	- 23
University Centers for Excellence in Developmental Disabilities	36,674	36,769	37,674	+ 1,000	+ 905
Subtotal, Developmental Disabilities Programs	159,784	160,222	161,820	+ 2,036	+ 1,598
Agency-wide Initiatives: .....	.....	14,000	.....	.....	- 14,000
Program Administration	29,802	30,035	30,035	+ 233	.....
Total, Administration for Community Living (ACL)	1,655,508	1,682,279	1,676,219	+ 20,711	- 6,060
Federal funds	1,603,393	1,630,164	1,624,104	+ 20,711	- 6,060
Trust Funds	(52,115)	(52,115)	(52,115)	.....	.....
Prevention and Public Health Fund ³	(27,700)	(27,700)	(27,700)	.....	.....

Evaluation Tap Funding ³	(12,860)				(-12,860)
Total, ACL program level	1,683,208	1,722,839	1,703,919	+20,711	-18,920
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds	207,445	220,704	208,636	+1,191	-12,068
Teen Pregnancy Prevention and Abstinence Education Community Grants	100,727	(104,790)	101,000	+273	+101,000
Prevention and Public Health Fund ³	(8,455)	(6,800)	(6,800)	(-1,655)	(-104,790)
Evaluation Tap Funding	(109,182)	(111,590)	(107,800)	(-1,382)	(-3,790)
Subtotal, Grants	4,987	36,000	49,004	-4,987	13,004
Abstinence Education	56,516	29,500	31,965	-1,993	+2,465
Minority Health	33,958	52,082	52,093	+11	+52,093
Office of Women's Health	52,082	(53,900)			(-53,900)
Minority HIV/AIDS	998			-998	
Evaluation Tap Funding	(60,756)	(58,028)	(58,028)	(-2,728)	
Embryo Adoption Awareness Campaign					
Planning and Evaluation, Evaluation Tap Funding					
Total, General Departmental Management	525,924	509,722	507,526	-18,398	-2,196
Federal Funds	(456,713)	(286,204)	(442,698)	(-14,015)	(+156,494)
Prevention and Public Health Fund ³		(104,790)			(-104,790)
Evaluation Tap Funding (NA)	(69,211)	(118,728)	(64,828)	(-4,383)	(-53,900)
Total, General Departmental Management Program	525,924	509,722	507,526	-18,398	-2,196
Office of Medicare Hearings and Appeals	82,381	100,000	90,000	+7,619	-10,000
Office of the National Coordinator for Health Information Technology	15,514		61,474	+45,960	+61,474
Evaluation Tap Funding	(44,811)	(74,688)		(-44,811)	(-74,688)
Total, Program Level	(60,325)	(74,688)	(61,474)	(+1,149)	(-13,214)
Office of Inspector General					
Inspector General Federal Funds	71,000	75,000	71,000		-4,000
HIPAA/HCFAC funding (NA)	(224,237)	(325,251)	(240,455)	(+16,218)	(-84,796)
Total, Inspector General Program Level	(295,237)	(400,251)	(311,455)	(+16,218)	(-88,796)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Federal Funds	38,798	41,205	38,798		-2,407
Office for Civil Rights					
Total, Office for Civil Rights	38,798	41,205	38,798		-2,407
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	413,752	432,177	432,177	+18,425	
Survivors Benefits	27,462	28,186	28,186	+724	
Dependents' Medical Care	99,215	101,878	101,878	+2,663	
Total, Medical Benefits for Commissioned Officers	540,429	562,241	562,241	+21,812	
Public Health and Social Services Emergency Fund [PHSSEF]					
Assistant Secretary for Preparedness and Response					
Operations	31,305	31,305	31,305		
Preparedness and Emergency Operations	28,029	24,789	24,789	-3,240	
National Disaster Medical System	50,054	50,054	50,054		
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants	254,555	254,560	254,555		-5
Emergency Systems for Advanced Registration of Volunteer Health Professionals [ESAR-VHP]	505	500	505		+5
Biomedical Advanced Research and Development Authority [BARDA]	413,494	395,000	415,000	+1,506	+20,000
Medical Countermeasure Strategic Investment Corp		20,000			-20,000
Medical Countermeasure Dispensing	4,950			-4,950	
Policy and Planning	14,877		14,877		+14,877
Evaluation tap funding		(14,877)			(-14,877)
Project BioShield	254,074	415,000	407,000	+152,926	-8,000
Subtotal, Preparedness and Response	1,051,843	1,191,208	1,198,085	+146,242	+6,877

Assistant Secretary for Administration, Cybersecurity	53,417	45,270	45,270	-8,147	.....
Assistant Secretary for Administration, Cybersecurity					
Public Health and Science	8,979	8,979	8,979	.....	.....
Medical Reserve Corps					
Office of the Secretary					
HHS Lease Replacements	16,131	.....	.....	-16,131	.....
Pandemic Influenza Preparedness	114,606	170,009	130,009	+15,403	-40,000
Office of Security and Strategic Information	6,118	7,470	7,470	+1,352	.....
Subtotal, Office of the Secretary	136,855	177,479	137,479	+624	-40,000
Total, PHSSEF	1,251,094	1,422,936	1,389,813	+138,719	-33,123
Total, PHSSEF program level	1,251,094	1,437,813	1,389,813	+138,719	-48,000
Total, Office of the Secretary	2,455,929	2,487,586	2,656,024	+200,095	+168,438
Federal Funds	2,373,548	2,387,586	2,566,024	+192,476	+178,438
Trust Funds	82,381	100,000	90,000	+7,619	-10,000
Evaluation Tap Funding (NA)	(114,022)	(208,293)	(64,828)	(-49,194)	(-143,465)
Prevention and Public Health Fund .....	.....	(104,790)	.....	.....	(-104,790)
Total, Office of the Secretary Program Level	2,569,951	2,800,669	2,720,852	+150,901	-79,817
Total, Title II, Health and Human Services	647,459,878	690,010,808	693,846,667	+46,386,789	+3,835,859
Federal Funds	642,938,468	685,340,361	688,857,161	+45,918,693	+3,516,800
Current year	(536,016,145)	(568,608,221)	(572,125,021)	(+36,108,876)	(+3,516,800)
Fiscal year 2016	(106,922,323)	(116,732,140)	(116,732,140)	(+9,809,817)	.....
Trust Funds	4,521,410	4,670,447	4,989,506	+468,096	+319,059
Prevention and Public Health Fund ³	(928,000)	(1,000,000)	(927,000)	(-1,000)	(-73,000)
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies [LEAs] Basic Grants:					
Advance from prior year	(3,313,597)	(2,915,776)	(3,313,597)	.....	(+397,821)
Forward funded	3,539,641	2,698,920	3,589,641	+50,000	+890,721

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Current funded	3,984	3,984	3,984		
Subtotal, Basic grants current year approp	3,543,625	2,702,904	3,593,625	+ 50,000	+ 890,721
Subtotal, Basic grants total funds available	(6,857,222)	(5,618,680)	(6,907,222)	(+ 50,000)	(+ 1,288,542)
Basic Grants fiscal year 2016 Advance	2,915,776	3,756,497	2,865,776	- 50,000	- 890,721
Subtotal, Basic grants, program level	6,459,401	6,459,401	6,459,401		
Concentration Grants:					
Advance from prior year	(1,293,919)	(1,362,301)	(1,293,919)		(- 68,382)
Fiscal year 2016 Advance	1,362,301	1,362,301	1,362,301		
Targeted Grants:					
Advance from prior year	(3,116,831)	(3,281,550)	(3,116,831)		(- 164,719)
Fiscal year 2016 Advance	3,281,550	3,281,550	3,306,550	+ 25,000	+ 25,000
Subtotal	3,281,550	3,281,550	3,306,550	+ 25,000	+ 25,000
Education Finance Incentive Grants:					
Advance from prior year	(3,116,831)	(3,281,550)	(3,116,831)		(- 164,719)
Fiscal year 2016 Advance	3,281,550	3,281,550	3,306,550	+ 25,000	+ 25,000
Subtotal	3,281,550	3,281,550	3,306,550	+ 25,000	+ 25,000
Subtotal, Grants to LEAs, program level	14,384,802	14,384,802	14,434,802	+ 50,000	+ 50,000
School Improvement Grants	505,756	505,756	505,756		
Striving Readers	158,000		168,000	+ 10,000	+ 168,000
State Agency Programs:					
Migrant	374,751	374,751	374,751		
Neglected and Delinquent/High Risk Youth	47,614	47,614	47,614		
Subtotal, State Agency programs	422,365	422,365	422,365		

	880		680	-200	+680
Evaluation	880			-200	+680
High School Graduation Initiative	46,267			-46,267	
Migrant Education:					
High School Equivalency Program	34,623	34,623			
Total, Education for the disadvantaged					
Current Year	15,347,546	15,347,546	15,566,226	+13,533	+218,680
Fiscal year 2016	(3,665,648)	(3,665,648)	(4,725,049)	(+13,533)	(+1,059,401)
Subtotal, Forward Funded	(11,681,898)	(11,681,898)	(10,841,177)		(-840,721)
Subtotal, Forward Funded	(4,625,762)	(3,627,041)	(4,885,762)	(+60,000)	(+1,058,721)
Subtotal, Forward Funded	250,000	500,000	350,000	+100,000	-150,000
PRESCHOOL DEVELOPMENT GRANTS					
IMPACT AID					
Basic Support Payments	1,151,233	1,151,233	1,151,233		
Payments for Children with Disabilities	48,316	48,316	48,316		
Facilities Maintenance (Sec. 8008)	4,835	4,835	4,835		
Construction (Sec. 8007)	17,406	17,406	17,406		
Payments for Federal Property (Sec. 8002)	66,813	66,813	66,813		+66,813
Total, impact aid	1,288,603	1,221,790	1,288,603		+66,813
SCHOOL IMPROVEMENT PROGRAMS					
Effective Teaching and Learning- Literacy		183,741			-183,741
STEM Innovation		319,717			-319,717
Effective Teaching and Learning for Well-Rounded Education		25,000			-25,000
Effective Teachers and Leaders		2,000,000			-2,000,000
College Pathways		74,750			-74,750
State Grants for Improving Teacher Quality	668,389		668,389		+668,389
Advance from prior year	(1,681,441)	(1,681,441)	(1,681,441)		+1,681,441
Fiscal year 2016	1,681,441		1,681,441		
Subtotal, State Grants for Improving Teacher Quality, program level	2,349,830		2,349,830		+2,349,830
Mathematics and Science Partnerships	149,717		155,000	+5,283	+155,000
Supplemental Education Grants	16,699	16,699	16,699		
21st Century Community Learning Centers	1,149,370	1,149,370	1,149,370		
State Assessments/Enhanced Assessment Instruments	378,000	378,000	378,000		
Consolidated Runaway and Homeless Youth programs	65,042	65,042	65,042		
Training and Advisory Services (Civil Rights)	6,598	6,598	6,598		
Education for Native Hawaiians	32,397	32,397	32,397		
Alaska Native Education Equity	31,453	31,453	31,453		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2015—Continued
 (In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Rural Education	169,840	169,840	169,840		
Comprehensive Centers	48,445	48,445	48,445		
Total, School Improvement Programs	4,397,391	4,501,052	4,402,674	+ 5,283	- 98,378
Current Year	(2,715,950)	(4,501,052)	(2,721,233)	(+ 5,283)	(- 1,779,819)
Fiscal year 2016	(1,681,441)		(1,681,441)		(+ 1,681,441)
Subtotal, Forward Funded	(2,580,358)	(1,762,252)	(2,585,641)	(+ 5,283)	(+ 823,389)
INDIAN EDUCATION					
Grants to Local Educational Agencies	100,381	100,381	100,381		
Federal Programs:					
Special Programs for Indian Children	17,993	17,993	17,993		
National Activities	5,565	5,565	5,565		
Subtotal, Federal Programs	23,558	23,558	23,558		
Total, Indian Education	123,939	123,939	123,939		
INNOVATION AND IMPROVEMENT					
Race to the Top					
Investing in Innovation Fund	141,602	300,000	141,602		- 300,000
High School redesign		165,000			- 23,398
Teacher and Leader Innovation Fund		150,000			- 150,000
Expanding Educational Options		320,000			- 320,000
ConnectEducators		248,172			- 248,172
Transition to Teaching	13,762	200,000			- 200,000
School Leadership	25,763	35,000	13,700	- 62	+ 13,700
Charter Schools Grants	248,172		17,000	- 8,763	- 18,000
Magnet Schools Assistance	91,647	91,647	248,172		+ 248,172
Fund for the Improvement of Education [FIE]	67,376	24,276	96,647	+ 5,000	+ 5,000
Teacher Incentive Fund	288,771		67,376		+ 43,100
			230,000	- 98,771	+ 230,000

Ready-to-Learn television	25,741	.....	.....	.....	+ 25,741
Advanced Placement	28,483	.....	.....	.....	+ 28,483
Total, Innovation and Improvement					
Current Year	931,317	1,534,095	868,721	- 62,596	- 665,374
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Successful, Safe and Healthy Students .....	.....	214,000	.....	.....	- 214,000
Promise Neighborhoods	56,754	100,000	56,754	.....	- 43,246
National Programs	90,000	.....	90,000	.....	+ 90,000
Elementary and Secondary School Counseling	49,561	.....	49,561	.....	+ 49,561
Carol M. White Physical Education Program	74,577	.....	74,577	.....	+ 74,577
Total, Safe Schools and Citizenship Education					
.....	270,892	314,000	270,892	.....	- 43,108
ENGLISH LANGUAGE ACQUISITION					
Current funded	47,021	47,021	47,021	.....	.....
Forward funded	676,379	676,379	676,379	.....	.....
Total, English Language Acquisition					
.....	723,400	723,400	723,400	.....	.....
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	2,189,465	1,448,745	2,229,465	+ 40,000	+ 780,720
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	.....	.....
Grants to States Part B (fiscal year 2016)	9,283,383	10,124,103	9,283,383	.....	- 840,720
Subtotal, program level					
.....	11,472,848	11,572,848	11,512,848	+ 40,000	- 60,000
Preschool Grants	353,238	353,238	353,238	.....	.....
Grants for Infants and Families	438,498	441,825	441,825	+ 3,327	.....
Subtotal, program level					
.....	12,264,584	12,367,911	12,307,911	+ 43,327	- 60,000
IDEA National Activities (current funded):					
State Personnel Development	41,630	41,630	41,630	.....	.....
Technical Assistance and Dissemination	44,395	44,345	54,345	+ 9,950	+ 10,000
Personnel Preparation	83,700	83,700	83,700	.....	.....
Parent Information Centers	27,411	27,411	29,411	+ 2,000	+ 2,000
Technology and Media Services	28,047	28,047	28,047	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Subtotal, IDEA special programs	225,183	225,133	237,133	+ 11,950	+ 12,000
Special Olympics education programs	7,583	7,583	10,000	+ 2,417	+ 2,417
Total, Special education	12,497,350	12,600,627	12,555,044	+ 57,694	- 45,583
Current Year	(3,213,967)	(2,476,324)	(3,271,661)	(+ 57,694)	(+ 795,137)
Fiscal year 2016	(9,283,383)	(10,124,103)	(9,283,383)		(- 840,720)
Subtotal, Forward Funded	(2,981,201)	(2,243,808)	(3,024,528)	(+ 43,327)	(+ 780,720)
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	3,064,305	3,335,074	3,335,074	+ 270,769	
Subtotal, VR State grants program level	3,064,305	3,335,074	3,335,074	+ 270,769	
Client Assistance State grants	12,000	12,000	14,000	+ 2,000	+ 2,000
Training	33,657	30,188	30,188	- 3,469	
Demonstration and Training programs	5,796	5,796	5,796		
Migrant and Seasonal Farmworkers	1,196			- 1,196	
Protection and Advocacy of Individual Rights (PAIR)	17,650	17,650	21,650	+ 4,000	+ 4,000
Supported Employment State grants	27,548		27,548		+ 27,548
Independent Living:					
State Grants	22,878	22,878	23,386	+ 508	+ 508
Centers	78,305	78,305	80,054	+ 1,749	+ 1,749
Services for Older Blind Individuals	33,317	33,317	34,060	+ 743	+ 743
Subtotal	134,500	134,500	137,500	+ 3,000	+ 3,000
Helen Keller National Center for Deaf/Blind Youth and Adults	9,127	9,127	9,127		
National Inst. Disability and Rehab. Research (NIDRR)	103,970	108,000	103,970		- 4,030
Assistive Technology	33,000	31,000	38,000	+ 5,000	+ 7,000
Subtotal, Discretionary programs	378,444	348,261	387,779	+ 9,335	+ 39,518

Total, Rehabilitation services	3,442,749	3,683,335	3,722,853	+280,104	+39,518
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	24,456	24,456	25,000	+544	+544
National Technical Institute for the Deaf (NTID): Operations	66,291	66,291	67,741	+1,450	+1,450
Total, NTID	66,291	66,291	67,741	+1,450	+1,450
Gallaudet University: Operations	119,000	119,000	121,550	+2,550	+2,550
Total, Gallaudet University	119,000	119,000	121,550	+2,550	+2,550
Total, Special Institutions for Persons with Disabilities	209,747	209,747	214,291	+4,544	+4,544
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education: Basic State Grants/Secondary & Technical Education State Grants, current funded	326,598	326,598	332,000	+5,402	+5,402
Advance from prior year	(791,000)	(791,000)	(791,000)		
Fiscal year 2016	791,000	791,000	791,000		
Subtotal, Basic State Grants, program level	1,117,598	1,117,598	1,123,000	+5,402	+5,402
National Programs	7,421	7,421	7,421		
Subtotal, Career Education	1,125,019	1,125,019	1,130,421	+5,402	+5,402
Adult Education: State Grants/Adult Basic and Literacy Education: State Grants, current funded	563,955	563,955	576,806	+12,851	+12,851
National Leadership Activities	13,712	33,712	13,712		-20,000
Subtotal, Adult education	577,667	597,667	590,518	+12,851	-7,149
Total, Career, Technical, and Adult Education	1,702,686	1,722,686	1,720,939	+18,253	-1,747
Current Year	(911,686)	(931,686)	(929,939)	(+18,253)	(-1,747)
Fiscal year 2016	(791,000)	(791,000)	(791,000)		
Subtotal, Forward Funded	(911,686)	(931,686)	(929,939)	(+18,253)	(-1,747)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(4,860)	(4,860)	(4,860)		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
(In thousands of dollars)

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Pell Grants	22,778,352	22,778,352	22,475,352	-303,000	-303,000
Federal Supplemental Educational Opportunity Grants	733,130	733,130	748,130	+15,000	+15,000
Federal Work Study	974,728	974,728	1,009,728	+35,000	+35,000
Total, Student Financial Assistance (SFA)	24,486,210	24,486,210	24,233,210	-253,000	-253,000
STUDENT AID ADMINISTRATION					
Salaries and Expenses	663,251	675,224	675,224	+11,973	.....
Servicing Activities	502,749	771,700	771,700	+268,951	.....
Total, Student Aid Administration	1,166,000	1,446,924	1,446,924	+280,924	.....
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	79,139	79,139	80,462	+1,323	+1,323
Hispanic Serving Institutions	98,583	98,583	100,231	+1,648	+1,648
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	8,845	8,845	8,992	+147	+147
Strengthening Historically Black Colleges (HBCUs)	223,783	223,783	227,524	+3,741	+3,741
Strengthening Historically Black Graduate Institutions	57,872	57,872	58,840	+968	+968
Strengthening Predominantly Black Institutions	9,092	9,092	9,244	+152	+152
Asian American Pacific Islander	3,062	3,062	3,113	+51	+51
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	12,622	12,622	12,833	+211	+211
Strengthening Native American-Serving Nontribal Institutions	3,062	3,062	3,113	+51	+51
Strengthening Tribal Colleges	25,239	25,239	25,662	+423	+423
Subtotal, Aid for Institutional Development	521,299	521,299	530,014	+8,715	+8,715
International Education and Foreign Language:					
Domestic Programs	65,103	69,103	74,103	+9,000	+5,000
Overseas Programs	7,061	7,061	7,061	.....	.....
Subtotal, International Education & Foreign Lang	72,164	76,164	81,164	+9,000	+5,000

Fund for the Improvement of Postsec. Ed. [FPSE]	79,400	175,000	84,775	+ 5,375	- 90,225
Postsecondary Program for Students with Intellectual Disabilities	10,384	.....	12,718	+ 2,334	+ 12,718
Minority Science and Engineering Improvement	8,971	8,971	9,447	+ 476	+ 476
Tribally Controlled Postsec Voc/Tech Institutions	7,705	7,705	8,705	+ 1,000	+ 1,000
Federal TRIO Programs	838,252	838,252	846,652	+ 8,400	+ 8,400
GEAR UP	301,639	301,639	304,639	+ 3,000	+ 3,000
Graduate Assistance in Areas of National Need	29,293	29,293	31,000	+ 1,707	+ 1,707
Teacher Quality Partnerships	40,592	.....	42,747	+ 2,155	+ 42,747
Child Care Access Means Parents in School	15,134	15,134	15,938	+ 804	+ 804
GPRA Data/HEA Program Evaluation	575	52,000	1,000	+ 425	- 51,000
Total, Higher Education	1,925,408	2,025,457	1,968,799	+ 43,391	- 56,658
HOWARD UNIVERSITY					
Academic Program	191,091	191,091	191,091	.....	.....
Endowment Program	3,405	3,405	3,405	.....	.....
Howard University Hospital	27,325	27,325	27,325	.....	.....
Total, Howard University	221,821	221,821	221,821	.....	.....
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS	435	435	435	.....	.....
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)					
CAPITAL FINANCING PROGRAM					
HBCU Federal Administration	334	334	334	.....	.....
HBCU Loan Subsidies	19,096	19,096	20,110	+ 1,014	+ 1,014
Total, HBCU Capital Financing Program	19,430	19,430	20,444	+ 1,014	+ 1,014
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination	179,860	190,273	184,860	+ 5,000	- 5,413
Statistics	103,060	122,748	106,060	+ 3,000	- 16,688
Regional Educational Laboratories	54,423	54,423	55,423	+ 1,000	+ 1,000
Research in Special Education	54,000	54,000	54,000	.....	.....
Special Education Studies and Evaluations	10,818	13,415	11,818	+ 1,000	- 1,597
Statewide Data Systems	34,539	70,000	34,539	.....	- 35,461
Assessment:	.....	.....	.....	.....	.....
National Assessment	132,000	124,616	124,616	- 7,384	.....
National Assessment Governing Board	8,235	7,705	7,705	- 530	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued
[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
Subtotal, Assessment	140,235	132,321	132,321	-7,914	.....
Total, IES	576,935	637,180	579,021	+2,086	-58,159
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	421,917	440,487	425,917	+4,000	-14,570
Building Modernization	1,000	1,513	1,000	.....	-513
Total, Program administration	422,917	442,000	426,917	+4,000	-15,083
Office for Civil Rights	98,356	102,000	102,000	+3,644	.....
Office of the Inspector General	57,791	59,181	58,791	+1,000	-390
Total, Departmental management	579,064	603,181	587,708	+8,644	-15,473
Total, Title III, Department of Education	70,366,070	71,922,855	70,865,944	+499,874	-1,056,911
Current Year	(47,769,069)	(49,325,854)	(48,268,943)	(+499,874)	(-1,056,911)
Fiscal year 2016	(22,597,001)	(22,597,001)	(22,597,001)	.....	.....
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	5,257	5,441	5,441	+184	.....
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	92,364	92,364	92,364	.....	.....
National Senior Volunteer Corps:					
Foster Grandparents Program	107,702	92,806	107,702	.....	+14,896
Senior Companion Program	45,512	38,330	45,512	.....	+7,182

Retired Senior Volunteer Program	48,903	.....	48,903	.....	+ 48,903
Subtotal, Senior Volunteers	202,117	131,136	202,117	.....	+ 70,981
Subtotal, Domestic Volunteer Service	294,481	223,500	294,481	.....	+ 70,981
National and Community Service Programs:					
AmeriCorps State and National Grants	335,430	335,430	343,430	+ 8,000	+ 8,000
Training and Technical Assistance	1,000	1,000	.....	.....	- 1,000
Innovation, Assistance, and Other Activities	76,900	92,125	76,900	.....	- 15,225
Evaluation	5,000	5,000	5,000	.....	.....
National Civilian Community Corps	30,000	30,000	30,000	.....	.....
State Commissions Support Grants	15,038	16,038	15,538	+ 500	- 500
Subtotal, National and Community Service	462,368	479,593	470,868	+ 8,500	- 8,725
Total, Operating expenses	756,849	703,093	765,349	+ 8,500	+ 62,256
National Service Trust	207,368	253,885	210,695	+ 3,327	- 43,190
Salaries and Expenses	80,737	87,257	83,737	+ 3,000	- 3,520
Office of Inspector General	5,000	6,000	5,500	+ 500	- 500
Total, Corp. for National and Community Service	1,049,954	1,050,235	1,065,281	+ 15,327	+ 15,046
CORPORATION FOR PUBLIC BROADCASTING:					
Fiscal year 2017 (current) with fiscal year 2016 comparable	445,000	445,000	445,000	.....	.....
Fiscal year 2016 advance with fiscal year 2015 comparable (NA)	(445,000)	(445,000)	(445,000)	.....	.....
Fiscal year 2015 advance with fiscal year 2014 comparable (NA)	(445,000)	(445,000)	(445,000)	.....	.....
FEDERAL MEDIATION AND CONCILIATION SERVICE	45,149	45,666	45,666	+ 517	.....
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	16,423	17,061	17,061	+ 638	.....
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	226,860	226,448	227,860	+ 1,000	+ 1,412
MEDICARE PAYMENT ADVISORY COMMISSION	11,519	12,300	12,300	+ 781	.....
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION	7,500	8,700	8,500	+ 1,000	- 200
NATIONAL COUNCIL ON DISABILITY	3,186	3,264	3,264	+ 78	.....
NATIONAL HEALTH CARE WORKFORCE COMMISSION .....	.....	3,000	3,000	+ 3,000	+ 3,000
NATIONAL LABOR RELATIONS BOARD	274,224	277,840	277,840	+ 3,616	.....
NATIONAL MEDIATION BOARD	13,116	13,227	13,227	+ 111	.....
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	11,411	12,651	12,651	+ 1,240

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FOR FISCAL YEAR 2015—Continued

[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	39,000	34,000	34,000	-5,000	.....
Less Income Tax Receipts on Dual Benefits	-3,000	-3,000	-3,000	.....	.....
Subtotal, Dual Benefits	36,000	31,000	31,000	-5,000	.....
Federal Payment to the RR Retirement Accounts	150	150	150	.....	.....
Limitation on Administration	110,300	112,150	112,150	+1,850	.....
Limitation on the Office of Inspector General	8,272	8,750	8,750	+478	.....
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	16,400	16,400	16,400	.....	.....
Supplemental Security Income Program					
Federal Benefit Payments	55,579,000	56,201,000	56,201,000	+622,000	.....
Beneficiary Services	3,000	70,000	70,000	+67,000	.....
Research and Demonstration	47,000	53,000	83,000	+36,000	+30,000
Administration	4,920,064	4,302,029	4,344,647	-575,417	+42,618
Subtotal, SSI program level	60,549,064	60,626,029	60,698,647	+149,583	+72,618
Less funds advanced in prior year	-19,300,000	-19,700,000	-19,700,000	-400,000	.....
Subtotal, regular SSI current year	41,249,064	40,926,029	40,998,647	-250,417	+72,618
New advance, 1st quarter, fiscal year 2016	19,700,000	19,200,000	19,200,000	-500,000	.....
Total, SSI program	60,949,064	60,126,029	60,198,647	-750,417	+72,618
Limitation on Administrative Expenses					
OAS/IDI Trust Funds	4,225,519	4,987,832	4,988,914	+713,395	-48,918
HI/SMI Trust Funds	1,807,407	1,837,623	1,819,609	+12,202	-18,014
Social Security Advisory Board	2,300	2,300	2,300	.....	.....

SSI	4,292,814	3,675,245	3,639,217	-653,597	-36,028
Subtotal, regular IAE	10,328,040	10,503,000	10,400,040	+72,000	-102,960
User Fees:					
SSI User Fee activities	171,000	124,000	124,000	-47,000	.....
SSPA User Fee Activities	1,000	1,000	1,000	.....	.....
Subtotal, User fees	172,000	125,000	125,000	-47,000	.....
Subtotal, Limitation on administrative expenses	10,500,040	10,628,000	10,525,040	+25,000	-102,960
Program Integrity:					
OASDI Trust Funds	569,750	769,216	690,570	+120,820	-78,646
SSI	627,250	626,784	705,430	+78,180	+78,646
Subtotal, Program integrity funding	1,197,000	1,396,000	1,396,000	+199,000	.....
Total, Limitation on Administrative Expenses	11,697,040	12,024,000	11,921,040	+224,000	-102,960
Office of Inspector General					
Federal Funds	28,829	29,000	28,829	.....	-171
Trust Funds	73,249	75,622	74,249	+1,000	-1,373
Total, Office of Inspector General	102,078	104,622	103,078	+1,000	-1,544
Adjustment: Trust fund transfers from general revenues	-4,920,064	-4,302,029	-4,344,647	+575,417	-42,618
Total, Social Security Administration	67,844,518	67,969,022	67,894,518	+50,000	-74,504
Federal funds	61,166,293	60,296,429	60,368,876	-797,417	+72,447
Current year	(41,466,293)	(41,096,429)	(41,168,876)	(-297,417)	(+72,447)
New advances, 1st quarter, fiscal year 2016	(19,700,000)	(19,200,000)	(19,200,000)	(-500,000)	.....
Trust funds	6,678,225	7,672,593	7,525,642	+847,417	-146,951
Total, Title IV, Related Agencies	70,108,839	70,238,905	70,183,659	+74,820	-55,246
Federal Funds	63,300,523	62,433,112	62,524,817	-775,706	+91,705
Current Year	(43,155,523)	(42,788,112)	(42,879,817)	(-275,706)	(+91,705)
Fiscal year 2016 Advance	(19,700,000)	(19,200,000)	(19,200,000)	(-500,000)	.....
Fiscal year 2017 Advance	(445,000)	(445,000)	(445,000)	.....	.....
Trust Funds	6,808,316	7,805,793	7,658,842	+850,526	-146,951

**COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2014 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2015—Continued**

[In thousands of dollars]

Item	2014 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2014 appropriation	Budget estimate
GRAND TOTAL	802,052,910	845,769,028	848,378,218	+ 46,325,308	+ 2,609,190

¹ Budget request includes funds under the Department of Health and Human Services, Administration for Community Living.

² Two year availability.

³ Sec. 4002 of Public Law 111-148.

⁴ Fiscal year 2013 funds provided under Administration for Children and Families.

