

Calendar No. 471

118TH CONGRESS }
2d Session }

SENATE

{ REPORT
118-207

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2025

AUGUST 1, 2024.—Ordered to be printed

Ms. BALDWIN, from the Committee on Appropriations,
submitted the following

REPORT

[To accompany S. 4942]

The Committee on Appropriations reports an original bill (S. 4942) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2025, and for other purposes, reports favorably thereon without amendment and recommends that the bill do pass.

Amounts to new budget authority

Total of bill as reported to the Senate.....	\$1,463,081,956,000
Amount of 2024 appropriations.....	1,413,688,656,000
Amount of 2025 budget estimate	1,449,782,089,000
Bill as recommended to Senate compared to:	
2024 appropriations	+ 49,393,300,000
2025 budget estimate	+ 13,299,867,000

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LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act
ACL—Administration for Community Living
AHRQ—Agency for Healthcare Research and Quality
ASH—Assistant Secretary for Health
ASPR—Administration for Strategic Preparedness and Response
BARDA—Biomedical Advanced Research and Development Authority
CDC—Centers for Disease Control and Prevention
CJ—Congressional Justification of Estimates for Appropriations Committees
CMS—Centers for Medicare and Medicaid Services
CNCS—Corporation for National and Community Service
CPB—Corporation for Public Broadcasting
DOD—Department of Defense
DOL—Department of Labor
EBSA—Employee Benefits Security Administration
ESEA—Elementary and Secondary Education Act
ETA—Employment and Training Administration
FDA—Food and Drug Administration
FIC—Fogarty International Center
FMCS—Federal Mediation and Coalition Service
FMSHRC—Federal Mine Safety and Health Review Commission
FTE—full-time equivalent
GAO—Government Accountability Office
HBCUs—Historically Black Colleges and Universities
HCFAC—Health Care Fraud and Abuse Control
HELP—Health, Education, Labor, and Pensions
HHS—Health and Human Services
HRSA—Health Resources and Services Administration
IC—Institute and Center
IDEA—Individuals with Disabilities Education Act
IMLS—Institute of Museum and Library Services
LEA—local educational agency
MACPAC—Medicaid and CHIP Payment and Access Commission
MedPAC—Medicare Payment Advisory Commission
MSHA—Mine Safety and Health Administration
NCATS—National Center for Advancing Translational Sciences
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 Diseases
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 of 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
 NTID—National Technical Institute for the Deaf
 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
 ORWH—Office of Research on Women’s Health
 OSHA—Occupational Safety and Health Administration
 OWCP—Office of Workers’ Compensation Programs
 OWH—Office of Women’s Health
 PBGC—Pension Benefit Guaranty Corporation
 PHS—Public Health Service
 PPH Fund—Prevention and Public Health Fund
 PRNS—Programs of Regional and National Significance
 RSA—Rehabilitation Services Administration
 SAMHSA—Substance Abuse and Mental Health Services Administration
 SEA—State educational agency
 SPRANS—Special Projects of Regional and National Significance
 SSA—Social Security Administration
 SSI—Supplemental Security Income
 STEM—science, technology, engineering, and mathematics
 UI—unemployment insurance
 USAID—U.S. Agency for International Development
 VETS—Veterans’ Employment and Training Services

VISTA—Volunteers in Service to America
WANTO—Women in Apprenticeship and Non-Traditional Occupations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIOA—Workforce Innovation and Opportunity Act

COMMITTEE REPORT FOR DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND
RELATED AGENCIES APPROPRIATIONS BILL, 2025

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE
RECOMMENDATIONS

For fiscal year 2025, the Committee recommends total budget authority of \$1,463,081,956,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$198,655,000,000 in current year base discretionary funding consistent with the subcommittee's allocation. In addition, the bill includes \$2,531,000,000 in program integrity cap adjustments.

Fiscal year 2024 levels cited in this Committee Report reflect the enacted amounts in Public Law 118–47, the Further Consolidated Appropriations Act, 2024, adjusted for comparability where noted.

BILL-WIDE DIRECTIVES

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS–Education] appropriations bill constitutes the largest share of non-defense discretionary funding and supports critical investments in a wide range of areas including early learning, substance use and mental health, biomedical research, public health and preparedness, elementary and secondary education, higher education, workforce development, and social security, among many others.

This Committee Report provides additional direction and specificity on the uses of funds provided in this bill. During fiscal year 2025, for the purposes of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, with respect to appropriations contained in the accompanying bill, the terms “program, project, and activity” [PPA] shall mean any item for which a dollar amount is contained in appropriations acts (including joint resolutions providing continuing appropriations) or accompanying reports of the House and Senate Committees on Appropriations, or accompanying conference reports and joint explanatory statements of the committee of conference. The Committee continues longstanding reprogramming requirements and limitations regarding changes to funding for PPAs. The Committee expects agencies to submit any reprogramming requests in compliance with requirements of this act and to provide a thorough explanation of the proposed reallocations, including a detailed justification of increases and reductions. The Committee expects each agency to manage the expenditures of its programs and activities to remain within the amounts appropriated by Congress.

The Committee also continues the longstanding requirement that each agency submit an operating plan to the House and Senate

Committees on Appropriations not later than 45 days after enactment of this act, in order to establish the baseline for application of reprogramming and transfer authorities provided in this act. The operating plan should include at minimum funding for PPAs as specified above.

The Committee reminds agencies funded by this act of their obligation to uphold the Federal trust and treaty responsibilities to Tribes and Federal obligations to the Native Hawaiian Community. This includes upholding treaty and reserved rights, and any other rights and obligations under Federal law; supporting self-determination efforts by Native communities; fulfilling obligations under Presidential Memoranda and Executive Orders; and conducting early and robust government-to-government consultation with Tribes, and meaningful outreach and engagement with Native Hawaiians.

The Committee also directs the Secretary of Education, Secretary of Health and Human Services, and Secretary of Labor to release public reports detailing how the Departments are addressing antisemitism, including by implementing the National Strategy to Counter Antisemitism.

The Committee directs the Secretary of Education, Secretary of Health and Human Services, and Secretary of Labor to brief the House and Senate Committees on Appropriations no later than 90 days after enactment of this act regarding any strategic plans developed by the Department over the three prior fiscal years outlining the ways that the Department has promoted voter registration, and voter participation.

The Committee is encouraged by the General Services Administration's Bulletin FMR C-2024-01, "Safety Station Program Guidelines in Federal Facilities" that was issued on December 21, 2023. The Committee encourages all Departments covered in this act to implement these guidelines and establish safety stations in each public building that include automated external defibrillators, opioid reversal agents, and hemorrhagic control programs and requests a briefing from each Department within 90 days of enactment of this act on progress towards implementing these guidelines.

The Committee continues to appreciate the close working relationship with the various budget offices of the agencies funded in this bill. Maintaining these relationships is critical for the Committee to perform its duties in both developing these funding requirements and recommendations and providing oversight over the execution of funds.

Finally, each reference to the Committees or Committees on Appropriations in this Committee Report, unless otherwise noted, is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

TITLE I

DEPARTMENT OF LABOR

Any references 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.

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2024	\$4,006,421,000
Budget estimate, 2025	3,930,587,000
Committee recommendation	4,019,669,000

The Training and Employment Services [TES] account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA] (Public Law 113–128), and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2025 will support the program from July 1, 2025, through June 30, 2026. A portion of this account’s funding, \$1,772,000,000, becomes available on October 1, 2025, for the 2025 program year.

Advanced Robotics Manufacturing.—The Committee recognizes the need for workforce training and certificate programs targeting collaborative robotics and additive manufacturing to adequately prepare the current and future workforce for the challenges of tomorrow. The Committee encourages the Department to appropriately address this need through the prioritization of such programs, with an emphasis on programs that re-skill incumbent manufacturing workers.

Apprenticeship Grants.—The Committee supports the expansion of apprenticeship opportunities and notes that they can often provide more affordable pathways to high-paying jobs. Not later than 180 days after the enactment of this act, the Department shall publicly disclose on its website grantees receiving funding under the Apprenticeship Program from the previous program year, the number of apprentices attributable to each grantee, and the respective employment and earnings outcomes of program participants as required under section 116(b)(2)(A)(i) of WIOA. Additionally, the Department shall report to the Committee on the extent to which it is engaging with the Department of Education to address mismatches between worker skills or their participation in the labor force and employer needs and the steps that the Department has taken or plans to take to study the drivers of skills’ mismatches, workforce shortages, productivity fluctuations, turn-

over fluctuations, stagnant wages, and poor working conditions across occupations, industries, and the economy as a whole.

Clean Start.—The Committee is deeply concerned with the devastating effects of drug use on individuals, families, and communities around the country. Individuals who have nonviolent felony or misdemeanor convictions as a result of drug use often find it nearly impossible to rejoin the workforce. The Committee encourages the Secretary to support workforce and training options for individuals with a nonviolent felony or misdemeanor conviction. Further, within 180 days of enactment, the Secretary shall report to the Committee on additional actions that could be taken to support State efforts to support workforce and training opportunities for nonviolent offenders, including examining removing any barriers to the participation of nonviolent offenders in workforce training programs funded by the Department.

Collaboration Between Workforce Development Systems and State and Local Educational Agencies.—The Committee recognizes the unique role the workforce development system plays in providing in-school and out-of-school youth with opportunities that deepen learning and create pathways into high-quality jobs. The Committee also remains concerned with the adverse impacts of COVID-19 on educational attainment, particularly for students from underserved communities. The Committee continues to encourage the Department, in partnership with the Department of Education, to facilitate greater collaboration between the workforce development system and State and local educational agencies to engage and support youth (particularly disconnected youth), and to strengthen completion rates of secondary and postsecondary education and improve pathways into high-quality jobs. The Committee looks forward to the briefing requested in Senate Report 118-84 on any actions taken and any recommendations for statutory changes that can support greater collaboration between the workforce development and education systems.

Communities Affected by Substance Use.—The Committee continues to encourage the Secretary to prioritize funding for grants to serve or retrain workers in communities impacted by the health and economic effects of widespread substance use, including methamphetamine use, addiction, and overdose.

Creative Economy.—The Committee recognizes that the creative economy was severely impacted by COVID-19 and encourages the Department to partner with the National Endowment for the Arts and the National Endowment for the Humanities to explore the feasibility and expansion of Registered Apprenticeship programs for creative workers who previously received income through creative, cultural, or artistic-based pursuits to produce ideas, content, goods, and services, without regard to whether such income is earned through employment as an independent contractor or as an employee for an employer.

Direct Care Worker Shortage.—The Committee is concerned about worker shortages in the direct care sector, particularly regarding aging care and disability care. Expanding access to long-term care will become more urgent as the U.S. population of adults who are 65 and older will nearly double by 2050, with 10,000 people turning 65 every day. The Committee encourages the Depart-

ment, in coordination with the Department of Health and Human Services, to study the effects of worker shortages in the direct care sector and the impact that worker shortages will have on long-term care affordability and accessibility, and long-term care programs and looks forward to the report requested in Senate Report 118–84.

Improving Access to Public Benefits.—The Committee recognizes that one-stop customers often face significant barriers to pursuing training and employment, including lack of access to quality childcare, food and nutrition, and medical services. Further, the Committee is concerned that the complexity of supportive services program eligibility requirements and application processes may discourage enrollment. To optimize use of Federal funds, the Committee encourages Department, in coordination with the Department of Education and the Department of Health and Human Services, to provide guidance on informing one-stop center customers about the availability of supportive services or assistance, including Medicaid, the Supplemental Nutrition Assistance Program, the Earned Income Tax Credit, the Child Tax Credit, and the Temporary Assistance for Needy Families Program, and on referring customers to such services or assistance. Further, guidance should clarify how one-stops can assist customers in establishing eligibility for financial aid assistance programs related to education and training programs that are funded outside of WIOA.

Modernizing Workforce Development Programming and Serving Underemployed Workers.—The Committee encourages ETA to collaborate with State workforce agencies to modernize workforce development programming. The Committee is also concerned about the continued difficulty of underemployed workers transitioning to full employment and encourages ETA to explore new avenues for training, including the use of virtual resources. As part of this effort, ETA should consider the time constraints of underemployed workers who may work multiple jobs or have caretaking responsibilities that limit their ability to utilize the existing resources provided by ETA. Finally, the Committee further encourages the Department to develop a comprehensive long-term strategy for the delivery of online training and development programming.

Occupational Barriers for Healthcare Professionals.—The Committee recognizes that immigrants arriving in the United States holding healthcare degrees and credentials from their home countries face significant barriers that lead to underemployment, including in lower-skilled healthcare jobs than they are trained for and jobs outside of healthcare. The Committee supports efforts to strengthen the healthcare workforce and reduce barriers for in-demand occupations. As such, the Committee encourages the Secretary to issue guidance that identifies ways to bridge the gap between unemployed immigrants and healthcare professions.

Opportunity Youth.—The Committee continues to encourage the Department to use funds provided to carry out sections 168(b) and 169(c) of WIOA, which may be used for technical assistance and demonstration projects, to support demonstration programs that allow at-risk youth who are out-of-school, have limited work experience, and live in communities experiencing high rates of unemploy-

ment and high rates of community violence, to participate in the workforce.

Public Libraries.—The Committee continues to encourage ETA to expand its collaborative work with the Institute of Museum and Library Services [IMLS] to help States and local boards integrate the education, employment, and training services provided by public libraries into the workforce investment system. Libraries can play a critical role in helping people access benefits and get back to work and the Committee encourages ETA to work with IMLS to identify barriers to libraries participating in programs funded under WIOA and to develop a plan to address those barriers. The Committee looks forward to the briefing on the plan to identify and address barriers to libraries participating in programs under WIOA as encouraged in Senate Report 118–84.

Pursue Workforce Data Linkages.—The Committee directs the Department, in coordination with the Department of Health and Human Services, the Department of Education, and other Federal agencies that support workforce development programs and that hold nationwide earnings data, to submit a report to Congress within 360 days of enactment on how to improve data quality and transparency regarding participation in and outcomes from Federal education and training programs, including but not limited to WIOA, and including pre-participation earnings and employment measures as well as outcomes reporting beyond a single year post-exit, while also protecting privacy. The Departments should seek input from States, data-linkage experts, including members of the Advisory Committee on Data for Evidence-Building, with knowledge of practices for linking client data with Federal and State earnings data, data privacy experts, and other relevant stakeholders. The report should explain what steps can be taken under current law to implement modernized data infrastructure for workforce development programs, barriers presented by current statutes, regulations, and guidance, as well as legislative changes that would be necessary to overcome those barriers.

Small Businesses.—The Committee encourages the Department to support the employment needs of small businesses and entrepreneurial skills training through WIOA programs, particularly in underserved, disadvantaged communities.

Submarine Construction Workforce.—The Committee continues to encourage ETA to collaborate with the Departments of Defense and Education to address critical workforce needs in the submarine construction pipeline.

Water and Wastewater Operators.—The Committee continues to be concerned by the Nationwide shortage of water and wastewater operators, particularly in rural areas and continues to strongly urge the Secretary to make funding available through workforce development and apprenticeship activities funded under this bill for registered apprenticeship programs consistent with National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists and WIOA. The Committee continues to direct the Department to highlight the availability of funding opportunities that may support such activities, and to provide technical assistance and outreach to potential grantees with

an emphasis on sectors that are underrepresented in the apprenticeship program and that have demonstrated shortages of workers.

Grants to States

The Committee recommends \$2,929,332,000 for Training and Employment Services Grants to States.

Under WIOA, a local board is given up to 100 percent transfer authority between Adult and Dislocated Worker activities upon approval of the Governor.

Adult Employment and Training.—The Committee recommends \$885,649,000 for adult employment and training. 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 2025, which occurs from July 1, 2025, through June 30, 2026. The bill provides that \$173,649,000 is available for obligation on July 1, 2025, and that \$712,000,000 is available on October 1, 2025. Both categories of funding are available for obligation through June 30, 2026.

Youth Training.—The Committee recommends \$948,130,000 for youth training. The purpose of this program is to provide low-income youth who are facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2025, which occurs from April 1, 2025, through June 30, 2026.

Dislocated Worker Assistance.—The Committee recommends \$1,095,553,000 for dislocated worker assistance. 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 State-wide 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 State-wide 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 training programs.

Funds made available in this bill support activities in program year 2025, which occurs from July 1, 2025, through June 30, 2026. The bill provides that \$235,553,000 is available for obligation on July 1, 2025, and that \$860,000,000 is available on October 1, 2025. Both categories of funding are available for obligation through June 30, 2026.

National Programs

Dislocated Worker Assistance National Reserve

The Committee recommends \$302,859,000 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, as well as for technical assistance, training, and demonstration projects.

Funds made available for the National Reserve in this bill support activities in program year 2025. The bill provides that \$102,859,000 is available for obligation on July 1, 2025, and that \$200,000,000 is available on October 1, 2025. Both categories of funding are available for obligation through September 30, 2026.

Automation Impacted Industries.—The Committee continues to support funding to support demonstration and pilot projects relating to the training needs of workers who are, or are likely to become, dislocated as a result of automation.

Career Pathways for Youth Grants.—The Committee continues to recognize that multiple career pathways should be available to young people. The Committee also recognizes the need for early workforce readiness, employment, and training opportunities that help youth develop soft skills, such as responsibility, organization, and time management, as well as the need to learn workplace safety. The Committee recommendation includes \$20,000,000 to utilize the demonstration grant authority under the dislocated worker national reserve for grants to support national out-of-school time organizations that serve youth and teens, and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth. This programming includes soft skill development, career exploration, job readiness and certification, summer jobs, year-round job opportunities, and apprenticeships. Funding will also support partnerships between workforce investment boards and youth serving organizations. Additionally, the Committee encourages the Department to determine the feasibility of utilizing the existing one-stop infrastructure to develop and execute career pathways for youth at the local or regional level.

Disaster Resilience and Infrastructure.—The Committee recognizes the need for workforce development pathways in disaster resilience and infrastructure sectors and the role that public and non-profit workforce development providers and apprenticeship programs should play in helping provide hands-on experience through projects on a pathway to jobs. The Committee supports funding for programs to address these issues, including the Department's coordination with other agencies implementing the Infrastructure Investment and Jobs Act, and Inflation Reduction Act, and the Corporation for National and Community Service.

Dislocated Worker National Reserve Grantee Performance Reporting.—Consistent with the requirements of section 116(b)(2)(A)(i) of WIOA (29 U.S.C. 3141), the Committee directs the Department to require that all grantees receiving awards funded through the Dislocated Worker National Reserve report on the employment, earnings, and credential attainment outcomes of program participants. The Committee further directs ETA to include program participant outcomes disaggregated by grantee on its website.

Employee Ownership Initiative.—The Committee recommendation includes \$2,000,000 for grants authorized by section 346(d) of the SECURE 2.0 Act of 2022. Funds will be used to establish and expand employee ownership programs authorized by such section. The Committee expects the Employee Benefits Security Administration to provide subject matter assistance to ETA as it develops and administers this grant program.

Multi-state National Dislocated Coal Miners Assistance Grant Program.—The Committee is aware of the difficulties experienced by dislocated coal miners as a result of continuing energy sector restructuring. The Committee continues to strongly support funding for non-profit organizations that provide employment and training assistance, as well as related supportive services, to individuals who are dislocated by coal plant closures or substantial layoffs at coal mine operations and their immediate family.

Strengthening Community College Training Grants [SCCTG].—The Committee recommendation includes \$65,000,000 for SCCTG. This program builds the capacity of community colleges to address workforce development needs in in-demand industries and career pathways leading to quality jobs.

Workforce Opportunity for Rural Communities.—The Committee recommendation includes \$50,000,000 for the Workforce Opportunity for Rural Communities program, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. These funds provide reemployment and training assistance to dislocated workers in rural areas to help them adapt existing skills and learn new ones demanded by growing industries. The Committee strongly encourages the Department to develop funding opportunity announcements and make grant awards in coordination with the Appalachian Regional Commission [ARC], Delta Regional Authority [DRA], and Northern Border Regional Commission [NBRC], for which each award shall not exceed \$1,500,000. Within the total, the recommendation includes \$21,750,000 for grants in areas served by the ARC, \$21,750,000 for areas served by the DRA, and \$6,500,000 for areas served by the NBRC.

Indian and Native American Programs

The Committee recommends \$60,000,000 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, general educational development attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

The Committee supports the effective implementation of the Indian and Native American programs. The Committee expects that the Department will ensure new members of the Native American Employment and Training Council [NAETC] are selected as expeditiously as possible to avoid vacancies on the NAETC.

Migrant and Seasonal Farmworker Programs

The Committee recommends \$97,396,000 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 farm work, 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 \$90,134,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$6,591,000 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 \$671,000 to be used for training, technical assistance, and related activities, including funds for migrant rest center activities under section 167 of WIOA.

YouthBuild

The Committee recommendation includes \$110,000,000 for YouthBuild, which helps provide disconnected youth with work readiness and industry-driven credential attainment opportunities.

The Committee encourages the Department to ensure YouthBuild grants reach geographically diverse areas, including rural areas.

Reentry Employment Opportunities [REO]

The Committee recommends \$115,000,000 for the REO program, including \$30,000,000 for national and regional intermediaries. The REO program provides current or formerly incarcerated youth and adults involved in the justice system with occupational skills training that leads to industry recognized credentials and apprenticeships leading to employment in good, well-paying jobs and careers with opportunities for advancement. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

The Committee directs the Department to ensure grantees establish formal partnerships with employers and that program participants receive industry recognized credentials and training in fields that prepare them for successful reintegration, including ensuring participants receive training and credentials in fields where their record is not a barrier to entry or continued employment. The Committee also directs the Department to consider the needs of communities that have recently experienced significant unrest.

Apprenticeship Grants

The Committee recommendation includes \$290,000,000 for Apprenticeship Grants.

The Committee continues to support the prioritization of funding to expand registered apprenticeships into new industries and for underserved or underrepresented populations. The Committee supports the use of apprenticeship grants that provide worker education in in-demand and emerging fields, including first responder; disaster resilience, response, and recovery; utility (energy and water) and resource management; transportation and infrastructure; goods movement sectors such as global logistics, rail and other freight-related employment; and outdoor recreation economy-related employment. The Committee also encourages the Department to support apprenticeship opportunities that incorporate non-

traditional industries, while providing appropriate flexibility for such industries. Further, the Committee encourages the Department to fund apprenticeship opportunities in local communities that have high rates of unemployment and high rates of community violence.

Competency-Based Apprenticeships.—The Committee believes that competency-based apprenticeship programs, where program completion is based on the attainment of competencies, are an important part of the apprenticeship landscape and urges the Department to look for ways to include competency-based apprenticeships in the Registered Apprenticeship Program.

Degree Apprenticeships.—The Committee recognizes the value of degree apprenticeship programs where institutions of higher education create initiatives that integrate the awarding of college degrees with the hallmarks of apprenticeships, including supporting paid work experiences, on-the-job training, related instruction, and industry involvement. The Committee appreciates that ETA has made degree apprenticeships a fundable activity in the Apprenticeship Grant program and urges ETA to prioritize funding for degree apprenticeships in future Funding Opportunity Announcements. The Committee also urges the Department to collaborate with the Department of Education in supporting the establishment of degree apprenticeship programs at 4-year institutions of higher education to align workforce development efforts and post-secondary education in industries such as advanced manufacturing, information technology, healthcare, and energy, among others.

Pay for Success.—The Committee looks forward to the Department's assessment of the feasibility of supporting a pay-for-success initiative as directed in the fiscal year 2024 explanatory statement.

School Administrator Apprenticeships.—The Committee is encouraged by the Department's decision to make school administrators eligible for apprenticeship training and assistance. The Department should provide additional funding to further establish and implement a leadership development apprenticeship program to help educators advance their careers, address school principal and superintendent shortages, and meet growing demand.

Workforce Data Quality Initiative

The Committee recommendation includes \$6,000,000 for the Workforce Data Quality Initiative, which provides competitive grants to support States in developing, connecting, and enhancing their longitudinal data systems that integrate education and workforce data. This supports evaluation and research on the effectiveness of education and workforce programs, and helps provide consumer-friendly information so that individuals can select the programs that best meet their needs.

Congressionally Directed Spending

The Committee recommendation includes \$109,082,000 for the projects, and in the amounts, specified in the table at the end of this Committee Report.

JOB CORPS

Appropriations, 2024	\$1,760,155,000
Budget estimate, 2025	1,764,376,000
Committee recommendation	1,760,155,000

The recommendation for operations of Job Corps centers is \$1,603,325,000.

The Committee recommendation for administrative costs is \$33,830,000.

The Committee recommends a total of \$123,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2025, to June 30, 2028. 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 Committees on Appropriations of the House of Representatives and the Senate at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

Civilian Conservation Centers.—The Committee continues to strongly encourage the Department to prioritize the development of new natural resource and conservation trade offerings, particularly focused on wildland firefighting and emergency response. The Committee encourages the Department to maximize the utilization of Job Corps trade offerings, particularly those focused on natural resources and wildland firefighting, including by reclassifying enrollees engaged in wildland firefighting or off-campus work-based learning as out of the career and technical training classroom so that another enrollee may occupy that slot.

Continuous Campus Improvement.—The Committee encourages the Department to develop a process involving Job Corps youth service providers for setting achievable campus performance expectations in order to more effectively drive continuous improvement in student outcomes.

Homeless Youth.—The Committee continues to strongly encourage the Department to streamline application requirements for homeless youth in Job Corps.

Maximizing Employer Partnerships.—The Committee applauds the Department's efforts to develop relationships between Job Corps and employers associated with our Nation's strategic priorities including infrastructure, advanced manufacturing, and the defense industrial base. The Committee encourages the Department to fully leverage section 158(f) of WIOA to maximize the resources available to campuses to develop these partnerships and meet employers' needs.

Rural Training Sites.—The Committee encourages the Department to support and incentivize high quality center operators to develop and enhance partnerships with existing rural training sites to enhance opportunities and work experiences for students in underserved rural or remote communities. Such rural partnerships should use student-focused industry-backed curricula, prepare students for employment in high-demand fields, offer students the opportunity to take coursework leading to college credit, and demonstrate strong employer partnerships within the region in which

the center is located. Such partnerships will also promote the ability of Job Corps centers to meet local workforce and cultural needs in communities far removed from their locations.

Substance Use and Behavioral Health.—The Committee is concerned about the increase in overdoses and deaths among youth resulting from drug use, including fentanyl. The Committee requests the Department make recommendations, including legislative changes, to address substance use and behavioral health challenges of Job Corps participants in its fiscal year 2026 CJ.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2024	\$405,000,000
Budget estimate, 2025	405,000,000
Committee recommendation	405,000,000

Community Service Employment for Older Americans [CSEOA] provides part-time employment in community service activities for unemployed, low-income persons aged 55 and older. The Committee recommendation includes \$405,000,000 for CSEOA.

The Committee encourages the Department to reserve amounts proportionate to the Pacific Islander and Asian American and the Indian populations for national grants to national Pacific Island and Asian American and Indian aging organizations who have a track record of reaching, in a linguistically and culturally competent manner, this underserved population of older workers across the country with significant barriers to employment. The Committee also directs the Department to provide an update in the fiscal year 2026 CJ on how recipients of funding under title V of the Older Americans Act of 1965 [OAA] are serving older individuals who are Native American and Pacific Islander and Asian American with such funding.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2024	\$30,700,000
Budget estimate, 2025	33,900,000
Committee recommendation	33,900,000

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.

The Trade Adjustment Assistance [TAA] program provides assistance to workers who have been adversely affected by international trade. TAA provides benefits and services to those who qualify, to include job training, job search and relocation allowances, and wage supplements for workers age 50 and older.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2024	\$4,006,150,000
Budget estimate, 2025	4,325,429,000
Committee recommendation	4,038,150,000

The Committee recommendation includes \$3,954,084,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$84,066,000 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.

Unemployment Insurance

The Committee recommends a total of \$3,172,635,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee recommends \$2,775,635,000.

The Committee recommendation includes \$388,000,000 for Reemployment Services and Eligibility Assessments, to expand intensive, individualized reemployment assistance, and to help address and prevent long-term unemployment, and reduce improper payments. This includes \$117,000,000 in base funding and \$271,000,000 in cap adjustment funding consistent with the Fiscal Responsibility Act. The recommendation also includes \$9,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

Finally, the Committee recommends \$18,000,000 for UI national activities, which will support activities that benefit the entire Federal-State UI system, including supporting the continuation of IT upgrades and technical assistance.

The Committee directs the Department to include information in the fiscal year 2026 CJ on: (1) how the ability of State workforce agencies to provide federally required service levels for unemployment insurance programs is affected when States do not receive the resources they need for administration as identified by the Resource Justification Model; (2) whether improvements to the Resource Justification Model could support improved State administration of the unemployment insurance programs; (3) whether Federal funding to States fully pays for the administration of Federal benefit programs, including emergency benefit programs implemented during the COVID-19 pandemic; (4) how ETA used CARES Act, ARPA, and annual appropriations to improve the administration and integrity of the unemployment insurance system since 2020; (5) how States identify fraudulent actors who apply for unemployment insurance payments and the nature of these actors; (6) how any new appropriations and authorities would help the Department improve access to unemployment insurance for eligible workers and identify and recoup fraudulent overpayments; and (7) how any new appropriations and authorities would enhance methods by which ETA helps States better administer their unemployment insurance programs and identify and recoup fraudulent overpayments.

Employment Service

For the Employment Service allotments to States, the Committee recommends \$675,052,000. This amount includes \$21,413,000 in general funds together with an authorization to spend

\$653,639,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$25,000,000 for Employment Service national activities.

The Committee recommendation includes \$2,500,000 to continue efforts to reduce the processing backlog for the work opportunity tax credit [WOTC] program and for assisting States to modernize information technology for processing certification requests, which may include training and technical assistance. Consistent with this effort, the Committee strongly urges the Department to develop national guidelines for the consistent administration of the program, including flexibility for State workforce agencies with lower capacity. This guidance should also encourage State workforce agencies to enter into cooperative information exchange agreements with Federal and State agencies that have the data needed to determine WOTC eligibility. Finally, the Committee recognizes that processing requests for remote workers may be best accomplished in the State where the workers reside and not where the employer is located.

Foreign Labor Certification

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$61,528,000. In addition, five percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$23,282,000 is available for related State grants.

Examining Updates to Schedule A.—The Committee notes the ongoing work at the Department to gather and address public input on whether and how to update Schedule A. The Committee encourages the Department to analyze how to include healthcare, STEM, and non-STEM occupations experiencing labor shortages in any potential updates it makes to Schedule A.

Prompt Processing of H-2B Visas.—The Committee continues to strongly encourage the Department to take steps to ensure prompt processing of H-2B visa applications and to minimize future interruptions to the H-2B visa program.

Timely Processing of Permanent Labor Certification Applications.—The Committee strongly encourages the Department to take appropriate actions using existing authority and resources to improve the processing of Permanent Labor Certification Applications, including Prevailing Wage Determinations filed through Foreign Labor Application Gateway [FLAG] system. Historically, processing took less than 6 months, but currently takes well over a year. The Prevailing Wage Determinations for the process should be processed in no more than 2 weeks and the Department should return to processing times of less than 1 month, notwithstanding backlogs at other departments involved in the visa process. Within 60 days of enactment, the Department shall provide the Committee with a report detailing efforts being taken to improve processing timeframes by using existing authority and resources, including automating the self-attestation process to speedily approve submissions, while flagging potential bad actors for further investigation and audits.

One Stop Career Centers/Labor Market Information

For one-stop career centers and labor market information, the Committee recommends \$62,653,000.

The Committee is encouraged by progress made through the Department's efforts to incentivize States to reduce barriers to entry into licensed occupations and increase license portability to facilitate mobility of workers in such occupations, with an emphasis on transitioning service members, veterans, and military spouses. The Committee encourages the Department to expand on these past efforts to encourage occupational licensing reform, which could include grants to States, and associations of States, to review, eliminate and reform licensing requirements, and to promote portability of State licenses. Grant funding would support institutions of higher education and occupational licensing partners to address barriers to licensure for veterans and transitioning service members, immigrants with work authorization, individuals with a criminal history, and dislocated, low-wage workers. The Department, in consultation with the Departments of Defense and Veterans Affairs, is also encouraged to improve the information made publicly available on credentials and licenses that facilitate entry into or advancement in occupations.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee bill continues language providing such sums as 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, 2024	\$172,915,000
Budget estimate, 2025	184,668,000
Committee recommendation	172,915,000

The Committee recommendation of \$172,915,000 for program administration includes \$118,900,000 in general funds and \$54,015,000 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 WIOA, OAA, the Trade Act of 1974 (Public Law 93-618), and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security, training and employment, and executive direction functions.

VETERANS' EMPLOYMENT AND TRAINING

Appropriations, 2024	\$335,341,000
Budget estimate, 2025	337,301,000
Committee recommendation	335,341,000

The Committee recommendation of \$335,341,000 for the Veterans' Employment and Training Service [VETS] includes \$65,500,000 in general revenue funding and \$269,841,000 to be ex-

pended 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 service members, 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 \$185,000,000 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 service members 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 maintains 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 includes new language providing authority for JVSG funding to be used to support surviving spouses of service members.

The Committee provides \$34,379,000 for the Transition Assistance Program [TAP] to support apprenticeship opportunities and employment workshops at military installations, and in virtual classrooms, worldwide for exiting service members and spouses.

The Committee recommendation includes \$47,048,000 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 \$65,500,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. The bill allows Incarcerated Veterans' Transition funds to be awarded to serve veterans who have recently been released from incarceration but are at risk of homelessness.

The Committee recommendation includes \$3,414,000 for the National Veterans' Training Institute, which provides training to Federal staff and veteran service providers.

The Committee recommendation includes \$500,000 to support the HIRE Vets Medallion program.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2024	\$191,100,000
Budget estimate, 2025	205,663,000
Committee recommendation	206,100,000

The Committee recommends \$206,100,000 for the Employee Benefits Security Administration [EBSA]. EBSA is responsible for the enforcement of title I of the Employee Retirement Income Security Act [ERISA] in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 (Public Law 99-335). EBSA administers an integrated program of regulation, compliance assistance and edu-

cation, civil and criminal enforcement, and research and analysis. The Committee bill does not include requested authority for EBSA to obligate these funds during the period of 2 fiscal years and spend indefinitely up to \$3,000,000 for the expert witness program. Bill language continues to allow EBSA to obligate up to \$3,000,000 for 2 fiscal years for the expert witness program. The authority is needed for services on cases extending beyond fiscal year limitation.

The Committee requests that DOL's required operating plan and future CJs continue to include budget activity detail provided in the prior year CJ.

Implementation of Employee Ownership Initiative.—Within available resources, the Committee expects EBSA to continue its efforts to create and widely disseminate educational materials focused on promoting best practices in employee ownership through the Employee Ownership Initiative authorized by section 346 of the SECURE 2.0 Act of 2022. The Committee also includes \$2,000,000 within ETA for the grant program authorized by such section to help establish and expand employee ownership programs. The Committee expects EBSA to provide subject matter assistance to ETA as it develops and administers this grant program.

Adequate Consideration Guidance.—The Committee notes that the SECURE 2.0 Act of 2022 also directs the Department to issue formal guidance on the adequate consideration exemption, as defined in section 407(d)(6) of ERISA. The Committee is disappointed that EBSA failed to achieve the latest regulatory agenda goal of issuing an adequate consideration notice of proposed rulemaking in March of this year. The Committee urges the Department to prioritize a timely, formal notice and comment rulemaking on the adequate consideration exemption that ensures taxpayers benefit from stakeholder input and experience, consistent with congressional intent.

Mental Health Parity.—The Committee supports additional efforts directed toward systemic and targeted audits of health plans, to ensure parity between mental and physical healthcare coverage as required by current law.

Vision and Dental Plans.—The Committee is concerned that stand-alone vision and dental insurance plans may be using ERISA preemption authorities to avoid certain State laws that protect consumers and providers from abusive practices. ERISA preemption authorities were not intended to preempt State laws to prevent market manipulation, including protections against price fixing and steering enrollees to plan-owned products and services. The Committee requests a briefing of any reported State law violations within 90 days of enactment.

ERISA Requirements.—The Committee notes that firms domiciled in or otherwise controlled by the People's Republic of China can be opaque in their auditing and accounting work and practices. The Committee encourages EBSA to consider whether these transparency risks have any implications for requirements on plan fiduciaries under ERISA.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2024	\$512,900,000
Budget estimate, 2025	514,063,000
Committee recommendation	514,063,000

The Pension Benefit Guaranty Corporation's [PBGC] estimated obligations for fiscal year 2025 include single-employer benefit payments of \$8,006,000,000, multi-employer financial assistance of \$207,000,000, Investment Management Fees Program of \$139,800,000, Custodian Bank Fees of \$4,000,000, and consolidated administrative expenses of \$514,063,000, including no less than \$8,384,000 available for the Office of Inspector General. The program amount for Custodian Bank Fees was included in prior year administrative expenses. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. PBGC also anticipates obligations of \$3,302,000,000 for Special Financial Assistance and \$15,000,000 for related administrative expenses from the American Rescue Plan Act of 2021.

Previously, the Committee accepted the PBGC's proposal to reform the administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. That consolidated approach for the three activities is continued, but PBGC is directed to continue providing detail every year on the three activities in its annual CJ.

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 PBGC is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

The bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of new plan participants in terminated plans exceeds 100,000. When that threshold is reached, an additional \$9,200,000 becomes available through September 30, 2029, for every 20,000 additional participants in terminated plans. The bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by the Office of Management and Budget and notification to the Committees. Finally, the bill includes authority for PBGC to expend not more than an additional \$100 per affected person for credit or identity monitoring to individuals upon suffering a security incident or privacy breach in the event PBGC's costs exceed \$250,000. Those funds are available for obligation through September 30, 2029.

WAGE AND HOUR DIVISION
SALARIES AND EXPENSES

Appropriations, 2024	\$260,000,000
Budget estimate, 2025	294,901,000
Committee recommendation	267,500,000

The Committee recommends \$267,500,000 for the Wage and Hour Division [WHD]. The Committee bill does not include requested authority for WHD to obligate these funds during the period of 2 fiscal years.

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] (Public Law 75–718), employment rights under the Family and Medical Leave Act (Public Law 103–3), and the Migrant and Seasonal Agricultural Worker Protection Act (Public Law 97–470) are several of the important laws that WHD is charged with administering and/or enforcing.

WHD administers and enforces laws covering more than 165 million workers in 11 million workplaces in the United States and its territories. The Committee supports WHD in its efforts to be more strategic in enforcement activities, which can lead to more significant results for workers at an industry-level and deter employers from violating the law, particularly in key areas of protecting the rights and wages of workers, ensuring prevailing wage protections, and combatting exploitative child labor.

Preventing Exploitative Child Labor.—The Committee recommendation includes an increase of \$7,500,000 to help support efforts to combat exploitative child labor and violations of child labor provisions of the FLSA and work with employers on removing illegal child labor from their supply chains. WHD should continue to utilize strategic enforcement in industries known to have high incidence of child labor violations. The Committee also continues to support the improved collaboration and information sharing established between the Department of Labor, WHD, and the Department of Health and Human Services Administration for Children and Families, including through the interagency taskforce to combat child labor exploitation and data sharing memorandum of agreement between the Departments. The Committee requests quarterly briefings on WHD activities in identifying and preventing exploitative child labor in the prior quarter and plans for the current quarter. The briefings must include the provision of information on the systematic use of data and information-sharing, compliance efforts, use of enforcement tools and remedies achieved, community engagement, and referrals to law enforcement. The Committee also requests the Department describe in its fiscal year 2026 CJ how civil monetary penalty collections for child labor violations are treated as compared to other violations of the FLSA and how a portion of such funds could be used to further reduce and prevent exploitative child labor.

OFFICE OF LABOR–MANAGEMENT STANDARDS
SALARIES AND EXPENSES

Appropriations, 2024	\$48,515,000
Budget estimate, 2025	50,845,000
Committee recommendation	48,515,000

The Committee recommends \$48,515,000 for the Office of Labor-Management Standards [OLMS]. The Committee bill does not include requested authority for OLMS to obligate these funds during the period of 2 fiscal years.

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 [LMRDA] (Public Law 86–257) and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, labor relations consultants and others. In addition, the Office administers employee protections under federally sponsored transportation programs.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS
SALARIES AND EXPENSES

Appropriations, 2024	\$110,976,000
Budget estimate, 2025	116,132,000
Committee recommendation	110,976,000

The Committee recommends \$110,976,000 for the Office of Federal Contract Compliance Programs [OFCCP]. The Committee bill does not include requested authority for OFCCP to obligate these funds during the period of 2 fiscal years.

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. These prohibitions make it unlawful for contractors and sub-contractors doing business with the Federal Government to discriminate in employment because of race, color, religion, sex (including sexual orientation and gender identity), national origin, disability, or status as a protected veteran.

VAHBP Enforcement Moratorium.—The Committee notes that OFCCP Directive 2021–01 Revision 1 indicates OFCCP’s intent to exercise prosecutorial discretion with regard to the affirmative obligations of Veterans Affairs Health Benefits Program [VAHBP] providers until May 2025. The Committee encourages OFCCP to work with stakeholders and lawmakers to ensure appropriate implementation of OFCCP programs and robust access to care for veterans and their families.

OFFICE OF WORKERS’ COMPENSATION PROGRAMS
SALARIES AND EXPENSES

Appropriations, 2024	\$122,705,000
Budget estimate, 2025	130,545,000
Committee recommendation	122,705,000

The Committee recommends \$122,705,000 for the Office of Workers’ Compensation Programs [OWCP]. This includes \$2,205,000

from the special fund established by the Longshore and Harbor Workers' Compensation Act. In addition, \$51,580,000 is available by transfer from the Black Lung Disability Trust Fund.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act (Public Law 69-803), the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensation Program Act (Public Law 106-398). In addition, OWCP houses the Division of Information Technology Management and Services.

WHCA Claims Processing.—The Committee is aware of substantial deficiencies in the Department's operations for processing claims under the War Hazards Compensation Act [WHCA]. While the Committee understands that the Department has taken some action to address its backlog and processing of WHCA claims, the Committee requests a briefing on this topic within 90 days of enactment of this act. Such briefing shall include, at a minimum, information regarding: (1) the Department's consideration and, if applicable, implementation of statistical sampling methods for reducing the amount of time needed by examiners and reviewers to process claims; (2) the Department's review and considered changes to the \$300 threshold for sampling reimbursement for medical claims; and (3) historical, current, and future proposed FTE levels employed by the Department for processing WHCA claims.

SPECIAL BENEFITS

Appropriations, 2024	\$700,000,000
Budget estimate, 2025	726,670,000
Committee recommendation	726,670,000

The Committee recommends \$726,670,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

The Committee continues to provide authority to require disclosure of Social Security numbers by individuals filing claims under FECA or the Longshore and Harbor Workers' Compensation Act (Public Law 69-803) and its extensions.

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

The Committee continues 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 maintains language consistent with long-standing interpretations and implementation of this appropriation stating that, along with the other compensation statutes already specifically enumerated, the appropriation is used to pay obligations that arise under the War Hazards Compensation Act (Public Law 77–784), and the appropriation is deposited in the Employees’ Compensation Fund and assumes its attributes, namely availability without time limit as provided by 5 U.S.C. section 8147.33.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2024	\$33,140,000
Budget estimate, 2025	31,367,000
Committee recommendation	31,367,000

The Committee recommends a mandatory appropriation of \$24,367,000 in fiscal year 2025 for special benefits for disabled coal miners. This is in addition to the \$7,000,000 appropriated last year as an advance for the first quarter of fiscal year 2025, for a total program level of \$31,367,000 in fiscal year 2025.

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

The Committee also recommends an advance appropriation of \$6,000,000 for the first quarter of fiscal year 2026. These funds will ensure uninterrupted benefit payments as promised to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2024	\$66,532,000
Budget estimate, 2025	66,966,000
Committee recommendation	66,966,000

The Committee recommends \$66,966,000 for the Division of Energy Employees Occupational Illness Compensation Program [EEOICP]. This is a mandatory appropriation for administrative expenses for administration of Part B of the Energy Employees Occupational Illness Compensation program.

The Division administers the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398), which provides benefits to eligible employees and former employees of the Department of Energy, 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 (Public Law 106–245). The Division is part of OWCP.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2024	\$452,867,000
Budget estimate, 2025	485,706,000
Committee recommendation	485,706,000

The bill provides an estimated \$485,706,000 as requested for this mandatory appropriations account. This estimate is comprised of

\$93,879,000 for administrative expenses and an estimated \$391,827,000 for benefit payment and interest costs. The Committee bill does not include requested authority to obligate funds available for administrative expenses during the period of 2 fiscal years.

The bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability or refuses to pay for such benefits, as well as all administrative costs that are incurred in administering the benefits program and operating the trust fund. As proposed in the President's budget, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies: up to \$51,580,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$41,570,000 for Departmental Management, Salaries and Expenses; and up to \$373,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2024	\$632,309,000
Budget estimate, 2025	655,463,000
Committee recommendation	637,309,000

The Committee recommends \$637,309,000 for the Occupational Safety and Health Administration [OSHA], which is responsible for enforcing the Occupational Safety and Health Act of 1970 (Public Law 91-596) in the Nation's workplaces. The Committee bill does not include requested authority for OSHA to obligate these funds during the period of 2 fiscal years.

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 per year, consistent with current law.

The Committee also continues bill language to exempt farms employing 10 or fewer people from the provisions of the Occupational Safety and Health [OSH] Act, with the exception of those farms having a temporary labor camp. The exemption of small farming operations from OSHA regulation has been in place since 1976. OSHA clarified the limits of its authority under the appropriations rider to conduct enforcement on small farms in July 2014, particularly regarding post-harvest activities of a farming operation. It is also important the Department of Agriculture and National Institute for Occupational Safety and Health are consulted in any future attempt by OSHA to redefine or modify any aspect of the small farm exemption. The Committee also continues language exempting employers with fewer than 10 employees in industry classifications having a lost workday injury rate less than the National average from general schedule safety inspections, except for the small farms covered by the broader exemption.

State Plan States.—The Committee recommends \$121,000,000 for grants to States under section 23(g) of the Occupational Safety and Health Act (Public Law 91–596). 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 bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

Workplace Violence in Healthcare and Social Services.—A survey in 2019 reported one in four nurses were assaulted at work, with more recent data showing physical and verbal violence against healthcare workers continuing to rise. The Healthcare and Social Assistance industry sector includes nearly 21 million employees and these workers face an increased risk of workplace violence that is nearly six times that of workers in all other industries. This violence dramatically impacts nurse well-being and burnout. It exacerbates the nurse staffing crisis and affects the quality of patient care. The Committee notes OSHA’s progress to release a workplace violence prevention standard for healthcare and social assistance. The Committee requests that OSHA provide a briefing within 180 days of enactment of this act on progress made toward releasing this standard, a timeline for publishing a final rule, and the agency’s implementation plan, including related training and support required to prepare Compliance Safety and Health Officers for the new workplace violence prevention standard.

Smoke-Related Health Issues for Workers.—The Committee appreciates the Department’s actions to increase awareness on steps that employers can take to minimize worker exposure to hazardous outdoor air, including wildfire smoke. The Committee directs the Department to work with the National Institute for Occupational Safety and Health [NIOSH] and other relevant agencies to gather evidence on best practices and make recommendations that protect workers from the consequences of long-term exposure to adverse air. Further, the Committee requests that the Department provide a briefing on their joint efforts with NIOSH on this issue, particularly supporting vulnerable workers exposed to adverse air. This briefing shall be provided not later than 90 days after enactment.

Emergency Response Standard.—The Committee is concerned with the proposed rule entitled “Emergency Response Standard” and its potential impact on volunteer fire and emergency service departments. The Committee understands this standard has not been updated in decades and some updates may be warranted. The Committee strongly encourages OSHA to conduct listening sessions or other stakeholder engagement to fully understand the impact on various emergency response and firefighter stakeholders, including whether or not it is economically feasible for volunteers to comply with the proposed regulation, prior to issuing any final rule.

Compliance Assistance.—The Committee continues language requiring OSHA to dedicate no less than \$3,500,000 for administering the Voluntary Protection Program [VPP] in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of employees administering the VPP, the Safety and Health Achievement Recognition Program, or Federal Compli-

ance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

The Committee recommendation also includes \$12,787,000 for the OSHA Susan Harwood Training Grant program. The program provides disadvantaged, underserved, low-income, or other hard-to-reach, at-risk workers with identifying and avoiding workplace hazards, training to protect them from on-the-job hazards, and to inform workers of their rights and employers of their responsibilities under the OSH Act. The Committee notes OSHA’s fiscal year 2024 funding opportunity announcements include grant categories of: Capacity Building, Targeted Topic, and Training and Educational Materials. The Committee urges OSHA to prioritize these funds to support non-profit, community-based groups and other non-profit organizations with the capability to reach and effectively train vulnerable, underserved workers, and industries with high injury, illness, and fatality rates.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2024	\$387,816,000
Budget estimate, 2025	406,538,000
Committee recommendation	392,816,000

The Committee recommendation includes \$392,816,000 for the Mine Safety and Health Administration [MSHA]. The Committee bill does not include requested authority for MSHA to obligate these funds during the period of 2 fiscal years.

MSHA enforces the Federal Mine Safety and Health Act (Public Law 91–173) 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 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. To prepare properly for an 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 continues 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.

The Committee continues to emphasize the importance of mine safety enforcement, and instructs MSHA to fully implement the requirements of section 103 of the Federal Mine Safety and Health Act of 1977 (Public Law 91–173). MSHA shall make inspections of

each underground coal mine in its entirety at least four times a year and each surface coal or other mine in its entirety at least two times a year. Further, MSHA shall fully and effectively enforce the Final Rule Reducing Miners' Exposure to Coal Dust and should not use any funds to weaken or eliminate the Final Rule Lowering Miners' Exposure to Respirable Coal Mine Dust.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2024	\$697,952,000
Budget estimate, 2025	712,786,000
Committee recommendation	702,952,000

The Committee recommends \$702,952,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$68,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$634,952,000 in Federal funds. The Committee bill does not include requested authority for BLS to obligate these funds during the period of 2 fiscal years.

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 workforce statistics for Federal and non-Federal data users as provided by BLS. This should include, to the extent practicable, appropriate methods to gather data on sexual orientation, gender identity, and variations on sex characteristics.

Current Population Survey.—The Committee recommendation includes additional resources intended to support the modernization of the Current Population Survey [CPS]. Declining response rates facing all survey programs and other challenges necessitate actions by BLS and the Census Bureau to modernize the operations of the CPS and maintain this resource. The Committee understands work on an Internet self-response mode and other improvements are underway. The Committee requests a CPS modernization plan, including an implementation timeline and resource needs, not later than 30 days after enactment of this act and follow-up briefing not later than 30 days after submission of the plan. Further, the Committee expects such plan and briefing to include input from and participation of the Census Bureau.

National Longitudinal Survey of Youth.—The Committee continues to recognize the importance of the National Longitudinal Survey of Youth [NLSY], which has provided valuable information about labor market trends for decades. The Committee maintains current funding for the purposes of continuing to plan and develop the new NLSY cohort established by the Further Consolidated Appropriations Act, 2020 and maintained in the last 4 fiscal years.

The Committee expects BLS will develop an appropriate methodology that will maintain continuity in key measurements across the cohorts, which will be of value to understanding our changing economy and society. The Committee intends for the funds to be used to support continued planning and development of the new cohort. The Committee expects BLS to continue fielding the NLSY79 and NLSY97 cohorts and maintain the current design, methodology, and data quality. Further, BLS shall brief the Committees on its

plans for executing these directives and carrying out its implementation of the new NLSY cohort plan.

Nonprofit Sector Employment and Wage Data.—The Committee looks forward to the release of BLS data on employment and wage estimates for the nonprofit sector for the years 2018–2022. This release will include State- and county-level information that will provide important insight into this area of the economy. The Committee directs BLS to develop cost-effective options to make this information available on a more frequent basis and report its progress to the Committee no later than 120 days after the enactment of this act.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2024	\$43,000,000
Budget estimate, 2025	44,876,000
Committee recommendation	43,000,000

The Committee recommends \$43,000,000 for the Office of Disability Employment Policy [ODEP] to provide leadership, develop policy and initiatives, support technical assistance and implementation, and award grants, cooperative agreements, and contracts furthering the objective of eliminating physical and programmatic barriers to the training, labor force participation and employment of people with disabilities and to design and implement research and technical assistance grants and contracts that support the transition to competitive, integrated employment for youth and adults with disabilities. The Committee bill does not include requested authority for ODEP to obligate these funds during the period of 2 fiscal years. The bill also includes language continuing to allow not less than \$9,000,000 to be used for research and demonstration projects related to testing effective ways to promote greater labor force participation of people with disabilities. These funds may be transferred to the “State Unemployment Insurance and Employment Service Operations” account for such purpose. The Committee requests notification at least 14 days prior to any such transfer.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2024	\$388,197,000
Budget estimate, 2025	465,601,000
Committee recommendation	395,197,000

The Committee recommendation includes \$395,197,000 for the Departmental Management, Salaries and Expenses account. Of this amount, \$394,889,000 is available from general funds and \$308,000 is available by transfer from the Employment Security Administration account of the Unemployment Trust Fund. In addition, \$41,570,000 is available by transfer from the Black Lung Disability Trust Fund. The Committee bill does not include requested authority for these funds to be available for obligation for a period of 2 fiscal years.

The Departmental Management, Salaries and Expenses 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.

Preventing Exploitative Child Labor.—The Committee recommendation includes an increase of \$4,000,000 to help support efforts of the Office of the Solicitor to combat exploitative child labor and violations of child labor provisions of the FLSA and work with employers to remove illegal child labor from their supply chains. The Secretary is directed to report to the Committees not later than 45 days after the end of the fiscal year on the Department's efforts to enforce child labor provisions of the FLSA with particular focus on hazardous occupations, child labor trafficking and child labor exploitation, including by reporting for fiscal year 2025: enforcement resources expended by agency including on child labor enforcement; the number of concluded cases and violations by industry; the number and type of enforcement actions imposed by industry, including the number of employers held liable for child labor violations; the number of referrals to other agencies for support or legal services for effected children and youth, and the number of criminal referrals to law enforcement for violations of child labor provisions.

The Committee is also concerned by the Department's limited referrals to the Department of Justice in response to reports of children, including unaccompanied children, suspected of being subject to child labor trafficking and exploitation. The Committee directs the Department to submit a report not later than 180 days after enactment detailing the referrals in the previous fiscal year on suspected violations of child labor trafficking laws. The report should provide the number of referrals initiated and, to the extent that the information is available, the disposition of each including the number of arrests, convictions, pending cases, and case dismissals.

Bureau of International Labor Affairs [ILAB].—The Committee recommendation includes \$118,125,000 for ILAB to carry out its statutory responsibilities, of which \$82,725,000 is available for obligation through December 31, 2025. These funds are in addition to the supplemental appropriations for ILAB in Public Law 116–113, the United States-Mexico-Canada Agreement Implementation Act, for its responsibilities under that law.

ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB's statutory mandates and international responsibilities, including in promoting the elimination of the worst forms of child labor and forced labor. ILAB works to ensure workers and businesses in the United States are not put at a competitive disadvantage by trading partner countries not adhering to their labor commitments under trade agreements and trade preference programs. The bill continues language setting aside funding for grants, contracts and other arrangements for technical assistance on worker rights and for combatting child labor, with no less than \$30,175,000 available for worker rights programs and no less than \$30,175,000 for combatting exploitative child labor internationally. This flexibility will allow ILAB to target additional resources where

conditions on the ground and other factors create the greatest opportunities to make significant progress on these issues and maintain a robust level of support for both critically important activities.

The Department shall report on plans for and uses of all funds made available to the Department in the United States-Mexico-Canada Agreement Implementation Act (Public Law 116–113) in the fiscal year 2026 and subsequent year CJs. Such plans and updates shall also include information on how funds are being used for monitoring, oversight, and technical assistance in support of the purposes of such act, including Mexico’s implementation of nationwide labor reforms and compliance with labor obligations.

The Committee continues to support the critical role ILAB plays in working to eradicate child labor, forced labor, and human trafficking, including through its research and reporting in its Findings on the Worst Forms of Child Labor, List of Goods Produced by Child Labor or Forced Labor, and List of Products Produced by Forced or Indentured Child Labor. The appropriation will support continued publication of these important reports, including the tracking of goods through supply chains and identifying inputs made with child and forced labor.

Evaluation, and Evidence-Building and Use.—The Committee recommendation provides \$4,281,000 for program evaluation and allows these funds to be available for obligation through September 30, 2026. 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 continues authority to use up to 0.75 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.

Foundation for Evidence-Based Policymaking Act.—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2026 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years. These updates shall describe important changes being made by agencies using research findings and evidence to improve their operations.

Women’s Bureau.—The Committee recommendation provides \$24,000,000 for the Women’s Bureau. The Committee continues bill language allowing the Bureau to award grants, including not less than \$5,000,000 for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act. The Committee is particularly supportive of the Bureau’s plans to expand WANTO grants and continue to support paid leave programs.

Paid Family Leave.—The Committee is particularly supportive of the Women’s Bureau’s work and dedication to supporting paid leave programs as part of their mission to support women’s workforce participation. In order to study best practices in paid leave programs, the Women’s Bureau should request data from State

paid leave programs in order to publish a report about usage rates and distribution of paid leave at the State level as well as steps State paid leave programs are taking to support the full range of businesses and entrepreneurs.

Menopause.—More than one million American women go through menopause every year and an estimated 20 percent of workers are in some phase of menopause transition. The symptoms of menopause can be severe, including extreme fatigue, anxiety, depression, and changes in bone and heart health, and, in some cases, can cause women to miss work. The Committee is pleased that the Women’s Bureau has engaged this important workforce topic and encourages the Bureau to expand its work to identify model workplace practices that support women going through menopause transition, document the economic benefits of such practices, and suggest options to encourage wider adoption of such practices.

Excess Personal Property.—The Committee directs the Department to include in the fiscal year 2026 CJ information on the value and recipient of excess personal property provided to apprenticeship programs under section 112 of this act.

Persistent Poverty.—The Committee encourages the Department to develop and implement measures to increase the share of funding targeted to areas experiencing high and persistent poverty. The Committee directs the Department to include information in its fiscal year 2026 CJ on the percentage of DOL funding targeted to such areas.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2024	\$29,269,000
Budget estimate, 2025	35,286,000
Committee recommendation	29,269,000

The Committee recommends \$29,269,000 for the Information Technology [IT] Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$6,889,000 is provided. The second activity, IT Infrastructure Modernization, is provided \$22,380,000 to support necessary activities associated with the Federal Data Center Consolidation Initiative and other efforts. These funds are available for obligation through September 30, 2026.

The Committee continues to request that the Department submit a report to the Committees not later than 90 days after enactment of this act that provides an update on projects to be funded, planned activities and associated timelines, expected benefits, and planned expenditures. The report should also include completed activities, remaining activities and associated timelines, actual and remaining expenditures, explanation of any cost overruns and delays, and corrective actions, as necessary, to keep the project on track and within budget.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2024	\$97,028,000
Budget estimate, 2025	106,237,000
Committee recommendation	97,028,000

The Committee recommends \$97,028,000 for the DOL Office of the Inspector General. The bill includes \$91,187,000 in general funds and authority to transfer \$5,841,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$373,000 is available by transfer from the Black Lung Disability Trust Fund. The Committee bill does not include requested authority to obligate these funds during the period of 2 fiscal years. The bill continues to allow up to \$2,000,000 of the appropriation to be available until expended.

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

Emergency Programs.—The Committee directs the OIG to include information in the fiscal year 2026 CJ on: 1) without disclosing law enforcement sensitive information, how it identifies fraudulent actors who apply for unemployment insurance payments and the nature of these actors; (2) how any new appropriations and authorities would help the OIG identify and recoup fraudulent overpayments; (3) how the OIG used CARES Act, ARPA, and annual appropriations to recommend improvements to the administration and program integrity of the unemployment insurance system since 2020; and (4) recommendations intended to improve the Department's programs and operations in future emergencies.

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 (Public Law 106–313) 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 the Employment and Training Administration [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 modifies a provision regarding transfer authority related to funds for technical assistance and program integrity.

Section 107. The bill continues a provision allowing up to 0.75 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 108. The bill continues a longstanding provision regarding the application of the Fair Labor Standards Act (Public Law 74-718) after the occurrence of a major disaster.

Section 109. The bill continues a longstanding provision that provides flexibility with respect to the crossing of H-2B non-immigrants.

Section 110. The bill continues a provision related to the wage methodology under the H-2B program.

Section 111. The bill continues a provision regarding the three-fourths guarantee and definitions of corresponding employment and temporary need for purposes of the H-2B program.

Section 112. The bill modifies a provision providing authority related to the disposition of excess property related to the training of apprentices.

Section 113. The bill includes a new provision permanently authorizing a security detail at the Department of Labor. The Department is directed to report for each fiscal year starting in fiscal year 2025 and continuing through fiscal year 2030 on the protection provided, and the expenditures made, in the preceding fiscal year pursuant to this section. Such report shall be provided to the Committees on Appropriations of the Senate and the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Education and the Workforce of the House not later than 30 days after the close of each fiscal year.

Section 114. The bill continues a provision related to Job Corps property.

Section 115. The bill continues a provision related to Job Corps Civilian Conservation Centers.

Section 116. The bill modifies a provision rescinding funds from the H-1B program.

Section 117. The bill modifies a provision rescinding certain funds available to the Employment and Training Administration.

Section 118. The bill includes a new provision regarding the provision of technical assistance.

Section 119. The bill includes a new provision allowing up to 1 percent of accounts available for salaries and expenses to be transferred to the Working Capital Fund for specified purposes. The Department is required to notify the Committees at least 15 days in advance of any transfer.

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

The Health Resources and Services Administration [HRSA] activities support programs to provide healthcare services to disadvantaged, medically underserved, and special populations; mothers and infants; the elderly and homeless; and rural communities. HRSA supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

PRIMARY HEALTH CARE

Appropriations, 2024	\$1,858,772,000
Budget estimate, 2025	1,858,772,000
Committee recommendation	1,858,772,000

Community Health Centers

The Committee provides \$1,858,772,000 for the Bureau of Primary Health Care. 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.

In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), 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.

Addressing Intimate Partner Violence and Project Catalyst.—The Committee includes no less than \$2,000,000 for the HRSA Strategy to Address Intimate Partner Violence.

Base Grant Adjustments.—The Committee recognizes that health center costs have increased significantly and that it has been nearly a decade since the last base grant adjustment. The Committee encourages HRSA to consider the needs of existing health centers

in relation to their current base grants when allocating health center funding.

Children's Mental Health Services.—The Committee continues to urge HRSA to provide funding to Health Centers to support vital mental health services for children.

Early Childhood Development.—The Committee continues no less than \$30,000,000 to further integrate early childhood development services and expertise, including by hiring or contracting for early childhood development specialists.

Ending the HIV Epidemic.—The Committee provides \$157,250,000 within the health centers program for the Ending the HIV Epidemic initiative. The initiative provides funding to Health Centers in high-need jurisdictions to increase prevention and treatment services for people at high risk for HIV transmission, including pre-exposure prophylaxis [PrEP] related services, outreach, and care coordination through new grant awards in areas currently served by health centers.

Federally Qualified Health Center [FQHC] Look-Alike Participation.—The Committee notes that certain health centers throughout the country are ineligible to apply for supplemental funding awards because of their status as a FQHC Look-Alike [LAL]. The Committee requests a briefing from HRSA within 180 days of enactment of this act on the impacts of allowing FQHC LALs to apply for supplemental funding opportunities under section 330 of the Public Health Service [PHS] Act and ways in which the FQHC LAL program could be better utilized as a pipeline into the section 330 Health Center program.

Free Clinics Medical Malpractice Coverage.—The Committee provides \$1,000,000 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 (Public Law 104–73). This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services to low-income individuals in medically underserved areas.

Native Hawaiian Health Care.—The Committee includes no less than \$27,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including to coordinate and support healthcare service provision to Native Hawaiians and strengthen the capacity of the Native Hawaiian Health Care Systems to provide comprehensive health education and promotion, disease prevention services, traditional healing practices, and primary health services to Native Hawaiians.

School-Based Health Centers [SBHCs].—The Committee includes \$55,000,000 for awards to health centers operating school-based service sites under section 330 of the PHS Act to increase their capacity to meet the increasing demand for health services, including mental health services.

Type I Screenings.—The Committee supports efforts to increase type 1 diabetes screenings at community health centers [CHCs], particularly among high-risk populations, especially given the advances in treatments that now can delay onset of the disease for

several years if caught early enough. HRSA is directed to provide an update to the Committee within 180 days of enactment of this act on the efforts being made to increase screening for type 1 diabetes at CHCs. The update should include the feasibility and cost estimate of expanding screening, as well as a plan and timeline on how to roll out such efforts.

Technical Assistance.—The Committee believes funding for the training and technical assistance available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the Health Centers program. Funds are available within the amount provided to enhance technical assistance and training activities and further quality improvement initiatives that improve health outcomes.

Vaccination and Screening for Hepatitis B.—The Committee encourages HRSA to redouble efforts to support health center grantees to adopt the necessary practices and policies to comply with the November 2021 Advisory Committee on Immunization Practices [ACIP] recommendation that all adults between ages 19 and 59 be vaccinated and the March 2023 ACIP recommendation that all adults between ages 19 and 59 be screened for hepatitis B. To implement these policies, the Committee further encourages HRSA to ensure that health centers screen patients aged 19–59 for hepatitis B, offer to immunize all non-infected patients in the 19–59 age cohort, and navigate infected individuals into care. The Committee requests an update from HRSA before the end of fiscal year 2025 on its progress to meet this goal, including the number of individuals screened and number of individuals vaccinated for hepatitis B at HRSA-funded health centers.

HEALTH WORKFORCE

Appropriations, 2024	\$1,404,376,000
Budget estimate, 2025	1,467,376,000
Committee recommendation	1,411,376,000

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

The Committee also encourages HRSA to conduct outreach, provide technical assistance, and give priority in awarding cooperative agreements and grants to entities in high poverty areas and historically marginalized communities. The Committee encourages HRSA to work with these communities to develop their mental health workforce and requests an update in the fiscal year 2026 CJ on best practices and strategies to attract mental healthcare practitioners to these disproportionately impacted communities.

National Health Service Corps

The Committee provides \$128,600,000 for the National Health Service Corps [Corps]. The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

Within this total, the Committee continues support for access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors. The Committee also continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract. Further, the Committee encourages HRSA to explore opportunities to provide incentives for individuals working in their home State or the State in which they received their education.

Correctional Facilities.—While Federal and State correctional facilities are eligible for Corps scholarships and loan repayment, a 1989 Federal regulation narrowed eligibility for Corps scholarships to exclude county jails. The Committee notes that county jails in large metropolitan areas are often the biggest correctional facilities in an area, and encourages HRSA to work with Congress and relevant stakeholders to develop a process to provide county and municipal correctional facilities the opportunity to participate in the Corps program if they would otherwise meet the requirements of a National Health Service Corps service site. Within 180 days of enactment of this act, the Committee requests a briefing detailing implications and considerations for participation by county jails.

Maternity Care Target Areas [MCTAs].—The Committee recognizes HRSA's progress in determining MCTAs in order to begin making loan repayment awards to maternal health practitioners, such as OB/GYNs and Certified Nurse Midwives, who agree to serve in MCTAs. Within the total for the Corps, the Committee includes not less than \$8,000,000 to support loan repayment and scholarships for maternity care health services in health professional shortage areas. The Committee requests that HRSA provide a briefing on this effort within 120 days of enactment of this act.

Rural Health Equity.—The Committee recognizes the importance of the Corps Scholarship Program, especially in combatting the rural healthcare provider shortage, and encourages HRSA to increase the number of scholarships provided. Providing Corps scholarships, particularly to students from rural communities, will increase equitable access to medical school and help to solve the rural provider workforce shortages throughout the United States.

Training for Diversity

The Committee supports programs that improve the diversity of the healthcare workforce. HRSA's diversity pipeline programs help advance patient care and ensure opportunity for all healthcare providers.

Centers of Excellence

The Committee recommends \$28,422,000 for the Centers of Excellence [COE] program. This program provides grants to health professions schools and other institutions to serve as resource and education centers for the recruitment, training, and retention of underrepresented minority students and faculty. The Committee notes that COEs educate a disproportionate share of health professionals from minority and underserved backgrounds and address

the need for a diverse and culturally competent healthcare workforce.

Health Careers Opportunity Program

The Committee includes \$16,000,000 for the Health Careers Opportunity Program [HCOP]. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds with navigating careers into the health professions.

Faculty Loan Repayment

The Committee provides \$2,310,000 for the Faculty Loan Repayment Program. This program provides loan repayment to health profession graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

Scholarships for Disadvantaged Students

The Committee provides \$55,014,000 for Scholarships for Disadvantaged Students. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need. The Committee recognizes the success of the program and encourages HRSA to prioritize institutions with a proven record of training diverse practitioners and placing practitioners in low-income communities.

Midwifery Training.—The Committee continues \$5,000,000 to support grants to educate midwives to address the National shortage of maternity care providers. The Committee encourages HRSA to award robust funding to increase and diversify the number of Certified Nurse Midwives, particularly in rural and underserved communities.

Primary Care Training and Enhancement

The Committee provides \$49,924,000 for the Primary Care Training and Enhancement [PCTE] program to support the expansion of training in internal medicine, family medicine, and pediatrics. Funds may be used to develop training programs or provide direct financial assistance to students and residents.

Administrative Academic Units.—The Committee supports the inclusion of administrative academic units within medical schools and requests a briefing within 60 days of enactment of this act on HRSA's work to support administrative academic units within medical schools, including barriers to additional funding opportunities for such units.

Community-based Clinical Rotations for Medical Students.—The Committee recognizes that patient care is frequently provided in a range of community-based settings and that providing outpatient training opportunities in underserved areas encourages long-term, sustainable physician practice in high-need areas. The Committee encourages HRSA to evaluate and facilitate opportunities for medical schools to partner with FQHCs, Rural Health Clinics or other healthcare facilities located in medically underserved communities to increase medical school clinical rotations in rural and underserved areas.

Eating Disorders Screening and Referrals.—Within the total for PCTE, the Committee continues to support up to \$1,000,000 in coordination with SAMHSA’s Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 13006 of the 21st Century Cures Act (Public Law 114–255).

Training in Oral Health Care

The Committee provides \$42,673,000 for Training in Oral Health Care Programs, which includes not less than \$13,000,000 for General Dentistry Programs and not less than \$13,000,000 for Pediatric Dentistry Programs, and not less than \$15,000,000 for State Oral Health Workforce grants. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants, predoctoral dental grants, and dental faculty loan repayment program [DFLRP] grants. The Committee directs HRSA to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

Medical Student Education

The Committee recommends \$36,000,000 to support colleges of medicine at public universities located in the top half of States projected to have a primary care provider shortage. The Committee notes that this program has significant unspent balances from previous fiscal year appropriations that will continue to be available to public universities that meet the program criteria.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$47,000,000 for Area Health Education Centers [AHECs]. 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.

Health Care Simulation Labs.—The Committee provides no less than \$3,000,000 to continue competitive grants for AHEC recipients to expand experiential learning opportunities through simulation labs designed to educate and train healthcare professionals serving rural, medically underserved communities. HRSA shall include as an allowable use the purchase of simulation training equipment.

Behavioral Health Workforce Education and Training Program

The Committee provides \$113,000,000 for the Behavioral Health Workforce Education and Training [BHWET] program. This program establishes and expands internships or field placement pro-

grams in behavioral health serving populations in rural and medically underserved areas. The Committee expresses ongoing, strong support for the Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment program that was previously funded under BHWET, but is now funded as a standalone program.

Addiction Medicine Fellowship [AMF] Program.—Within the total for BHWET, the Committee includes \$25,000,000 for AMF to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.

Peer Support Specialists.—Within BHWET, the Committee includes \$14,000,000 to fund training, internships, and certification for mental health and substance use peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

Provider Distribution.—The Committee recognizes that some communities may disproportionately experience a high prevalence of substance use disorders, high suicide rates, and high poverty rates, combined with severe mental health provider shortages. The Committee encourages HRSA to assess the distribution of behavioral health students and providers who have participated in behavioral health workforce development programs and examine best practices to support healthcare and mental health providers serving in such communities.

Geriatric Programs

The Committee provides \$49,245,000 for the Geriatric Programs, including the Geriatric Workforce Enhancement Program and the Geriatrics Academic Career Awards [GACA] Program. These programs support training to integrate geriatrics into primary care delivery and develop academic primary care community-based partnerships to address gaps in healthcare for older adults.

Mental and Behavioral Health Programs

The Committee includes \$44,053,000 for Mental and Behavioral Health programs.

Graduate Psychology Education [GPE].—Within the total for Mental and Behavioral Health programs, the Committee includes \$25,000,000 for the inter-professional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, high-demand populations in rural and urban communities. The Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management in addressing the opioid epidemic. The Committee also notes data from CDC demonstrating a mental health crisis among youth and adolescents and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands.

Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program

The Committee provides \$65,000,000, an increase of \$25,000,000 above the fiscal year 2024 enacted level. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the National average. The Committee also encourages HRSA to actively recruit SUD counselors to take advantage of its STAR Loan Repayment Program, so that underserved communities may benefit from the presence of these professionals.

Health Professions Workforce Information and Analysis

The Committee provides \$5,663,000 for health professions workforce information and analysis. This 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.

Real-Time Data to Improve U.S. Healthcare Workforce.—The Committee recognizes the benefit of using real-time information in order to assess whether such programs are leading to improved physician supply in medically underserved areas. The Committee supports development of a data dashboard for all graduate medical education training position participants to include real-time information on residency applications, interviewee demographics, and residency fulfillment rates. The Committee requests a professional judgment estimate for the development of such a data dashboard, and any potential barriers, within 180 days of enactment of this act.

Public Health Workforce Development

The Committee provides \$18,000,000 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 (Public Law 111–148) and supports awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

Nursing Workforce Development Programs

The Committee provides \$310,472,000 for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

Palliative Care Nursing Workforce.—Palliative care is patient and family-centered care, involving the support of an inter-professional team of doctors, nurses, social workers, and other providers and specialists who provide care for people with serious illnesses. As the healthcare needs of the Nation evolve and grow in complexity, the Committee encourages HRSA to expand opportunities to train and strengthen the palliative care nursing workforce through existing programs and activities.

State-Based Nursing Workforce Centers.—The Committee notes interest in State-based nursing workforce centers. Such centers can collect local workforce research data, conduct strategic nursing workforce planning and program development, support programs to decrease workplace violence against nurses, develop programs to increase the recruitment and retention of nurses, and coordinate nurse leadership development programs. The Committee encourages HRSA to work with Congress and stakeholders to examine ways to establish new or enhance existing State-based nursing workforce centers to advance training.

Advanced Education Nursing

The Committee recommends \$89,581,000 for Advanced Education Nursing programs, which increase the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development. The Committee recognizes the importance of strengthening the primary care workforce and training providers to work in community-based settings, particularly by funding Advanced Nursing Education and Residency Programs.

Certified Nurse Midwives.—The Committee includes \$8,000,000 to grow and diversify the maternal and perinatal nursing workforce by increasing and diversifying the number of Certified Nurse Midwives with a focus on practitioners working in rural and underserved communities. The program will help advance equity and address disparities in maternal mortality by awarding scholarships to students and Registered Nurses to cover the cost of tuition for the duration of the nurse midwifery program.

Sexual Assault Nurse Examiners Program.—The Committee provides \$15,000,000 to support training and certification of Registered Nurses, Advanced Practice Registered Nurses, and Forensic Nurses to practice as sexual assault nurse examiners.

Nurse Education, Practice, Quality and Retention Program

The Committee includes \$69,413,000, an increase of \$5,000,000 above the fiscal year 2024 enacted level, for competitive grants within the Nurse Education, Practice, Quality and Retention program to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. Within this total, the Committee continues no less than \$10,750,000 for grants to enhance nurse education through the expansion of experiential learning opportunities. HRSA is directed to ensure that these grants include as an allowable use the purchase of simulation training equipment.

Traineeships to Address the Nursing Shortage and Prepare Academic Faculty.—The National Academies of Science, Engineering, and Medicine [NASEM] issued a report that provided recommendations to Congress to ease the nursing shortage in America. The Committee recognizes the urgent need to address the nursing shortage existing in all parts of the United States and grow the pipeline of nurse educators to meet the demand to grow the workforce. Therefore, the Committee encourages HRSA to provide traineeships and fellowships, including stipends, for eligible entities at both public and private institutions to expand opportunities that prepare individuals for careers in nursing.

Registered Nurse [RN] Shortages.—The Committee provides \$7,000,000 to increase the supply of registered nurses. Further, the Committee directs HRSA to give priority in new funding announcements to public entities for training additional RNs, specifically for long-term and acute care settings, and to give priority to applicants in States listed by HRSA as having the greatest shortages.

Nurse Practitioner Fellowship Program

The Committee provides \$6,000,000 for grants to community-based nurse practitioner residency and fellowship training programs that are accredited, or in the accreditation process, for practicing postgraduate nurse practitioners in primary care or behavioral health, where supported education and training specialties will include family, adult family, adult gerontology, pediatric, women's healthcare, nurse midwife, and psychiatric mental health.

Nurse Corps Scholarship and Loan Repayment

The Committee includes \$92,635,000 for Nurse Corps. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

Nurse Faculty Loan Repayment

The Committee includes \$28,500,000 for Nurse Faculty Loan Repayment to expand the number of qualified nursing faculty nationwide by providing low interest loans for individuals studying to be nurse faculty and loan cancellation for those who then go on to work as faculty.

Nursing Workforce Diversity

The Committee includes \$24,343,000 for Nursing Workforce Diversity to increase nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.

Children's Hospitals Graduate Medical Education

The Committee provides \$390,000,000 for the Children's Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and inpatient 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.

Pediatric Specialty Loan Repayment Program

The Committee recognizes that significant shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals are impeding access to care for children and adolescents in underserved areas. The Committee includes \$10,000,000 for section 775 of the PHS Act. The Committee understands that high student

loan debt is a significant barrier to providers choosing to complete training that would enable them to provide specialized care to children with special needs. The Committee directs HRSA to work with stakeholders with expertise in pediatric specialty care to ensure that the program and application process reflects the unique nature of pediatric specialty care, including ensuring that any clinical and service hour requirements and service site eligibility criteria are consistent with pediatric specialty practice and reflect the regionalization of pediatric specialty care.

National Practitioner Data Bank

The Committee provides \$18,814,000 for the National Practitioner Data Bank. As mandated by the Health Care Quality Improvement Act (Public Law 99–660), the National Practitioner Data Bank does not receive appropriated funds, but instead is financed by the collection of user fees.

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

Appropriations, 2024	\$1,170,430,000
Budget estimate, 2025	1,234,944,000
Committee recommendation	1,181,180,000

The mission of the Maternal and Child Health 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 [MCH] Block Grant

The Committee provides \$603,584,000 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. Within this total, the Committee also proposes increases for a number of special projects to address the Nation’s rising rate of maternal mortality. 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.

Congenital Syphilis [CS].—The Committee is concerned by reports of record high cases of CS, which is preventable during pregnancy and can result in bone deformities, deafness, blindness, still-birth or death. The Committee encourages HRSA to expand efforts to increase prenatal screening and testing throughout pregnancy and to implement proper education for pregnant women and providers on screening, diagnosis, and treatment of CS.

MCH Block Grant-Special Projects of Regional and National Significance [SPRANS]

The Committee recommends \$213,116,000, an increase of \$3,000,000, for SPRANS. The Committee recommendation includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Early Childhood Development Expert Grants	10,000,000	10,000,000
Epilepsy	3,642,000	3,642,000
Fetal Alcohol Syndrome	1,000,000	1,000,000
Fetal Infant and Child Death Review	5,000,000	5,000,000
Hereditary Hemorrhagic Telangiectasia	2,000,000	2,000,000
Infant-Toddler Court Teams	18,000,000	18,000,000
Minority-Serving Institutions	10,000,000	10,000,000
Oral Health	5,250,000	5,250,000
Regional Pediatric Pandemic Network	25,000,000	25,000,000
Sickle Cell Disease	7,000,000	7,000,000
State Maternal Health Innovation Grants	55,000,000	55,000,000

Early Childhood Development Expert Grants.—The Committee provides \$10,000,000 to continue support for placements of early childhood development experts in pediatric settings with a high percentage of Medicaid and Children’s Health Insurance Program patients.

Infant-Toddler Court Teams.—The Committee includes \$18,000,000 to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.

Minority-Serving Institutions.—The Committee continues \$10,000,000 for a research network that is comprised of and supports minority-serving institutions to study health disparities in maternal health outcomes and develop curricula for training health professionals to identify and address the risks that climate change poses for vulnerable individuals and individuals that plan to become pregnant.

Regional Pediatric Pandemic Network.—The Committee provides \$25,000,000 within SPRANS to continue the work of the Regional Pediatric Pandemic Network to coordinate among the Nation’s pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics.

State Maternal Health Innovation Grants.—The Committee provides \$55,000,000 to support innovation among States to improve maternal health outcomes and address disparities in maternal health. With this funding, States collaborate with maternal health experts to implement State-specific action plans in order to improve access to maternal care services, identify and address workforce needs, and support postpartum and inter-conception care services.

Stillbirth Prevention Technical Assistance.—The Committee is encouraged by HRSA’s efforts to update its materials and guidance to clarify that stillbirth prevention activities are an allowable use of funds under the Maternal and Child Health Services Block Grant program. The Committee urges HRSA to continue to provide for ongoing technical assistance and other activities to support States’ stillbirth prevention activities.

*Maternal and Child Health Programs**Sickle Cell Disease Treatment Demonstration Program*

The Committee provides \$8,205,000 for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing, long-term follow-up and care coordination, and training of health professionals.

Autism and Other Developmental Disorders

The Committee provides \$56,344,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities for autism and other developmental disorders, as reauthorized in the Autism Collaboration, Accountability, Research, Education and Support Act of 2019 (Public Law 116–60).

The Committee provides not less than \$38,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities [LEND] programs. LEND programs are uniquely positioned to provide innovative strategies to integrate and enhance existing investments, including translating research findings on interventions, guidelines, tools, and systems management approaches to training settings, to communities, and into practice, and to promote life-course considerations—from developmental screening in early childhood to transition to adulthood issues. The funding is critical to the LEND’s role in providing direct clinical assessment and evidence-based interventions.

Healthy Start

The Committee provides \$145,250,000 for Healthy Start. 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 and develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

Maternal Mortality.—The Committee continues to support a new targeted expansion of an enhanced Healthy Start program model that began in fiscal year 2023. The Committee also continues to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

Self-Measured Blood Pressure Monitoring Initiative.—The Committee recognizes the Healthy Start blood pressure monitoring pilot, which distributed cuff kits to 15 Healthy Start sites in 12 States. The Committee provides no less than \$250,000 for more States to benefit from this pilot project, and to the Healthy Start program to continue to support the self-measured blood pressure monitoring pilot, which works to identify preeclampsia at an earlier stage in high-risk communities by distributing blood pressure cuffs and patient information. Preeclampsia, the most dangerous form of hypertension, is a pregnancy complication that affects as many as one in 12 pregnancies and can easily be monitored.

Heritable Disorders in Newborns and Children

The Committee provides \$20,883,000 for the Heritable Disorders in Newborns and Children program, as described in the Newborn Screening Saves Lives Act of 2008 (Public Law 113–240). 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.

Early Hearing Detection and Intervention

The Committee provides \$18,818,000 for universal newborn hearing screening and early intervention activities. This program awards 59 competitive grants to 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 \$24,334,000 for the Emergency Medical Services for Children 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.

Screening and Treatment for Maternal Mental Health and Substance Use Disorders [MMHSUD]

The Committee provides \$12,000,000 for the MMHSUD program, which was reauthorized in the Consolidated Appropriations Act of 2023 (Public Law 117–328). HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

According to Maternal Mortality Review Committee data in 38 States, mental health conditions accounted for over 22 percent of pregnancy-related deaths in 2020. Maternal mental health [MMH] conditions impact one in five pregnant or postpartum women, including as many as one in three in high-risk populations. MMHSUD trains healthcare providers to screen, assess, and treat MMH conditions and substance use disorders, and provides specialized psychiatric consultation to providers. The Committee encourages HRSA to improve or maintain existing State programs, prioritizing States with high rates of adverse maternal health outcomes. Grants shall include culturally and linguistically appropriate approaches to assist in the reduction of maternal health inequities. The Committee encourages HRSA to provide technical assistance to both grantee and non-grantee States to implement activities under this program. The Committee requests a report within 1 year of enactment of this act detailing updates since the fiscal year 2024 report, as well as the technical assistance HRSA has pro-

vided to States and steps HRSA has taken to expand the number of grants to States.

Pediatric Mental Health Care Access

The Committee provides \$14,000,000 for expanding access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

Poison Control Centers

The Committee provides \$28,846,000 for Poison Control Centers. The Committee remains concerned with longstanding geo-routing challenges for incoming calls of poison centers. Not later than 18 months after the date of enactment of this act, the Committee directs HRSA to coordinate with the Federal Communications Commission and leading wireless carriers, to the extent technically and economically feasible, to identify, develop, and implement a proof-of-concept trial of a geo-routing solution to ensure that communications with the National toll-free number are routed to the appropriate poison control center based on the physical location of the contact rather than the area code of the contact device.

Innovation for Maternal Health

The Committee includes \$17,800,000 to support continued implementation of the Alliance for Innovation on Maternal Health program's maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as Tribal entities.

Integrated Services for Pregnant and Postpartum Women

The Committee provides \$10,000,000 to reduce adverse maternal health outcomes and maternal deaths by incentivizing maternal healthcare providers to provide integral healthcare services to pregnant women and new mothers to optimize maternal and infant health outcomes.

Maternal Mental Health Hotline

The Committee provides \$8,000,000 to expand support for a maternal mental health hotline. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline.

Support for Servicemembers.—Maternal mental health conditions impact 36 percent of female servicemembers and military spouses, and 60 percent of retired servicemembers. The Committee encourages HRSA to train hotline staff on best practices to support the unique needs of servicemembers, veterans, and military families utilizing the hotline. The Committee further directs HRSA to ensure that public awareness activities reach civilian, military, and veteran pregnant and postpartum women, as authorized in the Consolidated Appropriations Act of 2023 (Public Law 117–328). The Committee requests a briefing within 180 days of enactment of this act on activities taken to promote the hotline for civilian and military mothers.

RYAN WHITE HIV/AIDS PROGRAM

Appropriations, 2024	\$2,571,041,000
Budget estimate, 2025	2,581,041,000
Committee recommendation	2,571,041,000

The Committee recommendation includes \$2,571,041,000 for the HIV/AIDS Bureau. 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 (Public Law 111–87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance use disorder treatment, mental health, and nutritional services.

Ending the HIV Epidemic [EHE].—The Committee provides \$165,000,000 for the EHE initiative. The investment will support HIV care and treatment services; support evidence informed practices to link, engage, and retain HIV-positive individuals in care; and continue to build capacity into the system.

Emergency Assistance

The Committee provides \$680,752,000 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 \$1,364,878,000 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 [ADAP]. The Committee provides \$900,313,000 for AIDS medications in ADAP.

Early Intervention Services

The Committee provides \$208,970,000 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 \$77,935,000 for grants for coordinated services to women, infants, children, and youth. Funds are awarded to a variety of providers, including community health centers, 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 \$13,620,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and post-doctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

The Ryan White Part F program provides for the Dental Reimbursement Program, which covers the unreimbursed costs of providing dental care to persons living with HIV/AIDS. Programs that qualify for reimbursement are dental schools, hospitals with post-doctoral dental education programs, and colleges with dental hygiene programs.

AIDS Education and Training Centers

The Committee provides \$34,886,000 for AIDS Education and Training Centers [AETCs], which train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and supports curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

Special Projects of National Significance

The Committee provides \$25,000,000 for the Special Projects of National Significance program. This program supports the development, evaluation, and dissemination of innovative models of HIV care and treatment to improve the retention and health outcomes of Ryan White HIV/AIDS Program clients.

HEALTH SYSTEMS

Appropriations, 2024	\$122,009,000
Budget estimate, 2025	135,009,000
Committee recommendation	135,009,000

The Committee recommendation for the Health Care Systems Bureau is \$135,009,000.

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 \$67,049,000, an increase of \$13,000,000 above the fiscal year 2024 enacted level, for organ donation and transplantation activities.

Organ Procurement and Transplantation Network [OPTN] Modernization Initiative.—HRSA has launched the OPTN Modernization Initiative, which aims to accelerate progress on technology improvements, data transparency and analytics, governance, operations, and quality improvement. The Committee requests a briefing within 90 days of enactment of this act on HRSA’s spend plan and progress toward its stated objectives and actions the Department has taken or plans to take to improve oversight of the OPTN contractor(s), increase public and stakeholder trust in the OPTN organ allocation process, and track and evaluate the effectiveness and impact of the initiative. Further, the Committee supports addi-

tional investments to allow HRSA to adopt the technology and infrastructure needed to fully implement the modernization initiative.

OPTN Next Generation Technology.—The Committee supports HRSA’s efforts to develop a technology solution to fully modernize the OPTN, and directs the Secretary to prioritize obligations from resources in the nonrecurring expenses fund [NEF] for such activities as outlined in HRSA’s fiscal year 2025 budget request. The Committee is encouraged by HRSA’s progress on the organ procurement and transplantation modernization and Next Generation contracts. The Committee encourages HRSA to consider public private technology solutions already adopted across HHS and the private sector, particularly those that address complex medical and logistics supply chain challenges, as part of a competitive process and successful transition.

National Cord Blood Inventory

The Committee provides \$19,266,000 for the National Cord Blood Inventory [NCBI]. 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.

NCBI builds a racially and ethnically diverse inventory of high-quality umbilical cord blood for transplantation. The Committee applauds HRSA for increasing the number of units collected and maintained under NCBI.

C.W. Bill Young Cell Transplantation Program

The Committee provides \$33,009,000 for the C.W. Bill Young Cell Transplantation Program. The Committee continues to support cell transplantation through the use of bone marrow, peripheral blood stem cells, and cord blood. The Committee appreciates HRSA’s efforts to increase the diversity of the volunteer registry.

National Hansen’s Disease Program

The Committee includes \$13,706,000 for the Hansen’s Disease Program, \$122,000 for Hansen’s Disease Buildings and Facilities, and \$1,857,000 for Payments to Hawaii for Treatment of Hansen’s Disease. These programs support inpatient, outpatient, and long-term care, as well as training and research in Baton Rouge, Louisiana; outpatient clinic sites in the continental U.S. and Puerto Rico; related expenses for the facilities of the National Hansen’s Disease Center; and medical care and treatment of persons with Hansen’s disease through the Hawaii Department of Health’s community program administered from Honolulu, Hawaii.

RURAL HEALTH

Appropriations, 2024	\$364,607,000
Budget estimate, 2025	352,407,000
Committee recommendation	385,907,000

The Committee recommendation for Rural Health programs is \$385,907,000, an increase of \$21,300,000 above the fiscal year 2024 enacted level.

The Federal Office of Rural Health Policy [FORHP] administers HHS rural health programs, coordinates activities related to rural

healthcare within HHS, and analyzes the possible effects of policy on the more than 60 million residents of rural communities. FORHP 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.

Rural Communities Opioid Response Program [RCORP].—The Committee provides \$155,000,000 for RCORP, an increase of \$10,000,000 to expand the program. Within the funding provided, the Committee includes \$11,500,000 to continue at least three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260 and 117–103. The Committee recognizes the success of the Centers in addressing substance use disorders within rural communities through various evidence-based treatment and recovery models. The Committee supports HRSA's continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities. Within the total provided for RCORP, the Committee includes \$4,000,000 to support career and workforce training services and other needs related to substance use challenges within the Northern Border Regional Commission's rural regions to assist individuals affected by a substance use disorder.

Rural-Urban Commuting Area [RUCA] Codes.—The Committee applauds FORHP's work to better define rural areas in difficult and mountainous terrain areas and encourages them to continue to work to adopt the Road Ruggedness Scale, as defined in the report *Characterizing Rugged Terrain in the United States*, published by the United States Department of Agriculture Economic Research Service.

Rural Health Outreach

The Committee provides \$105,975,000 for the Rural Health Outreach program, an increase of \$5,000,000 above the fiscal year 2024 enacted level. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. Outreach grant programs include Outreach Service Grants, Rural Network Development Grants, Delta States Network Grant Program, Network Planning Grants, and Small Health Care Provider Quality Improvement Grants.

Regional Grant Programs.—The Committee includes not less than the fiscal year 2024 level for the Delta States Rural Development Network Grant program, including not less than \$15,000,000 for the Delta Region Community Health Systems Development program. The Committee provides no less than \$5,000,000 for HRSA's collaboration with the Northern Border Regional Commission to provide direct support to member States and help underserved rural communities with planning and implementing service coordination improvements that better population health. Lastly, the Committee provides no more than \$2,500,000 for HRSA's collaboration with the Appalachian Regional Commission.

Rural Maternity and Obstetrics Management Strategies [RMOMS].—The Committee provides no less than \$15,000,000 for

RMOMS to support grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care.

Rural Health Research

The Committee provides \$12,076,000, an increase of \$1,000,000, for additional core research centers to increase the number of studies on rural health and support policy solutions that improve access to healthcare, health outcomes, and population health. The Rural Health Research Center program funds publicly available and policy relevant research on rural health to assist providers and Federal, State, and local governments in addressing challenges faced by rural communities. Additional research on the significant and pervasive challenges faced by rural Americans in accessing healthcare in support of mental health, substance use, nutrition and healthy eating, chronic health management, among other critical needs, requires additional policy research capacity to inform solutions to these important issues.

Rural Hospital Flexibility Grants

The Committee provides \$64,277,000 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 is keenly aware of the significant challenges facing emergency care for rare and chronic disease patients in rural America. Rural emergency medical service [EMS] providers have gaps in education that can lead to disparate outcomes for rural rare and chronic disease patients based on delays in proper care, administration of emergency prescription medications, or unforeseen side effects or drug interactions occurring during medical interventions. Without closing these care gaps, rare and chronic disease patients face risks to their health and lives in the event of an emergency. Therefore, the Committee encourages HRSA to allow education for the administration of patient-held drugs for rural rare and chronic disease patients for rural EMS personnel as an eligible use of funding from the Emergency Services Supplement of the Medicare Rural Hospital Flexibility Grant Program.

Cybersecurity.—The Committee urges HRSA to clarify that funds from the Small Hospital Improvement Program may be used to support cybersecurity measures including purchases of hardware, software, and training.

State Offices of Rural Health

The Committee provides \$14,500,000 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 \$12,190,000 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 \$1,889,000 for activities authorized by the Radiation Exposure Compensation Act (Public Law 109–482). 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.

Rural Residency Planning and Development

The Committee provides \$14,000,000 for the Rural Residency Planning and Development program. The Committee commends FORHP for efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Tracks.

The Committee provides no more than \$2,000,000 to support family medicine/obstetrics training programs in States with high infant morbidity rates. The funding will reduce infant mortality and maternal morbidity by improving the availability and accessibility of prenatal care through increasing family medicine/obstetrics training programs and graduates, increasing Family Medicine and OB/GYN faculty to train physicians, and by providing equipment, such as ultrasound, electronic fetal monitors, and telemedicine equipment with the training and support for this equipment to rural areas. HRSA is directed to brief the Committee on their plans no less than 15 days prior to releasing a Funding Opportunity Announcement.

Rural Hospital Stabilization Pilot Program

The Committee includes \$6,000,000 for the Rural Hospital Stabilization Pilot program that started in fiscal year 2024. The program is intended to provide support to at-risk rural hospitals to enhance or expand service lines to retain healthcare services locally and increase service volume and revenue that will enhance hospitals’ financial viability. HRSA is directed to prioritize applications from hospitals that do not have Medicare Critical Access Hospital designation and are at risk of closure.

FAMILY PLANNING

Appropriations, 2024	\$286,479,000
Budget estimate, 2025	390,000,000
Committee recommendation	286,479,000

The Committee provides \$286,479,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide.

HRSA—WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriations, 2024	\$1,110,376,000
Budget estimate, 2025	214,088,000
Committee recommendation	1,092,655,000

The Committee provides \$1,092,665,000 for HRSA-wide activities. Within the total, \$165,300,000 is provided for program management.

Congressionally Directed Spending.—Within the total for program management, the Committee also includes \$871,077,000 for projects financing the construction and renovation (including equipment) of healthcare and other facilities and for one-time grants supporting other health-related activities. The projects are specified in the table at the end of this Committee Report.

Telehealth

The Committee provides \$44,050,000 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.

Expanding Capacity for Health Outcomes.—The Committee provides \$10,500,000 as authorized in Public Law 116–260 to continue the use of technology-enabled collaborative learning and capacity building models. This collaborative model of medical education and care management helps clinicians provide expert-level care to patients wherever they live, and increases access to specialty treatment in rural and underserved areas for a variety of conditions. The Committee recognizes that HRSA has initiated activities to allow grantees to explore addressing Alzheimer’s disease. The Committee encourages HRSA to expand and support such activities, including improving Alzheimer’s person-centered care coordination and improving care transitions.

Telehealth Centers of Excellence [Centers].—The Committee provides \$8,500,000 for the Centers to continue to validate technologies and reimbursement mechanisms, establish training protocols, and develop comprehensive templates for States to integrate telehealth into their State health provider networks. The Centers identify best practices, serve as national training resources and test the efficacy of different telehealth clinical applications. The Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols and by providing a comprehensive template for States to integrate telehealth into their State health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced by rural America.

Telehealth Network Grants.—The Committee expresses support for the Telehealth Network Grant program in addressing rural health emergencies and encourages HRSA to include telepharmacy as an area of interest for future awards.

Office of Pharmacy Affairs

The Committee provides \$12,238,000 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. The 340B program is a critical life-line to many of its program participants, including FQHCs, FQHC Look-Alikes, children’s hospitals, Ryan White HIV/AIDS clinics, and other safety-net hospitals and providers. These covered entities are model stewards of the program and reinvest 340B savings to “stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services”, as Congress intended.

The Committee is concerned that manufacturers continue to deny 340B pricing for drugs purchased by covered entities for use in contract pharmacies, which threatens the ability of safety-net providers to care for patients in need. The Committee urges HRSA to continue to take actions to safeguard covered entities’ lawful access to discounted drugs.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2024	\$15,200,000
Budget estimate, 2025	20,200,000
Committee recommendation	15,200,000

The Committee includes \$15,200,000 for administrative costs associated with the Vaccine Injury Compensation Program. 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 vaccines recommended for routine administration to children and pregnant women.

Completion of Medical Reviews.—The Committee requests a report within 6 months of enactment of this act detailing HRSA’s use of intelligent document processing [IDP] and artificial intelligence [AI] to complete medical reviews for individuals seeking compensation from the Vaccine Injury Compensation Program Trust Fund, including how IDP and AI have contributed to reducing reviewing times and reductions in the backlog of cases, as well as guardrails in place to ensure that medical reviews are accurate and complete.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, 2024	\$7,000,000
Budget request, 2025	10,000,000
Committee Recommendation	7,000,000

The Committee includes \$7,000,000 for compensation of injury claims associated with countermeasures costs to administer the Countermeasures Injury Compensation Program [CICP]. The CICP provides benefits to individuals who are seriously injured as a result of the administration or use of covered countermeasures.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$9,395,090,000 for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], and \$1,186,200,000 in transfers from the Prevention and Public Health [PPH] Fund.

The activities of CDC focus on several major priorities: providing core public health infrastructure and functions; detecting and responding to urgent health threats; monitoring the Nation’s health using sound scientific methods; preventing the leading causes of illness, injury, and death; assuring the Nation’s preparedness for emerging infectious diseases and potential pandemics; and providing training, support, and leadership for the public health workforce.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2024	\$919,291,000
Budget estimate, 2025	969,291,000
Committee recommendation	934,291,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$934,291,000, which includes \$469,350,000 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Section 317 Immunization Program	681,933,000	696,933,000
Acute Flaccid Myelitis	6,000,000	6,000,000
Influenza Planning and Response	231,358,000	231,358,000

317 Immunization Program.—The Committee recognizes CDC’s immunization program plays a fundamental role in achieving national immunization goals and sustaining high vaccination coverage. In addition, this program underpins the protection of all children being vaccinated, even those fully insured, by providing Federal, State, and local resources to investigate outbreaks, conduct surveillance, and provide public awareness campaigns to address vaccine hesitancy that continues to be the root cause of outbreaks for measles and other preventable diseases. The Committee continues to expect funding be used to promote health equity related to protection from vaccine preventable diseases [VPDs] as well as address vaccine hesitancy. CDC is encouraged to expand the existing immunization infrastructure, including implementing new strategies for hard-to-reach populations, such as those who may be vaccine-hesitant, those who are members of racial and ethnic or other minority groups, and those who are underserved due to socioeconomic or other reasons. The Committee requests an update in the fiscal year 2026 CJ on the achievements of the ongoing

“Vaccinate with Confidence” campaign and the rate of routine vaccination across all ages, as well as a forward-looking plan to administer missed doses.

Accelerate the Elimination of HPV-related Cancer and Disease.—Human papillomavirus [HPV] -related cancers remain an alarming public health concern in the United States, impacting nearly 40,000 Americans each year. HPV is the leading cause of cervical cancer, which disproportionately affects communities of color and underrepresented populations. Each year, nearly 200,000 women are diagnosed with cervical pre-cancer, 11,000 women are diagnosed with cervical cancer caused by HPV, and approximately 4,000 women die from cervical cancer in the United States. The evidence shows that HPV vaccination is extremely effective at preventing over 90 percent of HPV-related cancers when given between the recommended ages of 9 and 12. Yet, CDC data from 2022 shows that only 63 percent of children ages 13–17 were up to date with HPV vaccination, which is significantly less than the “Healthy People 2030” goal of 80 percent. While all childhood and adolescent vaccinations declined during the pandemic, the HPV vaccine rates experienced the largest decrease and have been the slowest to rebound to pre-pandemic levels. The Committee urges CDC to take immediate action to expand access to HPV vaccination, including by: updating the immunization information system at the Federal level to enable standardized forecasting of HPV vaccination at age 9 across the country; supporting providers and trusted voices to engage patients with a strong recommendation for HPV vaccination as cancer prevention; and continuing to reduce health disparities and barriers to care for underserved communities.

Cost Estimates.—The Committee requests that the report on estimated funding needs of the Section 317 Immunization Program be updated and submitted not later than February 1, 2025, to the Committees on Appropriations. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. The Committee also requests that the report include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for HPV and influenza. The Committee directs CDC to provide a professional judgment budget estimate to the Committee that specifically outlines the cost to fully fund an uninsured adult immunization program that includes the cost of purchase, storage, and administration of all ACIP-recommended adult vaccines and allows for provider choice of product, outreach, and counseling grants to providers and community-based organizations. Estimates should also be included to address the needs of outbreak investigation and response, particularly as measles cases are increasing. Additionally, the Committee requests CDC to provide analysis on how the addition of new adult vaccine recommendations and increased vaccine costs have reduced the number of vaccine doses administered to uninsured adults with available resources. This should include estimates of how much additional vaccine purchase funding would be needed to reach both half and all of the uninsured population with a complete series of recommended vaccines.

Increasing Adult Hepatitis B Vaccination.—The Committee urges CDC to promote hepatitis B vaccination among all adults ages 19 through 59 as recommended by ACIP. The Committee urges CDC to provide leadership to ensure the recommendation is implemented, and to coordinate implementation activities with the HHS Assistant Secretary for Health and HRSA and engage providers and community-based organizations as necessary. The Committee reiterates the request for a report as requested in Senate Report 118–84.

Long COVID.—The Committee encourages CDC to monitor and track incidence of Long COVID among children and adults, including developing a patient registry for Long COVID.

Promoting Routine Vaccination.—The Committee is concerned by the continued lag in vaccination throughout the life course, with underserved populations affected to a greater degree and adolescents affected disproportionately. The 2023–2024 respiratory season saw continued stagnation in immunization rates coupled with significant increases in COVID, flu, and respiratory syncytial virus [RSV] cases. If not addressed, these trends will increasingly expose Americans of all ages to VPDs, outbreaks, including measles, and exacerbate existing health disparities. The Committee requests CDC provide an update in the fiscal year 2026 CJ on the vaccine education efforts and the rate of routine vaccination across all ages, as well as an update on the plan to administer missed doses, prioritizing areas with the largest reduction in routine coverage rates. CDC should include updated recommendations about what other tools it could employ to address this issue, as well as a plan to strengthen efforts to combat misinformation about vaccines and vaccination, which are contributing to confusion, hesitancy, and overall fatigue.

Respiratory Viruses.—The Committee recognizes the importance of a strong capacity at CDC to address respiratory viruses and supports CDC’s work to address respiratory illnesses holistically, with the capacity to identify and assess characteristics of viruses to inform vaccines and therapeutics, quantify the burden such viruses place on the health of Americans, and the effectiveness of vaccines and other preventive measures.

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

Appropriations, 2024	\$1,391,056,000
Budget estimate, 2025	1,391,056,000
Committee recommendation	1,394,056,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is \$1,394,056,000.

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 Global Health Center.

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

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research	1,013,712,000	1,013,712,000
HIV Initiative	220,000,000	220,000,000
School Health	38,081,000	38,081,000
Viral Hepatitis	43,000,000	43,000,000
Sexually Transmitted Infections	174,310,000	176,310,000
Tuberculosis	137,034,000	138,034,000
Infectious Diseases and Opioid Epidemic	23,000,000	23,000,000

Ending the HIV Epidemic [EHE] Initiative.—The Committee includes \$220,000,000 for the EHE Initiative. The Committee is aware that having a sexually transmitted infection [STI] poses an increased risk of HIV acquisition. The Committee commends CDC for including dedicated funding in the EHE initiative for STI clinics, sexual health clinics and the STD Clinical Prevention Training Centers. Additionally, the Committee supports efforts to increase equitable access to pre-exposure prophylaxis [PrEP] medication that prevents HIV infection. CDC is encouraged to support the building blocks of a national program to increase awareness of PrEP, including by increasing access to PrEP medication, laboratory services, essential support services such as case management, counseling, linkage, and adherence services, robust PrEP outreach and education activities, and PrEP provider capacity expansion.

Hepatitis.—The Committee encourages CDC to expand the viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. In pursuit of this goal, the Committee recommends greater emphasis and access to testing for both hepatitis B and hepatitis D. The Committee requests an update on the prevalence and incidence of hepatitis D and the opportunities to enhance the analysis of this disease in the fiscal year 2026 CJ.

Hepatitis B.—The Committee encourages efforts to eliminate the public health threat of viral hepatitis and to implement and help fund the HHS National Viral Hepatitis Strategic Plan, which offers a framework to eliminate viral hepatitis as a public health threat. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B and the March 2023 CDC recommendation that all adults be screened for hepatitis B. The Committee urges a coordinated Federal effort to implement these goals. In addition, the Committee encourages CDC to expand viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. Finally, the Committee encourages that funds be prioritized for implementing equitable strategies to make the biggest positive impact among underserved jurisdictions that carry a disproportionate burden of hepatitis B.

Infectious Diseases and Opioids.—The Committee encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to SUDs and acute hepatitis C infection. CDC is also encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.

School Health.—The Committee provides \$38,081,000 to promote school-based health and disease prevention for adolescents, including mental health. CDC is urged to collect and integrate data on school policies and practices that support student and staff physical and emotional well-being and positive mental health and wellness.

Sexually Transmitted Infections [STIs].—The Committee is concerned by the high rates of sexually transmitted infections in the United States, particularly the increase in syphilis and congenital syphilis. The Committee includes \$176,310,000 to combat and prevent the high incidence of STIs. Additionally, the Committee directs CDC to continue to move the grant year forward by 1 month to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by 1 month for the next year, contingent on the availability of funds. Finally, the Committee encourages CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.

Subawards.—The Committee is concerned about the accountability of subawards made with funds appropriated for infectious diseases and the opioid epidemic and directs CDC to track and monitor subawards.

Tribal Tuberculosis.—The Committee is concerned about the insufficient staffing of tuberculosis technicians in Tribal areas. The Committee encourages CDC in conjunction with State and local health departments, to continue supporting TB prevention and treatment activities in populations at highest risk for TB disease, including American Indian and Alaska Native communities.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2024	\$760,272,000
Budget estimate, 2025	780,772,000
Committee recommendation	805,272,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$805,272,000, which includes \$52,000,000 in transfers from the 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Antibiotic Resistance Initiative	197,000,000	200,000,000
Vector-Borne Diseases	63,603,000	65,603,000
Lyme Disease	27,000,000	29,000,000
Prion Disease	8,000,000	9,000,000
Chronic Fatigue Syndrome	5,400,000	5,400,000
Emerging Infectious Diseases	213,997,000	245,997,000
Harmful Algal Blooms	3,500,000	3,500,000
Food Safety	72,000,000	72,000,000
National Health Care Safety Network	24,000,000	24,000,000
Quarantine	53,772,000	58,772,000

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Advanced Molecular Detection	40,000,000	40,000,000
Epidemiology and Laboratory Capacity	40,000,000	40,000,000
Healthcare-Associated Infections	12,000,000	12,000,000

Advanced Molecular Detection [AMD].—The Committee includes \$40,000,000 and recognizes the critical role the AMD program plays in bringing cutting edge technology to the front lines of public health by harnessing the power of advanced sequencing methods and high performance computing with bioinformatics and epidemiology expertise to study pathogens. The Committee commends CDC for advancing research in the critical area of lethal bacteria and special pathogens. However, the Committee remains concerned about the increasingly dangerous threat to public health of emerging and dangerous bacterial pathogens that can be difficult or impossible to grow in laboratory settings and can disproportionately affect health equity of underrepresented populations. Further research is required in advanced DNA sequencing to speed the development of diagnostics, therapeutics, and vaccines. The Committee requests a briefing on the advanced DNA sequencing and detection of novel emerging and dangerous pathogens no later than 180 days after enactment of this act.

Antimicrobial Resistance [AMR].—The Committee continues to support the administration’s proposal to address the problem of antimicrobial resistant bacteria and fungi through a “One Health” approach and by tracking and preventing the spread of resistance at the local, regional, national and global levels. The Committee notes the complexities in conducting surveillance of antimicrobial resistance. The Committee directs CDC to publish a report publicly describing national trends in the prescription of antibiotics. The report shall identify recommendations for how antibiotic stewardship programs could be improved, and what steps should be taken for Congress to help physicians improve appropriate use of antibiotics.

Importation of Dogs.—The Committee understands the role of CDC in preventing the spread of disease, however, certain changes to the final rule entitled “Control of Communicable Disease; Foreign Quarantine: Importation of Dogs and Cats” were not included in the Notice of Proposed Rulemaking and did not receive public comment. The burden of such changes on pene-exclaves and communities near the border of a rabies-free or low-risk country should be reviewed and mitigated by the CDC. The Committee views CDC’s recent efforts to modify implementation of the rule as a step forward, but the Committee encourages CDC to consider additional ways to ensure that the transport of dogs into the country by rescue organizations, citizens who cross the border for work or other daily activities, including sporting events, and U.S. employees stationed overseas traveling with their pets are not unreasonably inhibited. The Committee also requests that CDC evaluate any flexibilities to the 6-months of age requirement, in order to ensure dogs from rabies-free or low-risk countries, and their owners or potential owners, are not unnecessarily penalized by the final rule.

Lyme Disease and Related Tick-Borne Illnesses.—The Committee provides \$29,000,000 to expand the programs authorized under the Kay Hagan Tick Act (Public Law 116–94) to promote a public

health approach to combat rising cases of tick-borne diseases. In distributing these funds, the Committee directs CDC to prioritize entities focused on Lyme disease and related tick-borne diseases in the areas of surveillance, control, prevention, diagnosis, treatment, and education. The Committee recognizes the growing public health threat of Lyme disease and related tick-borne diseases and directs CDC to provide support in endemic areas as well as areas not yet considered endemic. Given the impact of Lyme disease and the status of ongoing clinical trials, the Committee requests a report within 180 days of enactment on CDC's research to date and recommendations on actions needed to facilitate a successful Lyme disease vaccine rollout that will build confidence and encourage uptake should a vaccine be approved by the FDA.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome [ME/CFS].—Given that a subset of patients with post-acute COVID-19 and other post-infectious syndromes meet the diagnostic criteria for ME/CFS, the Committee continues to encourage CDC to develop a national epidemiological and disease tracking study of post-infectious syndromes prevalence, specifically the rates of ME/CFS in adults. The Committee expects CDC to strengthen collaboration with 1) interagency partners, 2) disease experts and stakeholders, and 3) the NIH's Collaborative Research Centers. Additionally, the Committee urges CDC to conduct a series of epidemiological studies into the causes, diagnosis, and risk factors of ME/CFS. The Committee also expects CDC to engage physicians and patients in an effort to increase awareness of ME/CFS and disseminate updated clinical guidance. Finally, the Committee supports CDC's successful Project ECHO-style primary care provider education programs and encourages CDC to explore expanding the program to additional States and regions, with a special focus on rural and underserved communities.

Mycotic Diseases.—The Committee supports CDC's efforts relating to mycotic diseases, including its collaboration with the Valley Fever Institute, Valley Fever Center for Excellence, and the Cocco Study Group. As part of this work, the Committee urges CDC to grow its work to improve surveillance, awareness, and diagnostics for coccidioidomycosis and other fungal diseases. The Committee directs CDC to fund these activities at not less than the fiscal year 2024 enacted level.

National Healthcare Safety Network [NHSN].—The Committee includes \$24,000,000 for NHSN and recognizes the critical value of this system for healthcare quality measurement and improvement, as well as supporting national security needs for situational awareness of health systems' capacity during major outbreaks and pandemic responses. The Committee supports the modernization of the system's infrastructure resulting in increased timeliness and accuracy, reduced burden on healthcare facilities, and the ability to collect urgent data as called for by the National Biodefense Strategy to create an enduring domestic all-hazards hospital data collection capability.

Prion Disease Surveillance.—The Committee is concerned that Chronic wasting disease [CWD], a fatal condition in cervids (deer, elk, and moose) caused by misfolded prions, has been detected in over 30 States and all four regions of the country. Monitoring the

prevalence of prion diseases, including determining a disease's incidence and whether it was acquired from animals or other humans, is critical. In light of scientific observations regarding the Nation-wide spread of CWD and concerns about the potential for cross-species transmissions to humans and food production animals, the Committee includes \$9,000,000 for surveillance efforts of human prion diseases, including Creutzfeldt-Jakob Disease, through the National Prion Disease Pathology Surveillance Center and CDC.

Quarantine.—The Committee includes an increase for this program and supports efforts to detect pathogens early and enhance global biosecurity efforts through the Traveler-based Genomic Surveillance program.

Sepsis.—The Committee includes \$5,000,000 to support CDC's ongoing work for expanded data collection related to sepsis and the Sepsis Core Elements through NHSN and the Division of Healthcare Quality Promotion's work to develop sepsis quality measures. The Committee recognizes the importance of developing, in coordination with CMS, measures to improve the detection of sepsis and outcomes for patients with sepsis. These include a hospital sepsis programs' structural measure to address the implementation of structures and activities to improve the recognition and care of patients with sepsis, the Adult Sepsis Event outcome measure that will assess the number of cases and outcomes of adult patients hospitalized with sepsis, and the Pediatric Sepsis Event measure that will be used to estimate the National burden of pediatric sepsis. The Committee requests CDC release an annual report on hospital use of the Sepsis Core Elements, which includes how many hospitals use the Core Elements and CDC plans for further analysis that detail success and barriers to implementation of the sepsis Core Elements.

Vector-Borne Diseases [VBDs].—The Committee is concerned about the risk of a vector-borne infectious disease outbreak in the United States and our readiness to quickly respond to and stop its spread. The Committee includes an increase of \$2,000,000 for continued implementation of the Kay Hagan Tick Act and to enhance capacity to expand nation-wide surveillance of vector-borne disease. The Committee intends that this additional funding will also support the purposes of the Strengthening Mosquito Abatement for Safety and Health provisions in the All-Hazards Preparedness and Advancing Innovation Act (Public Law 116-22).

Wastewater Surveillance.—The Committee provides \$20,000,000 for Wastewater Surveillance. The Committee remains encouraged by CDC's infectious disease surveillance work through wastewater surveillance that partners with health laboratories and academic institutions to track multiple existing infectious disease threats simultaneously and to quickly pivot to detect both the resurgence of known pathogens and the emergence of new threats. The Committee continues to underscore the importance of a wastewater surveillance system that can serve as a national early-warning system. The Committee encourages CDC to provide recommendations on the use of assays and other methods to promote efficient wastewater surveillance for data on multiple infectious diseases and to quickly add new disease targets as needed. The Committee requests CDC provide recommendations for wastewater testing meth-

ods and metrics. The Committee encourages wastewater sample data reporting to CDC to be published by the Secretary in a publicly available wastewater surveillance database and dashboard.

The Committee also directs CDC to provide details regarding the status of wastewater surveillance including specifications for the number, composition, capabilities, and geographic distribution of sites in the fiscal year 2026 CJ. This information should also include recommendations regarding the funding required annually to maintain a national wastewater surveillance system as well as an analysis of spending on wastewater surveillance for fiscal year 2023 and fiscal year 2024.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2024	\$1,433,914,000
Budget estimate, 2025	1,559,414,000
Committee recommendation	1,463,914,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,463,914,000, which includes \$270,950,000 in transfers from the PPH Fund.

The mission of the Center is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. More than one-half of all American adults have at least one chronic illness, and such diseases account for 70 percent of all U.S. deaths and over three-quarters of all healthcare costs in the United States. Chronic diseases are the leading causes of death and disability and while they affect all populations, the most disadvantaged Americans often suffer the highest burden of disease.

These conditions are largely preventable or improved through evidence-based programs and strategies. The Committee encourages CDC to continue working with State and local health departments and national organizations to maximize their investments in evidence-based programming and strategies at the community level.

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

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Tobacco	246,500,000	246,500,000
Nutrition, Physical Activity, and Obesity	58,420,000	58,420,000
High Obesity Rate Counties	16,500,000	16,500,000
School Health	19,400,000	19,400,000
Health Promotion	64,100,000	68,100,000
Vision and Eye Health	6,500,000	6,500,000
Alzheimer's Disease	39,500,000	41,500,000
Inflammatory Bowel Disease	2,000,000	2,000,000
Interstitial Cystitis	1,100,000	1,100,000
Excessive Alcohol Use	6,000,000	6,000,000
Chronic Kidney Disease	4,500,000	4,500,000
Chronic Disease Education and Awareness	4,500,000	6,500,000
Prevention Research Centers	28,961,000	31,961,000
Heart Disease and Stroke	155,105,000	155,105,000
Diabetes	156,129,000	158,129,000
National Diabetes Prevention Program	37,300,000	37,300,000
Cancer Prevention and Control	410,049,000	425,049,000

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Breast and Cervical Cancer	235,500,000	243,500,000
WISEWOMAN	34,620,000	34,620,000
Breast Cancer Awareness for Young Women	6,960,000	6,960,000
Cancer Registries	53,440,000	53,440,000
Colorectal Cancer	44,294,000	49,294,000
Comprehensive Cancer	22,425,000	22,425,000
Johanna's Law	11,500,000	11,500,000
Ovarian Cancer	15,000,000	15,000,000
Prostate Cancer	15,205,000	17,205,000
Skin Cancer	5,000,000	5,000,000
Cancer Survivorship Resource Center	725,000	725,000
Oral Health	20,250,000	20,250,000
Safe Motherhood/Infant Health	110,500,000	116,500,000
Arthritis	11,000,000	11,000,000
Epilepsy	11,500,000	11,500,000
National Lupus Registry	10,000,000	10,000,000
Racial and Ethnic Approaches to Community Health (REACH)	68,950,000	68,950,000
Good Health and Wellness in Indian Country	24,000,000	24,000,000
Social Determinants of Health	6,000,000	6,000,000
Million Hearts	5,000,000	5,000,000
National Early Child Care Collaboratives	5,000,000	5,000,000
Hospitals Promoting Breastfeeding	9,750,000	9,750,000

Alzheimer's Disease.—The Committee recommendation includes \$41,500,000 to continue Alzheimer's and related dementias public health programs authorized in Public Law 115–406 and to strengthen the Healthy Brain Initiative, including implementation of the Healthy Brain Initiative Public Health Road Maps. HHS formally made prevention of Alzheimer's disease a national priority when it added Goal Six to the National plan to fight the disease in 2021. Goal Six calls for clear strategies to prevent and fight the disease including additional research, strengthening our Nation's public health infrastructure, and turning risk reduction into clinical practice. The Committee directs the Secretary to publish a report publicly within 180 days of enactment on progress made toward meeting the goal. The Committee is encouraged by research demonstrating the impact of risk reduction on dementia prevalence. To ensure disproportionately affected populations are reached, the Committee encourages CDC to increase capacity to support populations with a high burden of Alzheimer's and other dementias through public health promotion and workforce development.

Breast and Cervical Cancer.—The Committee includes \$243,500,000 for the provision of critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women. The Committee is aware that there are still substantial barriers to screening like geographic isolation, limited health literacy, lack of provider recommendation, inconvenient times to access services, and language barriers. The Committee directs CDC to continue efforts to reduce breast and cervical cancer disparities especially in underserved communities and to work to reach women who may have delayed screening services during the COVID–19 pandemic.

Chronic Disease and Alzheimer's.—The Committee recognizes and applauds the work of the National Center for Chronic Disease Prevention and Health Promotion especially as more is learned about the relationship and linkage between chronic diseases. Re-

search shows association between multiple chronic diseases, modifiable risk factors, and the development of Alzheimer's disease and dementia. Heart disease, obesity, diabetes, and other chronic conditions are being studied as risk factors for Alzheimer's disease and dementia. The Committee requests a report from CDC within 120 days of enactment of this act outlining efforts to educate, particularly underserved communities, about the relationship between chronic diseases and potential development of Alzheimer's disease and dementia.

Chronic Disease Education and Awareness [CDEA] Program.—The Committee is pleased with the administration of the CDEA program and includes \$6,500,000 to support existing and additional grants for chronic health conditions that do not have a line item in CDC's budget. The CDEA program is supporting several important multi-year projects that are improving public and professional awareness, and the Committee urges CDC to continue to support these activities along with new initiatives. Multiple conditions, patient advocacy organizations, clinicians, and researchers could benefit from this program, such as postural orthostatic tachycardia syndrome [POTS] and similar forms of dysautonomia; tardive dyskinesia, which can be a debilitating movement disorder affecting individuals with serious mental illness; and improved prevention, diagnosis, and treatment of life-threatening blood clots.

Comprehensive Cancer.—The Committee includes \$22,425,000 to advance the goals of the Cancer Moonshot Initiative through CDC's cancer prevention, early detection and treatment, survivor support, and health equity activities. CDC is urged to use a portion of this increase to expand evidence-based cancer survivorship programs by State, Tribal, and territorial program recipients in partnership with community-based organizations.

Diabetes.—The Committee includes an increase and is encouraged by the health progress of many participants in CDC's National Diabetes Prevention Program. The Committee encourages CDC to continue its work to update the PreventT2 curriculum content to include evidence from the USDA's Dietary Guidelines for Americans on the importance of and access to healthy foods, including data on disease prevention through a balanced diet, and to prioritize working directly with local community partners who provide produce prescription programming. The Committee encourages CDC to explore ways to integrate food as medicine approaches in the National Diabetes Prevention Program.

Early Child Care Collaboratives.—The Committee includes \$5,000,000 to enable training of early care and education providers in the implementation of healthy eating and physical activity best practices. Funds will also support assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems' early care and education settings, and health initiatives.

Eating Disorders Awareness Program.—The Committee is concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, and the rate of diagnosis for youth ages 12–18 rose 25 percent since 2019. The Committee directs CDC to provide a report to the Committee within 180 days of enactment of this act detailing how CDC has assisted States in collecting data

by re-including one standard question on unhealthy weight control practices for eating disorders in the Youth Risk Behavior Surveillance System.

Epilepsy.—The Committee includes \$11,500,000 and commends CDC for its ongoing leadership of this successful program and effective community collaboration, and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with epilepsy to health and community services. The Committee appreciates CDC’s ongoing epilepsy-related surveillance and funding of epidemiologic studies on epilepsy and recognizes the importance of data to accurately understand the incidence, prevalence, and mortality rate of epilepsies, along with individual and social risk factors that influence health outcomes. The Committee encourages CDC to enhance surveillance and epidemiologic studies of the epilepsies to generate data that can guide interventions to improve outcomes for people with epilepsy, including interventions for patients with drug-resistant epilepsy. The Committee looks forward to receiving the report requested in fiscal year 2024 on current gaps in surveillance data of people living with epilepsies and on the feasibility, cost, and timing of case reporting epilepsy through the addition of the disease to the National Neurological Conditions Surveillance System.

Farm-to-School.—The Committee continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities related to farm-to-school programs that result in promoting healthy eating habits for students. The Committee intends that these grants support multi-agency, multi-organizational State farm to early childhood initiatives. The Committee also directs CDC to coordinate farm-to-early childhood program efforts with the Office of Community Food Systems at the Department of Agriculture.

Food Allergies.—The Committee recognizes the serious issue of food allergies, which affect approximately 8 percent of children in the United States. The Committee includes \$2,000,000 for a school-based effort to address food allergies and reduce potentially fatal anaphylactic reactions.

Food Service Guidelines [FSG] for Federal Facilities.—The Committee supports the goal set forth in the National Strategy on Hunger, Nutrition, and Health to implement the Federal Food Service Guidelines for Federal Facilities. The Committee encourages CDC, in consultation with the Federal FSG Work Group it has convened, to create a comprehensive plan including an assessment of resources and other needs for implementation of the FSG across Federal food service operations and procurement where practicable for food served, sold, and distributed.

Heart Disease and Stroke.—The Committee continues funding for CDC’s Heart Disease and Stroke Prevention program. CDC is encouraged to support community partnerships in additional States to control heart disease and stroke and help the more than 119 million Americans living with high blood pressure. The Committee continues funding to support implementation of the Cardiovascular Advances in Research and Opportunities Legacy Act (Public Law 117–224). In addition, the Committee also continues the WISEWOMAN program to increase the number of low-income, un-

insured and underinsured women who are assessed and connected to resources.

High Obesity Rate Counties.—The Committee directs CDC to continue this program at no less than the fiscal year 2024 level. CDC grantees are expected to work with State and local public health departments and other partners to support measurable outcomes through community and population-level evidence-based obesity intervention and prevention programs. Funded projects should integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. The Committee encourages CDC to also consider including the preponderance of obesity by State based on the CDC Behavioral Risk Factor Surveillance System in its eligibility criteria for the High Obesity Program.

Inflammatory Bowel Disease [IBD].—The Committee commends CDC's ongoing efforts to continue epidemiological studies on Crohn's disease and ulcerative colitis, known collectively as IBD, and encourages CDC to establish awareness and education activities for patients and healthcare professionals to produce improved time to diagnosis and optimal disease management, including in medically underserved populations.

Kidney Disease.—The Committee provides \$4,500,000 to support the Chronic Kidney Disease [CKD] program, which supports activities that identify risk factors for kidney disease, increase awareness, diagnosis, and treatment and improve health outcomes of people with CKD. The Committee encourages CDC to continue its ongoing Kidney Disease Surveillance System and enhance its capacity to track the progress of CKD prevention, detection, and management efforts. The Committee also supports activities that enhance health systems' capacity to identify, risk-stratify, and manage individuals with CKD with special emphasis on populations in low-income, geographically underserved areas, and communities with high burden of disease.

Mississippi Delta Health Collaborative.—Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to continue the Mississippi Delta Health Collaborative project and requests that CDC provide an update on these activities in the fiscal year 2026 CJ.

Prostate Cancer.—The Committee is aware of the continued rise in prostate cancer deaths and supports CDC's work to promote public awareness of prostate cancer risks, screening, and treatment in high-risk men. The Committee provides \$17,205,000 for CDC's prostate cancer activities, including for outreach and education initiatives among African-American men and other high-risk groups.

Racial and Ethnic Approaches to Community Health [REACH].—The Committee includes \$68,950,000 to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. REACH is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee's recommended level includes \$24,000,000 for Good Health and Wellness in Indian Country.

Rural Prevention Health Research.—The Committee recognizes the important work of Prevention Research Centers [PRCs], in particular the needs of rural focused prevention research. The Com-

mittee encourages CDC to review their grant funding process to ensure appropriate funding to rural areas, including rural Appalachia, which consistently ranks high in incidences of disease, injury, and poor health outcomes, to ensure important rural health research continues to take place. The Committee also directs CDC to ensure at least 20 percent of PRC funding is being directed to research in rural areas.

Safe Motherhood and Infant Health.—The Committee includes \$116,500,000 for this portfolio of programs to improve the health of pregnant and postpartum individuals and their infants and reduce inequities in maternal and infant health outcomes. Maternal mortality continues to rise at an unacceptable rate in the United States, which reached 1,205 maternal deaths in 2021, a 40 percent increase from 2020. The Committee encourages CDC to use the funding increase to expand and increase support for Maternal Mortality Review Committees [MMRCs], Perinatal Quality Collaboratives [PQCs], and other programs including Sudden Unexplained Infant Death [SUID] and the Sudden Death in the Young [SDY] Case Registry. The Committee also encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to create consistency and ensure accuracy and completeness in data collection, analysis, and reporting across State MMRCs. This investment is necessary to provide accurate national statistics on U.S. maternal mortality rates and inform data-driven actions to prevent these deaths. The Committee requests a report within 120 days of enactment of this act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. Additionally, the Committee commends CDC for funding State-based PQCs and encourages CDC to prioritize funding to expand PQCs to additional States and territories and provide increased support to existing PQCs. The Committee requests an update on the expansion of PQCs beyond the States currently funded, as well as any barriers to expansion in the fiscal year 2026 CJ.

School Health.—The Committee includes \$19,400,000 to promote school-based health and to prevent chronic disease and promote the health and well-being of children and adolescents in schools.

School Health Index [SHI].—The Committee understands the importance for educational institutions to promote health and wellness to their students from a holistic perspective to encourage stronger learning environments. The Committee recognizes that CDC created SHI to assist schools in evaluating and improving the health and well-being of students. The Committee encourages CDC to create and develop a tool similar to the SHI for higher education.

Skin Cancer Education and Prevention.—The Committee is concerned with the growing number of people diagnosed with preventable forms of skin cancer, which is now the most commonly diagnosed cancer in the United States. The Committee provides \$5,000,000 for skin cancer education and prevention and encourages CDC to continue its collaboration and partnership with local governments, business, health, education, community, nonprofit, and faith-based sectors.

Sleep Health and Sleep Disorders.—The Committee is concerned with the troubling lack of coordinated efforts in public health to improve sleep health and disorder awareness, diagnosis, and treatment despite landmark scientific discoveries demonstrating the significant impact of sleep on disease and mental and physical health and wellness. The Committee encourages CDC to expand activities to improve sleep health and sleep disorders awareness, epidemiology, detection, and care particularly for rare and orphan sleep disorders, like narcolepsy, and requests that CDC provide an update on these activities in the fiscal year 2026 CJ.

Social Determinants of Health [SDOH].—The Committee recognizes the important impact of SDOH on outcomes and health inequities in communities. The Committee provides \$6,000,000 for SDOH activities.

Sudden Cardiac Arrest.—The Committee recognizes that sudden cardiac arrest is a leading cause of death among athletes at all ages and that timely access to automated external defibrillators [AEDs] can significantly improve survival rates. The Committee urges CDC to publish best practices for how to best deploy AEDs in sporting facilities, including schools, colleges, community centers, and stadiums. The best practices should include recommendations on optimal locations, maintenance, training, and coordination with emergency medical services, including the development of Emergency Action Plans for AED deployment. Additionally, the Committee encourages CDC to expand the Cardiac Arrest Registry to Enhance Survival [CARES] program to capture data from additional States. The Committee recognizes that every year, more than 350,000 Americans fall victim to out-of-hospital cardiac arrest and only about 1 in 10 will survive this event. Registry data is critical to improving sudden cardiac survival rates in all States by allowing communities to measure the quality of patient care, establish performance goals, and analyze emergency response data to identify opportunities for improvement.

Tobacco.—The Committee includes \$246,500,000 for CDC, States, Tribes and territories to continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality, as well as continue the highly successful and cost-effective Tips from Former Smokers media campaign. The Committee acknowledges the overall progress that has been made on reducing adult smoking prevalence, expresses concern that more than 1 in 10 U.S. adults continues to smoke cigarettes, and urges CDC to continue its evidence-based work to ensure that rates also decline in populations disproportionately affected by tobacco use, including rural communities. The Committee remains concerned that 10 percent of youth use at least one tobacco product and encourages CDC's ongoing efforts to respond to and prevent youth use of e-cigarettes and other tobacco products. Additionally, the Committee is concerned with reports of unauthorized, illegal tobacco products sold in the United States. The Committee directs CDC to provide a briefing on the Tobacco program, including a breakdown of funding sources, programs, and activities within 120 days of enactment of this act. Additionally, CDC is instructed to provide information on how funds are currently sup-

porting, or may prospectively support, FDA enforcement and regulation of unauthorized products and State directories.

Type 1 Diabetes.—According to CDC’s National Diabetes Statistics Report 2021 data, approximately 2 million Americans have type 1 diabetes [T1D], with 304,000 of these individuals under the age of 20. Incidence of T1D in youth has increased significantly over the last 20 years. Millions of individuals are at an increased risk of developing T1D because they have a first-degree relative with the condition, and a subset of these individuals are in the early stages of T1D. Screening can help improve outcomes for people at risk of developing T1D, including delaying progression, preventing complications, and reducing the incidence of diabetic ketoacidosis [DKA] at diagnosis which poses increased morbidity and mortality in the short and long term. The Committee is concerned that CDC has not adequately focused education and awareness efforts on possible risk factors, screening, and potential avenues to delay onset of T1D, including available treatments and clinical trials. The Committee encourages CDC to update its website to include comprehensive information about screening, risks of DKA at diagnosis, and information about accessing possible treatments and clinical trials to delay the onset of T1D. The website should include information targeting physicians, school health workers, parents, and other adults about screening, provide information about populations that should be prioritized for screening, and direct patients (or their parents) to appropriate resources if their screening results indicate that they are at increased risk of developing T1D. CDC is encouraged to enact a process to continually review the latest scientific literature on screening for T1D and update information on its website to reflect new information. The Committee also recommends CDC to provide a plan, no later than 60 days after enactment of this act, outlining steps the agency will take to increase outreach and education efforts focused on T1D.

Vision and Eye Health.—The Committee provides \$6,500,000 for vision and eye health and glaucoma detection, and continues to direct CDC to fund these activities at not less than the fiscal year 2024 enacted levels. The Committee encourages CDC to conduct national-level surveillance on the prevalence of vision loss-including prevalence of risk for vision loss and eye disease into the Vision and Eye Health Surveillance System. The Committee is aware that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, depression and anxiety, cardiovascular disease, and cognitive decline. Data on risk of vision loss and existence of vision loss in the United States is necessary to inform State and community partnerships that emphasize early detection and intervention and to address the biggest challenges in access to eye care that can prevent eye disease from progressing to permanent vision loss.

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

Appropriations, 2024	\$206,060,000
Budget estimate, 2025	205,560,000
Committee recommendation	210,060,000

The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$210,060,000.

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of hereditary blood disorders, and by promoting optimal child development and health and wellness among children and adults living with disabilities.

Within the total provided, the following amounts are available for the following activities:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Child Health and Development	71,300,000	71,300,000
Other Birth Defects	19,000,000	19,000,000
Fetal Death	900,000	900,000
Fetal Alcohol Syndrome	11,500,000	11,500,000
Folic Acid	3,150,000	3,150,000
Infant Health	8,650,000	8,650,000
Autism	28,100,000	28,100,000
Health and Development for People with Disabilities	86,410,000	88,410,000
Disability and Health	45,500,000	46,500,000
Tourette Syndrome	2,500,000	2,500,000
Early Hearing Detection and Intervention	10,760,000	10,760,000
Muscular Dystrophy	8,000,000	9,000,000
Attention Deficit Hyperactivity Disorder	1,900,000	1,900,000
Fragile X	2,000,000	2,000,000
Spina Bifida	7,500,000	7,500,000
Congenital Heart	8,250,000	8,250,000
Public Health Approach to Blood Disorders	21,100,000	21,100,000
Hemophilia CDC Activities	3,500,000	3,500,000
Hemophilia Treatment Centers	5,100,000	5,100,000
Thalassemia	2,100,000	2,100,000
Neonatal Abstinence Syndrome	4,250,000	5,250,000
Surveillance for Emerging Threats to Mothers and Babies	23,000,000	24,000,000

Autism.—The Committee includes \$28,100,000 for the Autism Developmental Disabilities Monitoring [ADDM] Network and to continue surveillance of cerebral palsy to reach nearly all of its 16 ADDM Network sites.

Blood Clots.—The Committee is concerned about the enormous toll of blood clots on patients and the healthcare system, particularly for pregnant women, Black Americans, and cancer patients. The Committee again urges CDC to develop a comprehensive, nationwide blood clot education and awareness campaign for the general public focused on the treatment and prevention of blood clots and education and training of healthcare professionals about the signs and symptoms of blood clots.

Congenital Heart Disease [CHD].—CHD is the most common and deadliest category of birth defects in the United States. The Committee commends NCBDDD for its leadership in improving understanding of the unique, specialized care needs for the growing CHD population across the lifespan. The Committee includes \$8,250,000 for surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (Public Law 115–342), including to support additional longitudinal surveillance sites, survey activities on long-term outcomes and patient needs, engagement with healthcare providers, and analysis of healthcare claims and clinical data.

Duchenne and Becker Muscular Dystrophy.—The Committee includes \$9,000,000 to continue Muscular Dystrophy research and disease surveillance initiatives. The Committee strongly encourages CDC to update research and tracking to better understand the outcomes for Duchenne and Becker muscular dystrophy treated both in and out of Certified Duchenne Care Centers; examine impacts of Duchenne on bone health, cardiovascular, and cognitive function; and investigate care and outcomes for adults with Duchenne, those receiving multiple therapies including gene therapy, and various demographic subpopulations. The Committee requests a report within 180 days of enactment of this act detailing its plan for updating muscular dystrophy efforts along these parameters.

Fetal Alcohol Syndrome.—The Committee includes \$11,500,000 for the surveillance of prenatal alcohol use and fetal alcohol spectrum disorders [FASD], to facilitate partnerships to prevent alcohol use during pregnancy, improve support services and access to care by responding to families living with FASD, and disseminating practical resources and information through existing community-based local affiliates.

Hemophilia Treatment Centers.—The Committee recognizes the important work of the Division of Blood Disorders in protecting people with hemophilia and other bleeding disorders and has included \$5,100,000 for the programs' vital activities to support surveillance at the National network of hemophilia treatment centers and to provide testing for inhibitors, a challenging, harmful, and expensive complication of hemophilia.

Neonatal Abstinence Syndrome [NAS] Surveillance.—The Committee includes \$5,250,000 to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on the use of opioids and other substances during pregnancy and related adverse outcomes from infancy through childhood, and identify best practices for care, evaluation, and management to help children.

Physical Activity for People with Disabilities.—The Committee provides an increase of \$1,000,000 to strengthen existing programs that address healthy athletes.

Sickle Cell Disease [SCD].—The Committee recommendation includes \$6,000,000 for the sickle cell disease data collection program. The Committee encourages CDC to provide technical assistance to additional States with a higher prevalence of SCD, so that they can successfully participate in this grant program to better identify affected individuals in their States and better meet their needs.

Spina Bifida.—The Committee recognizes that Spina Bifida is the most common permanently disabling congenital disability compatible with life in the United States, affecting 1,500 babies in the country each year. While Spina Bifida and related neural tube defects are sometimes preventable through education and adequate daily folic acid consumption, there are an estimated 166,000 individuals, more than 65 percent of whom are adults, living with all forms of this complex birth defect. The Committee understands that there is a significant need for immediate support at CDC to address the transitional and adult care needs of the growing, aging Spina Bifida community and the Committee requests an update in

the fiscal year 2026 CJ on efforts to address these needs. The Committee supports the continuation of the Spina Bifida Clinical Care Monitoring and Tracking Program, which works with the National Spina Bifida Registry to guide the healthcare community in the best treatment options for people living with Spina Bifida.

Stillbirth.—Stillbirth rates remain unacceptably high, affecting thousands of families each year. The Committee appreciates the findings and recommendations included in the March 2023 Stillbirth Task Force report and encourages CDC to implement the recommendations including improved recordkeeping, data collection, and analysis about stillbirths, addressing disparities in stillbirth risk, and provide better support for families after a stillbirth occurs.

Surveillance for Emerging Threats to Mothers and Babies Network [SET-NET].—The Committee includes \$24,000,000 for SET-NET. The program supports CDC’s collaboration with State, Tribal, territorial, and local health departments to monitor the impact of emerging health threats, including COVID–19, on pregnant people and their babies and inform public health and clinical decision-making to improve the health of pregnant and postpartum people and infants.

Thalassemia.—The Committee supports funding for thalassemia, a rare genetic blood disorder that requires lifelong blood transfusions, thus requiring chelation to remove excess iron, particularly from the heart and liver. The Committee is aware of the critical work done by the thalassemia program at CDC in identifying thalassemia patients and connecting them to services and to life-saving treatment centers. Thalassemia patients experience serious comorbidities that can impact almost every aspect of their lives. The Committee urges CDC to continue and strengthen this collaboration among thalassemia treatment centers, non-profit organizations, and patients and their families.

Tourette Syndrome.—The Committee provides \$2,500,000 and directs CDC to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, and co-occurring conditions of Tourette Syndrome. The Committee commends CDC for its national public health education and research program on Tourette syndrome. The Committee encourages funding be used to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, cost, and impact and co-occurring conditions of Tourette syndrome.

PUBLIC HEALTH AND SCIENTIFIC SERVICES

Appropriations, 2024	\$754,497,000
Budget estimate, 2025	804,097,000
Committee recommendation	774,497,000

The Committee recommendation for Public Health Scientific Services is \$774,497,000, which includes \$182,900,000 in transfers from the PPH Fund.

This funding supports the work of all of the CDC Centers. In particular, these activities compile statistical information to inform public health policy; assure the accuracy and reliability of labora-

tory tests; apply digital information technology to help detect and manage diseases, injuries, and syndromes; support public health workforce development programs; 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Health Statistics	187,397,000	187,397,000
Surveillance, Epidemiology, and Informatics	298,100,000	298,100,000
Advancing Laboratory Science	23,000,000	23,000,000
Public Health Data Modernization	175,000,000	195,000,000
Public Health Workforce	71,000,000	71,000,000

Community Health Workers and Community Health.—The Committee recognizes the importance of the community health workforce in reaching underserved communities, preventing illness, and reducing related healthcare costs. The Committee urges CDC to encourage the use of community health workers in communities, including Tribal communities, to support the delivery of person-centered care.

Familial Hypercholesterolemia [FH].—The Committee continues to encourage CDC to address FH as a public health concern in order to improve diagnosis and care delivery and prevent heart disease. The Committee is concerned that an estimated 1.3 million people in the United States live with FH, yet only 10 percent of them are diagnosed. The Committee encourages the National Center for Chronic Disease Prevention and Health Promotion to work collaboratively with CDC’s Public Health Genomics Branch to address FH as a public health concern in order to improve diagnosis and care delivery and prevent heart disease.

Global Civil Registry and Vital Statistics.—The Committee strongly supports the National Center for Health Statistics’ efforts to facilitate capacity building among low- and middle-income countries to develop civil registry and vital statistics systems. The Committee requests a report within 180 days of enactment that includes a listing of countries that have been supported through these partnerships to-date and a budgetary estimate of the funding required to continue this work.

National Center for Health Statistics.—The Committee provides \$187,397,000 for the National Center for Health Statistics, which includes the National Health Interview Survey. The Committee intends this funding to support intersectional analyses of healthcare access, chronic health conditions, including Long COVID, and mental health status.

Native Hawaiian and Pacific Islander National Health Interview Survey.—The Committee recognizes that it has been 10 years since the Native Hawaiian and Pacific Islander National Health Interview Survey was last fielded. The Committee looks forward to the report as directed in Public Law 118–47 on the feasibility, advisability, and costs to re-issue this survey, as well as methods to ensure the inclusion of Native Hawaiian and Pacific Islanders in the annual National Health Interview Study.

National Neurological Conditions Surveillance System.—The Committee includes \$5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions—multiple sclerosis and Parkinson’s disease.

Public Health Data Modernization Initiative [DMI].—The Committee commends CDC’s work to advance public health data modernization and acknowledges that efforts to enhance public health data system capabilities will result in fast and more reliable data sharing. The Committee provides \$195,000,000 for CDC to continue bringing together State, Tribal, local and territorial public health jurisdictions and public and private sector partners with the goal of establishing modern, interoperable, and real-time public health data and surveillance systems to protect the American public. The Committee recommends CDC ensure that funding from DMI is allocated to jurisdictions through the National Center for Health Statistics to support necessary upgrades to their vital statistics systems to enable more, better, and faster vital records data. The Committee requests a briefing within 90 days of enactment of this act on the progress and plans for programs and activities supported by DMI funding. The Committee directs HHS to prioritize CDC data modernization and IT projects, focusing on improving enterprise capabilities and infrastructure. The Committee further directs HHS to continue to provide quarterly reports for all ongoing projects.

Public Health Workforce.—The Committee includes \$71,000,000 and urges CDC to invest in fellowship and training programs to rebuild the public health workforce that includes, but is not limited to, epidemiologists, contact tracers, lab scientists, community health workers, data scientists, behavioral scientists, disease intervention and prevention specialists, occupational health specialists, public health physicians, veterinarians, nurses, informaticians, program managers, economists, policy and evaluation experts, and communicators who can help protect the Nation’s communities.

ENVIRONMENTAL HEALTH

Appropriations, 2024	\$242,850,000
Budget estimate, 2025	266,850,000
Committee recommendation	244,850,000

The Committee recommendation for the National Center for Environmental Health is \$244,850,000. The Committee recommendation includes \$51,000,000 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, and at what level of, exposure to these substances are harmful to humans.

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

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Environmental Health Laboratory	70,750,000	71,750,000

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Newborn Screening Quality Assurance Program	21,000,000	22,000,000
Newborn Screening for SCID	1,250,000	1,250,000
Other Environmental Health	48,500,000	48,500,000
Environmental Health Activities	48,600,000	49,600,000
Safe Water	8,600,000	8,600,000
Amyotrophic Lateral Sclerosis Registry	10,000,000	11,000,000
Trevor's Law	3,000,000	3,000,000
Climate and Health	10,000,000	10,000,000
All Other Environmental Health	17,000,000	17,000,000
Environmental and Health Outcome Tracking Network	34,000,000	34,000,000
Asthma	33,500,000	33,500,000
Childhood Lead Poisoning	51,000,000	51,000,000
Lead Exposure Registry	5,000,000	5,000,000

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee encourages CDC to continue its investment in research that will reduce incidence and prevalence of ALS in the United States. The Committee encourages CDC to continue its efforts to evaluate, update, and improve the National ALS Registry program, by ensuring that the most up to date information is provided to researchers, and ALS patients are connected with clinical trials, treatments, and resources in a timely manner. The Committee supports continued ALS prevalence reports, and urges CDC to publish these reports in a timely manner and provide updates regarding these prevalence reports. Additionally, the Committee urges CDC to collaborate with the Departments of Defense and Veterans Affairs to provide a publicly available report on the incidence and prevalence of ALS among military veterans.

Asthma.—The Committee includes \$33,500,000 for the National Asthma Control Program [NACP] so CDC can work with States to improve health outcomes for people living with asthma. As the number and severity of wildfires increases, the Committee also urges the NACP to continue its efforts to develop public health interventions aimed at protecting people with asthma from wildfire smoke.

Childhood Lead Poisoning.—The Committee includes \$51,000,000 to improve health equity and to better prevent and mitigate childhood lead exposure and expand the data capabilities of the program to rapidly identify and address emerging threats in communities with elevated risk of exposure to lead. CDC is expected to support local capacity to improve the health of children through efforts to eliminate lead from their environment.

Climate and Health.—The Committee includes \$10,000,000 for the program to provide guidance, data, and technical assistance to all States, local health departments, and additional assistance to Tribes and territories, to identify possible health effects associated with a changing climate and implement health adaptation plans. Communities across the country are vulnerable to health effects from increasingly common events such as heatwaves, wildfires, floods, droughts, and extreme storms. The Committee expects CDC to aid in the development and implementation of State-specific action plans to protect health from these threats.

Enhancing Data-Driven Disease Detection in Newborns [ED3N].—Newborn screening [NBS] State programs in the United States are growing every year, adding new conditions to this life-

saving public health program. Unfortunately, data silos have led to data analytic challenges resulting in a less efficient and less equitable NBS as these silos make it harder to track trends and best practices across States. The Committee supports the ED3N pilot within the Division of Laboratory Sciences Newborn Screening and Molecular Biology Branch.

Extreme Heat and Data Collection.—The Committee recognizes the increasing frequency and severity of extreme heat events and the lack of currently available data to adequately understand the financial burden that extreme heat places upon healthcare systems. The Committee encourages CDC, in collaboration with the National Integrated Heat Health Information System [NIHHIS] and its participating agencies, to develop and implement a system for tracking and making publicly available the healthcare costs associated with the increased demand for medical assistance during extreme heat events, including expenses related to emergency room visits, urgent care treatments, hospitalizations, and associated medications.

Pediatric Reference Intervals.—The Committee encourages CDC to initiate efforts to improve the accuracy of pediatric reference intervals. CDC is directed to include an estimate of the costs associated with developing pediatric reference intervals in the fiscal year 2026 CJ.

Per and Polyflouroalkyl Substances [PFAS].—The Committee remains concerned that extended exposure to PFAS is associated with decreased antibody response, dyslipidemia, decreased infant and fetal growth, and increased risk of kidney cancer. CDC is encouraged to continue to provide clinical guidance to advise clinicians when to offer PFAS blood testing to patients who are likely to have a history of elevated exposure.

Preventing Harmful Exposure to Phthalates.—The Committee is concerned that despite action by the Consumer Product Safety Commission to limit chemicals known as ortho-phthalates [phthalates] in 2018 from children’s toys and other children’s items in addition to the three phthalates banned by Congress in 2008, several phthalates continue to be used in food packaging and food contact equipment. The Committee looks forward to receiving the briefing as requested in fiscal year 2024 (Senate Report 118–84).

INJURY PREVENTION AND CONTROL

Appropriations, 2024	\$761,379,000
Budget estimate, 2025	943,379,000
Committee recommendation	776,379,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$776,379,000.

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 non-occupational injuries including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents.

The Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Intentional Injury	164,550,000	177,550,000
Domestic Violence and Sexual Violence	38,200,000	38,200,000
Child Maltreatment	7,250,000	7,250,000
Child Sexual Abuse Prevention	3,000,000	3,000,000
Youth Violence Prevention	18,100,000	18,100,000
Domestic Violence Community Projects	7,500,000	7,500,000
Rape Prevention	61,750,000	61,750,000
Suicide Prevention	30,000,000	38,000,000
Adverse Childhood Experiences	9,000,000	14,000,000
National Violent Death Reporting System	24,500,000	24,500,000
Unintentional Injury	13,300,000	13,300,000
Traumatic Brain Injury	8,250,000	8,250,000
Elderly Falls	3,050,000	3,050,000
Drowning Prevention	2,000,000	2,000,000
Other Injury Prevention Activities	29,950,000	29,950,000
Opioid Overdose Prevention and Surveillance	505,579,000	507,579,000
Injury Control Research Centers	11,000,000	11,000,000
Firearm Injury and Mortality Prevention Research	12,500,000	12,500,000

Adolescent Mental Health.—The Committee supports the creation of the Behavioral Health Coordinating Unit to coordinate and leverage existing CDC activities related to mental health, with a particular focus on adolescent mental health activities, including early intervention. The Committee encourages CDC to begin to develop a national strategy and establish goals to improve adolescent mental health, including linkages between adolescent mental health and substance use and overdose, adverse childhood experiences, suicide, and other areas that impact mental wellbeing. This effort is expected to include convening of key experts, in and out of government, with special considerations to ensure the voices of underserved communities and populations are represented. CDC is also encouraged to provide technical assistance, including through grants to partner organizations, to support collaborations and connections between multiple sectors in communities such as public health, education, community mental health organizations and other community-based organizations, youth serving organizations, parents, and social services providers to strengthen mental health prevention and promotion and improve mental health, well-being, and resilience in communities.

Adverse Childhood Experiences [ACEs].—The Committee provides \$14,000,000 for ACEs surveillance, research, and prevention efforts. The Committee commends CDC’s Injury Prevention Center for funding States and localities, including those with high rates of trauma, violence, and overdoses, to conduct surveillance on exposure to ACEs and target community-based interventions related to exposure to childhood trauma, ACEs, substance use, and violence and to promote positive childhood experiences. The Committee provides an increase to expand CDC’s efforts by supporting additional prevention and surveillance programs, including support for additional States.

Child Sexual Abuse Prevention.—The Committee includes \$3,000,000 in recognition of the severe and often life-long physical, cognitive, and emotional impact of child sexual abuse and commends CDC’s work in child sexual abuse prevention research. CDC is encouraged to improve surveillance systems and data collection, increase the understanding of risk and protective factors, and de-

velop and disseminate effective prevention efforts. The Committee notes an increasing number of allegations of child sex abuse within youth serving organizations every year, including youth sports organizations. The Committee encourages CDC to evaluate and improve child sex abuse prevention policies within these types of organizations, including through working with non-profit organizations that specialize in child sexual abuse prevention.

Community and Youth Violence Prevention.—The Committee commends CDC for its work to prevent youth and community violence through technical assistance, research, and partnerships between community organizations, schools, law enforcement, faith-based organizations, and academia to evaluate effective interventions to reduce violence. The Committee encourages CDC to scale up existing partnerships with organizations that have demonstrated success in reducing community violence and its risk factors, including those involving healthcare and community outreach organizations, as well as supporting academic-community collaborations and research to advance the science and practice of violence prevention, while reducing inequities from which such violence stems.

Core State Injury Prevention Program [Core SIPP].—The Committee includes \$29,950,000 for the Core SIPP to enhance efforts to identify and respond to injury threats with data-driven public health actions.

Domestic Violence and Sexual Violence.—The Committee provides \$38,200,000 for CDC to collect data on the connection between brain injuries and domestic and sexual violence, and implement a data collection project that follows up on and operates under CDC's National Intimate Partner and Sexual Violence Survey and asks questions about the prevalence and circumstances surrounding brain injuries.

Drowning Prevention.—The Committee continues \$2,000,000 to prevent fatal drownings. Drowning is a leading cause of unintentional deaths among children and youth below the age of 14. This funding will allow CDC to implement proven drowning prevention programs with national organizations working with underserved and diverse youth to support State drowning surveillance efforts, as well as to develop and begin implementation of a national plan on water safety.

Firearm Injury and Mortality Prevention Research.—The Committee includes \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the Committee recommends CDC take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director of CDC is to again report to the Committees within 30 days of enactment of this act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Injury Control Research Centers.—The Committee includes \$11,000,000 for awards for multi-disciplinary research on the causes, outcomes, and prevention of injuries and violence.

Opioid Prescribing Guidelines.—The Committee applauds CDC's release of the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, which updates and replaces the 2016 CDC prescribing guideline. The Committee directs CDC to continue its work educating patients and providers, and to encourage uptake and appropriate use of the Guidelines. The Committee urges CDC to continue coordination with other agencies including the VA, IHS, DoD, and HRSA in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government.

Opioid or Other Drug Use and Overdose Prevention.—The Committee continues to encourage CDC to ensure that funding for opioid and stimulant use and overdose prevention, as well as other emerging substances and threats, reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. Additionally, CDC is directed to continue expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. In addition, the Committee understands that CDC has focused on chronic pain as directed in Public Law 117–103 and requests an update in the fiscal year 2026 CJ on the status of these efforts. In particular, the update should include an analysis of the direct healthcare costs related to pain diagnostic, management, and treatment services for all forms of treatment for all payer sources as well as indirect costs related to pain including missed work, short and long-term disability, and loss of productivity.

Provider Education for Opioid Alternatives.—The Committee remains concerned about the high mortality rate due to opioid overdoses and encourages CDC to provide outreach to outpatient surgical providers on the increased availability and wide-ranging benefits of non-opioid pain management in both hospital outpatient departments and ambulatory surgery centers. The Committee encourages CDC to work with CMS, FDA, and continuing medical education associations on an education and outreach plan.

Rape Prevention.—The Committee includes \$61,750,000 to support rape prevention and education programs. In granting funds to States, the Secretary shall set forth procedures designed to ensure meaningful involvement of the State or territorial sexual assault coalitions and representatives from underserved communities in the application for and implementation of funding.

Suicide Prevention.—The Committee remains concerned about suicide rates in the United States and includes \$38,000,000. The Committee recognizes that suicide is a serious public health problem requiring strategic programming, especially among disproportionately impacted populations. The Committee also recognizes that suicide prevention requires a public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, tribes, and territories are well positioned to lead a com-

prehensive public health approach to suicide prevention, which involves coordinating with multisector partners, to take a data-driven, evidence-based process to address the broad range of risk and protective factors associated with suicide. The Committee directs CDC to prioritize funding to State public health departments with the goal of expanding the Comprehensive Suicide Prevention program nationwide, and to help tribes and territories build capacity and implement strategies to prevent suicide.

Traumatic Brain Injury [TBI].—The Committee provides \$8,250,000 to initiate concussion surveillance, particularly among children and youth. The Committee appreciates CDC’s work to better understand the burden of concussions in the United States. The Committee recognizes the need for standardized data collection practices across the care continuum to capture and integrate data on traumatic brain injury [TBI] with data collected for research purposes to improve patients identification and outcomes. The Committee encourages CDC to coordinate across HHS, the Departments of Defense, Veterans Affairs, and Transportation to identify and recommend key data elements and terms that should be collected to improve the consistency of TBI health data derived from different sources.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2024	\$362,800,000
Budget estimate, 2025	363,200,000
Committee recommendation	364,030,000

The Committee recommendation for the National Institute for Occupational Safety and Health [NIOSH] programs is \$364,030,000. The Committee recognizes that 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. Further, the Committee acknowledges that NIOSH continues to protect American workers through its work-related illness and injury research. The Committee encourages NIOSH to continue its objectivity so as to ensure the highest professional and ethical standards are maintained.

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

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
National Occupational Research Agenda	\$119,500,000	\$119,730,000
Agriculture, Forestry, Fishing (non—add)	29,000,000	29,230,000
Education and Research Centers	32,000,000	32,000,000
Personal Protective Technology	23,000,000	23,000,000
Mining Research	66,500,000	67,500,000
National Mesothelioma Registry	1,200,000	1,200,000
Firefighter Cancer Registry	5,500,000	5,500,000
Other Occupational Safety and Health Research	115,100,000	115,100,000
Total Worker Health (non—add)	11,800,000	11,800,000

Agriculture, Forestry, and Fishing Program.—The Committee includes \$29,230,000 for efforts to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education, and prevention. The Committee provides an increase of \$230,000 for the administration of the Commercial Fishing Safety Research and Training program and supports the program that started in Public Law 113–281.

Coal Workers' Health Surveillance Program Mobile Medical Unit.—The Committee is concerned about the prevalence of coal workers' pneumoconiosis, also known as black lung, and the recent increase in progressive massive fibrosis, the most severe stage of black lung, among younger miners. According to NIOSH, one in 10 underground coal miners who have worked in mines for at least 25 years were identified as having black lung. Coal miners in central Appalachia are disproportionately affected with as many as one in five having evidence of black lung—the highest level recorded in 25 years. Early screening and detection of black lung can improve health outcomes and reduce mortality. However, a NIOSH report has identified several potential barriers to screening for miners—including the ability to participate in screening. To improve access to screening for miners, this bill includes \$1,000,000 for the purchase of an additional mobile medical unit.

Education and Research Centers [ERCs].—The Committee includes \$32,000,000 for ERCs in recognition of their important work to improve workplace safety and health by translating scientific discoveries into practice through effective education, training, and outreach. The Committee applauds the work of NIOSH to implement innovative approaches, and its translational research. The agency's priorities and efforts have included work on the protection of workers from heat hazards as well as the effects of the COVID–19 pandemic on the workplace, including the mental and emotional health impact on workers. The Committee encourages NIOSH to continue its support for new and existing ERCs to support education and training programs for graduate students, particularly in Environmental and Industrial Hygiene, Occupational Health Nursing, Occupational Medicine Residency, and Occupational Safety and Health Engineering.

Heat Stress and Worker Illnesses and Injuries.—The Committee recognizes that working under high heat conditions causes symptoms of heat illness, including fatigue, loss of balance, nausea, headache, loss of physical and mental capacity, heavy sweating, muscle cramps, and other symptoms that cause or contribute to workplace injuries and illnesses. Injuries incurred may be minor, serious, life-threatening illnesses, or fatal and may result in long-term injuries or permanent disabilities. The Committee also urges CDC, in collaboration with appropriate partners, to research the relationship between heat stress and workplace illnesses and injuries and to identify means for more accurate data collection, including the recording and reporting of heat related injuries and illnesses, in outdoor and indoor workplaces.

National Firefighter Registry for Cancer.—The Committee includes \$5,500,000 as the registry recruits and enrolls participants.

Potential PFAS Exposure Source for Firefighters.—The Committee is committed to advancing research on occupational expo-

sure of firefighters to PFAS. NIOSH is directed to engage with the National Institute of Standards and Technology on their ongoing study to identify a firefighter’s relative risk of exposure to PFAS released from their protective gear.

Total Worker Health Program.—The Committee continues funding for the Total Worker Health program, which supports and conducts ground-breaking research to advance the overall safety, health, and well-being of U.S. workers. This funding supports critical priorities, including addressing the Nation’s mental health, suicide, and substance use disorder crises, in the context of work design and employment.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2024	\$55,358,000
Budget estimate, 2025	55,358,000
Committee recommendation	55,358,000

The Committee recommendation for the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398) is \$55,358,000. This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

GLOBAL HEALTH

Appropriations, 2024	\$692,843,000
Budget estimate, 2025	692,843,000
Committee recommendation	697,613,000

The Committee recommends \$697,613,000 for global health-related activities at CDC.

CDC’s global efforts promote health security and prevent disease in the United States and abroad through rapid detection and response to emerging and re-emerging health threats.

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

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Global HIV/AIDS Program	128,921,000	128,921,000
Global Tuberculosis	11,722,000	11,722,000
Global Immunization Program	230,000,000	230,000,000
Polio Eradication	180,000,000	180,000,000
Measles and Other Vaccine Preventable Diseases	50,000,000	50,000,000
Parasitic Diseases and Malaria	29,000,000	30,000,000
Global Public Health Protection	293,200,000	296,970,000

Global Health Protection.—The Committee includes \$296,970,000 and recognizes CDC’s unique role in supporting public health capacity development through scientific and technical leadership both domestically and globally, to ensure that disease threats anywhere are prevented, detected early and responded to robustly through a coordinated, multisectoral approach. The Committee recognizes that accurate and swift diagnostics are crucial for the early detection and containment of infectious diseases of pandemic potential. The Committee encourages CDC’s Global Health Center in collaboration with the National Center for Emerging and Zoonotic Infectious Diseases to prioritize the development of diagnostics for

pathogens of pandemic potential and encourages CDC to work with Federal and other partners to strengthen capacity and infrastructure of countries to support adoption and access to diagnostics.

Malaria and Parasitic Diseases.—The Committee provides \$30,000,000, recognizing the important role CDC plays in the fight against malaria and parasitic disease, particularly providing parasitic lab capabilities for the United States. Parasitic diseases cause devastating health and economic effects for hundreds of millions of people around the world and in the United States. CDC provides life-saving services and expertise in research, diagnosis, treatment, surveillance, consultation, and education of parasitic diseases to States and countries, U.S. government agencies, and other public health partners. The Committee encourages further support for these activities so CDC can enhance its parasitic diseases laboratory, close the gap on parasitic disease-related health inequity in the United States, and advance global control and elimination of malaria and targeted neglected tropical diseases.

Polio Eradication.—The Committee includes \$180,000,000 to support CDC activities related to wild poliovirus and vaccine-derived polio surveillance, vaccine procurement, and outbreak response. CDC is urged to continue to provide technical assistance to countries for polio immunization campaigns, conduct environmental surveillance of polio viruses to ensure prompt detection and to prevent potential outbreaks of paralytic polio disease.

Population-based Surveillance Platforms.—The Committee continues \$7,000,000 to continue to support longitudinal integrated population-based infectious disease surveillance platforms that enable comparative analysis between urban and rural populations in Africa.

Soil Transmitted Helminth and Related Diseases of Poverty.—The Committee includes \$2,000,000 to expand currently funded CDC projects aimed at surveillance, the implementation of control measures, and clinical care to reduce soil transmitted helminth infection and other parasitic infections of public concern.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2024	\$938,200,000
Budget estimate, 2025	943,300,000
Committee recommendation	953,200,000

The Committee recommendation for CDC’s Preparedness and Response activities is \$953,200,000.

CDC’s preparedness and response mission is to build and strengthen national preparedness for public health emergencies including natural, biological, chemical, radiological, and nuclear incidents. This funding supports national response programs, 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement	735,000,000	735,000,000
Academic Centers for Public Health Preparedness	9,200,000	9,200,000

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Center for Forecasting and Outbreak Analytics and Ready Response Enterprise Data Integration Platform	55,000,000	70,000,000
All Other CDC Preparedness	139,000,000	139,000,000

Center for Forecasting and Outbreak Analytics [CFA] and Ready Response Enterprise Data Integration [RREDI] Platform.—The Committee provides \$70,000,000 for CFA and RREDI to facilitate the use of data, modeling, and analytics to improve preparedness and response. The Committee is aware of the unprecedented challenge recent public health emergencies, such as MPox, RSV, influenza, and COVID–19, pose to Federal, State, and local governments’ ability to collect and share data in a meaningful way to ensure informed policy and operational decision making. The Committee recognizes the investment the U.S. government has made into these programs and includes funding for CDC to maintain this capability to ensure preparedness for future public health emergencies. The Committee urges CDC to continue to work with schools of public health and other academic institutions to engage the Nation’s expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field. As an interagency resource for early warnings related to emerging infectious disease threats, the Center will support the public health system in detecting, responding to, and eventually preventing future epidemics and outbreaks.

Centers for Public Health Preparedness and Response.—The Committee includes \$9,200,000 and understands that despite unprecedented efforts to address the COVID–19 pandemic, many questions remain about which evidence-informed or evidence-based practices may reduce the spread of SARS–COV–2 and its variants to improve public health preparedness and response. The Committee encourages CDC to consider equitable distribution across geographical regions when designating and funding Centers for Public Health Preparedness and Response as authorized in Public Law 117–328.

Health Observatory Comprehensive Immune Profiling.—The Committee encourages CFA to partner with an institution of higher education in partnership with a major blood bank that collects samples across multiple States to develop a strategy of monitoring the population’s immune status to a large variety of diseases including all human pathogens as well as autoimmune responses. The strategy should include the measurement of markers in the blood and a comprehensive profile of the antibody composition enhanced by machine learning models to recognize the pathogens/diseases involved.

Public Health Emergency Preparedness Cooperative Agreements.—The Committee includes \$735,000,000 to support State and local health departments to quickly detect, monitor, and respond to health threats. Public health system investments serve as the backbone for disaster and outbreak response in every State and the pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection. The Committee continues to request a State distribution table in the fiscal year

2026 CJ, which should also include information about how funding is being allocated to local health departments and how States are determining these allocations.

BUILDINGS AND FACILITIES

Appropriations, 2024	\$40,000,000
Budget estimate, 2025	40,000,000
Committee recommendation	40,000,000

The Committee recommendation for Buildings and Facilities is \$40,000,000.

CDC-Owned Buildings and Facilities.—The Committee continues funding to make progress on reducing CDC’s backlog of maintenance and repairs at its campuses nationwide, including its Atlanta headquarters. The Committee acknowledges that in order to protect Americans from health threats and to rapidly respond to public health emergencies, CDC needs a safe, secure, and fully operational infrastructure in the form of its own laboratories, buildings, and facilities. COVID–19 and other recent public health emergencies have required urgent action and demonstrated that CDC laboratories and facilities need to be ready to respond quickly and comprehensively. The Committee supports the completion of the CDC Masterplan Build Out, including continued progress with the Atlanta Masterplan Build Out.

Mine Safety Research Facility.—The Committee requests the continuation of quarterly updates on progress in the construction of the new mine safety research facility and laboratory, costs incurred, and unanticipated challenges which may affect timeline or total costs, and any other pertinent developments until the completion of the facility.

CDC–WIDE ACTIVITIES

Appropriations, 2024	\$663,570,000
Budget estimate, 2025	723,570,000
Committee recommendation	681,570,000

The Committee provides \$681,570,000 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant	160,000,000	160,000,000
Public Health Leadership and Support	128,570,000	131,570,000
Infectious Diseases Rapid Response Reserve Fund	25,000,000	25,000,000
Public Health Infrastructure and Capacity	350,000,000	365,000,000

Infectious Diseases Rapid Response Reserve Fund [IDRRRF].—The Committee includes \$25,000,000 for the IDRRRF. The IDRRRF provides an immediate source of funding to ensure that funds are available when an emerging infectious disease crisis is detected. Funds are available until expended.

Local Public Health Departments.—The Committee notes that Federal funding intended for both State and local health depart-

ments does not consistently reach local health departments beyond those directly-funded. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate.

Office of Rural Health [ORH].—The Committee provides \$5,000,000 to continue ORH. The Committee is encouraged by efforts from the agency to establish the CDC ORH. The Committee directs the agency to ensure that the established ORH will guide CDC's rural health leadership across the entire agency. This includes by developing purposeful public health guidance for rural health departments, analyzing and developing initiatives to expand the rural public health workforce, establishing a formal partnership with the Federal Office of Rural Health Policy under HRSA, and otherwise serving as a resource and technical assistance hub for public health in rural communities.

Public Health Infrastructure and Capacity.—The Committee includes \$365,000,000 in public health funding that is not segmented by disease, condition, activity. Rather, it is provided for cross-cutting, core public health infrastructure needs, including but not limited to workforce, health information and data systems, public health policy and communications, equity, financial management, community partnership development, and organizational capacity. By providing maximum flexibility, this funding will allow public health agencies to determine and address their greatest needs and build core capabilities that will strengthen and support new and existing programmatic functions. The Committee again directs that no less than 70 percent of this funding be awarded to health departments. The Committee encourages CDC to strengthen infrastructure in local health departments by continuing to directly award funds to local health departments, and by urging State health department recipients to allocate resources to local health departments. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments.

Public Health Leadership and Support.—The Committee includes \$131,570,000 to support CDC's foundational public health activities and to facilitate partnerships. The Committee commends CDC for its commitment to the development of a diverse healthcare and public health workforce. Within this total, the Committee includes \$6,500,000 to expand the John R. Lewis CDC Undergraduate Public Health Scholars Program, including the opportunity for more HBCUs to participate, as well as Tribal Colleges and Universities.

NATIONAL INSTITUTES OF HEALTH

The Committee provides \$48,811,518,000 in base discretionary resources for the National Institutes of Health [NIH], an increase of \$2,050,000,000. Additionally, the Committee provides \$127,000,000 in budget authority authorized in the 21st Century Cures Act (Public Law 114–255). Per the Cures Act, \$45,500,000 is transferred to the National Institute of Neurological Disorders and Stroke [NINDS] and \$45,500,000 to the National Institute of Mental Health [NIMH] for the BRAIN Initiative; and \$36,000,000 to the Office of the Director [OD] for the All of Us precision medicine initiative. In addition, the Committee also includes \$1,412,482,000

in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended), for a total program level for NIH of \$50,351,000,000.

More than 80 percent of NIH's appropriated budget is awarded for extramural research each fiscal year. This funding supports more than 58,000 meritorious grants to more than 2,700 academic universities, hospitals, small businesses, and other organizations throughout the United States and internationally. This investment has allowed NIH to continue its mission to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

As in previous years, the Committee has targeted NIH funding in areas of promise of scientific advancement and urgency, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee increases support for mental health research by \$275,000,000, provides an increase of \$275,000,000 for research on Alzheimer's disease and Alzheimer's disease-related dementias research, increases support for cancer research by \$266,000,000, and increases support for diabetes research by \$50,000,000. The bill also includes an increase of \$10,000,000 for the Helping to End Addiction Long-term or HEAL Initiative, and an increase of \$20,000,000 for the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone [IMPROVE Initiative] to combat recent alarming rates of maternal mortality. Finally, the bill provides \$1,500,000,000 for the Advanced Research Projects Agency for Health [ARPA-H], the President's bold and promising proposal to accelerate the pace of breakthroughs in medicine using the Defense Advanced Research Projects Agency as a model.

The Committee directs NIH to include updates on the following research, projects, and programs in the fiscal year 2026 Congressional Justification: future goals for each of the deadliest cancers (brain, esophagus, liver, lung, ovary, pancreas, stomach and mesothelioma); neuroblastoma; promoting cancer research among rural populations; pancreatic cancer clinical trials; update on NCI's Virtual Clinical Trials Office; SEER modernization activities; congenital heart disease; lung health disparities; pulmonary fibrosis; sleep disorders; biomedical research workforce training; Maternal-Fetal Medicine Units Network; pelvic organ prolapse; severe maternal morbidity; Usher syndrome; Alzheimer's Disease/Alzheimer's Disease-Related Dementias [AD/ADRD]; Alzheimer's Disease clinical trials; female reproductive aging; suicide prevention; biomedical technology development; epitranscriptomics database standards; cell and gene therapies; Childhood Post-Infectious Neuroimmune Disorders/Pediatric Acute-Onset Neuropsychiatric Syndrome [PANS]/Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus [PANDAS]; Common Fund; focused ultrasound; lung health disparities; osteopathic medical schools; pelvic floor disorders; Von Hippel-Lindau disease; buildings and facilities capital planning process.

NATIONAL CANCER INSTITUTE

Appropriations, 2024	\$7,224,159,000
Budget estimate, 2025	7,839,141,000
Committee recommendation	7,490,159,000

The Committee recommendation includes \$7,490,159,000, an increase of \$266,000,000, for the National Cancer Institute [NCI]. Of this amount, \$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Biliary Tract Cancers.—The Committee strongly encourages NIH to continue to support research to develop novel treatment strategies in biliary tract cancers, and for basic and translational research as well as clinical trials in liver cancers, as both are needed to improve state-of-the-art cancer immunotherapy. The Committee strongly supports research on novel cancer vaccines and immunotherapies. Targeting recurrent cancer neoantigens in BTC with novel cancer treatment vaccine in combination with other drugs that work on the human immune system could move the treatment paradigm in BTC forward and enable combinatorial immunotherapy trials, including adoptive cell therapies, in the future.

Cancer Moonshot.—The Committee provides an increase of \$216,000,000 to fully restore NCI's Cancer Moonshot program to its fiscal year 2023 program level.

Childhood Cancer Data Initiative [CCDI].—The Committee includes no less than \$50,000,000 for the CCDI, including to support continued enhancement of the CCDI Molecular Characterization Initiative.

Childhood Cancer STAR Act.—The Committee includes \$50,000,000, an increase of \$20,000,000, for continued implementation of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on all children, adolescents, and young adults with cancer. The Committee has also included sufficient funding to carry out childhood cancer survivorship research and programs as authorized in the STAR Act, such as supporting research to inform best practices for the treatment of late effects of childhood cancers, research to improve collaboration among providers so that doctors are better able to care for this population as they age, and research to inform innovative models of care for childhood cancer survivors. This amount also includes \$2,000,000 provided for the CDC's ongoing efforts to enhance cancer registry case capture efforts for childhood and adolescent cancers.

Deadliest Cancers.—The Recalcitrant Cancer Research Act [RCRA] of 2012 (Public Law 112–239) focuses on cancers with a 5-year survival rate below 50 percent, which account for over 40 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last several decades, there has been limited progress reducing mortality for these diseases. In fiscal year 2020 (Public Law 116–94), Congress directed NCI to develop a scientific framework using the process outlined in the RCRA for stomach and esopha-

geal cancers. The Committee commends NCI for developing the framework and notes that NCI has also launched a Program in Origins of Gastroesophageal Cancers. Given the devastating toll of all recalcitrant cancers and the lack of diagnostic and treatment resources currently available, the Committee, alongside the research and advocacy communities, encourages a continued focus and requests an update on research on each of the deadliest cancers—brain, liver (including cholangiocarcinoma), lung, ovary, pancreas, and stomach and esophageal cancers in the fiscal year 2026 CJ.

Esophageal and Gastric Cancer.—The Committee recognizes the importance of screenings for cancer detection and is encouraged by the work of NIH in this field. However, the Committee believes that there is more work to be done, particularly with screening for GI cancers, such as esophageal and gastric, which have a low 5-year survival rate. The Committee urges NIH to explore developing, testing, and implementing strategies using non-endoscopic screening modalities, personalized clinical risk stratification for screening, and biomarker-based risk stratification for the surveillance of esophageal adenocarcinoma and gastric cardia adenocarcinoma.

HPV Screening and Self-Collection.—The Committee recognizes the impact and potential of the Last Mile Initiative and applauds innovative efforts, such as the emerging network to study noninvasive self-collection for HPV testing to further improve the detection and prevention of cervical cancer to address disparate health outcomes. NCI is encouraged to continue working with a variety of stakeholders and to continue studying various approaches to sustain scientific progress.

Immunomodulatory Radiopharmaceutical Therapy.—The Committee supports ongoing efforts for Immunomodulatory Radiopharmaceutical Therapy to advance translational research that aims to develop more effective, safe, and potentially curative treatments for patients with potentially any form of metastatic cancer using combinations of radiopharmaceutical therapies and immunotherapies.

Improving Native American Cancer Outcomes.—The Committee urges NCI to continue to coordinate with the National Institute on Minority Health and Health Disparities [NIMHD] on the Initiative for Improving Native American Cancer outcomes to support efforts, including research, education, outreach, and clinical access related to cancer in Native American populations.

Liver Cancer.—The Committee applauds NCI for seeking input on how best to address the need to prioritize early detection, screening, and prevention sciences for primary liver cancer. Primary liver cancer has a dismal 5-year survival rate of only 18 percent, is the third most common cause of cancer death in the U.S., and unlike most cancers the rate of liver cancer mortality continues to increase. The Committee urges NCI to use submitted expert feedback to inform a national agenda for early detection, screening, and prevention of primary pancreatic and liver cancers. The Committee applauds the NCI for its Early Detection of Liver Cancer consortia initiatives as a means of fostering progress and collaboration and encourages NCI to continue such programs as well as Program Projects, Cooperative Research and Broad Agency Announce-

ments, and other contract mechanisms to achieve the goals of strategic plans. The Committee has included funding to permit the NCI to fully implement this effort and looks forward to being kept informed as to progress.

Natural Products Research.—Research shows that derivatives from natural products have been an important source of clinically useful anti-cancer agents, yet not enough evidence-based research has been done to strategically identify those compounds that could provide potential benefits in cancer treatment. The Committee encourages NCI to continue to support research into whether and how natural products could be beneficial to cancer patients in reducing the toxicity of therapy or by enhancing therapeutic efficacy as a primary or adjunctive therapy. The Committee encourages NCI to continue to fund research to evaluate the potential value of natural products in reducing adverse effects of cancer therapy and in enhancing therapeutic efficacy through basic, translational and clinical trials research. NCI is encouraged to seek applicants that have a demonstrated expertise in natural products research, are capable of conducting a holistic review of drugs and disease states utilizing NCI's annotated inventory of natural products, and that are able to test the safety and efficacy of natural products in communities experiencing high rates of healthcare disparities in access to cancer care.

Neuroblastoma.—The Committee commends NCI for its support of neuroblastoma research and recognizes the many complex challenges presented by this deadly pediatric cancer. The Committee encourages NCI to continue investments in this area and requests an update in the fiscal year 2026 CJ on; a) efforts to improve outcomes for CNS relapse patients, and b) patient access to a promising therapy targeting the ALK gene in NCI supported trials and protocols.

Optimal Timing and Sequencing of Cancer Immunotherapy.—The Committee recognizes that cancer immunotherapy is improving outcomes for an increasing number of cancer patients, especially those for whom other treatments were ineffective. New research suggests that more patients might benefit if immunotherapy were used earlier in the course of their cancer, or to prevent and intercept cancers before they start. The Committee urges NCI to continue to support research focused on assessing the optimal timing for the use of cancer immunotherapy in individual patients. Examples of such research include studying the effectiveness of cancer immunotherapy in premalignant conditions, early-stage cancer, and as a neoadjuvant therapy, prior to additional treatment such as surgery, radiation or chemotherapy.

Pancreatic Cancer.—Pancreatic cancer will be second only to lung cancer as the cause of cancer-related deaths in the U.S. before 2030. Despite decades of effort, survival remains the lowest of all the major cancers and is particularly dismal for Black Americans. It is critical that NCI continue its efforts to support early detection and clinical research that focuses on pancreatic cancer. The Committee remains concerned about the lack of early detection approaches for pancreatic cancer, and the need to ensure diverse enrollment in cancer clinical trials, including pancreatic cancer trials. The Committee requests an update in the fiscal year 2026 CJ re-

garding progress in early detection research and ongoing efforts to leverage NCI's clinical trials networks to advance progress for all people experiencing a pancreatic cancer diagnosis.

Patient Access to Clinical Trials.—The Committee recognizes that local healthcare provider and patient access to clinical trials is critical for improving equitable access to research and novel therapies; diversifying the population participating in research; ensuring the safety and efficacy of new drugs; and accelerating the dissemination and implementation of findings and the adoption of newly approved therapies. However, access to trials remains out of reach for many patients and local oncology providers, particularly those in rural areas and/or at practice sites and hospitals without dedicated research resources and infrastructure. Leveraging technology can improve efficiencies of trial start-up, administration, and communications. A virtual research team who provides centralized research expertise and resources can ultimately support local provider participation in clinical trials by alleviating the need for specialized personnel onsite. The NCI's recently launched Virtual Clinical Trials Office pilot study provides virtual research personnel to NCI-funded trials conducted at participating NCI-designated cancer centers and NCI Community Oncology Research Program sites. The Committee encourages the use of telehealth and expansion of the clinical trial-related remote services provided by this office. The Committee requests an update on the Virtual Clinical Trials Office in the fiscal year 2026 CJ.

Pediatric Rare Cancer Therapeutic Development.—Recognizing that effective treatments for many types of childhood cancer do not exist yet, the Committee encourages NIH to examine novel systems for identifying how rare cancers develop and progress, and to continue supporting the development and evaluation of life-saving therapeutics for pediatric cancer patients.

Pediatric Cancer Immunotherapy.—The Committee encourages NCI to continue to support pediatric immunotherapy translational and clinical research. The Committee is aware of the transition from the Pediatric Immunotherapy Discovery and Development Network to the Pediatric Immunotherapy Network.

Rural NCI Designation.—The Committee encourages NCI to review its criteria for awarding Cancer Center Support Grants [CCSGs] to include considerations for Cancer Centers that are primarily providing care to rural patients, conducting cancer research with rural populations, or otherwise are focused on cancer in rural America. While recognizing the role that Cancer Centers play in providing patient care, the Committee also commends the vital work underway at community cancer clinics across the country and NCI's efforts to support them, including through the NCI Community Oncology Research Program [NCORP] and the recently created Working Group in Support of Efforts to Enhance Community Cancer Research and Quality Care. The Committee requests an update in the fiscal year 2026 CJ on NCI's efforts related to promoting cancer research among rural populations.

Social Determinants of Health [SDOH].—The Committee recognizes that SDOH can pose significant barriers to cancer care and contribute to poorer health-related outcomes, especially for cancer patients and survivors from historically underserved and

marginalized backgrounds. The Committee urges NCI to prioritize research on the impact of SDOH on cancer and how improvements to SDOH can lead to a higher quality of care.

Surveillance, Epidemiology, and End Results [SEER] Registry.—The Committee applauds NCI for ongoing efforts to modernize the SEER registry and bolster data collection, including innovative activities to better capture the prevalence and progression of metastatic cancers. NCI is directed to further support SEER modernization activities in a meaningful way, and to continue to update the Committee on progress and unmet needs in this area in the fiscal year 2026 CJ.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2024	\$3,982,345,000
Budget estimate, 2025	3,997,086,000
Committee recommendation	3,982,345,000

The Committee recommendation includes \$3,982,345,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Cardiovascular Disease [CVD].—The Committee continues to recognize that CVD, including heart disease, stroke, and hypertension, is the leading cause of death in the United States and worldwide. The Committee provides robust funding to NHLBI to continue to address these issues, and to prioritize funding opportunities that reduce CVD among the hardest-hit geographic areas, such as the Southern United States.

Congenital Heart Disease [CHD].—The Committee commends NHLBI for its continued work to better understand causation, improve treatments and outcomes, support the growth of the clinical and research workforce, and integrate registry data and research datasets to facilitate research on congenital heart disease across the lifespan, including through the Pediatric Heart Network and the Pediatric Cardiac Genomics Consortium. The Committee encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and comorbidities, improving treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks. The Committee requests NHLBI include in its fiscal year 2026 CJ a report on steps being taken to close these research gaps.

COVID-19 Associated Illnesses.—The Committee recognizes the growing burden of COVID-19 associated critical illnesses and recovery, especially in adults with acute respiratory distress syndrome [ARDS], pneumonia, and/or sepsis. The Committee encourages NHLBI, in partnership with the National Institute of General Medical Sciences, to explore facilitating research support through ancillary studies enabled by the ARDS, Pneumonia, and Sepsis Phenotyping [APS] Consortium.

Duchenne and Becker Muscular Dystrophy.—In light of improvements in care leading to patients living into their third decade, the leading cause of death in DMD patients is heart failure. The Committee encourages NHLBI to support research that characterizes fibro-fatty replacement of cardiomyocytes in DMD/BMD. The Committee encourages NHLBI to explore convening a workshop with research, clinical, and patient organization leaders to work towards

establishing viable cardiac outcome measures for the development of therapeutic agents to delay or treat heart disease in individuals diagnosed with Duchenne. There is growing evidence to support that select individuals with DMD/BMD would benefit from ventricular assist device placement or heart transplant. The Committee encourages NHLBI to support research to further develop criteria for identifying patients who may benefit from such strategies.

Heart Disease.—The Committee is concerned that this largely preventable disease disproportionately affects racial and ethnic minorities and those living in rural communities and supports ongoing population studies and community-based initiatives seeking to address these disparities. The Committee is concerned that heart disease is the leading cause of death during and after pregnancy and that racial and ethnic disparities are significant, peaking among Black women. The Committee supports the commitment to address maternal health and reduce the risk of cardiovascular disease for women before, during, and after pregnancy. The Committee also supports addressing diversity in research among racial and ethnic minorities and the prioritization of women's health research. The Committee commends NHLBI's focus on dietary interventions and supports incorporating access to or provision of healthy food into healthcare delivery systems.

Lung Health Disparities.—The Committee is concerned about the disproportionate impact of lung conditions, such as asthma, COPD, and lung cancer on populations experiencing health disparities, and encourages NHLBI to work with NIMHD to advance research in this area. The Committee requests an update from both NHLBI and NIMHD in the fiscal year 2026 CJ.

Lung Health Research.—Chronic lung diseases are among the leading causes of death and chronic illness in the United States including the over 15 million Americans diagnosed with chronic obstructive pulmonary disease [COPD] and related lung diseases. Most chronic lung disease research to date has focused on later stages of disease when substantial loss of lung function and damage to lung tissue have already occurred. There is a need for treatments that when applied early in the courses of disease can more effectively slow the progression and mitigate the lung tissue damage caused by chronic lung diseases. NHLBI supports a wide array of basic and translational research in these conditions. Increased research is needed to improve our understanding of early disease to identify appropriate targets to modulate disease progression before the irreversible tissue damage has occurred. NHLBI-funded studies such as the COPDGene, SPIROMICS and LungMAP are critical to this objective and have already provided significant insight to begin to understand the biology of early disease. The Committee encourages NHLBI to increase support for these and other early disease research in chronic lung disease.

Pulmonary Fibrosis [PF].—The Committee encourages the NHLBI to use the opportunities presented by the reorganization of the Division of Lung Diseases to focus on areas of need in PF and interstitial lung disease [ILD] research. As NHLBI refreshes its strategic vision with a focus on health disparities, the Committee urges the Institute to direct additional resources to addressing differences in care and outcomes for patients with PF and ILD that

are associated with patient characteristics such as sex, gender, race, ethnicity, region of the United States, rural or urban location, and military service status. The Committee also encourages NHLBI to support research that will improve researchers' and clinicians' ability to predict disease progression in patients with PF and ILD. The Committee requests an update on these activities in the fiscal year 2026 CJ.

Pulse Oximeters and Health Disparities.—Pulse oximeters are frequently used in clinics and in homes to measure a person's pulmonary health, but the devices tend to overestimate blood oxygen for people with dark skin. This discrepancy can have serious consequences, since people with darker tones are nearly three times more likely to suffer from silent hypoxia, a condition in which the oxygen saturation level in a person's blood is dangerously low but goes unnoticed. In addition, people of color were 25 percent less likely to be recognized as eligible for COVID-19 treatment during the recent pandemic. The Committee encourages NHLBI to address these health disparities by supporting the development of new technologies for monitoring blood oxygen saturation.

Rare Blood Disorders.—The Committee recognizes NHLBI for its leadership of the Division of Blood Diseases and Resources, and appreciates efforts to advance science in the rare blood disorders portfolio. NHLBI is encouraged to sustain progress in this area and to engage in emerging opportunities for community and cross-agency collaboration in immune thrombocytopenia [ITP], warm autoimmune hemolytic anemia [wAIHA], and other acquired and inherited blood disorders.

RECOVER Initiative.—The Committee notes with concern that the multi-organ syndrome known as Long COVID has emerged as a serious health condition that can cause socioeconomic burdens, and long-term pulmonary complications represent an important component of Long COVID. The Committee urges NHLBI, in its co-leading of the RECOVER Initiative, to continue to prioritize research into the understanding, treatment and prevention of post-COVID respiratory and cardiovascular conditions in adults and children, particularly among populations disproportionately impacted by COVID-19.

Sleep Disorders.—The Committee applauds NHLBI and other NIH Institutes and Centers for the ongoing commitment to sleep and circadian research, and notes the wealth of opportunities for further progress in specific sleep disorders. In December 2021, NHLBI released the NIH Sleep Research Plan, which addresses topics such as minority health and health disparities, sex/gender, sleep across the lifespan, the impact of the opioid epidemic, and how poor sleep may exacerbate the risk and outcome of infectious diseases, such as COVID-19 and Long COVID. The Committee recognizes NHLBI for supporting research on the causes, diagnosis, prevention, and treatment of sleep and circadian disorders and encourages NHLBI to accelerate implementation of the plan. The Committee requests an update on these activities in the fiscal year 2026 CJ.

Valvular Heart Disease Research.—Many people in the U.S. have heart valve defects or disease but do not have symptoms. For some, the condition remains the same throughout their lives and does not

cause significant or life-threatening problems. Unfortunately, about 25,000 people die each year in the U.S. from heart valve disease, primarily due to underdiagnoses and under-treatment of the condition. The Committee continues \$20,000,000 and strongly supports more research into the causation of and risk factors for valvular heart disease. Such research should focus on the use of advanced technological imaging and other relevant methods to generate data related to valvular heart disease, and assessing potential risk factors for sudden cardiac arrest or sudden cardiac death from valvular heart disease. Additionally, the Committee supports efforts by NIH to convene a workshop of subject matter experts and stakeholders to identify research needs and opportunities to develop recommendations for the identification and treatment of individuals with mitral valve prolapse, including individuals who may be at risk for sudden cardiac arrest or sudden cardiac death.

Wildland Fire Smoke.—The Committee recognizes that exposure to smoke from wildfires is an occurrence that is impacting more Americans. The Committee is concerned that public health experts do not yet fully understand the risk posed by exposure to wildland fire smoke—particularly acute and chronic smoke exposure to patients with existing pulmonary and cardiac disease. The Committee encourages NHLBI to support research to understand the risk smoke exposure has for patients with underlying health conditions and any interventions that can be implemented to mitigate adverse health effects.

Women with Bleeding Disorders.—The Committee encourages NHLBI to continue its support of research of bleeding disorders in women and girls with the end goal of improving timely diagnoses for this population and improving services and treatments. It has long been considered that bleeding disorders, such as hemophilia and von Willebrand disease, only impact men, which is not accurate. As a result, women, girls and people with the potential to menstruate are often diagnosed late, do not receive timely services and treatment, and have been excluded from research.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2024	\$520,163,000
Budget estimate, 2025	521,695,000
Committee recommendation	520,163,000

The Committee recommendation includes \$520,163,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

Advancing Head and Neck Cancer Early Detection Research [AHEAD].—The Committee commends NIDCR for establishing AHEAD to accelerate translational and clinical research on the early detection of head and neck cancers [HNC]. The initiative aims to increase scientific knowledge of the molecular characteristics of dysplastic tissue lesions, which are the predominant precursor for HNCs. The Committee encourages NIDCR to support research to utilize data from The Cancer Genome Atlas [TCGA] and other genomic and proteomic projects to help match tumor defects with patient clinical outcomes, which could lead to tailored biomarker identification for early diagnosis and treatment.

Oral Care Interventions.—The Committee reaffirms that dental care is integral to the medical management of numerous diseases

and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates NIH’s support for research that has demonstrated that dental care is closely linked to and crucial to the clinical success of other covered medical services. The Committee urges NIH to fund additional research in this area and conduct trials to determine which oral care interventions are most effective for reducing the prevalence and improving the medical management of malignant oral cancers and chronic diseases, preventing pneumonia in hospitals, and lowering hospitalization and emergency department admission rates for oral diseases and conditions.

Temporomandibular Disorders [TMD].—The Committee commends NIDCR for developing the TMD Collaborative for Improving Patient-Centered Translational Research [TMD IMPACT]. The timely implementation of the TMD IMPACT Collaborative into a national consortium is essential. The Committee is pleased NIDCR has funded nine TMD IMPACT groups. The Committee encourages NIDCR to maintain a patient-centered approach in the implementation of this Collaborative by including patients and advocacy organizations in this next phase of the project. The Committee is encouraged to see that NIDCR has added collaborators including the FDA, NIAMS, NIBIB, NINDS, NCCIH, OBSSR, and ORWH. NIDCR should encourage other Agencies and Institutes, Centers, and Offices within NIH with appropriate scientific expertise to participate in and support this project. The Committee directs NIH to provide an update within 120 days on the progress to implement the next phase of this important initiative including the recruitment of other NIH Institutes as partners, the involvement of TMD patients in all aspects of the initiative where possible, and NIDCR’s attention to and utilization of research recommendations derived from the National Academies of Sciences, Engineering, and Medicine Report on TMDs and the TMJ Patient-led RoundTable in driving the scientific directions of this initiative.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2024	\$2,310,721,000
Budget estimate, 2025	2,309,991,000
Committee recommendation	2,360,721,000

The Committee recommendation includes \$2,360,721,000, an increase of \$50,000,000, for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Diabetes.—The Committee provides an increase of \$50,000,000 and commends the efforts of NIDDK to prioritize the discovery and validation of biomarkers and urges NIDDK to continue to prioritize this important work that will accelerate the designing and conducting of clinical trials to prevent, treat, and cure type 1 diabetes. Given the growing prevalence of diabetes, the Committee is concerned that additional research is needed to determine how to improve the treatment of a common complication, diabetic foot ulcers to reduce amputations, and urges NIDDK to support such efforts. Further, given the aging population, the Committee urges NIDDK to work with the National Institute on Aging to explore the relationship between diabetes and neurocognitive conditions, such as

dementia and Alzheimer’s disease in racially and ethnically diverse populations.

Hepatitis B.—The Committee applauds NIDDK efforts to create common resource services and materials for the research community and urges continued focus on clinical networks, databank development and precision medicine approaches. The Committee further urges the development of experimental animal and cell culture models to help advance cure research against the widest possible set of therapeutic targets and research focused on understanding the virology and immunology of people with low levels of HBsAg, a protein on the surface of the hepatitis B virus—as this category of people are more responsive to therapy. The Committee is aware of the view within the scientific community that finding a cure for hepatitis B, as has been achieved for hepatitis C, is a winnable goal and is within reach in the near term. For these reasons, the Committee urges that research, based on the needs as identified in the updated Strategic Plan for Trans-NIH Research to Cure Hepatitis B, be funded by NIH in fiscal year 2025 and beyond.

Kidney Transplant Disparities.—The Committee appreciates NIDDK’s ongoing work on kidney disease research, particularly on disparities in the prevention, diagnosis, and treatment of kidney diseases through new studies to address disparities in kidney transplant care. The Committee reaffirms the importance of reducing health disparities and urges NIDDK to support health disparities research to improve kidney transplant care.

Nutrition Science and Addressing Chronic Diseases.—The Committee recognizes NIDDK for its leadership advancing nutrition science particularly as it relates to a variety of chronic conditions. Further, the Committee appreciates that the benefit and impact of further scientific advancements goes beyond digestive and metabolic conditions and encourages cross-cutting collaborative research efforts in nutrition science and chronic diseases with relevant NIH Institutes and Centers in support of ongoing and emerging efforts, many of which are coordinated by ONR at the Office of the Director, including the concept for Food is Medicine Networks or Centers of Excellence.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2024	\$2,603,925,000
Budget estimate, 2025	2,788,327,000
Committee recommendation	2,951,925,000

The Committee recommendation includes \$2,951,925,000, an increase of \$348,000,000, for the National Institute of Neurological Disorders and Stroke [NINDS].

Amyotrophic Lateral Sclerosis [ALS] Research.—The Committee commends NINDS for its leadership in the NIH ALS Strategic Planning Working Group and development of the 2023 priorities for ALS research focused on more effective diagnosis, prevention, treatment, and a cure. The Committee provides an increase of \$10,000,000 to support these efforts, and urges NINDS to use this funding to bolster ALS clinical trials, therapies, targeted therapies, and treatments.

Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias [AD/ADRD].—The Committee includes an increase of \$275,000,000

across NIH for AD/ADRD research, including an increase of \$137,500,000 in NINDS and \$137,500,000 in NIA.

Angelman Syndrome [AS].—The Committee is aware of the AS natural history study supported by NIH from January 2006 to July 2014. The resulting data from over 300 participating American families, along with a later FDA prospective natural history study, provide a critical understanding of the most important symptoms of this serious condition and support the development of specific AS outcome measures. Further, the recent developments in cell and gene therapies, including a 2023 National Center for Advancing Translational Sciences award for the application of a CRISPR platform technology, hold significant potential for disease-modifying treatments for rare genetic brain diseases. In order to fully support the rapidly increasing array of clinical studies of these and other treatment modalities being developed for Angelman syndrome, the Committee urges NINDS, in cooperation with FDA, to convene relevant research leaders, patient organizations, and other stakeholders to prepare a roadmap for clinical outcomes measures and biomarkers for this condition. NINDS shall provide a report to the Committees on this initiative within 300 days of enactment.

Brain Aneurysms.—The Committee remains concerned that an estimated 1 out of every 50 individuals in the United States has a brain aneurysm and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, with little or no warning. Ruptured brain aneurysms are fatal in about 50 percent of cases. Despite the widespread prevalence of this condition and the high societal cost it imposes on our Nation, the Federal Government only spends approximately \$2.08 per year on brain aneurysm research for each person afflicted with a brain aneurysm. The Committee encourages NINDS to increase its support for research focused on prevention and early detection of brain aneurysms.

Creutzfeldt-Jakob Disease [CJD].—The Committee commends the NAPA Advisory Council report from 2023 that acknowledges the scientific connection between prion diseases and ADRDs and continues to encourage NIH to recognize prion diseases as ADRDs and fund more research for prion diseases, like CJD. ADRDs have already benefited from prion disease research, and further integration of the fields could lead to beneficial new treatments and improve scientific understanding of these devastating diseases.

Frontotemporal Degeneration [FTD].—The Committee encourages NIH to continue to support research to identify and validate biomarkers for FTD and other neurodegenerative diseases among racially and ethnically diverse cohorts. Easily accessible biomarkers to accurately detect and measure disease will facilitate greater access to diagnosis and promote participation in research on all forms of dementia. The Committee also urges NIH to support efforts to better understand the social determinants of health that lead to inequity and disparate health outcomes including decreased or delayed access to diagnosis and care for FTD and other dementias so that new treatments and best practices in care will be available to all, regardless of age, racial, ethnic, cultural, socioeconomic and geographic background. Equally critical is the development of a data biosphere that enhances secure sharing of clinical and research data and biological samples for FTD. Broad sharing of datasets will

enable the larger community of researchers to bring their expertise to bear on the challenge of treating and preventing FTD and other ADRDs. The Committee also encourages NIH to find ways to support more effective communication across researchers, and between clinical science and broader society, to ensure that the research advances driven by NIH can have maximum effect on improving health. FTD is rare and tends to occur at a younger age than other forms of dementia. This creates additional challenges for clinical trials and research. To overcome these challenges as well as recruitment and retention issues, the Committee urges NIH to fund investigators who reflect the broad variety of study populations who can ensure culturally appropriate research is being conducted as well as develop innovative clinical trial designs that recruit diverse populations so that potential therapies can be tested more efficiently and effectively.

Opioids, Stimulants, and Pain Management.—The Committee provides no less than \$290,295,000, an increase of \$5,000,000, in NINDS for the HEAL Initiative. The Committee encourages NINDS to continue its efforts through the HEAL Initiative, with a focus on grant opportunities to support research and education for effective and non-addictive pain management to improve outcomes for people with pain in diverse settings across the United States.

Research on Dementia in Parkinson's Disease [PD].—The Committee encourages NIA and NINDS to expand the use of fiscal year 2025 and beyond AD/ADRD funding to fund projects studying dementia in PD. PD is the second most common and fastest growing neurodegenerative disease globally and is characterized by the abnormal folding of a protein in the brain, which is similar to what typically occurs in AD/ADRD. Channeling additional resources into research could help to unlock groundbreaking dementia-relevant discoveries in crucial areas like PD and other closely associated neurological disorders.

Parkinson's Progression Markers Initiative.—The Committee applauds the significant recent breakthroughs in PD research made possible in part by public-private partnerships like the collaboration between NIH and the Michael J. Fox Foundation for Parkinson's Research's Parkinson's Progression Markers Initiative [PPMI] that has led to significant discovery. The work of the Michael J. Fox Foundation for Parkinson's Research PPMI program recently resulted in the discovering an unprecedented biomarker for PD that may result in new diagnostics and treatments for this common, life-altering neurodegenerative disease. Continued partnerships with programs like PPMI may greatly advance the field of PD research. The Committee encourages NIH and NINDS to further support such public-private partnership opportunities with patient groups and build on these exciting discoveries to accelerate advances against PD.

Pediatric-Onset Epilepsies Network.—The Committee is aware of the enormous economic cost and toll in human suffering resulting from epilepsies and considers research in this area a high priority. While there are approximately 470,000 children currently living with epilepsy, as well as three million adults, many of whom were diagnosed as children. A number of these types of epilepsy do not respond to existing medications. To develop and test more effective

therapies, studies must precisely classify children with the same epilepsy for clinical trials. Creating an infrastructure with a goal of understanding pediatric epilepsies diagnoses by cause and coordinating research across institutions may increase the potential for scientific progress in the era of precision medicine. This network could include efforts to unite key assets and support a collaborative, multidisciplinary research model to enroll patients from many settings to accelerate therapy development and expedite translation of research findings into standard clinical care. Therefore, the Committee urges NINDS, in collaboration with the epilepsies stakeholder community and the Curing the Epilepsies conference, to establish the Pediatric-Onset Epilepsies Network. Such a network could enable cooperative research studies, accelerate the development of knowledge about epilepsies, and rapidly advance therapeutic options, including genetic therapies, and their implementation to improve treatments and healthcare outcomes. The Committee directs the NIH Director to provide a report on key findings and planned actions within 1 year of enactment and annually thereafter.

Preventive and Early-Treatment Cognitive and Brain Health Research.—The Committee encourages NIH to give greater attention to the study of the pre-symptomatic or preclinical stages of neurological disorders, that is, alterations in cognitive and brain health before the first clinical symptoms of neurological disease when persons typically encounter medical professionals. Learning what happens during these stages may guide the development of measures for detection and monitoring earlier in the course of disease, including sensitive neuropsychological measure and biomarkers, which could improve early interventions development and testing for neurological disease before it becomes disabling and, ultimately, prevent diseases like Alzheimer's disease, Parkinson's disease, multiple sclerosis, stroke, and epilepsy. Mounting evidence suggests that significant pathologies have already accumulated by the time symptoms appear and early, pre-symptomatic intervention may improve outcomes and may reduce the costs that neurological disease pose on our health system.

Spinal Muscular Atrophy [SMA].—The Committee commends NIH for its continued support of research in SMA, a rare neuromuscular disease. The Committee is aware that past NINDS research has led to greater understanding of the nervous system and contributed toward approved SMA treatments that slow or stop future nerve damage. The Committee also recognizes that current treatments do not cure the disease or reverse its debilitating symptoms. Without additional SMA research, the Committee is concerned that adults and children with SMA who were born after treatments and early diagnosis were available will continue to face chronic health challenges and significant barriers to independence. Furthermore, we do not fully know the extent of need among children treated prior to symptom onset. As such, the Committee encourages NINDS to expand its research in SMA to address fatigue, muscle weakness, motor function loss, and other unmet needs that are pervasive among the largest segment of the SMA community. Additional research into these common needs may also benefit indi-

viduals with other neuromuscular and rare diseases who face similar challenges.

Stroke.—Despite notable progress in the stroke mortality rate, it remains the fifth leading cause of death and a leading cause of severe long-term disability. The Committee supports continued research to improve the scientific understanding of the brain and stroke, and the translation of that science exploring new treatments and improved approaches to stroke recovery and rehabilitation through the NIH funded clinical trials network StrokeNet. The Committee also supports continued stroke-related research conducted through the BRAIN Initiative. This initiative is revolutionizing our understanding of the brain and offering hope for the millions of individuals impacted by brain diseases, disorders, and injuries including stroke. African Americans have a disproportionately higher prevalence of stroke and the highest death rate from stroke compared to any other racial group. The Committee encourages continued investment in research to understand and eliminate health inequities across neurological disorders and stroke, including the Community-Engaged Health Equity Research in Neuroscience [HERN] Initiative.

Tuberous Sclerosis.—The Committee understands the importance of continuing to fund research on Tuberous Sclerosis Complex in order to support ongoing progress for finding cutting-edge treatments and potential cures for Tuberous Sclerosis Complex.

Undiagnosed Diseases Network [UDN].—The Committee provides \$18,000,000, an increase of \$16,000,000, to fund UDN and directs the continuation of the coordinating center, all clinical sites, DNA sequencing core, central biorepository, model organisms screening center, and other necessary testing in the pursuit of diagnoses, including but not limited to: metabolomics, infectious and toxic exposures, and immune abnormalities.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2024	\$6,562,279,000
Budget estimate, 2025	6,581,291,000
Committee recommendation	6,692,279,000

The Committee recommendation includes \$6,692,279,000, an increase of \$130,000,000, for the National Institute of Allergy and Infectious Diseases [NIAID].

Antiviral Drug Discovery Centers [AViDDs].—The Committee recognizes the importance of research and development of new antivirals and their ability to combat new viral outbreaks and prevent them from becoming pandemics, and includes \$80,000,000 to continue to support this effort. The Committee supports the AViDDs and their mission to develop antiviral drugs to serve as our first line of defense against forthcoming viral outbreaks. The Committee is concerned that NIH reported to the Comptroller General of the United States that future funding for the program has been eliminated, leaving them funded for only three out of the intended 5 years. The Committee directs NIH to continue supporting antiviral drug discovery to mitigate the risk of future viral outbreaks.

Celiac Disease.—The Committee commends NIH for issuing a Notice of Special Interest to spur additional research on the study

of celiac disease. Today, the only known treatment is a gluten-free diet; however, recent public and private sector research confirms that such a “treatment” is insufficient for many who suffer from celiac disease. The Committee encourages NIH to devote focused research on the study of celiac disease and continues to urge the newly created NIH Office of Autoimmune Disease Research [OADR] to work with NIAID and other NIH Institutes to: support new research on celiac disease; better coordinate existing research; and focus new research efforts toward causation, diagnosis, management, treatment, and, ultimately, a cure of this disease. The Committee directs NIH to include updates on research, projects, and programs for celiac disease in the fiscal year 2026 CJ.

*Centers for Research on Emerging Infectious Diseases [CREID].—*The Committee recognizes the importance of detecting emerging infectious diseases as early as possible and applauds NIAID for creating CREID, a global network of centers dedicated to this purpose. The network investigates how and where viruses and other pathogens emerge from wildlife and spread diseases to people-information that is critical to waging rapid responses to such outbreaks. The Committee urges NIAID to provide continued funding for the network.

*Diagnostics for Primary Immunodeficiency Disease/Inborn Errors of Immunity [PID/IEI].—*The Committee recognizes the multiple challenges that impede access to a timely and accurate diagnosis of PID/IEI. These include needing to improve the interpretation of genetic tests and the need for identification of biomarkers and other diagnostic tools to both identify forms of PID/IEI and to direct/inform targeted treatments. The Committee encourages NIAID to prioritize research aimed at shortening the time to accurate diagnosis of primary immunodeficiency diseases, which will have a significant impact on patient outcomes and help lower healthcare costs.

*Equipping NIH Research Programs to Target HIV/AIDS Hotspots.—*The Committee directs the NIH Office of AIDS Research to coordinate NIH-wide resources to focus on areas with the highest prevalence of HIV/AIDS, for example, utilizing Centers for AIDS Research [CFARs] to develop targeted interventions that increase the use of pre-exposure prophylaxis [PrEP] and better protect those communities from HIV transmission and its consequences.

*Food Allergies.—*The Committee recognizes the serious issue of food allergies which affect approximately 8 percent of children and 10 percent of adults in the United States. The Committee commends the ongoing work of NIAID in advancing FDA approved treatment options for people with food allergies and increasing support for clinical investigation to a total of 24 clinical sites for this critical research, including 10 sites as part of the Consortium for Food Allergy Research [CoFAR]. The Committee includes \$17,100,000, an increase of \$5,000,000, for CoFAR to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with a proven expertise in food allergy research.

*Gonorrhoea.—*The Committee continues to be concerned with recent CDC reports that half of all gonorrhoea infections in the U.S.

are resistant to at least one antibiotic and that only one treatment option remains. The Committee commends NIAID for their efforts to develop new antibiotics and vaccines for the multi-drug resistant bacterium and encourages NIAID to accelerate work to find new diagnostic tools and treatments for these new strains of the disease.

Hepatitis B.—The Committee applauds NIAID for leading the effort to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B, so it remains a robust roadmap to find a cure. The Committee is aware of the widely held view in the scientific community that finding a cure for hepatitis B, as has now been achieved for hepatitis C, is a winnable goal and is within reach in the near-term. For these reasons, the Committee urges that research, based on the needs as identified in the updated Plan, be funded in fiscal year 2025 and beyond. The Committee urges NIAID to expand the use of Program Projects, R01 and U01 Cooperative Research Agreements, and other contract mechanisms to discover and develop new therapies for chronic hepatitis B and D. The Committee applauds the success of the point of Care Technologies Research Network [POCTRN] and Rapid Acceleration of Diagnostics [RADX] programs and encourages more use of these programs for development of point-of-care tests for HBV, HDV and the cancers caused by these viruses. Efforts for establishment of biologically relevant animal models, particularly, the immune competent small animal models supporting persistent HBV infection, to support the development of immune modulators for the functional cure of chronic hepatitis B should be supported.

HIV Self-Testing.—The Committee strongly supports advancement of technologies that enable rapid self-testing for HIV, particularly those technologies that detect HIV in people on current or future therapeutics and vaccines. The Committee notes the critical importance of having such self-testing technologies available before new options for therapeutic control and HIV vaccines become widely available. Self-testing technologies are necessary for individuals to know their HIV status and seek care to initiate treatment, thereby supporting ongoing HIV prevention efforts. Thus, the Committee urges NIH to fund as many meritorious proposals as possible to bring these important tests to market.

National Biocontainment Laboratories [NBLs].—The Committee provides \$33,000,000, an increase of \$10,000,000, to the two NBLs to support core and shared resources for BSL-4 containment, enabling them to develop and maintain the research resources, facilities and personnel needed to meet the National biodefense and emerging infectious diseases research needs in the event of a deliberate act of bioterrorism or naturally occurring public health emergency. The Committee notes that research on high consequence zoonotic viruses requires high-containment BSL-4 labs. High-containment BSL-4 labs enable researchers to diagnose and investigate these types of pathogens, and develop rapid and reliable diagnostics, novel antiviral therapeutics, and vaccines, without endangering the staff or population at large. Additional investments in BSL-4 infrastructure for research in highly pathogenic zoonotic viruses is critical. The Committee directs that this funding be used by the NBLs to support (1) maintaining the research resources for biodefense, emerging infectious disease agents, and other infectious

disease threats to global health; (2) training new researchers in biosafety level 4 practices; (3) maintaining a workforce skilled in BSL-4 research; and (4) establishing best practices for the safe, effective, and efficient conduct of research in BSL-4 facilities.

Neglected Disease Research.—The Committee strongly supports NIAID's neglected disease research programs. NIH is the world's single largest funder of neglected disease research and has supported the development of high-impact technologies for health areas that receive little attention from industry. Many innovation gaps persist, and so these programs should remain a priority for NIAID leadership.

Regional Biocontainment Laboratories [RBLs].—The Committee is pleased NIAID competitively awarded UC7 awards to the RBLs. The Committee encourages NIAID to allow grantees to carry over unused funds into fiscal year 2026 to support this vital work of the RBLs. The Committee provides \$62,000,000, an increase of \$10,000,000, to the 12 RBLs to support core and shared resources for BSL-3 containment and related activities within the RBL facility in its entirety. To the extent possible, of this amount, no less than \$3,000,000 shall be provided to each of the 12 RBLs to support training and maintaining a capable research workforce with broad, relevant biomedical, technological, veterinary, and regulatory expertise, supporting operations, facilities, and equipment purchase costs, and supporting research utilizing the capabilities of the RBLs. The remaining funding shall go to the 12 RBLs to support: (1) research on biodefense, emerging infectious disease agents, and other infectious disease threats to global health; (2) training new researchers, including in biosafety level 3 practices; (3) maintaining a workforce skilled in BSL-3 research; and (4) establishing best practices for the safe, effective, and efficient conduct of research in BSL-3 facilities. All funding shall be used to support the aforementioned activities conducted within the RBL, and should not be limited to just the BSL-3 space.

Research on Antimicrobial Resistance [AMR].—The Committee provides no less than \$565,000,000 to fund NIAID research to combat AMR and the training of new investigators to improve AMR research capacity as outlined in the 2020–2025 National Action Plan to Combat Antibiotic Resistant Bacteria. In the 2020 National Action Plan for Combating Antibiotic-Resistant Bacteria [CARB], 2020–2025, one of the five goals was to Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines in order to improve understanding of the many factors that contribute to the emergence, spread, and persistence of antibiotic resistance and to support new strategies for preventing and mitigating infections. NIH has supported research to understand mechanisms of AMR spread and to mitigate inappropriate usage of antibiotics.

Syphilis.—The Committee continues to be concerned with the rising syphilis rates, and correlation with the syphilis increase in women of childbearing age, which often leads to congenital syphilis. The Committee commends NIAID for their continued work in developing new diagnostic tests for both adults and newborns and encourages acceleration of vaccine development and new treatment options.

Tuberculosis [TB].—According to the World Health Organization, a total of 1.3 million people died from TB in 2022 (including 167,000 people with HIV). Worldwide, TB is the second leading infectious killer after COVID-19 (above HIV and AIDS). Critical scientific research into the development of new TB diagnostic, treatment and prevention tools was delayed during the COVID-19 pandemic. The Committee commends NIAID on the publication of the 2024 update to the Strategic Plan for Tuberculosis Research and encourages NIAID to continue its implementation.

Universal Flu Vaccine.—The Committee includes \$270,000,000 to support efforts to develop universal influenza vaccines that provides long-lasting protection against numerous flu strains, rather than a select few. The Committee urges NIAID to prioritize research needed to develop a universal influenza vaccine.

Valley Fever.—The Committee is pleased that NIAID is moving forward on execution of its Strategic Plan For Research To Develop A Valley Fever Vaccine. The Committee includes \$4,000,000 for NIAID to continue funding such activities and encourages NIAID to continue development of promising vaccine candidates, including the canine vaccine, for human use.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2024	\$3,244,679,000
Budget estimate, 2025	3,249,375,000
Committee recommendation	3,269,679,000

The Committee recommendation includes \$3,269,679,000, an increase of \$25,000,000, for the National Institute of General Medical Sciences [NIGMS], which includes \$1,412,482,000 in transfers available under 241 of the PHS Act (Public Law 104-73 as amended).

Biomedical Research Workforce Training.—Training programs at the NIH provide a quality standard of training for graduate students and postdoctoral fellows in biomedical research. The training grants that support these programs at research institutions across the country play a vital role in establishing a biomedical research ecosystem and train the next generation of researchers for health-related research needs. Despite the success of training programs, the number of students and postdoctoral scholars supported on training grants has remained constant over the years. The Committee applauds NIH efforts to increase funding for IDeA States and urges NIH to also emphasize the importance of supporting training grants in IDeA States. The Committee directs NIH Institutes and Centers to conduct and provide to the Committees, a portfolio analysis within 120 days of enactment. The analysis will assess the distribution of T32 training grants among States, including number of applicants and success rates per State to ensure NIH is supporting capacity building and a diverse workforce for the future biomedical research enterprise. In addition to the portfolio analysis, in the fiscal year 2026 CJ, NIH is directed to provide an update on specific actions NIH will take to identify and remove barriers for applying for training grants in IDeA States.

Expand and Improve Bridge Programs.—The Committee strongly supports opportunities for students with limited access to STEMM [Science, Technology, Engineering, Mathematics, and Medicine]

education and research. The Committee recognizes the effectiveness and importance of NIGMS bridging programs that support historically underserved students and researchers to pursue STEM studies and become the Nation's next generation of researchers, including programs such as the Bridges to the Baccalaureate Research Training Program, Bridges to the Doctorate Research Training Program, Postbaccalaureate Research Education Program [PREP], Advancing Research Careers [ARC] program, and Maximizing Opportunities for Scientific and Academic Independent Careers [MOSAIC] program. The Committee urges NIH to expand the size of existing training programs that bridge different educational or career stages and establish these programs at institutions that have historically received low levels of funding support from NIH, including Minority Serving Institutions and institutions that are eligible under the Department of Education's Strengthening Institutions Program. The Committee urges NIH to set clear mentorship and support standards for students participating in these programs. Finally, the Committee urges NIH to encourage and provide more guidance to participating institutions to account for sufficient staff and outreach budget and other training-related expenses in grant applications.

Institutional Development Award [IDeA].—The Committee recognizes the importance of the IDeA program in enhancing geographical representation across NIH's research portfolio, and provides no less than \$455,956,000, an increase of \$25,000,000, for the program. In order to ensure that research investments from IDeA programs provide maximum benefit, the Committee urges NIH to examine ways to increase NIH IDeA State participation in major grant programs across NIH's portfolio, including those that support biomedical research facilities, instrumentation, and training. The Committee notes the Biomedical Research Workforce Working Group report and supports growing the IDeA funding level to its minimum recommended level, which will allow NIH to take advantage of the full diversity of the Nation's assets: diversity of individuals, diversity of institutions, and diversity of geography. Currently eligible States have historically had low aggregate success rates for grant applications to NIH and rely on the IDeA program to help build a research infrastructure and enhance research capacity at institutions in those States. Finally, the Committee opposes any efforts within NIH to change eligibility for the IDeA program to a system that would be based on States' populations.

IDeA Clinician Researcher Support.—The Committee recognizes the NIH's continued efforts to support mentorship and career development of clinician researchers through the Clinical and Translational Science Awards and other programs. However, the Committee is concerned that IDeA-eligible States do not have equitable access to funding to support mentored career development. The Committee encourages NIH to support mentored career development funding for physicians and clinicians in IDeA States.

IDeA Networks for Clinical and Translational Research [IDeA-CTR].—The Committee notes the success of the IDeA Clinical and Translational Research centers to develop infrastructure and human resources to more effectively conduct clinical and translational research. Further, the Committee notes the potential

for further enhancement and progress through meaningful collaboration with the Clinical and Translational Science Awards [CTSA] program, particularly in rural areas. The Committee encourages NIGMS and NCATS to provide a general roadmap for collaborative opportunities that preserve the autonomy of both programs while removing barriers to allow for rapid scientific advancement and improved local care and research.

Increasing Diversity in Biomedical Research.—The Committee strongly supports opportunities for the Nation’s next generation of researchers and efforts to enhance diversity in biomedical research. Early-stage researchers, particularly those from groups underrepresented in biomedical research, spend longer periods of time in postdoctoral positions with lower salaries, receive inadequate mentorship, and are offered fewer opportunities for professional advancement, resulting in lower retention rates for those groups. Even with these obstacles, many early-stage researchers tackle riskier projects and have contributed to research that has generated positive outcomes for the benefit of society. Grant programs offering support and opportunities for researchers at key career transition points requiring little or no preliminary data, are critical to ensuring innovative scientists from diverse backgrounds succeed in biomedical research. The Committee urges NIGMS to expand the MOSAIC, ARC program and the Minority Access to Research Careers undergraduate programs that train the next generation of scientists while enhancing the diversity of the biomedical research workforce and enabling promising scientists to pursue high-risk, high-reward research.

Minority Serving Institutions.—Congress recognizes the importance of highly trained physician-scientists to serve diverse communities, decrease health disparities, and enhance the biomedical research workforce. The Committee encourages NIGMS to support medical scientist training at Minority Serving Institutions as defined in title III of the Higher Education Act. Such efforts should support dual degree programs that train students in medicine and biomedical research.

Supporting Biomolecular NMR Databanks.—The Committee recognizes the essential role that existing, extramural Nuclear Magnetic Resonance [NMR] databases located at public academic health centers play in fostering medical research and drug discovery. As such, the Committee encourages NIGMS to ensure that grants which support these valuable scientific community assets are of sufficient size to ensure that they can continue to add and curate new data, modernize, and support all researchers.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH
AND HUMAN DEVELOPMENT

Appropriations, 2024	\$1,759,078,000
Budget estimate, 2025	1,766,415,000
Committee recommendation	1,779,078,000

The Committee recommendation includes \$1,779,078,000, an increase of \$20,000,000, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Andrological Health.—The Committee strongly supports translational and clinical research into andrological health, and urges NICHD to prioritize and expand these research programs.

Congenital Syphilis [CS].—The Committee continues to be concerned with the continued rise in the rates of congenital syphilis. CS can lead to life-long deformities and disabilities, but with preventative care and treatment, these outcomes can be avoided. The Committee encourages NICHD to coordinate efforts with NIAID on new testing, diagnosis, and treatment efforts.

Endometriosis.—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanisms of endometriosis, including root causes of the disease and new treatment methods. The Committee encourages research on the genetic and immune system components of endometriosis. The Committee further encourages NIH to devote more resources to support targeted research of endocrine disrupting chemicals in endometriosis, the relationship of endometriosis and cancer, prenatal and epigenetic influences on the risk for endometriosis. The Committee also encourages research on non-invasive diagnostics of endometriosis to reduce diagnosis delay and improve treatment. The Committee encourages research on the growth of endometriosis and endometriosis recurrence post-surgical procedures or medical therapeutics.

Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone [IMPROVE] Initiative.—The Committee provides no less than \$73,400,000 for this activity, an increase of \$20,000,000. The Committee is aware that NICHD's current Maternal Health Research Centers of Excellence provide a platform to further both research and clinical care in reducing maternal morbidity and mortality. The Committee appreciates NIH's commitment to supporting Centers in areas of the country that see the highest rate of both. The Committee encourages NICHD to continue to expand its current Centers of Excellence with a particular emphasis on increasing support for existing centers and establishing new ones in regions of greatest need, eliminating racial and ethnic disparities in maternal morbidity, and training a diverse group of early-stage scientists in maternal health equity research.

Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.—The Committee is increasingly concerned with the decline in achievement for students with disabilities and recognizes the need for continued research and improved interventions. The Committee recognizes the importance of NICHD's funding of Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs, which are the only source of Federal funding available to researchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relationships between different variables at work. While learning disabilities do impact an individual's education and academic achievement, these disorders are brain-based, and so clinical research using the latest technology and advances in neuroscience is essential. To continue robust research into language, reading development, learning disabilities, and disorders that adversely affect the development of listening, speaking, reading, writing, and mathematics abilities, the Committee urges NICHD to

continue its investment in its Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.

Maternal Fetal Medicine Units.—The Committee continues to support the work of NICHD’s Maternal-Fetal Medicine Units Network [MFMU]. Since 1986, the MFMU Network has been performing multi-site clinical research focused on gathering data needed to ensure obstetric patients across the country and the world are receiving evidence-based and cost-effective care. In fiscal year 2024, Congress requested an update from NICHD on its historical investment in the MFMU and plans to sustain and enhance that investment going forward. The Committee remains concerned that the new network structure introduced in 2022, which requires clinical trial proposals for the MFMU Network to be considered through the broader NIH grant application process, will limit the number of clinical trials performed within the MFMU. The Committee requests an update within the fiscal year 2026 CJ on the total funding for MFMU Network supported clinical trials awarded in each of fiscal years 2010–2022. This update should detail amounts spent on clinical trials and separately account for base funding for the MFMU Network clinical sites and data coordinating center. Further, NICHD should provide an update on plans to ensure that NIH will continue to fund clinical research conducted by the MFMU at the same or greater funding levels in the upcoming grant cycle compared with prior cycles.

Maternal Morbidity and Mortality.—The Committee is concerned about recent closures of obstetrics and gynecology units in rural hospitals across the country and their impact on patient access to care. The Committee encourages NICHD to support research on this issue, including examining how these closures are affecting maternal morbidity and mortality.

Pelvic Organ Prolapse.—Pelvic organ prolapse [POP] occurs when the pelvic floor muscles and connective tissue supporting the pelvic organs fail, causing one or more of the pelvic organs to fall downward, protruding out of the body. POP is a common problem, with 1 out of 8 women undergoing surgery for prolapse at some point in their life. Symptomatic POP is associated with urinary incontinence, depression, anxiety, sleep disturbance, deteriorating physical function and diminished socialization. Therefore, the Committee urges the NICHD to support prospective studies that can be added on to existing maternal-morbidity research, including research studies being conducted in underserved areas, to assess preventative strategies for POP including ways to decrease pelvic floor trauma/denervation during delivery, with the goal of reducing the risk of subsequent POP and its complications. The Committee requests an update on research activities to advance POP prevention and treatment in the fiscal year 2026 CJ.

Population Research.—The Committee commends NICHD for supporting prospective, population representative longitudinal studies, including the Panel Study of Income Dynamics Child Development Supplement, Future of Families and Child Wellbeing Study, and National Longitudinal Survey of Youth. Data from these studies are public goods used widely to inform research and training activities conducted by thousands of scientists at universities nationwide, including underserved institutions, and are heav-

ily used by new and early-stage investigators. In addition, these studies are the only nationally representative data scientists may use to analyze, for example, how parental and grandparental characteristics affect children’s outcomes and the impact of adverse childhood experiences over the life course. NICHD is encouraged to continue supporting this type of research.

Severe Maternal Morbidity.—The Committee is concerned that despite the high rate of severe maternal morbidity in the United States, there is not a uniform definition of severe maternal morbidity. Having a uniform definition would help Federal, State and local agencies and research institutions establish standardized and interoperable processes for billing 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 hold a formal convening of subject matter experts and organizational representatives, including representatives from the CDC, HRSA, NICHD, the Office of the National Coordinator for Health Information Technology, FDA, and public stakeholders, to determine a uniform definition of severe maternal morbidity. The Committee directs NICHD to provide a report in the fiscal year 2026 CJ on the proceedings of convening including formal definitions for severe maternal morbidity.

Women’s Reproductive Health Research [WRHR] Program.—The Committee encourages NICHD to continue to fund WRHR scholars, with the goal of increasing the diversity of the scholars, sites, and research supported by the program. The Committee recognizes the effectiveness of the WRHR program, which provides an opportunity for obstetrician/gynecologists who recently completed postgraduate clinical training to further their training in basic, translational and clinical research.

NATIONAL EYE INSTITUTE

Appropriations, 2024	\$896,549,000
Budget estimate, 2025	898,818,000
Committee recommendation	896,549,000

The Committee recommendation includes \$896,549,000 for the National Eye Institute [NEI].

Usher Syndrome.—The Committee encourages NIH to enhance and prioritize Usher syndrome research at NEI. The Committee requests an update in the fiscal year 2026 CJ. The update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2024	\$913,979,000
Budget estimate, 2025	916,791,000
Committee recommendation	913,979,000

The Committee recommendation includes \$913,979,000 for the National Institute of Environmental Health Sciences [NIEHS].

Disaster Research Response Program.—The Committee urges NIEHS to support research and community engagement activities related to the health of individuals affected by the train derailment

in East Palestine, Ohio, including first responders and local residents in both Ohio and Pennsylvania.

East Palestine.—The Committee directs \$2,000,000 to carry out section 2 of the East Palestine Health Impact Monitoring Act of 2024, with funding to remain available until September 30, 2029.

Environmental-related Health Conditions.—The Committee provides \$40,000,000 for NIEHS to continue research on the impacts that changing environmental conditions have on human health.

Heated Oil Fumes Health Impact.—The Committee is concerned that aircraft crews and some frequent fliers can be exposed to low concentrations of oil fumes routinely and to higher concentrations during a documented event. The Committee encourages NIEHS to investigate the health effects of inhalation exposure to heated oil fumes in aircraft flight decks and cabins.

Indoor Air.—The Committee urges NIEHS to continue researching indoor pollutants, including from combustion indoors, to better understand the indoor air landscape and its impacts. The Committee requests an update on these activities in the fiscal year 2026 CJ.

Wildfire Smoke.—The Committee recognizes that exposure to smoke from wildfires is no longer a rare occurrence and is a reality for millions of Americans. The Committee is concerned that public health experts do not yet fully understand the risk posed by exposure to wildland fire smoke—particularly acute and chronic smoke exposure to patients with existing pulmonary and cardiac disease. The Committee encourages NIEHS to support research to understand the health risks associated with wildfire smoke exposure and any interventions that can be implemented to mitigate adverse health effects.

NATIONAL INSTITUTE ON AGING

Appropriations, 2024	\$4,507,623,000
Budget estimate, 2025	4,425,295,000
Committee recommendation	4,645,123,000

The Committee recommendation includes \$4,645,123,000, an increase of \$137,500,000, for the National Institute on Aging [NIA].

Alzheimer's Disease/Alzheimer's Disease-Related Dementias [AD/ADRD].—Since fiscal year 2015, Congress has increased research funding for AD/ADRD by more than 500 percent, making it the largest expenditure of its kind in NIH. By 2050, the cost to treat and care for those suffering from Alzheimer's disease is expected to rise to as high as \$1,100,000,000,000 a year. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare- and Medicaid-related costs could rise more than four-fold. NIH-funded research offers hope for finding solutions to manage this disease successfully in the future. Therefore, the Committee continues to support Alzheimer's disease research, including multi-disciplinary approaches into the basic science and pathology of the disease, which builds upon the funding goals needed to prevent and effectively treat Alzheimer's by 2025 identified in the National Plan required by the National Alzheimer's Project Act (Public Law 111–375). The Committee includes an increase of \$275,000,000 across NIH for AD/ADRD research, including an increase of \$137,500,000 in NINDS and \$137,500,000 in NIA. The NIA is encouraged to con-

tinue addressing the research targets outlined in the fiscal year 2025 Professional Judgment Budget. In addition, NIA is directed to provide an update on activities related to this research in the fiscal year 2026 CJ.

Clinical Trials.—Although Alzheimer’s disease and other dementias disproportionately affect Black Americans, Hispanic Americans, Asian American and Pacific Islanders, and Native Americans, they continue to be underrepresented in AD/ADRD clinical trials. The Committee directs NIA to work with the Alzheimer’s Disease Research Centers and other organizations to promote participation in clinical trials within underrepresented populations and, to the maximum scientifically-feasible extent, reduce the burden of participating. These efforts should include expanding community engagement and outreach to these populations, incentivizing trial locations in areas of unmet need, encouraging the diversity of clinical trial staff, allowing appropriate flexibility in trial design and inclusion and exclusion criteria, and utilizing technology like remote patient monitoring, where appropriate, to facilitate clinical trial participation and retention. Further, NIA recently provided an assessment of the data and metrics it collects related to the planning, recruitment, and retention of clinical trial participants from underrepresented communities and how those data have been or plan to be used in grant-making decisions. The assessment also addressed how NIA plans to provide more timely data to the Committees and greater transparency to the public about the planning, engagement, and recruitment efforts of its extramural grantees, including a focus on addressing barriers to inclusive and representative enrollment such as eligibility criteria, language accessibility, and adequate planning for diverse enrollment among grantees. The Committee directs NIA to provide an update on activities related to this assessment in the fiscal year 2026 CJ. In addition, with various treatments for Alzheimer’s disease in the pipeline, the Committee encourages NIA to support a wide range of trials, including those with a patient-based national registry of regulatory grade, longitudinal evidence for patients receiving any FDA-approved disease modifying therapies for Alzheimer’s disease in real-world clinical practice.

Digital Innovation for Aging in Place.—Recent technological developments have allowed aging Americans to stay in their homes and maintain their independence for as long as possible. The Committee strongly encourages NIA to fund research that designs and develops digital innovations that improve health and medical treatment. These efforts could include establishing a smart living environment leveraging technologies to improve health and medical treatment, equipping homes to enable varying levels of remote care and improved diagnosis and treatment, and encouraging medical facilities to adopt health technologies, including AI and machine learning, to expand to the home space enabling older adults to age in place.

Female Reproductive Aging.—The Committee acknowledges the NIA for its pioneering efforts in geroscience and underscores the importance of investigating female reproductive aging, a critical yet understudied aspect of women’s health and longevity. For example, aging of the female ovary occurs at a more accelerated pace com-

pared to other tissues and organs, posing significant implications for fertility, reproductive health, and overall well-being. This distinct aging process highlights the need for a deeper understanding of the cellular, molecular, genetic and epigenetic factors driving early onset of female reproductive aging. To ensure progress in this pivotal research area, the Committee encourages NIA to convene a workshop with experts from NIH, other relevant Federal agencies, academic institutions, and the private sector to explore the mechanisms that influence female reproductive aging, its impact on women’s health including and beyond reproductive capacity, and the development of strategies and interventions to mitigate its effects. The Committee requests an update in the fiscal year 2026 CJ.

Palliative Care Research.—The Committee provides \$12,500,000 for NIA to coordinate the work of a multi-institute and multi-Center initiative for palliative care research, including extramural-based research infrastructure, by developing early and mid-stage researchers, and engaging various healthcare systems, providers, and community partners. The Committee recognizes that palliative care is a critical area of research and informs supportive care for patients of all ages with serious illness and their families focused on relief of symptoms and suffering, communication of prognosis and treatment options in the context of patient goals, and coordination of care within and across healthcare settings.

Population Research.—The Committee commends NIA for supporting a robust population aging research portfolio that includes research grants, centers, networks, training programs, and population representative surveys studying how demographic, social, and economic factors impact the health and well-being of older people. In fiscal year 2025, the Committee is pleased to learn that NIA plans to renew funding for its Centers on Demography and Economics of Aging program. The current 15 centers provide essential infrastructure and data, stimulating aging research and training activities on topics such as physical and cognitive functioning, disability, health disparities, and Alzheimer’s disease, nationwide. The Committee urges NIA to encourage enhanced collaboration among its centers, including the Centers on Demography and Economics of Aging, Alzheimer’s Disease Research Centers, and Roybal Centers for Translational Research in the Behavioral and Social Sciences of Aging.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2024	\$685,465,000
Budget estimate, 2025	689,697,000
Committee recommendation	685,465,000

The Committee recommendation includes \$685,465,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Alopecia Areata.—The Committee notes the disproportionate effect of alopecia areata on people of color, specifically women. NIAMS research has uncovered genetic factors that are associated with alopecia areata, many of which have been implicated in other autoimmune diseases. The Committee encourages NIAMS to explore collaborative opportunities with key stakeholders to advance

critical research projects into causes and treatments. The Committee requests an update on collaborative efforts with relevant Institutes and Centers and stakeholders in identifying key research areas of concern in the fiscal year 2026 CJ.

Atopic Dermatitis.—The Committee recognizes NIAMS ongoing efforts to incorporate community feedback and otherwise craft a new Strategic Plan for Fiscal Year 2025—2029. The Committee notes the tremendous opportunity for cross-NIH multidisciplinary research into atopic dermatitis and other forms of eczema and encourages further efforts to coordinate with other institutes and centers to complement emerging NIAMS activities and to effectively coordinate the overall research portfolio in atopic dermatitis.

NATIONAL INSTITUTE OF DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2024	\$534,333,000
Budget estimate, 2025	535,929,000
Committee recommendation	534,333,000

The Committee recommendation includes \$534,333,000 for the National Institute of Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2024	\$197,693,000
Budget estimate, 2025	198,263,000
Committee recommendation	197,693,000

The Committee recommendation includes \$197,693,000 for the National Institute of Nursing Research [NINR].

Health Disparities Research.—The Committee continues to provide \$10,000,000 for NINR to support research related to identifying and reducing health disparities.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2024	\$595,318,000
Budget estimate, 2025	598,903,000
Committee recommendation	595,318,000

The Committee recommendation includes \$595,318,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

Fetal Alcohol Spectrum Disorders [FASD].—The Committee supports NIAAA efforts to accelerate FASD basic, prevention, diagnosis, and treatment research. The Committee encourages NIAAA to continue efforts to support innovative research and to disseminate research findings to States, Tribes, and provider and non-profit organizations in increasing FASD diagnostic capacity, enhancing FASD prevention programs, developing resources for systems of care, training service providers and professionals, and responding to the needs of individuals.

Reducing Alcohol Related Mortality.—The Committee is concerned by the high rates of alcohol misuse and alcohol-related morbidity and mortality in the United States. The Committee urges NIAAA to continue supporting research on prevention programs that focus on populations most affected by alcohol misuse and alcohol-related mortality. This research can include the development,

testing, and implementation of prevention interventions to reduce alcohol misuse.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2024	\$1,662,695,000
Budget estimate, 2025	1,668,343,000
Committee recommendation	1,667,695,000

The Committee recommendation includes \$1,667,695,000, an increase of \$5,000,000, for the National Institute on Drug Abuse [NIDA].

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substances Act effectively limits the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, psychedelics, marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when we need as much information as possible about these drugs and antidotes for their harmful effects, we should be addressing regulatory and other barriers to conducting this research. The Committee appreciates NIDA’s completion of a report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances including the challenges researchers face as a result of limited access to sources of marijuana, including dispensary products.

Cocaine Overdose Treatment.—The Committee remains concerned about the drug overdose epidemic and the surge in overdose deaths involving stimulants, including cocaine. The Committee recognizes that NIDA is prioritizing research and development of treatments which can rapidly reverse cocaine toxicity and reduce mortality rates, addressing the severe gap in this unmet medical need. Due to the unavailability of an FDA-approved cocaine overdose reversal medication, the Committee encourages NIDA to continue prioritization of additional research and development to advance a life-saving treatment for overdoses caused by cocaine.

Alternative Clinical Trial Endpoints for Substance Use Disorders.—Although there are effective medications for treating opioid, tobacco, and alcohol use disorders, these treatments do not work for everyone—and to date, no medications have been approved by FDA to treat stimulant use disorders. The Committee therefore encourages FDA and NIDA to collaborate on the establishment of endpoints other than abstinence for use in clinical trials of medications to treat substance use disorders. Such alternative endpoints may include reduced craving (defined as a strong desire or urge to use drugs), reduced drug use, or reduced substance use disorder severity. The Committee appreciates NIDA-funded research on using alternative endpoints in clinical research on substance use disorders, such as the recent finding that reduced drug use is associated with meaningful clinical improvements for people with stimulant use disorders. The Committee urges FDA and NIDA to build upon such research and work together toward incorporating alternative endpoints into clinical trials for substance use disorders.

Investments in Basic Research.—The Committee is aware that basic research is the foundation for clinical research, both of which pave the way to new or improved treatments for substance use dis-

orders. Basic research can focus on the causal mechanisms underlying the functioning of the human body and provides a critical understanding of the short- and long-term impacts of drug use. The discoveries that are made through basic research can often be translated directly into improved patient care, including novel medications, fewer drug-related fatalities, and science-based methods for preventing substance use and substance use disorders. The Committee encourages NIDA's continued investments in investigator-initiated grants in basic research and support for training of young investigators to ensure a healthy and growing population of researchers.

Methamphetamine and Other Stimulants.—The Committee is concerned that, according to predicted provisional data released by CDC, overdose deaths involving drugs in the categories that include methamphetamine and cocaine increased by 38 and 43 percent respectively, in just 2 years. This sharp increase has led some to refer to stimulant overdoses as the “fourth wave” of the current drug overdose epidemic in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. No FDA-approved medications are available for treating methamphetamine, cocaine, and other stimulant use disorders. While there are currently approved medication assisted treatments [MATs] for alcohol and opioid addiction there remains no approved MAT for methamphetamine addiction. The Committee urges NIDA to continue its ongoing trials in order to expeditiously find and approve a MAT for methamphetamines. The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamine and other stimulant use disorders and related deaths.

Opioid Initiative.—The Committee continues to be concerned about the opioid overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The Committee is also aware of increases in opioid overdose deaths since 2020, with the primary driver being the increased overdose deaths involving synthetic opioids, primarily fentanyl. Approximately 295 people die each day in this country from drug overdose (over 224 of those are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. To combat this crisis, the Committee has provided within NIDA's budget no less than \$370,295,000, an increase of \$5,000,000, for the Institute's share of the HEAL Initiative and in response to rising rates of stimulant use and overdose. The Committee encourages NIDA to continue research on the development of safe and effective medications and new formulations and combinations to treat substance use disorders and prevent or reverse overdose, and to continue research on comprehensive care models in communities nationwide to prevent and treat opioid misuse and opioid use disorder, expand treatment capacity, enhance access to overdose reversal medications for opioid use disorder, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medication treatment and methods to scale up these interventions; and develop evidence-based strategies to integrate screening and treat-

ment for opioid use disorders in emergency department and primary care settings. The Committee has included language expanding the allowable use of these funds to include research related to stimulant use and addiction.

Overdose Reversal Drugs.—Recognizing the increasing severity of the National opioid crisis and the need to better our options for responding to, treating, and preventing overdoses, the Committee encourages NIDA to prioritize research to expedite treatments for and prevention of overdose from fentanyl, fentanyl analogs, and other emerging substances. Grant recipients should be able to develop and advance additional treatment and overdose prevention options such as a human IgG1 monoclonal antibody specific for fentanyl and structurally related fentanyl analogs to be delivered by intravenous, subcutaneous, and/or intramuscular (i.e., auto-injection) routes of administration.

Raising Awareness and Engaging the Medical Community in Drug Use and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, emergency medicine, and pediatrics). The Committee encourages NIDA to continue to provide clinical resources to providers to help identify and treat patients with substance use disorder.

Youth E-Cigarette Use.—The Committee is aware of alarming trends in youth e-cigarette use and recent survey data from CDC indicating that more than 10 percent of high school students and 4.6 percent of middle school students reported using e-cigarettes in the previous 30 days in 2023. The Committee understands that electronic cigarettes (e-cigarettes) and other vaporizing equipment remain popular among adolescents, and requests that NIDA continue to fund research on the use and consequences of using these devices. The Committee is pleased that NIDA continues to support the Monitoring the Future survey and Population Assessment of Tobacco and Health studies, which provide timely data on tobacco products and other drug use. Finally, with more than 4 million young people using e-cigarettes, there is a greater need for research into therapeutic options for nicotine cessation among youth who have developed addiction to nicotine. The Committee encourages NIDA to continue supporting research to develop therapies, including both pharmacologic and behavioral therapies, to combat nicotine addiction in pediatric populations.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2024	\$2,187,843,000
Budget estimate, 2025	2,503,162,000
Committee recommendation	2,642,343,000

The Committee recommendation includes \$2,642,343,000, an increase of \$454,500,000, for the National Institute of Mental Health [NIMH].

Autism Spectrum Disorder [ASD].—The Committee encourages NIH to support greater investment in research on autism, particularly in areas outlined in the Interagency Autism Coordinating Committee’s [IACC] Strategic Plan for ASD. The Committee urges NIMH to work in close partnership with the other Institutes that serve on the IACC to provide an update on the level of research investment for each of the priority areas outlined in the IACC Strategic Plan for ASD. While significant progress has been made in the understanding of autism, large gaps remain in the ability to improve outcomes and access to services for autistic individuals across their life span. Research has shown that autistic individuals have higher rates of some co-occurring physical and mental health conditions, impacting quality of life and increasing medical utilization and costs. Additionally, there are significant unaddressed racial, ethnic, and socioeconomic health equity challenges experienced by autistic individuals across their life span and by their families. As such, the Committee encourages NIMH to work collaboratively with NIMHD to support research on the socioeconomic, racial, and ethnic health disparities associated with ASD, and to work collaboratively with other institutes including NIA, NIEHS, and NINDS to support research on the impact of neurological, social, and environmental factors leading to co-occurring health conditions.

Computational Resources.—The Committee is aware of and concerned about the neural basis of complex mental disorders for pediatric and adolescent children. The Committee understands these neuroimaging data are among the most challenging for university researchers to analyze. The Committee encourages NIMH to consider funding programs and projects that would increase the capacity for computational hardware and resources for analysis and training to identify neural patterns that are protective against mental illnesses. The Committee also encourages NIMH to prioritize research related to the development of new algorithmic approaches to integrate complex data sources to improve diagnosis, treatment, and protection of mental illnesses.

Mental Health Research.—In recognition of the country’s unprecedented mental health crisis, the Committee provides a \$275,000,000 increase for mental health research. This funding is provided to support research focused on developing targeted prevention of and treatment for mental illness. The Committee expects this funding will be used to accelerate better diagnostics, improved therapeutics and behavioral treatments, and enhanced precision of mental healthcare; continue to develop a new Precision Psychiatry Initiative; and support studies of social media’s impact on mental health. The Committee supports NIMH efforts to launch a new depression biomarker development effort to guide treatment decisions for major depression and identify research gaps and opportunities for understanding relationships among social media behavior, social media engagement, and youth mental health. These initiatives will combine innovative physiological and behavioral methods to better predict patient prognosis and optimize treatment. In addition, the Committee continues to be concerned about the effects of the COVID–19 pandemic on mental and behavioral health and encourages NIMH to support research into the impacts of the pandemic on mental health.

Peer Support for Youth.—The Committee understands that many youth who are struggling with their mental health seek out peer support services, often because they are not ready to engage or do not have access to clinical healthcare. But while numerous studies have shown that peer support increases help-seeking behavior and reduces social isolation in adults, research on youth peer support services and peer-to-peer counseling programs is limited. Therefore, the Committee encourages NIMH to prioritize research in these areas, including how to scale up such services and programs effectively. In addition, the Committee encourages NIMH to continue to regularly hear from young people to inform its future research priorities through its Advisory Council, strategic planning process, focus groups or similar leadership methods. The Committee supports the agency’s existing youth-informed activities and encourages additional efforts to grow youth engagement in setting its research priorities and carrying out participatory research.

Suicide Prevention.—The Committee recognizes that suicide a complex, and serious public health problem with multiple contributing factors, including biological, psychological, social, and environmental. The Committee encourages NIMH to direct additional attention to suicide prevention research across all of these areas, as well as the application of novel measurement techniques, statistical analysis, digital initiatives and information systems. The Committee also encourages NIMH to promote greater collaboration with other NIH Institutes and Centers with expertise in research areas that can contribute to suicide prevention, especially NIA, NICHD, NHGRI, NIAAA and NIDA. The Committee requests an update on these activities in the fiscal year 2026 CJ.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2024	\$663,200,000
Budget estimate, 2025	663,660,000
Committee recommendation	663,200,000

The Committee recommendation includes \$663,200,000 for the National Human Genome Research Institute [NHGRI].

Pharmacogenomic Research.—The Committee notes that an individual’s genome influences responses to medications, including side effects, metabolization of medications, and effectiveness of medications, and therefore recognizes that additional research is needed to support the advancement of pharmacogenomics.

Proteomics.—The Committee recognizes the promise of research into the proteome in the study of biological systems. The ability to effectively and efficiently analyze protein patterns and their changes over time has potential to provide valuable insights into a person’s real-time state of health including identifying existing disease, understanding the biological drivers of that disease, predicting near-term health events, and guiding effective therapeutic interventions. The Committee urges NHGRI to utilize existing resources to engage with academia and domestic industry partners to expand its research into this cutting-edge field.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2024	\$440,627,000
Budget estimate, 2025	441,944,000
Committee recommendation	440,627,000

The Committee recommendation includes \$440,627,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

Biomedical Technology Development.—The Committee is pleased with the success of the Rapid Acceleration of Diagnostics Tech program in accelerating the innovation and commercialization of COVID–19 diagnostic technologies. The Committee appreciates NIBIB’s efforts to expand the innovation funnel model beyond COVID–19 testing to address other critical unmet needs in diagnostic testing and other biomedical technologies and encourages NIBIB to continue these efforts in fiscal year 2025 in consultation with other institutes and centers, including but not limited to NHLBI, NIAID, NICHD, NIA, NINDS, and NIMH. The Committee further directs NIBIB to provide an update in the fiscal year 2026 CJ on progress of these efforts.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2024	\$170,384,000
Budget estimate, 2025	170,894,000
Committee recommendation	170,384,000

The Committee recommendation includes \$170,384,000 for the National Center for Complementary and Integrative Health [NCCIH].

Pain Management.—The Committee includes \$5,000,000 to support research into non-pharmacological treatments for pain management and urges NCCIH, along with DOD and VA, to continue to support research, including comorbidities such as opioid misuse, abuse, and disorder among military personnel, veterans, and their families. The Committee urges NIH, VA, and DOD to expand research on non-pharmacological treatments for veterans and service members.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2024	\$534,395,000
Budget estimate, 2025	526,710,000
Committee recommendation	539,395,000

The Committee recommendation includes \$539,395,000, an increase of \$5,000,000, for the National Institute on Minority Health and Health Disparities [NIMHD].

Improving Native American Cancer Outcomes.—The Committee notes that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes \$8,000,000, an increase of \$2,000,000, for the Initiative for Improving Native American Cancer Outcomes to support efforts including research, education, outreach, and clinical access related to cancer in Native American populations. The Committee further directs NIMHD to work with NCI to locate this Initiative at an NCI-designated cancer center demonstrating partnerships with Indian Tribes, Tribal organizations,

and urban Indian organizations to improve the screening, diagnosis, and treatment of cancers among Native Americans, particularly those living in rural communities.

Native Hawaiian/Pacific Islander Health Research Office.—The Committee includes \$7,000,000, an increase of \$3,000,000, for a Native Hawaiian/Pacific Islander Health Research Office. This office should focus on both addressing Native Hawaiian and Pacific Islander [NHPI] health disparities as well as supporting the pathway and research of NHPI investigators. The office should develop partnerships with academic institutions with a proven track record of working closely with NHPI communities and NHPI-serving organizations and located in States with significant NHPI populations to support the development of future researchers from these same communities.

Research Centers at Minority Institutions [RCMI] Program.—The Committee encourages NIMHD to continue investing in this program to provide more opportunities for health professions institutions with historical missions and precedence of serving minorities and building research infrastructure to conduct minority health and health disparities research.

Research Endowment Program.—The Committee is pleased with NIMHD’s reinvigoration of the Research Endowment Program and recent investments in the program. The Committee urges NIMHD to increase funding available to existing grantees and continue to expand and assist eligible institutions receiving grants with this additional funding through a competitive process.

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

Appropriations, 2024	\$95,162,000
Budget estimate, 2025	95,415,000
Committee recommendation	95,162,000

The Committee recommendation includes \$95,162,000 for the Fogarty International Center [FIC].

Fogarty International Center [FIC].—The Committee recognizes the need to support resources for FIC for its work in strengthening health research systems, training infectious disease researchers, and improving pandemic preparedness in low- and middle-income countries [LMICs]. FIC supports cross-cutting research and research training programs that apply to a broad range of health threats, enabling grantees and trainees to anticipate and respond effectively to new global challenges. Programs within FIC support training for researchers in the development and use of powerful tools such as data science, mobile health, and bioinformatics, which are applied to anticipating and controlling a wide range of global health threats that could impact the United States. The Committee encourages FIC to continue to expand training and research partnerships with schools and programs of public health and related academic institutions in support of this core mission. In addition, the Committee supports expanding FIC’s role in pandemic preparedness and research capacity building, including by strengthening international coordination, increasing capacity for computational modeling and outbreak analytics, and supporting research to

reduce health disparities and improve implementation of health interventions in low-resource settings.

Global Infectious Disease Research Training Program.—The Committee recognizes that building a critical mass of researchers in developing countries is essential to controlling infectious diseases. Such researchers are key to generating new strategies for disease prevention and treatment. Therefore, the Committee urges FIC to prioritize funding for the Global Infectious Disease Research Training Program.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2024	\$497,548,000
Budget estimate, 2025	526,796,000
Committee recommendation	597,548,000

The Committee recommendation includes \$597,548,000, an increase of \$100,000,000, for the National Library of Medicine [NLM].

Data Initiative.—The Committee supports the transformation of NLM from its traditional role as a repository of data and research results to one where it serves as an active hub coordinating the use of ever-expanding data resources and facilitates researcher access to advanced analytics, including artificial intelligence and machine learning techniques. The Committee provides \$100,000,000 to begin to expand NLM’s data storage capabilities and develop the tools, computational resources, and datasets necessary to establish a federated biomedical research data sharing infrastructure that features a centralized catalog of data holdings and use models. Such a platform will be integrated with existing HHS infrastructure to obtain data from the clinical care environment. It will integrate data collected from NIH intramural and extramural research programs, including existing platforms focused on genomic and biomolecular structure; image processing; systems biology networks, gene regulation; health information standards; natural language processing; and statistical methods, among others. Examples of data access models to be considered for integration in the platform include but are not limited to: the Genomic Data Science Analysis, Visualization, and Informatics Lab-space [AnVIL], Health Equity Action Network [HEAN], Medical Imaging and Data Resource Center [MIDRC], National COVID Cohort Collaborative [N3C], NCI Clinical Trials Data, and NCI Cancer Research Data Commons. A new data initiative under development across HHS agencies, led by NIH in collaboration with the Office of the National Coordinator for Health Information Technology, will also enable comprehensive data collection from the clinical care environment, i.e. “real world” data. This initiative will drive development and implementation of data standards, increase data quality and speed time to data access for use in clinical decision-making and ultimately lead to better health outcomes. NLM will provide the infrastructure required to achieve the data catalogue, collection, security, and use management required for this new “real world” data platform. Finally, NLM is directed to leverage this dynamic research environment to serve as an educational platform to train and support a diverse data science workforce. The Committee expects that this restructuring will elevate NLM to serve as an epicenter for NIH-funded

research to advance information science, analytics, and data science, and support the application of artificial intelligence in biomedical research. NLM is directed to provide an update on these efforts within 120 days of enactment.

Epitranscriptomics Database Standards.—The Committee recognizes the recent release of the National Academies of Sciences, Engineering, and Medicine [NASEM] report “Charting a Future for Sequencing RNA and Its Modifications” in March 2024. The Committee notes the report’s recommendation that clear and consistent standards for data and databases need to be established to facilitate data access and sharing. Given that NLM’s National Center for Biotechnology Information [NCBI] collaborates with the scientific community to support development of standards for databases and biological nomenclature, among other responsibilities, the Committee urges NCBI to support the establishment of data and database standards for epitranscriptomics in collaboration with the scientific community consistent with the NASEM report recommendation, and include an update on this effort in the fiscal year 2026 CJ.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2024	\$928,323,000
Budget estimate, 2025	926,086,000
Committee recommendation	933,323,000

The Committee recommendation includes \$933,323,000, an increase of \$5,000,000, for the National Center for Advancing Translational Sciences [NCATS].

Clinical and Translational Science Awards [CTSA] Program.—The Committee provides \$629,560,000 for the CTSA program, the same as the fiscal year 2024 enacted level. Well-resourced and fully supported U-awards form the backbone of the CTSA program and any ongoing changes to grants and awards mechanism for CTSA should maintain this focus to ensure hubs continue to have flexibility and stability, as well as thrive and provide an effective core that drives this critical national network forward, including developing localized partnerships, and effectively training the next generation of researchers while enhancing research capacity. The Committee reiterates that NCATS should continue to support at least 60 sites and that any hub that successfully recompetes for funding should continue to receive at least 95 percent of its previous level of support, if such an amount is requested. U-awards should continue to form the primary base of support so that hubs have flexibility and stability, can continue to develop localized partnerships, and can effectively train the next generation of researchers while enhancing research capacity. While the Committee recognizes optional funding opportunities which were previously incorporated into the prior single application offer a higher level of institutional funding support, NCATS must ensure these opportunities do not diffuse the focus of CTSA and create challenges to ongoing national collaborative. The Committee also notes the work of the IDeA Clinical and Translational Research centers and urges increased collaboration between these programs.

Collaboration with Business Incubators.—The Committee urges NCATS to continue proactive outreach to redouble its efforts to le-

verage its mission by exploring opportunities or potential collaborations with business incubators that host small to midsize science, research and pharmaceutical companies that use service-based approaches to nurture and guide their member companies to success. The Committee encourages NCATS to continue to use Administrative Supplements to existing CTSA contracts to fulfill this objective.

Cures Acceleration Network [CAN].—The Committee continues to provide \$75,000,000 for the CAN to reduce barriers between research discovery and clinical trials.

National Clinical Cohort Collaborative [N3C].—The Committee provides an increase of \$5,000,000 to support N3C’s open-science, privacy-preserving data-sharing platform to accelerate biomedical research and discovery. Supported by the CTSA Program, N3C links de-identified electronic health record data with other types of data such as imaging, mortality, and Medicare and Medicaid data from CMS to answer key research questions on a variety of diseases, with two diseases being piloted. The Committee supports the continuation of N3C and encourages NCATS to continue coordinating with other HHS agencies to make N3C available as an underlying common real-world data platform to drive faster discovery across a range of diseases and maximize the Federal research investment by creating a reusable data infrastructure. Within 1 year of enactment, the Committee requests NCATS provide a 5-year strategic plan and recommendations for expanding the N3C platform.

Rare Disease Research.—The Committee encourages NCATS to leverage the investments made in NCATS rare disease research to accelerate the development of new treatments for the 95 percent of rare diseases with no approved treatment, to strengthen the innovation of diagnostics to shorten the average 6.3 year-long diagnostic odyssey, and to lower the nearly \$1,000,000,000,000 annual economic burden of rare diseases. The Committee urges NCATS to increase funding for rare disease research, helping to grow the newly created Division of Rare Diseases Research Innovation.

Translational Science.—The Committee recognizes the important work of NCATS-funded CTSA’s in supporting innovation and job creation. The Committee also understands that many commercially promising and potentially lifesaving inventions from CTSA’s are often translated into FDA-approved and commercially available products. The Committee understands that there can be limitations in commercialization knowledge and resources available. The Committee therefore urges NCATS to continue to work with CTSA’s to provide opportunities to translate research.

OFFICE OF THE DIRECTOR

Appropriations, 2024	\$2,605,514,000
Budget estimate, 2025	3,013,455,000
Committee recommendation	3,109,514,000

The Committee recommendation includes \$3,109,514,000 for the Office of the Director [OD]. Within this total, \$692,401,000 is provided for the Common Fund, and \$12,600,000 is included for the Gabriella Miller Kids First Research Act (Public Law 113–94).

ADRD Clinical Trial Diversity/Health Equity.—The Committee recommends that NIH fund or conduct Black/African American-, Latino/Hispanic- and women- only research studies to better understand the underlying etiology of cognitive impairment and dementia in these groups that have disproportionately higher prevalence of disease.

Advancing Novel Alternative Methods Research.—The Committee is encouraged by many of the insights and recommendations of the Advisory Committee to the Director [ACD] Working Group on Catalyzing the Development and Use of Novel Alternative Methods [NAMs] to Advance Biomedical Research, detailed in the December 2023 Report to the ACD and accepted by the NIH in February 2024. The Committee acknowledges that NAMs complement understanding of human biology and advance human health. Within 18 months of enactment of this act, the Committee directs the NIH to publish a publicly available Strategic Plan for NAMs Research to aid in implementing the Working Group recommendations. The Strategic Plan is encouraged to include timelines for reaching identified goals, including benchmarks where available, and strategies for measuring progress toward advancing NAMs across NIH Institutes and Centers. The Committee encourages NIH to provide Congress with a report on progress toward the development of the Strategic Plan, including a plan for public input, within 180 days of enactment of this act. Following the Strategic Plan's publication, the Committee expects NIH to provide publicly available updates on the progress of implementing the Strategic Plan annually. NIH is encouraged to update the Strategic Plan at least every 5 years following its publication.

Alcohol and Polysubstance Misuse Research.—The Committee is pleased to see NIH supporting research on alcohol and polysubstance use, and urges the Director to continue to support research in this area across the United States. Given the increasing prevalence of polysubstance-involved overdose deaths, particularly among rural and minority communities, the Committee also encourages the Director to support studies in rural and minority communities with high rates of mortality involving alcohol and polysubstance use.

All of Us Research Program.—The Committee provides \$383,000,000 for the All of Us Research Program, fully restoring it to the fiscal year 2023 enacted level.

ALS Research, Treatments, and Expanded Access.—The Committee continues to provide funding for ALS research to reduce the burdens of people with ALS as quickly as possible. It is crucial for people living with ALS and people diagnosed with ALS in the future, that NIH dramatically grows its ALS portfolio and the research workforce with additional grant funding and increases its focus on research that will lead to measurable changes in the lives of people living with ALS. The Committee directs NIH to handle funding of expanded access grants as authorized by the Accelerating Access to Critical Therapies [ACT] for ALS (Public Law 117–79) as separate, not competitive with, funding for other research on ALS and includes \$75,000,000 for this purpose. Expanded Access Grants support scientific research utilizing data from expanded access to investigational drugs for people with ALS

who are not eligible for clinical trials. The Committee requests NINDS include ALS clinics across the country in an ALS Clinical Research Network to increase capacity for research utilizing data from expanded access and other clinical research at geographically distributed sites. The Committee continues to direct NINDS and OD to brief the Committees prior to any execution of expanded access grants or programmatic funding. Once awards are announced, the Committee directs NINDS and OD to provide the Committees with an explanation of the funded grants, including a clear breakdown of what the funding is to be used for. Furthermore, after the review and awards of meritorious applications under Section 2, the Committee directs NIH to apply any unused funds to programs authorized under ACT for ALS including Section 3 public-private research partnership. Finally, if sufficient eligible applications are not received, or NINDS and OD have any reason to believe any funding should lapse, the ICs are directed to notify the Committees prior to notifications of awards. This notification shall include: (1) a detailed explanation as to why applications cannot be funded; (2) the technical assistance provided to applicants to assist them in submitting eligible grant applications; and (3) a proposed plan to award funding for other ALS research identified by the NIH ALS Strategic Priorities prior to the end of the fiscal year.

Amyloidosis.—The Committee urges NIH to expand its research efforts in amyloidosis, a group of rare and often fatal diseases. Amyloidosis is characterized by abnormally folded protein deposits in tissues. Federal and foundation support over the past years has given hope for successful new treatments. However more efforts are needed to accelerate research and awareness of the disease and to help patients with amyloidosis related multi-organ dysfunction.

Artificial Intelligence/Machine Learning [AI/ML].—The Committee provides \$155,000,000, an increase of \$20,000,000, for the Office of Data Science Strategy to support NIH's efforts to build capacity to leverage AI, ML and data science to accelerate the pace of biomedical innovation. The Committee encourages NIH to continue expanding the application of AI, ML, and data science across its research portfolio. The application of AI methods in biomedicine offer promising new approaches to screen for, detect, and diagnose health conditions, predict disease risk and progression, improve drug discovery, and optimize precision care for patients. However, the AI/ML research field lacks diversity in its researchers as well as in the data sets that it uses. Furthermore, new techniques are needed to incorporate ethics and trustworthiness into the design of new models. These gaps pose a risk of creating and continuing harmful biases in how AI/ML is used, how algorithms are developed and trained, and how findings are interpreted, ultimately leading to continued health disparities and inequities. The Committee notes Executive Order 14110 and supports efforts to increase diversity in AI/ML, including accelerating grants awarded through NIH's AI/ML Consortium to Advance Health Equity and Researcher Diversity [AIM-AHEAD] program. In addition, the Committee supports the enhancement of biosecurity oversight in order to keep pace with scientific advances, including E.O. 14110's requirement to develop a framework for synthetic nucleic acid screening. The Committee supports these activities and directs

NIH to engage with intergovernmental partners to ensure their proper implementation. The Committee supports the memorandum of understanding [MOU] between NIH and the Department of Energy [DOE] focused on using advanced computing, quantum, and AI/ML for biomedical research and data sourcing. The Committee encourages NIH to continue coordinating with DOE to accelerate advances in precision oncology and scientific computing as part of the Cancer Moonshot program. The Committee continues to support collaboration between NIH and DOE to bring together biomedical scientists with computer scientists and other data science experts. The Committee also supports NIH's contributions to the National AI Research Resource [NAIRR] and the creation of AI ready datasets for the research community. The Committee encourages NIH to develop effective AI education and training pathways for the health research workforce, including trainees and senior scientists, to ensure the U.S. biomedical research workforce remains at the forefront of scientific discovery. These training resources should support biomedical researchers from diverse populations and backgrounds in the use of AI technologies to efficiently, accurately, and meaningfully process data for their research, as well as to participate in multi-disciplinary teams to develop new capabilities that advance biomedical AI. The Committee urges NIH to establish infrastructure capabilities around data, computing, and software across the agency and within the research community. The Committee also urges NIH to coordinate with relevant intergovernmental partners to support this long-term mission.

Biomedical Research Facilities.—The Committee continues to provide \$80,000,000 for grants to public and nonprofit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under section 404I of the Public Health Service Act (42 U.S.C. 283k). The Committee urges NIH to make awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities. The Committee also encourages NIH to allocate no less than 25 percent of funding for this program to institutions of emerging excellence, that could include those in IDEA States, to ensure geographic and institutional diversity.

Biosecurity in Synthetic Nucleic Acid Synthesis.—The Committee commends the multiple Federal efforts to advance the adoption of strong biosecurity standards for synthetic biology technologies. NIH and other agencies that fund life-sciences research are required to establish that, as a requirement of funding, synthetic nucleic acid procurement is conducted through providers or manufacturers that adhere to the Framework for Nucleic Acid Synthesis Screening. Moreover, NIH should also explore approaches to encourage the purchase of domestically produced synthetic genetic materials and tools to protect U.S. intellectual property. The Committee requests an update within 90 days of enactment on NIH's ongoing work to advance the adoption of strong biosecurity standards for synthetic biology technologies.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.—The Committee continues to support the BRAIN Initiative which is revolutionizing our understanding of the brain and fostering discoveries, collaborations, and partnerships

that will lead to treatments and cures for brain diseases, disorders and injuries. The Committee provides \$359,000,000 for the BRAIN Initiative, fully restoring the program to its fiscal year 2023 enacted amount. The Committee requests the BRAIN Initiative to communicate about the progress and achievements of the key projects and studies it is supporting with these funds by reporting on their objectives and anticipated/actual outcomes within 90 days of enactment.

Cannabis Research.—The Committee is concerned that marijuana policies on the Federal level and in the States (medical marijuana, recreational use, etc.) are being changed without the benefit of scientific research to help guide those decisions. The Committee recognizes the increased interest and need to study cannabis and its constituent cannabinoids. The Committee encourages NIH to continue supporting its current research agenda across its Institutes and Centers, including research on higher potency THC, alternative cannabis formulations and extracts, and minor cannabinoids. The Committee also encourages NIH to continue supporting research on the potential medical uses of cannabis, such as for chronic pain, appetite stimulation, immune diseases, cancer, metabolic and digestive disorders, epilepsy, glaucoma, MS, sleep disorders, and a variety of mental health conditions such as anxiety and PTSD. The Committee encourages NIH to continue to take an integrated approach to cannabis research across its Institutes and Centers. Finally, the Committee encourages NIH to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health.

Cell and Gene Therapies.—Newly approved cell and gene therapies provide enormous promise for patients with conditions ranging from various cancers such as lymphoma and multiple myeloma to inherited blood disorders like hemophilia, sickle cell disease and beta thalassemia. Long-term data from clinical trials and real world experience are needed for researchers, practitioners, and patients to understand the long-term effects and potential toxicities associated with these therapies. The Committee encourages NIH to explore these issues by holding a workshop with the relevant Federal agency representatives, including FDA and NIH, and expert stakeholders on this topic and requests an update in the fiscal year 2026 CJ.

Cephalopod Research.—The Committee recognizes that there are no federally required welfare standards for the use of cephalopods in federally-funded research because all invertebrate animals are excluded from the Public Health Service [PHS] Policy on the Humane Care and Use of Laboratory Animals, which provides certain welfare standards for vertebrate animals. The Committee recognizes that implementing and complying with the PHS Policy requires reference to guidelines in the Guide for the Care and Use of Laboratory Animals (the Guide), which does not currently include cephalopod-specific welfare guidelines, and updates to which are overseen by the National Academies of Sciences, Engineering, and Medicine [NASEM]. The Committee appreciates NIH's efforts to consolidate resources and possibly develop guidance for the humane care and use of laboratory cephalopods; however, this guid-

ance will not be a sufficient substitution for the PHS Policy in establishing welfare standards for cephalopods, and will be temporary until cephalopod guidelines are included in the Guide and until the PHS Policy definition of “animal” is updated to include cephalopods. The Committee urges NIH to continue working with NASEM on this issue and urges NIH to consider expanding the definition of “animal” in the PHS Policy to include cephalopods if the Guide is updated and permanent guidelines are in place.

Childhood Post-Infectious Neuroimmune Disorders/PANS/PANDAS.—The Committee is concerned that although NIH supports research on Pediatric Acute-Onset Neuropsychiatric Syndrome [PANS] and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus [PANDAS], significantly more needs to be done. Understanding the causes, diagnosis, and treatment of these life-threatening diseases is essential to expedite early identification and intervention, thereby reducing the risk of chronic illness and associated costs to families, school systems, healthcare systems, and insurers. PANS/PANDAS research also would further the understanding of the critical link between neuropsychiatric illness and COVID-19 and other infections. The Committee encourages NIH to continue to prioritize research on PANS/PANDAS and related to autoimmune encephalitic conditions, and requests an update in the fiscal year 2026 CJ on the progress being made on mechanisms of disease, the identification of biomarkers to aid in diagnosis, the evidence base for new and existing treatments, and the role of genetic susceptibility.

Chimera Research.—The Committee supports NIH’s funding limitation regarding the introduction of human pluripotent cells into non-human vertebrate animal pre-gastrulation stage embryos. The Committee takes seriously the bioethical considerations regarding the creation of human-animal chimeras and the continuation of research using these cells.

Chimpanzees.—The Committee is concerned that NIH has not moved chimps from Holloman Air Force Base in Alamogordo, New Mexico, despite Federal law and court orders directing the agency to do so. The Committee strongly urges the NIH to relocate the chimps from Holloman Airforce Base to Chimp Haven if their health conditions allow for their safe transport. Within 30 days of enactment, NIH is directed to provide a report to the Committee on progress toward relocating chimps from Holloman Air Force Base to Chimp Haven, and monthly thereafter until all chimps have been successfully relocated.

Common Data Elements [CDEs].—The Committee applauds the Office of Data Science Strategy for issuing a request for information [RFI] to stakeholders focused on developing CDEs and for convening a workshop on this topic. The Committee recognizes the importance of CDEs in facilitating research activities and fostering collaboration amongst the research and healthcare communities. CDEs are instrumental in standardizing data collection, enhancing data quality, and enabling more effective data sharing and analysis, particularly in complex areas such as autoimmune and immune-mediated diseases. The Committee encourages NIH to build upon the RFI and workshop and to develop a plan to work with

stakeholders, particularly in the autoimmune and immune-mediate communities, to develop and advance the use of CDEs.

Common Data Elements for Women's Health.—The Committee recognizes the continued need to develop common data elements [CDEs] related to women's health that will help researchers share and combine datasets, promote interoperability, and improve the accuracy of datasets when it comes to women's health. The Committee encourages the Office of Data Science Strategy [ODSS] to collaborate with the Office of Research on Women's Health [ORWH] and Institutes and Centers to prepare a roadmap for developing new NIH-endorsed CDEs to capture more data about women's health in both research and clinical settings. In addition, the Committee urges NIH to launch a data resource to better coordinate and integrate investments in women's health research across NIH. The Committee encourages ODSS and ORWH to engage outside stakeholders, including professional societies and patient organizations, in this work, as appropriate. NIH is directed to provide an update on relevant activities within 90 days of enactment.

Common Fund.—The Committee includes an increase of \$20,000,000 for the Common Fund and acknowledges the role of the NIH Common Fund in advancing biomedical research and fostering innovative research collaborations across various NIH Institutes, Centers, and Offices to catalyze discovery across all biomedical research, and to create a space where investigators and multiple NIH Institutes, Centers, and Offices collaborate to address scientific challenges and opportunities that are high-priority for NIH as a whole. The Committee encourages the Common Fund to consider establishing an RNA Project ["RNOME"] to support this work. The Committee requests an update on Common Fund projects in the fiscal year 2026 CJ.

Compensation for Trainees and Early Career Researchers.—The Committee appreciates that the future of U.S. economic competitiveness and our Nation's ability to address national, economic, and health security threats depends on sustaining a robust STEM workforce. Ensuring individuals from communities that are underrepresented in the STEM field can enter and sustain a career as part of the STEM workforce is essential to strengthening the research workforce going forward. The Committee is deeply concerned that entrenched financial barriers are increasingly deterring graduate and postdoctoral students, particularly those from underrepresented communities, from pursuing STEM careers. The lack of Cost-of-Living Adjustments [COLAs] can make it financially unrealistic for postdoctoral scholars to accept positions, particularly in high-cost areas; areas in which academic medical centers are located. The Committee commends NIH for proposing meaningful increases in stipends for postdoctoral scholars. These increases take a significant step towards returning National Research Service Awards [NRSA] to their inflation-adjusted pre-pandemic levels and brings the agency closer to offering real dollar increases in the stipend of early career researchers that are needed to ensure a strong STEM workforce. The Committee looks forward to NIH's continued efforts to meet its goal of \$70,000 stipends for NRSA postdoctoral scholars as soon as possible. The Committee directs NIH to con-

sider alternatives for faster implementation of this goal and looks forward to receiving NIH's report on the adequacy of compensation for trainees as required by the Consolidated Appropriations Act, 2024 (Public Law 118–122).

Create and Implement a Comprehensive Research Agenda on Menopause.—Consistent with the Executive Order on Advancing Women's Health Research and Innovation, NIH will launch a comprehensive research agenda that will guide future investments in menopause-related research and advance the treatment of menopausal symptoms. The Committee continues to support NIH's work to expand data collection efforts related to women's midlife health, identify ways to improve management of menopause-related issues and the clinical care that women receive, and develop new resources to help women better understand their options for menopause-related symptoms, prevention, and treatment. The Committee encourages NIH to support research that will inform the development of safe and effective treatments for perimenopause- and menopause-related symptoms. In addition, the Committee requests a report on data and knowledge gaps, or other barriers, related to research, diagnostic testing, and treatments with respect to the menopausal transition. The Committee encourages NIH to convene a stakeholder workshop to discuss research needs. Finally, the Committee encourages NIH to consider expanding research on non-hormonal management options for menopause to establish a more comprehensive and consistent scientific evidence base regarding their efficacy, safety, and long-term effects. NIH is directed to provide an update on menopause-related research activities within 120 days of enactment.

Denying Foreign Access to Americans' Sensitive Health Data.—The Committee is concerned that NIH does not have proper protocols to restrict the ability of foreign adversaries from accessing sensitive data within NIH databases. Therefore, the Committee directs the Director, within 30 days of enactment, to report on its processes to maintain, update, publish and implement user authentication protocols to restrict the ability for foreign adversary entities, as defined in 15 CFR section 7.4, to access the databases.

Developmental Delays.—The Committee continues to provide \$10,000,000 for research on developmental delays, including speech and language delays in infants and toddlers, characterizing speech and language development and outcomes in infants and toddlers through early adolescence. The Committee urges NIH to support research which may include longitudinal studies, translation of research into clinical practice, and novel approaches to study children with speech and language delays to provide parents, teachers, pediatricians, and other caregivers with the information they need to help late talking children grow and thrive in school and other social environments.

Diet and Chronic Disease Research.—The Committee applauds NIH, including the Office of Nutrition Research and NIAID, for moving ahead with a scientific workshop focused on the role food and diet play in developing mucosal immunity for conditions such as Crohn's disease, ulcerative colitis, and other digestive and autoimmune or immune-mediated diseases. This workshop is anticipated to provide crucial insights to inform future Inflammatory

Bowel Disease and larger diet and nutrition research and public health activities. The Committee urges NIH to promptly disseminate the proceedings of this workshop, particularly recommendations to inform future research funding priorities.

Emerging Technologies.—The Committee commends NIH for seeking new mechanisms to partner with other Federal agencies, such as its partnership with the National Science Foundation on emerging technologies such as quantum information sciences and quantum technologies, bioengineering and synthetic biology, artificial intelligence, and digital twins. As these programs are developed, the agencies are encouraged to find mechanisms to continue activities at the intersections of robotics, biomechanics, disabilities, and chronic pain. The National Robotics Initiative supported these efforts and now that it has sunsetted the agencies should ensure new mechanisms to foster collaboration between biomedical researchers and engineers, computer and physical scientists, and other disciplines to ensure progress on critical health challenges are considered.

Environmental Influences on Child Health Outcomes [ECHO].—The Committee includes \$180,000,000, for the ECHO program. ECHO currently funds the Navajo Birth Cohort Study. The Committee encourages expanding the study to include a larger representation of Navajo children in the cohort to allow for a better understanding of the impacts of environmental exposure in the Navajo Nation.

Expanding Support for Young Investigators.—NIH has been criticized for funding too many late career scientists while funding too few early career scientists with new ideas. The Committee is concerned that the average age of first-time R01 funded investigators remains 42 years old. More than twice as many R01 grants are awarded to investigators over 65 than to those under 36 years old. The Committee appreciates NIH's efforts to provide support for early-career researchers through several dedicated initiatives, including the NIH Director's New Innovator Award, Next Generation Researchers Initiative, Stephen Katz award, and the NIH Pathway to Independence Award. The Committee encourages NIH to continue supporting these important initiatives and to expand support for early career researchers by increasing the number of award recipients for these programs in future years. The Consolidated Appropriations Act, 2024 (Public Law 118–122) directed NIH to provide a “professional judgement” budget to the Committee to grow and retain the early career investigator pool, accelerate earlier research independence, and ensure the long term sustainability of the biomedical research enterprise. Building off of these efforts, the Committee directs NIH to develop a strategic plan for increasing its investments in early-career researchers and to provide a report on this activity within 1 year of enactment.

Firearm Injury and Mortality Prevention.—The Committee provides \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the Committee recommends NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements

around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director is to report to the Committees within 30 days of enactment of this act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Focused Ultrasound.—The Committee understands focused ultrasound is a non-invasive, non-pharmacological, relatively safe, and cost-effective alternative or complement to conventional surgery, radiation, or drug-based treatments. The Committee encourages NIH continue to engage with the focused ultrasound stakeholder community and requests an update on focused ultrasound in the fiscal year 2026 CJ.

Food as Medicine.—The Committee is aware of the strategic goal within the Strategic Plan for NIH Nutrition Research focused on improving the use of food as medicine and is interested in how certain foods, which are prescribed to support management of a specific condition and administered under physician supervision, impact the lives of patients, for example those with digestive diseases including Crohn's disease and ulcerative colitis. The Committee urges NIH to support research on the efficacy of 'food as medicine' strategies to treat various diseases and conditions.

Foreign Adversaries.—The Committee is concerned about funding for research at any laboratory owned or controlled by the governments of the People's Republic of China, the Republic of Cuba, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Russian Federation, the Bolivarian Republic of Venezuela under the regime of Nicolas Maduro Moros, or any other country determined by the Secretary of State to be a foreign adversary. The Committee requests a report on any such research within 30 days of enactment.

Foreign Influence.—To support NIH's efforts to expeditiously complete grant compliance reviews, the Committee continues to include \$2,500,000 for this activity within the Office of Extramural Research. The Committee directs NIH to provide biannual briefings on compliance, oversight, and monitoring reviews where non-compliance related to foreign interference has been identified.

Full Spectrum of Medical Research.—The Committee recognizes the growing importance of supporting the full spectrum of medical research at NIH, to ensure breakthroughs in basic science are translated into innovative therapies, diagnostic tools, and health information with a tangible benefit to the patient and professional communities. The Committee encourages NIH to support the flagship CTSA program and to catalyze emerging opportunities in AI, big data, and other areas, while maintaining the commitment to critical activities, such as training the next generation of cutting-edge physician-scientists.

Fund the Person, Not the Project.—While many labs are funded by R01-equivalent grants, the R35 mechanism arguably allows scientists more flexibility and freedom to pursue the most meritorious science. The Committee looks forward to reviewing NIH's plans for expanding the R35 along with its plans for evaluating the impact

on scientific progress, as directed in the Consolidated Appropriations Act, 2024 (Public Law 118–122).

Funding Replication Experiments and/or Fraud Detection.—The Committee recognizes that many biomedical research studies have turned out to be irreproducible or even outright fraudulent. The Reproducibility Project in Cancer Biology showed that cancer biology studies in top journals often failed to be replicable, and a prominent line of Alzheimer’s studies was found to be based on an allegedly fraudulent study funded by NIH in the early 2000s. Given the importance of detecting both reproducibility and fraud, the Committee provides \$10,000,000 to establish a program to fund replication experiments on significant lines of research, as well as attempts to proactively look for signs of academic fraud. The Committee directs NIH to brief the Committee within 180 days of enactment on the establishment, staffing and plans for this effort in fiscal years 2025 and 2026.

Genomic Testing and Research.—The Committee encourages NHGRI and NICHD to work together to support research on genetic and genomic testing, including whole genome sequencing, whole exome sequencing, and gene panels, as effective tools in rapidly identifying diagnoses in pediatric populations.

Global Cohort for Alzheimer’s Treatment.—More than 55 million people worldwide are living with dementia, including more than 6.9 million Americans with Alzheimer’s disease. The disease does not affect everyone equally: in the United States two-thirds of people living with Alzheimer’s disease are women. Black people are twice as likely and Latino people are one and one-half times as likely to develop Alzheimer’s than White people. It is believed that there are disparities in Alzheimer’s disease both between and within nations around the world, including between men and women and members of different ethnic groups. In order to ensure that treatments work for all people, the Committee urges the National Institutes of Health to provide an update in the fiscal year 2026 Congressional Justification on activities related to global cohort studies or networks with high-quality data on a well-characterized, diverse population, readily available to researchers. The Committee expects such a cohort or network of global cohorts would increase discovery of targets for drug development and associated biomarkers.

Harassment Policies.—NIH has taken major steps over the last several years to address harassment in biomedical research settings. However, the Committee remains frustrated by statutory loopholes that fail to protect victims of harassment and prevent perpetrators from transferring grants between institutions. In 2020, NIH clarified the longstanding requirement for institutions to seek prior approval when changing personnel on a grant or moving the grant to a new institution. The request for approval was expected to mention whether the change was related to concerns about safety or work environments (e.g. due to concerns about harassment, bullying, retaliation, or hostile working conditions). These notifications allow NIH to make informed decisions about any changes to awards including requests to transfer awards to a new institution. Additionally, new authority provided by the Consolidated Appropriations Act, 2022 (Public Law 117–35) made it mandatory for institutions to inform NIH of disciplinary actions taken

against senior or key personnel, regardless of whether they prompted changes including transferring a grant between institutions. If an ongoing investigation is incomplete and the individual under investigation leaves their current position, however, NIH lacks the authority to require recipient organizations to complete the report or share its findings with the agency. To address this issue, the Committee has included a new general provision to require institutions that receive NIH funding to complete any investigation undertaken due to concerns about harassment, bullying retaliation, or hostile working conditions, even if during the course of the investigation the individual under investigation leaves their current position and is no longer employed by the institution. NIH is directed to continue to provide annual updates to the Committees on holding both NIH-funded institutions and researchers accountable for such incidents, including through the loss of Federal funding.

Health Impacts on Children of Technology and Social Media Use.—The Committee remains concerned about the impacts of technology use and media consumption on infant, children, and adolescent development. The Committee appreciates NIH's ongoing engagement on this important topic and encourages NIH to prioritize research into the cognitive, physical, and socioemotional impacts of young people's use of technologies as well as long-term developmental effects on children's social, communication, and creative skills. The Committee also encourages NIH to study potential correlations between increased use of digital media and technologies and suicidal thoughts and ideation among children. The Committee encourages NIH to consider different forms of digital media and technologies, including mobile devices, smart phones, tablets, computers, and virtual reality tools, as well as social-media content, video games, and television programming. The Committee encourages collaboration between NIMH and NICHD for these activities. The Committee requests an update on these activities within 120 days of enactment.

The HEALthy Brain and Child Development [HBCD] Study.—The Committee recognizes and supports the NIH HBCD Study, which will establish a large cohort of pregnant individuals and follow them and their children up to age 10 to characterize the influence of a variety of factors on neurodevelopment and long-term outcomes. The study aims to enroll over 7,000 participants through 27 sites across the United States, including regions of the country significantly affected by the opioid crisis. The study cohort will be comprised of participants who reflect the U.S. population but will oversample for individuals who have used substances sometime during their pregnancy. The study will also include a matching cohort with similar characteristics but no substance use during the pregnancy. Multimodal data collection will include neuroimaging, behavioral and cognitive assessments as well as collection of biospecimens and brain activity measurements [EEG]. Knowledge gained will be critical to help understand and prevent some of the known impacts of pre- and postnatal exposure to drugs and environmental influences, including risks for future illicit substance use, mental illness, and other behavioral and developmental problems, as well as identify factors that contribute to resilience and opportunities for intervention. The Committee recognizes that the

HBCD Study is supported in part by the NIH HEAL Initiative, and NIH Institutes, Centers, and Offices [ICOs], including OBSSR, ORWH, NEI, NIMHD, NIBIB, NIEHS, NICHD, NINDS, NIAAA, NIMH, NCI, and NIDA, and encourages additional NIH support for this important study.

Hypermobile Ehlers-Danlos Syndrome [hEDS].—The Committee is aware that researchers recently identified the first disease gene for hEDS and have developed the first hEDS animal model. In order to continue strides forward and expedite translational discoveries of cures, treatments and diagnosis, the Committee encourages NIGMS to increase support for hEDS related research at academic medical centers where hEDS patients are being treated. This investment may help lead to diagnostic markers of disease and provide the basis for long-term sustainable research programs. In addition, the Committee encourages NIH to evaluate the best approach to support research that would spur earlier diagnosis and improved treatment, care, education and mechanistic understanding of hEDS.

Improving Clinical Trials.—The Committee reiterates its directive outlined in the Consolidated Appropriations Act, 2024 (Public Law 118–122) and looks forward to reviewing the report produced by the independent panel’s findings.

INCLUDE Initiative.—The Committee includes no less than \$95,000,000, an increase of \$5,000,000, within OD for the INCLUDE Initiative. The Committee encourages NIH to continue to make further investments in health equity-focused research and care for Black Americans and other underrepresented groups with Down syndrome, and in promising studies of the mechanisms driving delayed growth, altered metabolism, and organ dysfunction, and other emerging areas. The Committee remains pleased with a focus on large cohort studies across the lifespan, novel clinical trials, and multi-year, NIH-wide research driving important advances in understanding immune system dysregulation, Alzheimer’s disease, and leukemia that is contributing to improvements in the health outcomes and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee requests that NIH provide an updated plan within 60 days of enactment of this act that includes a timeline and description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate an increase in pipeline research initiatives specific to Down syndrome.

Long COVID Treatments.—The Committee remains concerned about the economic and overall health impact that Long COVID inflicts on the Nation. It is currently estimated that between 6 percent and 19 percent of those infected with SARS-CoV-2 go on to develop Long COVID, resulting in up to 20 million Americans suffering from this set of debilitating chronic symptoms. Long COVID is characterized by a wide range of symptoms including severe fatigue, non-restorative sleep, cognitive dysfunction, and widespread pain. Further, it resembles other post-acute infection syndromes [PAISs], such as fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome [ME/CFS] and related conditions, known as

chronic overlapping pain conditions [COPCs] or nociplastic syndromes. While the Committee is pleased that NIH's HEAL and RECOVER initiatives plan to target some specific symptoms of Long COVID, the Committee is concerned that NIH has not expanded the evaluation of treatments to address many common symptoms associated with Long COVID either individually or that present as syndromes which are combinations of symptoms. Furthermore, NIH's research program has defined Long COVID narrowly, excluding many of the common symptoms plaguing Long COVID sufferers. In June 2024, NASEM released the 2024 NASEM Long COVID Definition, which encompasses extensive lists of the symptoms and diagnosable conditions that current science attributes to Long COVID. The Committee urges NIH to rebalance its research program to prioritize clinical trials in pursuit of effective treatments and to use the NASEM Long COVID definition to guide its choice of symptoms and conditions to be addressed by the candidate treatments. Such trials should target key symptoms and symptom complexes associated with Long COVID including widespread pain, fatigue, non-restorative sleep, brain fog, dizziness, post-exertional malaise [PEM], postural orthostatic tachycardia syndrome [POTS] and loss of taste and smell. Further, the Committee urges NIH to prioritize the support of clinical trials evaluating therapies for Long COVID including therapies that have demonstrated efficacy in treating COPCs or nociplastic syndromes that overlap with Long COVID.

Lung Health Disparities.—The Committee is concerned about the disproportionate impact of lung conditions, such as asthma, COPD, and lung cancer on populations experiencing health disparities, and encourages NHLBI collaborate with NIMHD to advance research in this area. The Committee requests an update from both NHLBI and NIMHD in their fiscal year 2026 CJ.

Lyme Disease and Related Tick-Borne Illnesses.—The Committee includes not less than \$125,000,000, an increase of \$25,000,000, for research into Lyme and other Tick-Borne diseases. The Committee urges NIH to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects, and other tick-borne diseases. The Committee encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The Committee urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases. The Committee encourages NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The Committee encourages NIH to coordinate with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and other illnesses.

Measuring Biological Age.—The Committee understands that aging is a primary risk factor for a wide range of chronic diseases and conditions, including cancer, Alzheimer's disease, frailty, cardiovascular disease, and many others. The Committee also recognizes that modifying fundamental molecular pathways of aging could enhance a person's healthspan by delaying or mitigating these diseases and conditions. The ability to measure biological

age, as distinct from chronological age, is critical to this effort. Therefore, the Committee encourages NIH to explore opportunities to advance research aiming to develop and validate precise measurements of biological age that are reliable across individuals of different races and socio-economic status. The Committee encourages NIH to take a collaborative, transdisciplinary and trans-NIH approach, integrating epidemiology, genomics, multi-omics, organismal physiology, biology and computational biology, and precision therapeutics. The Committee requests an update on this request within 180 days of enactment.

Mental Health, Addiction and Resilience Research Network.—Diseases of the mind and brain can develop early in life, contribute to the burden of overall health and daily life function, and contribute to the persistent and rising rates of deaths of despair—those from overdoses, suicide, and liver disease from alcoholism. The Committee encourages NIH to support collaborative research efforts to uncover the root causes, risk and resilience/protective factors of mental health and addiction. These efforts could include leveraging existing longitudinal research to examine the biological, psychological, and social factors and their interactions across multiple layers of analysis that put people at risk for addiction and mental illness including patterns of intergenerational transmission of mental illness, discover ways to better prepare and respond to stress, trauma and adversity, and inform and guide new strategies for prevention, recovery, and resilience.

Mitochondrial Disease Research.—The Committee encourages NIH to prioritize research on primary and secondary mitochondrial disease. A constellation of rare diseases linked to impaired mitochondrial function needs further research while potentially promising interventions work through the FDA approval process. At the same time, research continues to validate the substantial connections between mitochondrial function and major conditions such as Alzheimer's, Parkinson's, ALS, Muscular Dystrophy, heart failure, and Long-COVID. The Committee strongly encourages NIH to advance primary mitochondrial disease research, continue its ongoing outreach and collaboration with the FDA related to research that may lead to future mitochondrial disease-related drug approvals, ensure that support for Long-COVID research includes opportunities for studies to explore the role of mitochondrial impairment, and ensure that opportunities remain available to support collaborative research on mitochondrial disease to centralize a critical mass of research, clinical care, and provider education.

Multi-Purpose Prevention Technologies.—The Committee encourages NIH, and particularly NICHD and NIAID, to work with the U.S. Agency for International Development and other Federal, public, and private sector partners to accelerate research, development and implementation of multipurpose prevention technologies that are effective, affordable, acceptable, and easy to deliver.

National Security.—The Committee believes that NIH should consider relevant national security issues when developing and executing the NIH-Wide Strategic Plan.

Neurofibromatosis [NF].—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI,

NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, deafness, blindness, developmental delays and autism. The Committee encourages NCI to continue to support a robust NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee urges NEI, NINDS, and NIDCD to continue to support fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF have a higher chance of developing autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to continue their support of research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NIH to expand its investment in NF1-focused research on optic gliomas and vision restoration.

New Approach Methodologies.—The Committee supports the NIH Common Fund's Complement Animal Research In Experimentation [Complement-ARIE] Program, intended to spur the development, standardization and use of new approach methodologies [NAMs] intend to more accurately model human biology. The Committee also encourages NIH, in new Announcements and other indications of funding opportunities, to continue consideration of NAMs as an option for areas of preclinical research when it is not appropriate to use human participants and where the use of NAMs has been demonstrated to support biomedical discoveries. The Committee further encourages NIH to collect and make publicly available a report that outlines how the use of vertebrate animal models in agency research contributes to the mission of NIH as well as efforts by the agency to encourage the use of new approach methods or strategies. This report should include examples of how other methods have been used in NIH research to reduce, replace, and refine the number of animals used in research.

NIH-Wide Effort on Women's Health Research.—The Committee commends NIH for its launch of a cross-cutting effort to transform women's health across the lifespan, which will initially be supported by \$200,000,000 from NIH. This NIH-wide effort—a first step to transform the way we approach and fund women's health research—will allow NIH to catalyze the ambitious, multi-faceted, interdisciplinary research projects that women need, such as research on the impact of perimenopause and menopause on heart health, brain health, and bone health. This coordinated, NIH-wide effort will be led by OD, ORWH, NIA, NHLBI, NIDA, NICHD, NIAMS, and any other Institutes and Centers deemed relevant by the NIH Director. The Committee urges NIH to continue to expand basic, clinical, and translational research into women's health, including the mechanisms of endometriosis and other gynecological conditions, to identify early diagnostic markers, and develop new treatment methods. The Committee strongly encourages OD and

all Institutes and Centers to dedicate additional funds and participate in this cross-cutting effort in fiscal year 2025, with a focus on grant opportunities to support research and education to improve women's health in diverse settings across the United States. NIH is directed to provide an update on the progress and achievements of the key projects and studies supported by this NIH-wide effort by reporting on their objectives and anticipated/actual outcomes within 90 days of enactment.

Office of the Chief Officer for Scientific Workforce Diversity [COSWD].—The Committee continues to provide \$22,415,000 to the Office of COSWD.

Office of Nutrition Research [ONR].—The Committee supports ONR's plan to establish Centers of Excellence in Food Is Medicine to advance research, education, patient care, and community outreach on the role of nutrition in preventing and treating diet-related chronic diseases. The Committee recognizes that food is medicine services, such as medically tailored meals and produce prescriptions, may improve health outcomes, reduce healthcare costs, and address health disparities among vulnerable populations. The Committee encourages NIH to collaborate with existing Food Is Medicine stakeholders in academia, healthcare, and the nonprofit sector to leverage their expertise and experience in this field.

Office of Research on Women's Health [ORWH].—The Committee notes bill language that was included in the Consolidated Appropriations Act, 2022 (Public Law 117–103) that funding for ORWH be made available for direct grant making to address women's health research needs that are not being addressed by Institutes and Centers. The Committee provides \$152,480,000 in base funding for the Office of Research on Women's Health, an increase of \$76,000,000. The role of ORWH is to improve women's health research and research on sex and gender influences in health and disease within the NIH scientific framework to achieve equity in women's health across the lifespan. Congress is committed to prioritizing this research portfolio and ensuring ORWH has the resources it needs to help fulfill its mission. Within this amount, the Committee allocates \$14,000,000 to the Building Interdisciplinary Research Careers in Women's Health [BIRCWH] program with the goal of strengthening the workforce pipeline through mentorship of early career scientists engaged in women's health research. Recognizing the impact of the BIRCWH program, the Committee urges NIH to use these funds to support additional researchers focused on women's health and sex differences, including research focused on cancer, maternal health, endometriosis, fibroids and pelvic floor disorders. The Committee expects NIH to use these funds to enhance the BIRCWH program through research on health of women and female-specific diseases or conditions.

Osteopathic Medical Schools.—Colleges of Osteopathic Medicine educate 25 percent of all the Nation's medical students and prioritize research and training in primary care and rural and underserved healthcare. The Committee understands osteopathic medical schools and their principal investigators are welcome to review and apply for any NIH funding opportunities in the same way other organizations seeking NIH support do and that the same is true for Doctors of Osteopathy [D.O.s] on NIH National Advisory

Councils and study sections. Further, the Committee recognizes the historic relationship between osteopathic medicine and the research priorities of NCCIH but that D.O.s have been designated on applications submitted to and awarded from other NIH Institutes and Centers. The Committee encourages NIH continue engaging with researchers from Colleges of Osteopathic Medicine, encouraging them to apply for available funding opportunities across NIH Institutes and Centers, and requests an update in the fiscal year 2026 CJ of how Institutes and Centers are expanding research and representation opportunities for Colleges of Osteopathic Medicine.

Pain and Addiction.—The Committee commends NIH, NIDA, and NINDS for their focus on addressing addiction and developing alternatives to opioids for safe and effective pain management strategies that reduce reliance on opioids. In particular, NIDA and NINDS' commitment to research on improved pain management and prevention, treatment, and recovery from substance use disorders as part of NIH's HEAL Initiative continues to help fuel the next generation of scientists and clinicians focused on mitigating chronic pain with nonaddictive therapies and prevention and treatment of drug addiction. The Committee encourages NIH, NIDA, and NINDS to continue their efforts through the HEAL Initiative in fiscal year 2024, with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction in diverse settings across the United States, particularly those located in areas with high incidence of people at risk for chronic pain, substance use, and overdose.

Pediatric Recruitment Within the All of Us Research Program.—The Committee remains concerned about the lack of active recruitment of children into the All of Us Research Program but is encouraged by ongoing activities to finalize child recruitment protocols and other steps necessary to implement a multi-phase child recruitment program. Ensuring children are enrolled in the program is essential to achieving the program's overall scientific goals and objectives. The Committee strongly supports actively enrolling children into the program and encourages the NIH to build within the All of Us Research Program a diverse pediatric dataset with depth and breadth to accelerate healthcare discovery and innovation for children and their families. The Committee also encourages that enrollment, retention, and follow-up of children continues until this goal is met, even if adult recruiting objectives are met, and provides sufficient funding for this purpose.

Pelvic Floor Disorders [PFDs].—PFDs are common conditions that can significantly affect a woman's quality of life. Approximately 25 percent of women experience at least one PFD and this condition becomes more common with age. Unfortunately, health disparities in the care of PFDs is a prevalent issue, especially impacting patients in underserved areas, areas with limited access to healthcare, barriers to healthcare and care-seeking behaviors regarding the treatment/management of PFDs. Therefore, the Committee urges NIH to support research to better understand disparities in care for diverse patients, which may include identifying risk factor clusters in geographic regions and within these diverse populations that suffer from PFDs. The Committee requests an update on this effort in the fiscal year 2026 CJ.

Primate Research Centers.—The Committee includes \$30,000,000 in funding to remodel, renovate, or alter existing research facilities or construct new research facilities for non-human primate resource infrastructure, as authorized under 42 U.S.C. section 283k.

Psychedelic Research.—The Committee recognizes the increased interest and need to study psychedelics, including MDMA, ketamine, and psilocybin, and their potential therapeutic effects. The Committee encourages NIH to expand its current research agenda across its Institutes and Centers, potentially by forming a cross-Institute research group, and to encourage psychedelic research at the NIH Clinical Center. The Committee also encourages NIH to work with FDA in developing and supporting public-private collaborations to advance all forms of psychedelic research for therapeutic purposes.

Real World Clinical Data.—The Committee recognizes our healthcare system is quickly becoming more digitalized, providing more data and information to better inform clinicians and researchers and enhance clinical decisions that may lead to improved health outcomes for patients. However, today that data is stored in fragmented and complex systems limiting its interoperability and usability to improve human health. Data privacy and reliability are critical components to balance in data access including use of these data in biomedical research. Technologies such as privacy-preserving record linking [PPRL] are now available, enabling access to individual level data of de-identified healthcare data across disparate data sources such as clinical trials, real-world data sources like electronic health records, payor claims, and mortality data, while considering confidentiality and privacy. Such technologies provide the ability to efficiently extend longitudinal data access for efficient observation of additional clinical safety and efficacy insights without compromising patient privacy. The Committee urges NIH to prioritize and standardize across its guidance documents, specifications for use of encryption tools and privacy-preserving record locators to optimize comprehensive linking of real-world clinical data alongside traditional prospective data collection including but not limited to, those that will go for review by the FDA.

Reducing the Administrative Burden on Researchers.—The Committee remains concerned about the status of NIH's implementation plans following a 2019 final report on administrative burden. The Committee reiterates the directives described in the Consolidated Appropriations Act, 2024 (Public Law 118–122).

Reforming the SBIR/STTR Programs at NIH.—At Congress' behest the National Academies released a major evaluation of NIH's SBIR/STTR programs in 2022. The National Academies' report found the time scale and scope of the NIH SBIR/STTR review process was out of alignment with the needs of innovative small business, and moreover a majority of the peer reviewers are academic scholars and a small number of program managers have commercial experience. The Committee encourages NIH to provide an update on recommendations regarding the business and/or commercialization experience of program manager and peer reviewers and efforts to implement a review process that is more appropriate for industry. NIH is directed to report back to the Committee annually over the next 2 years as to the progress towards such a plan.

Reorienting Biomedical Academia Away from Soft Money.—Across biomedical academia, many professors are expected by their universities to raise a substantial portion (sometimes even 100 percent) of their own salary via grants. Even a long-time tenured professor can be at jeopardy of losing part or all of their salary if they fail to bring in enough grants. It is the sense of Congress that the soft money system can discourage the best and most innovative science, because it incentivizes individual scientists to stick with the most risk-averse idea that can get funded by NIH. As Bruce Alberts has proposed, “the maximum amount of money that the NIH contributes to the salary of research faculty (its salary cap) could be sharply reduced over time, and/or an overhead cost penalty could be introduced in proportion to an institution’s fraction of soft-money positions (replacing the overhead cost bonus that currently exists).” NIH is directed to conduct a prospective study of academia’s use of soft money requirements over the next five to 10 years, seek public input as appropriate, recommend possible solutions, and provide an update on its efforts within 1 year of enactment.

Research on Enhanced Potential Pandemic Pathogens [ePPPs].—The Committee supports the USG Policy for Oversight of Dual Use Research of Concern and Pathogens with Enhanced Pandemic Potential issued in May 2024. Per Section 5.3 Responsibilities of Federal Agencies, NIH is directed to require all research institutions it supports to fully follow this policy as a condition of funding. NIH is also directed to provide guidance to research institutions regarding its policy through an implementation office, as outlined in the Consolidated Appropriations Act, 2024 (Public Law 118–122). The Committee continues to provide \$1,000,000 for this office to serve as a main point of contact for research institutions regarding ePPP policy, and develop tools and training guidance to strengthen risk-assessment, safety, security, and ethical considerations surrounding proposed ePPP research at research institutions. NIH shall provide annual reports to the Committee on the progress and activities of implementation. In addition, NIH is directed to review and, where appropriate, identify needed relevant authorities when considering appropriate actions for investigators and research institutions that fail to follow the research oversight framework under the policy. NIH will also consider additional approaches for promoting use of these or similar oversight procedures by research institutions that conduct life sciences research and do not receive Federal funding. NIH is directed to provide a report on these activities within 180 days of enactment.

Research with Non-Human Primates [NHP].—The Committee recognizes the critical role of NHP research in virtually all areas of biomedical research. Research with unique animal models makes irreplaceable contributions to understanding the biological processes that cause disease, which is necessary for the development, safety and efficacy testing of new therapeutics before clinical trials. NHP research will be vital to studying both the underlying mechanisms and potential cures for existing and emergent diseases. NHP research remains critical to understand the causes of degenerative and brain diseases and to improve the effectiveness of new compounds and non-pharmaceutical treatments such as deep brain

stimulation and neuromodulation. The Committee urges NIH to award funding to meritorious research proposals to study these neurodegenerative disorders, including studies that utilize NHPs. NIH is also encouraged to continue the development and validation of new approach methodologies as promising technological advancements that enhance the utility of NHP models and may reduce the need for models in the future.

Research Transparency.—As demonstrated over the past several years, the Committee remains committed to funding NIH research and ensuring that our Nation’s researchers, particularly our early career scientists, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the best possible research that fulfill the core research mission of NIH. The Committee appreciates that in response to prior language, NIH continues to provide, in writing made available on a publicly accessible website, that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

Scientific Management Review Board.—The Committee reiterates the directives described in the Consolidated Appropriations Act, 2024 (Public Law 118–122). NIH is directed to reconvene the SMRB to review the overall research portfolio of the agency and advise on the use of organizational authorities, including abolishing Institutes or Centers, creating new ones, and reorganizing existing structures. The Committee directs NIH to provide an annual report on SMRB activities.

Stopping Tax Dollars from Funding Chinese Military Research.—The Committee is concerned about research awards funded by NIH that are associated with Chinese defense entities. Therefore, the Committee directs NIH to submit a report to the Committee within 180 days of enactment and annually thereafter until September 30, 2026 on all NIH-funded research awards that involved persons from the People’s Republic of China [PRC].

Study on the Impact of Screen Time on Learning Outcomes.—Screen time for children rose throughout the COVID–19 pandemic and has continued to remain high. One study showed that in 2021 teens spent an average of 8.5 hours on screens per day, and children from ages 8–12 spent 5.5 hours on screens per day. The Committee is concerned over the implications of high screen time on children’s ability to learn and process information in schools and urges NIH to study the impact of increased screen time on children’s learning outcomes.

Support Innovation in Women’s Health.—NIH’s SBIR and STTR programs are directed to increase investments in supporting innovators and early-stage small businesses engaged in research and development on women’s health. NIH is directed to provide an update on these activities within 120 days of enactment.

Temporomandibular Disorder [TMD].—The Committee notes the issuance of the TMD Collaborative for Improving Patient-Centered Translational Research [TMD IMPACT] by NIDCR and the first step in the implementation of a national consortium for TMD research. The Committee recognizes that TMD is a complex, multi-

system condition and therefore encourages the NIH Director to work closely with the NIDCR Director to ensure that other Institutes, Centers, and Offices with the appropriate scientific expertise participate and support NIDCR as it implements and manages this project. NIH is encouraged to use the recommendations from the recent National Academies of Sciences, Engineering and Medicine report on TMDs, from the TMJ Patient-led RoundTable efforts, and from patients themselves as guidelines in the development of this consortium. The Committee is encouraged that TMD, a long neglected, misunderstood and underfunded condition is now receiving the attention and support needed to improve the understanding of TMD and develop evidence-based treatments and care for this complex condition. The Committee requests an update within 120 days of enactment on the development and implementation of this large-scale Collaborative to ensure the full participation of the many government and private entities necessary to successfully launch the Collaborative.

Term Limits.—The Committee continues to provide \$500,000 and directs NIH to implement Recommendation 10 from the 2003 Institute of Medicine report *Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges*. NIH is directed to provide an annual report on these efforts, including a timeline and any barriers to implementation.

Von Hippel-Lindau [VHL] Disease.—The Committee appreciates NIH's support for research on VHL disease, which has led to the development of new treatments for not only VHL but also more prevalent cancers. While significant research has focused on the role between the VHL Gene and Hypoxia-Inducible Factor 2 Alpha, more research is needed to identify additional molecular targets. The Committee requests an update on these activities in the fiscal year 2026 CJ.

Wastewater Surveillance R&D.—The Committee recognizes the potential and importance of wastewater surveillance in public health surveillance. Building on the prior NIH-supported efforts, the Committee encourages NIH to continue efforts supporting innovation through developing and improving wastewater surveillance capabilities including in rural communities.

Women's Health Research Initiative and NIH-Wide SABV Policy.—The Executive Order on Advancing Women's Health Research and Innovation directs agencies to develop and strengthen research and data standards to improve women's health. The Committee supports greater investment in research on conditions unique to or that occur predominantly in women or manifest themselves differently in women than in men. The Committee directs NIH to further integrate and prioritize funding for women's health across its research portfolio and to study ways to leverage AI to advance women's health research. In addition to NIH efforts to dedicate additional funds for research on women's health needs, the NIH's sex as a biological variable [SABV] policy has helped ensure that research that NIH funds considers women's health in the development of study design and in data collection and analysis. The Committee encourages NIH to track and analyze progress in integrating SABV into biomedical research, where appropriate, across its Institutes and Centers and to adopt NIH-wide standards re-

garding how applicants, reviewers, and grantees should consider SABV in funding opportunities, research designs, analyses, and reporting. NIH is directed to provide an update on relevant activities within 90 days of enactment.

Youth Tobacco Cessation Research.—The Committee recognizes that despite two million youth using at least one tobacco product, there are no FDA-approved tobacco cessation therapies for people under 17 and few well-studied, evidence-based behavioral interventions for youth tobacco use. The Committee encourages NIH to continue to support research on effective tobacco cessation modalities for youth under age 18, including pediatric studies of the safety and effectiveness of cessation treatments currently approved for adults. Studies should account for the broad range of tobacco products used by youth, including cessation options for individuals interested in quitting cigarettes, e-cigarettes, smokeless tobacco, and cigars. The Committee urges NIH to consider research gaps identified by the U.S. Preventive Services Task Force.

BUILDINGS AND FACILITIES

Appropriations, 2024	\$350,000,000
Budget estimate, 2025	350,000,000
Committee recommendation	350,000,000

The Committee includes \$350,000,000, the same as the fiscal year 2024 enacted level, for Buildings and Facilities. For the fifth time in as many years, the recommendation does not include authority for NIH to transfer up to 1 percent of its research funding to the Buildings and Facilities account. This is extraordinary authority for a Federal agency and NIH has yet to provide an explanation for why this mechanism would be appropriate. Funding provided for research should not be unilaterally transferred without a sound explanation and robust justification of need. The Committee commends the agency for continuing to develop a sound capital planning process and for keeping the Committee informed on such activities. These efforts have been supported by the Committee with modifications of section 216 of this act which permit NIH to use up to \$100,000,000 of research funding for alterations and repairs. The Committee directs NIH to continue to provide biannual updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds \$5,000,000, including any changes to those plans and the original baseline estimates for individual projects. Finally, the Committee also directs NIH to describe in its fiscal year 2026 and future CJs how the projects requested in its budgets tie to its capital planning process, including the Research Facilities Advisory Committee’s role in determining which projects are selected for inclusion in the budget.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2024	\$407,000,000
Budget estimate, 2025	127,000,000
Committee recommendation	127,000,000

The Committee recommendation includes \$127,000,000 to be spent from the NIH Innovation Account for the All of Us precision medicine initiative. The Committee expects NIH to transfer funding shortly after enactment of this act.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriations, 2024	\$1,500,000,000
Budget estimate, 2025	1,500,000,000
Committee recommendation	1,500,000,000

The Committee includes \$1,500,000,000 for the Advanced Research Projects Agency for Health [ARPA-H], the same level as fiscal year 2024. The Committee continues to believe ARPA-H requires a different culture and mission than NIH's other 27 Institutes and Centers. The Committee continues to direct ARPA-H to provide quarterly briefings to the Committee on its establishment process, hiring, and scientific priorities and progress. The Committee expects such briefings to address how ARPA-H's activities are designed to advance biomedical research and development and the mission to create breakthrough technologies, as well as how to balance long-term trans-disciplinary scientific challenges with short-term research goals.

Amyotrophic Lateral Sclerosis [ALS].—The Committee urges ARPA-H to support R&D programs and projects to develop therapies, targeted therapies, and treatments for ALS and related neurodegenerative disorders.

Commercialization Network.—Speeding the translation of innovative health technologies to market is essential for the success of ARPA-H. This acceleration depends on meaningful collaboration between researchers, entrepreneurs, and investors across sectors and geographic areas. The Committee applauds the establishment of the Investor Catalyst Hub in the ARPANET-H hub and spoke network and appreciates its initial efforts to build a diverse, wide-ranging network of experts to advance innovation and commercialization of medical technologies. The Committee urges ARPA-H to provide continued funding for the Investor Catalyst Hub in fiscal year 2025.

Emerging Health Threats.—The Committee recognizes that ARPA-H plays a unique role in the U.S. science and technology enterprise. Modeled after the Defense Advanced Research Agency [DARPA] and the Biomedical Advanced Research and Development Authority [BARDA] but more broadly focused on improving health outcomes for all Americans, ARPA-H is expected to pursue transformative advances in health research beyond the scope of other public or private efforts. U.S. citizens and interests can be threatened by endemic and emerging diseases in any part of the world. The Committee urges ARPA-H to contribute in unique ways to combating existing and emerging health threats here and abroad, and to strengthen U.S. science and technology capacity, competitiveness, and leadership.

Long COVID Research.—ARPA-H is urged to invest in Long COVID research to ensure its high-risk, high-reward research is focused on drug trials, development of biomarkers, and research that includes Long COVID associated conditions, such as dysautonomia, postural orthostatic tachycardia syndrome [POTS], and myalgic encephalomyelitis/chronic fatigue syndrome [ME/CFS]. The Committee urges ARPA-H to coordinate with NIH on these efforts to augment NIH's Long COVID research portfolio. ARPA-H is also urged to prioritize the support of R&D programs and projects that

can enable clinical trials evaluating therapies which target key symptoms and symptom complexes associated with Long COVID including widespread pain, fatigue, non-restorative sleep, brain fog, dizziness, post-exertional malaise [PEM], POTS and loss of taste and smell.

Novel Alternative Methods.—The Committee is aware that ARPA–H’s programs, many of which encompass a wide range of biomedical research, utilize both animal and non-animal research methodologies. Each program is led by a Program Manager [PM] who oversees multiple groups of performers who aim to solve the same problem through unique approaches. Acknowledging ARPA–H’s operational model, the Committee urges ARPA–H to require performers to specify expected use of animals and novel alternative methods [NAMs] in their proposals, if known. ARPA–H shall aggregate this data for anticipated awards and information from the Vertebrate Animal Section submissions (required by the Office of Laboratory Animal Welfare) into a comprehensive annual report that reflects the methodologies used across their programs, including descriptions and rationale for animal models and NAMs used. This report shall be submitted to the Committee and made publicly available within 90 days following the conclusion of each project year. This activity will ensure accountability and transparency across ARPA–H, fostering ethical research practices while advancing biomedical innovation.

Public Health Interventions.—The Committee urges the agency to consider a new program focused on a data system to aid proactive public health interventions.

Women’s Health.—The Committee was encouraged by ARPA–H’s announcement of the Sprint for Women’s Health, a \$100,000,000 commitment in response to the White House Initiative for Women’s Health Research to fund transformative research and development in women’s health. The Committee urges ARPA–H to continue this important work to address women’s health and accelerate and scale tools, products, and platforms to improve women’s health outcomes.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$7,554,306,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund.

SAMHSA is the public health agency responsible for supporting mental health programs and behavioral healthcare, treatment, and prevention services throughout the country.

The Committee recommendation continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant, the Substance Use Prevention Treatment, and Recovery Services Block Grant, and the State Opioid Response grant from being used as a source for the PHS evaluation set-aside in fiscal year 2025.

MENTAL HEALTH

Appropriations, 2024	\$2,808,546,000
Budget estimate, 2025	3,112,046,000
Committee recommendation	2,902,546,000

The Committee recommends \$2,902,546,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for Mental Health Programs of Regional and National Significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], Protection and Advocacy for Individuals with Mental Illness [PAIMI], and the National Child Traumatic Stress Initiative.

Programs of Regional and National Significance

The Committee recommends \$1,119,453,000 for PRNS within the Center for Mental Health Services. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
CAPACITY:		
Seclusion & Restraint	\$1,147,000	\$1,147,000
Project AWARE	140,001,000	146,001,000
Mental Health Awareness Training	27,963,000	27,963,000
Healthy Transitions	28,451,000	28,451,000
Infant and Early Childhood Mental Health	15,000,000	15,000,000
Interagency Task Force on Trauma Informed Care	2,000,000	2,000,000
Children and Family Programs	7,229,000	7,229,000
Consumer and Family Network Grants	4,954,000	4,954,000
Project Launch	23,605,000	23,605,000
Mental Health System Transformation	3,779,000	3,779,000
Primary and Behavioral Health Care Integration	55,877,000	55,877,000
National Strategy for Suicide Prevention	28,200,000	30,200,000
Zero Suicide	26,200,000	26,200,000
American Indian and Alaska Native Set-Aside	3,400,000	3,400,000
Older Adult Suicide Prevention Pilot .....	.....	2,000,000
Mental Health Crisis Response Grants	20,000,000	30,000,000
988 Lifeline	519,618,000	539,618,000
Garrett Lee Smith-Youth Suicide Prevention		
State Grants	43,806,000	43,806,000
Campus Grants	8,488,000	8,488,000
American Indian and Alaska Native Suicide Prevention	3,931,000	4,931,000
Tribal Behavioral Grants	22,750,000	22,750,000
Homeless Prevention Programs	33,696,000	33,696,000
Minority AIDS	9,224,000	9,224,000
Criminal and Juvenile Justice Programs	11,269,000	11,269,000
Assisted Outpatient Treatment	21,420,000	21,420,000
Assertive Community Treatment for Individuals with Serious Mental Illness	9,000,000	9,000,000
Science and Service:		
Garrett Lee Smith-Suicide Prevention Resource Center	11,000,000	11,000,000

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Practice Improvement and Training	7,828,000	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	2,991,000	2,991,000
Minority Fellowship Program	11,059,000	11,059,000
Disaster Response	1,953,000	1,953,000
Homelessness	2,296,000	2,296,000

988 Suicide and Crisis Lifeline [988 Lifeline].—Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2022. The Committee provides \$539,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the 988 Lifeline and enable the program to continue to respond in a timely manner to an increasing number of contacts. The 988 Lifeline coordinates a network of independently operated crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee requests a briefing within 90 days of enactment on the 988 Lifeline spend plan and related activities.

Behavioral Health Crisis and 988 Coordinating Office.—Within the total for the 988 Lifeline, the Committee recommendation again includes \$7,000,000 to continue the office dedicated to the implementation of the 988 Lifeline and the coordination of efforts related to behavioral health crisis care across HHS operating divisions as well as with external stakeholders. The Committee requests that the Secretary include a multi-year, crisis care system roadmap in the fiscal year 2026 CJ.

988 Program Integrity.—The Committee remains concerned about the suicide rates among youth and young adults. The Committee recognizes the vital services provided through the 988 Lifeline and the important role of State partners in suicide prevention and behavioral health. The Committee requests SAMHSA include information on 988 program integrity activities, including with respect to safeguarding 988 user data and privacy, and a review of work with States and other 988 program partners in the 988 Lifeline spend plan briefing.

988 Lifeline Text and Chat-Based Capabilities.—The Committee encourages SAMHSA to continue to make funding competitively available to chat and text backup centers to provide the capacity and infrastructure to handle vulnerable youth callers, chats, and texts. Within the total for the 988 Lifeline, the Committee continues \$10,000,000 for specialized services for Spanish speakers seeking access to 988 services through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.

Specialized Services for LGBTQ+ Youth.—The Committee understands that LGBTQ+ youth are four times more likely to attempt suicide than their peers. Within the total for the 988 Lifeline, the Committee includes \$34,100,000 which shall be used to provide specialized services for LGBTQ+ youth, including training for exist-

ing counselors in LGBTQ+ youth cultural competency and the establishment and operation of an Integrated Voice Response [IVR] to transfer LGBTQ+ youth to a specialty organization. This funding shall be awarded through a competitive process to an organization with experience working with LGBTQ+ youth and with the capacity and infrastructure to handle calls, chats, and texts from LGBTQ+ youth through IVR technology and other technology solutions where appropriate.

Unified 988 Lifeline Technology.—The Committee is aware that 988 Lifeline crisis contact centers have not all implemented the unified technology that has been developed by SAMHSA’s 988 Lifeline Network Administrator. The Committee encourages SAMHSA to inform crisis contact centers within the network about the availability of the Unified Platform and to urge these same crisis contact centers to use this technology if there is not a State-approved unified technology platform.

Youth-to-Youth Peer Support.—The Committee recognizes that young people are uniquely situated to provide peer support for teens and young adults who are struggling with their mental health. The Committee is also aware that youth-to-youth engagement, when conducted by youth with professional support and training, has proven effective at reaching young people in crisis but is currently underused across the Nation. The Committee recommends the inclusion and expansion of peer services as a component of the 988 Lifeline, which may include integrating training on youth peer services across contact centers within the 988 Lifeline network, along with highly coordinated referrals and connections for youth peer-run support lines that are not formally embedded within the 988 Lifeline.

Eating Disorders.—The Committee continues to direct SAMHSA to coordinate with HRSA to create a pediatric training model for pediatric providers for prevention, early intervention, treatment, and ongoing support protocols for youth with or at-risk of developing an eating disorder.

Garrett Lee Smith Youth Suicide Prevention.—The Committee recommends \$43,806,000 for Garrett Lee Smith Youth Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee recommends \$11,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center.

Garrett Lee Smith Campus Suicide Prevention Grant Program.—The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under-resourced. The Committee supports SAMHSA’s waiver of matching funds for minority-serving institutions and community colleges included in the 2024 funding notice and as directed in Public Law 118–47. The Committee directs the Assistant Secretary to continue to waive the requirement of matching funds for minority-serving institutions and community colleges as defined by the Higher Education Act of 1965 to help meet these growing needs and address disparities in access to mental health services. The Secretary may continue to waive such requirement with respect to an institution

of higher education not covered by those definitions, if the Secretary determines that extraordinary need at the institution justifies the waiver.

Healthy Transitions.—The Committee includes \$28,451,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition.

Infant and Early Childhood Mental Health.—The Committee provides \$15,000,000 for grants to entities such as State agencies, Tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. Additionally, the Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. The Committee encourages SAMHSA to work with States to support services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems and networks for referral; and improving access to quality services for children and families who are in need of support.

Interagency Task Force on Trauma Informed Care.—The Committee recommends \$2,000,000 to continue the Interagency Task Force on Trauma-Informed Care as authorized by the SUPPORT Act (Public Law 115–271). The Committee supports the Task Force’s authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs and the Task Force is encouraged to collaborate with the National Child Traumatic Stress Network.

Mental Health Awareness Training.—The Committee provides \$27,963,000 to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans as well as first responders to recognize the signs and symptoms of common mental disorders. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$120,000,000 for Mental Health Awareness Training over 4 fiscal years, with \$30,000,000 made available each fiscal year through September 30, 2025, to support mental health awareness training. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for

trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program. Additionally, SAMHSA is encouraged to prioritize grants to eligible entities that will serve within States where there is a high prevalence of adverse childhood experiences and youth substance use disorders.

Mental Health Crisis Response Grants.—The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee includes \$30,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, emergency medical technicians, and crisis workers to provide immediate support and stabilization to those in crisis.

Minority Fellowship Program.—The Committee includes \$11,059,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations. The Committee understands the importance of increasing the pool of culturally competent pediatric mental health professionals, including child and adolescent psychiatrists, to address the Nation's youth mental health crisis. The Committee encourages SAMHSA to prioritize and increase the number of pediatric behavioral health treatment providers, including child and adolescent psychiatrists, selected to participate in the minority fellowship program. The Committee looks forward to the report requested in Public Law 118–47 that will outline the number and type of healthcare providers, by occupation, participating in the program.

National Strategy for Suicide Prevention.—The Committee includes \$30,200,000 for suicide prevention programs. Of the total, \$26,200,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.

Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to the CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee recommends \$3,400,000 for AI/AN within Zero Suicide.

Older Adult Suicide Prevention Program.—The Committee notes that deaths by suicide among adults 65 and older increased by over 8 percent in 2022 compared to 2021. Older adults comprise 16.4 percent of the U.S. population but represent 22 percent of all suicides. The Committee includes \$2,000,000 within the National Strategy of Suicide Prevention for an older adult suicide prevention grant program, to be implemented in conjunction with the Administration for Community Living. The grants will support community efforts to reduce suicide among this population through increased screening, intervention, and referrals to treatment.

Primary and Behavioral Health Care Integration Grants and Technical Assistance.—The Committee notes that one of the goals

of the Primary and Behavioral Health Care Integration Grant program is to improve patient access to bidirectional integrated care services. The Committee provides \$55,877,000 for the program to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare, and \$2,991,000 for technical assistance and directs SAMHSA to fund the psychiatric collaborative care model implemented by primary care physician practices as authorized under section 1301(i)(2) of division FF of Public Law 117–328. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.

Project AWARE.—The Committee provides \$146,001,000 for Project AWARE. This program increases awareness of mental health issues and connects young people who have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school-aged youth, and provide an update on these efforts in the fiscal year 2026 CJ.

In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$240,000,000 for Project AWARE over 4 fiscal years, with \$60,000,000 made available each fiscal year through September 30, 2025, to support mental health services for youth.

Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$17,500,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2024 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees in the fiscal year 2026 CJ.

The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families and the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$14,000,000 for student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (Public Law 115–271).

Psychosocial Rehabilitation Model.—The Committee encourages SAMHSA to explore the expansion of accredited clubhouses to reach a broader subset of the people with serious mental illness [SMI]. Specifically, the Committee requests a briefing, within 180 days of enactment of this act, with recommendations on how SAMHSA will address loneliness and social isolation and other social drivers of health through community-based models like accredited clubhouses and how SAMHSA programs may promote the expansion of accredited clubhouses for people with SMI.

Community Mental Health Services Block Grant

The Committee recommends \$1,042,571,000 for the Mental Health Block Grant [MHBG]. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$250,000,000 over 4 fiscal years, with \$62,500,000 made available each fiscal year through September 30, 2025, to support the MHBG.

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 bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee continues to direct SAMHSA to include in budget justifications a detailed table showing at a minimum each State's allotment, name of the program being implemented, and a short description of the program.

Crisis Set-Aside.—The Committee continues the 5 percent set-aside within the MHBG for States to implement evidence-based, crisis care programs to address the needs of individuals in crisis including those with serious mental illnesses and children with serious mental and emotional distress. The Committee directs SAMHSA to continue to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including 24/7 mobile crisis units, local and State-wide call centers with the capacity to respond to distressed or suicidal individuals, and other programs that allow the development of systems where individuals can always receive assistance during a crisis.

Children's Mental Health Services

The Committee recommends \$130,000,000 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 continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first-episode psychosis.

Projects for Assistance in Transition from Homelessness [PATH]

The Committee recommends \$66,635,000 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
[PAIMI]*

The Committee recommends \$40,000,000 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.

National Child Traumatic Stress Initiative

The Committee recommends \$103,887,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$40,000,000 for the National Child Traumatic Stress Network [NCTSN] over 4 fiscal years, with \$10,000,000 made available each fiscal year through September 30, 2025, for trauma services for youth.

The Committee supports the NCTSN for building, evaluating, disseminating, and delivering evidence-based best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure the network maintains its focus on collaboration, data collection, and the provision of direct services, and that the NCTSN mission or grant opportunities not be limited to training only.

Certified Community Behavioral Health Clinics [CCBHC]

The Committee includes \$400,000,000 for the CCBHC expansion program, which allows communities to improve access to mental health and substance use disorder treatment services.

The Committee continues to direct SAMHSA to prioritize resources to entities within States that are able to quickly stand-up a CCBHC, including those part of the demonstration authorized by section 223(a) of the Protecting Access to Medicare Act of 2014 [PAMA] (Public Law 113–93).

Accreditation.—The Committee urges SAMHSA to examine and approve accreditation products that certify CCBHCs in having met requirements as established by SAMHSA. CCBHC grantees should receive independent accreditation from an approved entity as part of participation under this program. Funding included under this program is permitted for grantees' use to obtain any such required independent accreditation in lieu of self-attestation for meeting the CCBHC requirements as a part of reducing paperwork and administrative burden, and SAMHSA shall consider the costs of accreditation when establishing funding levels for clinics under this grant. The Committee further permits SAMHSA to use funds under this program to establish the accreditation process and expand the audiences eligible to receive training and technical assistance, to include (but not limited to) demonstration CCBHCs and CCBHCs

participating in a State-led implementation effort under a Medicaid State Plan Amendment, waiver, or other Medicaid authority.

Data Infrastructure.—The Committee provides \$2,500,000 for SAMHSA to develop a CCBHC data infrastructure and data repository program while establishing a data reporting partnership with at least one State currently operating a Statewide CCBHC network. With more than 500 CCBHCs operating in 46 States, it is incumbent upon the agency to assure a high level of accountability in concert with expanded access to intensive community-based services for persons with SMI and substance use disorders. The Committee directs SAMHSA to report to the Senate and House Appropriations Committees on this undertaking within 90 days of enactment of this act.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2024	\$4,159,298,000
Budget estimate, 2025	4,194,048,000
Committee recommendation	4,235,298,000

The Committee recommends \$4,235,298,000 for substance use disorder services and treatment programs, including PRNS and the substance use prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

Programs of Regional and National Significance

The Committee recommends \$587,219,000 for PRNS within the Center for Substance Abuse Treatment. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

PRNS 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
CAPACITY:		
Opioid Treatment Programs/Regulatory Activities	\$10,724,000	\$10,724,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT]	33,840,000	33,840,000
PHS Evaluation Funds	2,000,000	2,000,000
Targeted Capacity Expansion-General	122,416,000	125,416,000
Medication Assisted Treatment	111,000,000	114,000,000
Tribal Set-aside	14,500,000	14,500,000
Grants to Prevent Prescription Drug/Opioid Overdose	16,000,000	16,000,000
First Responder Training	57,000,000	59,000,000
Rural Focus	32,000,000	34,000,000
Pregnant and Postpartum Women	38,931,000	40,931,000
Recovery Community Services Program	4,434,000	4,434,000
Children and Families	30,197,000	30,197,000
Treatment Systems for Homeless	37,114,000	37,114,000
Minority AIDS	66,881,000	66,881,000
Criminal Justice Activities	94,000,000	94,000,000
Drug Courts	74,000,000	74,000,000
Improving Access to Overdose Treatment	1,500,000	1,500,000

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Building Communities of Recovery	17,000,000	18,000,000
Peer Support Technical Assistance Center	2,000,000	2,000,000
Comprehensive Opioid Recovery Centers	6,000,000	7,000,000
Emergency Department Alternatives to Opioids	8,000,000	8,000,000
Treatment, Recovery, and Workforce Support	12,000,000	12,000,000
Youth Prevention and Recovery Initiative	2,000,000	3,000,000
Science and Service:		
Addiction Technology Transfer Centers	9,046,000	10,046,000
Minority Fellowship Program	7,136,000	7,136,000

Building Communities of Recovery and Peer Support Networks.—The Committee appreciates SAMHSA’s implementation of new funding for community-based networks assisting individuals with substance use disorder recovery, and urges SAMHSA to promote the expansion of recovery support services and to reduce stigma associated with addictions. The Committee recognizes the coordinated efforts of this program to connect people in recovery to a wide array of community resources, including housing services, primary care, employment resources, among others, and urges the program to expand its reach to others in need of support. To further support these recovery community organizations, the Committee continues \$2,000,000 for the National Peer Run Training and Technical Assistance Center to provide addiction recovery support to peer networks and recovery communities.

Comprehensive Opioid Recovery Centers.—The Committee includes \$7,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act.

Drug Courts.—The Committee recommends \$74,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Emergency Department Alternatives to Opioids.—The Committee includes \$8,000,000 to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.

First Responder Training.—The Committee provides \$59,000,000 for First Responder Training grants. Of this amount, \$34,000,000 is set aside for rural communities with high rates of substance use. In addition, \$13,500,000 of this funding is provided to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone and protective equipment) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334). The Committee directs SAMHSA to ensure funding

is for new awardees and allows awards in amounts less than the maximum award amount to ensure nationwide funding.

Grants to Prevent Prescription Drugs/Opioid Overdoses.—The Committee recognizes that the number of young Americans dying due to opioid overdose is rising. The Committee acknowledges the existing Grants for Reducing Overdose Deaths program and encourages the Secretary to expand eligibility to provide schools access to this program for training and for opioid overdose reversal agents, such as naloxone.

Medication-Assisted Treatment.—The Committee includes \$114,000,000 for medication-assisted treatment, of which \$14,500,000 is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Abuse Treatment to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.

Medications for Opioid Use Disorder.—The Committee urges SAMHSA to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.

Minority Fellowship Program.—The Committee includes \$7,136,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.

Opioid Use in Rural Communities.—The Committee is aware that response to the opioid use disorder crisis continues to pose unique challenges for rural America. Rural areas can struggle with limited access to care and there is a lack of health professionals necessary for identifying, diagnosing, and treating patients with substance use disorders, as well as assisting individuals in recovery. As a result, responding to the opioid crisis in rural America requires a comprehensive approach, which may involve: an integrated approach to care; collaboration when appropriate with patients and their families; involvement of community partners and institutions; advancing competency and skills development for healthcare providers treating people with substance use disorders; training to provide care in a culturally responsive manner; and the use of technologies to ensure improved access to medically underserved areas through the use of telehealth and the addition of treatment programs where feasible. The Committee encourages SAMHSA to support initiatives to advance these objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.

Opioid Use Disorder Recurrence.—The Committee is concerned that relapse following withdrawal management from opioids is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing the potential benefits of withdrawal management for opioid use disorder followed by medication to prevent recurrence and encourages SAMHSA to disseminate and implement this policy in all settings where withdrawal management is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.

Pregnant and Postpartum Women Program.—The Committee includes \$40,931,00 for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.

Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is an effective strategy to prevent problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance use, but that many health providers, especially pediatricians and those in underserved communities, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age, as well as for the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.

Treatment Assistance for Localities.—The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support medication-assisted treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support medication-assisted treatment in its grant programs.

Treatment, Recovery, and Workforce Support.—The Committee includes \$12,000,000 for SAMHSA to continue implementation of section 7183 of the SUPPORT Act.

Women’s Addiction Services Leadership Institute.—The Committee is aware that CSAT implemented for 10 years an important workforce development initiative known as the Women’s Addiction Services Leadership Institute [WASLI]. The program, which ended in 2018 due to insufficient funding, strengthened the capacity of emerging leaders to meet the needs of women with substance use disorders by developing participants’ leadership skills and creating a network of the next generation of leaders in women’s addiction services. A total of 112 emerging leaders graduated from WASLI and 56 coaches received training in executive coaching. The Committee includes \$1,000,000 within the Addiction Technology Transfer Centers for SAMHSA to reinstitute WASLI in order to close a

significant gap in Federal support to strengthen and retain the women's substance use disorder services workforce.

State Opioid Response [SOR] Grants

The Committee provides \$1,600,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4 percent for grants to Indian Tribes or Tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117–328. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on state ordinal ranking. Activities funded with this grant may include treatment, prevention, and recovery support services. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA's website. The Committee further directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and Territory SOR grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.

SOR Formula Data.—The Committee remains concerned that the fatal overdose data used in determining the 15 percent set aside reflects all drug poisoning deaths, which does not accurately identify rates of total overdoses from opioids, including fentanyl. The Committee urges the Assistant Secretary to consider using data pertaining to opioid-specific drug overdoses.

SOR Funding Cliffs.—The Committee continues to direct SAMHSA to avoid significant funding cliffs between States with similar opioid mortality data and to prevent unusually large changes in a State's SOR allocation when compared to the prior year's allocation, and acknowledges SAMHSA's work to avoid cliffs in the last funding cycle. In ensuring the formula avoids such cliffs, the Assistant Secretary may consider options including, but not limited to, expanding the number of States that are eligible for the 15 percent set aside and using multiple years of data to minimize the effect of temporary changes in overdose mortality rates. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.

Rural Opioid Technical Assistance Regional Centers [ROTA-R] Cooperative Agreements.—The Committee is concerned with the proposal to consolidate all ROTA-R activities into one program award in the fiscal year 2024 notice of funding announcement. This decision could dilute the effectiveness of the traditional ROTA-R program and jeopardize the ability to effectively respond to locally identified needs, and leave behind the rural communities that are

currently being served. The Committee recognizes the need, however, for more collaboration and coordination among ROTA–R recipients while also appreciating the unique needs of each regional, rural community to address the opioid crisis. As such, the Committee directs SAMHSA to maintain funding for the 10 cooperative agreements under the ROTA–R program at not less than the fiscal year 2023 level instead of consolidating the program, and directs not more than \$1,500,000 to use for a technical assistance center to serve as a coordinating body for the ROTA–R recipients.

Substance Use Prevention, Treatment, and Recovery Services [SUPTRS] Block Grant

The Committee recommends \$2,048,079,000 for the SUPTRS Block Grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. In addition, States may use SUPTRS Block Grant funds to support medications and recovery support for the treatment of alcohol use and other substance use disorders, including to support peer recovery housing. The Committee also notes the importance of the block grant's 20 percent prevention set-aside, which is a vital source of primary prevention funding. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

The Secretary is encouraged to review and recommend changes to the formula used for distributing SUPTRS block grant funds to States no later than 1 year prior to the expiration of the authorization to ensure that sufficient funds are being directed to the hardest hit States, specifically those with the highest drug overdose death rates.

Funding Flexibilities.—To address the growing need for substance use disorder prevention and treatment, States, Territories and their communities have been developing innovative ways to engage the millions of people with substance use disorders to access treatment services. The Committee encourages SAMHSA to implement funding flexibilities that allows States, Territories, and their communities the ability to rollover unused SUPTRS dollars allowing for these innovative programs to continue after they have been implemented.

No Cost Extension.—The Committee directs SAMHSA to allow States to apply for a one-year, no-cost extension to September 30, 2026 for the allocation of supplemental funds to the SUPTRS Block Grant as provided in Public Law 117–2. States are concerned about the impending fiscal cliff. An extension as described allows certain States to work with their providers to implement spending plans in a more strategic, predictable, and efficient manner.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2024	\$236,879,000
Budget estimate, 2025	236,879,000
Committee recommendation	246,879,000

The Committee recommends \$246,879,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance use prevention services.

The Committee continues to instruct SAMHSA to ensure that all the funding provided to CSAP, as well as the 20 percent prevention set aside in the Substance Use Prevention, Treatment, and Recovery Services Block Grant, be used only for evidence-based substance use prevention activities. The Committee looks forward to the report requested in Public Law 118–47 detailing how this guidance is being applied to all CSAP programs as well as in the guidance to the States and territories regarding the 20 percent prevention set aside in the SUPTRS Block Grant.

Programs of Regional and National Significance

The Committee provides \$246,879,000 for PRNS within CSAP. These programs support the development of new practice knowledge on substance use prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance use 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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
CAPACITY:		
Strategic Prevention Framework/Partnership for Success	\$135,484,000	\$145,484,000
Strategic Prevention Framework Rx	10,000,000	10,000,000
Federal Drug-Free Workplace	5,139,000	5,139,000
Minority AIDS	43,205,000	43,205,000
Sober Truth on Preventing Underage Drinking (STOP Act)	14,500,000	14,500,000
National Adult-Oriented Media Public Services Campaign	2,500,000	2,500,000
Community Based Coalition Enhancement Grants	11,000,000	11,000,000
Interagency Coordinating Committee to Prevent Underage Drinking	1,000,000	1,000,000
Tribal Behavioral Health Grants	23,665,000	23,665,000
Science and Service:		
Center for the Application of Prevention Technologies	9,493,000	9,493,000
Science and Service Program Coordination	4,072,000	4,072,000
Minority Fellowship Program	1,321,000	1,321,000

*Interagency Coordinating Committee for the Prevention of Underage Drinking [ICCPUD].—*The Committee understands ICCPUD funding has been used for activities that fall outside its authorization as specified in Public Law 109–422. The funding provided in this act for ICCPUD shall only be used for the purpose of preventing or reducing underage drinking and not for any other purpose.

*Minority Fellowship Program Support for Prevention Workforce.—*The Committee directs SAMHSA to award \$1,321,000 in Minority Fellowship Program funds, to support a separate preven-

tion fellowship program that will increase the number of culturally competent prevention specialists to help expand prevention programming for underserved minority populations.

Prevention Technology Transfer Centers [PTTC] Network.—The Committee supports the work of the PTTC Network and efforts related to certified prevention specialists and the Prevention Fellowship program. This program supported 16 early career prevention fellows throughout each HHS region where they gained hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field.

Strategic Prevention Framework.—The Committee recommends \$145,484,000 for the Strategic Prevention Framework. Within the total provided, \$135,484,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and Tribal levels. The Committee recognizes that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding.

Sober Truth on Preventing [STOP] Underage Drinking Act.—The Committee provides \$14,500,000 for the STOP Act. Of this funding, \$11,000,000 is for community-based coalition enhancement grants, \$2,500,000 is for the National media campaign, and \$1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking.

Subawards.—The Committee is concerned about the accountability of grants provided under SP-22-001 and directs SAMHSA to track and monitor subawards.

Substance Use Disorder Prevention Workforce Report.—The Committee notes that SAMHSA was directed in fiscal year 2022 to conduct a comprehensive national study regarding the substance use prevention workforce. The study will collect information on the existing availability of and access to data on prevention workforce size, salaries, and current challenges in maintaining support for an adequate workforce, a plan to address these challenges and potential Federal programming to help implement the plan. The Committee looks forward to a briefing from SAMHSA on the study's findings within 60 days of issuing the final report.

Tribal Behavioral Health Grants.—SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance use prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee continues to urge the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2024	\$241,673,000
Budget estimate, 2025	172,583,000
Committee recommendation	232,920,000

The Committee recommends \$232,920,000 for Health Surveillance and Program Support activities. The recommendation includes \$31,428,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

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:

Budget activity	Fiscal year 2024 appropriation	Committee recommendation
Health Surveillance	\$50,623,000	\$50,623,000
PHS Evaluation Funds	30,428,000	30,428,000
Program Support	84,500,000	84,500,000
Performance and Quality Information Systems	10,200,000	10,200,000
Drug Abuse Warning Network	10,000,000	10,000,000
Public Awareness and Support	13,260,000	13,260,000
Behavioral Health Workforce Data	1,000,000	1,000,000
PHS Evaluation Funds	1,000,000	1,000,000

Block Grant Reporting Requirements.—The Committee acknowledges the important role of the Community Mental Health Services and Substance Use Prevention, Treatment, and Recovery Services Block Grants in supporting States’ efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee reiterates the request for a report as included in Public Law 118–47 regarding the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward.

Congressionally Directed Spending.—Within the funds included in this account, \$63,337,000 are for the projects, and in the amounts, specified in the table titled “Congressionally Directed Spending Items” at the end of this Committee Report.

Drug Abuse Warning Network.—The Committee recommends \$10,000,000 for the Drug Abuse Warning Network [DAWN]. Authorized by the 21st Century Cures Act, DAWN is a surveillance system to monitor emergency department visits in order to help public health workers, policy makers, and other stakeholders respond effectively to emerging substance use trends.

Health Information Technology.—The Committee understands that adoption of health information technology [health IT] among behavioral health providers currently lags behind that of other provider types and recognizes the benefits of advancing health IT in behavioral healthcare settings. The Committee supports the efforts of the Behavioral Health Information Technology Initiative to pilot the inclusion of behavioral health data elements in health IT with-

in the SUPTRS and Mental Health block grants. The Committee encourages SAMHSA to explore providing States with flexibility within the block grant administrative cap to pursue the additional incorporation of health IT.

National Survey on Drug Use and Health [NSDUH].—Recent data from NSDUH indicates that LGBTQ+ adults are more likely to experience mental health conditions such as depression and suicidality. The Committee encourages SAMHSA to continue to use NSDUH to better understand how to support the LGBTQ+ community through mental health and substance use programs.

Program Support.—The Committee recommends \$84,500,000 for program support, to ensure SAMHSA has the resources and staff to further its mission.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2024	\$369,000,000
Budget estimate, 2025	387,345,000
Committee recommendation	376,000,000

The Committee provides \$376,000,000 for the Agency for Healthcare Research and Quality [AHRQ]. This funding is combined with \$126,000,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ’s mission is 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 and patient safety, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

HEALTH COSTS, QUALITY, AND OUTCOMES

Health costs, quality, and outcomes [HCQO] research activity is focused on improving clinical practice, strengthening 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:

Center for Primary Care Research.—The Committee includes no less than \$2,000,000 for the Center for Primary Care Research authorized by 42 U.S.C. 299b-4(b). The center supports clinical primary care research as well as strategies to improve primary care delivery and advancing the development of primary care researchers. The Committee supports efforts to coordinate research in areas such as multiple chronic conditions, symptom syndromes such as Long COVID, behavioral and social health integration, telehealth in primary care, shared decision-making, and patient experience of care. The areas of focus should include, but not be limited to, expanding research on persons with multiple co-morbid conditions and improving primary care in rural and underserved areas and health equity.

Improving Maternal Health.—The Committee continues to support AHRQ efforts to address the complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for under-

served women who are at substantially higher risk of complication and death.

Long COVID.—The extensive incidence of individuals suffering from Long COVID (post-acute sequelae of SARS CoV–2 infection [PASC]) presents an ongoing challenge to the healthcare system, patients, and their caregivers. The Committee recommendation includes \$13,500,000 to continue the work of the Long COVID Centers of Excellence and the Long COVID Care Network. The Committee continues to direct AHRQ to coordinate these efforts with other federally funded Long COVID research initiatives, and to encourage robust data collection and data sharing efforts among agencies and grantees.

Menopause Research.—The Committee provides \$5,000,000 for a Menopause Research to Action Network to scale and accelerate existing and emerging research evidence and care delivery models into routine clinical practice. The Network shall focus on improving treatment and management of perimenopause and menopausal symptoms, as well as related chronic conditions to help improve mid-life health outcomes among women. In doing so, the Committee directs AHRQ to: (1) prioritize projects that propose scaling up evidence-based interventions that have demonstrated potential for improving care delivery and outcomes; (2) ensure the Network has the capability to collect and disseminate new findings and best practices widely, including to rural and underserved areas; and (3) coordinate these efforts with other Federal healthcare agencies.

Opioid Research.—The Committee continues to support the research AHRQ has undertaken to better equip practitioners with evidence-based interventions to treat opioid and multi-substance misuse. The Committee is aware that many patients with substance use disorders face significant barriers to care from siloed medical, behavioral health, and substance use treatment systems, new physical disabilities related to complications from substance use, and housing insecurity. The Committee directs AHRQ to support research that integrates the management of substance use disorders in primary care settings. The Committee similarly urges AHRQ to prioritize funding opportunities for innovative integrated care models that span the continuum of hospitalization, transitional care, primary care, and community-based interventions.

Patient Safety.—The Committee continues to support AHRQ's research to address failures in the diagnostic process and to support Diagnostic Safety Centers of Excellence to develop systems, measures, and new technology solutions to improve diagnostic safety and quality.

United States Preventive Services Task Force [USPSTF]

The Committee recommends \$11,542,000 for the USPSTF, which works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.

Medical Innovations.—The Committee continues to note concern with the USPSTF's ability to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by improving timely access to and compliance with USPSTF-recommended screenings. The Committee continues to encourage the USPSTF to

utilize the Early Topic Update process described in the USPSTF procedure manual to review a recommendation on an enhanced timeframe upon a showing of new evidence. The Committee also continues to urge the USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the FDA that is a preventive strategy or modality pertaining to, but not included in, a previous USPSTF recommendation.

USPSTF Public Engagement.—The Committee continues to encourage the USPSTF to advance open processes that help ensure meaningful engagement by the public, including underrepresented groups.

MEDICAL EXPENDITURE PANEL SURVEYS

The Committee recommends \$72,791,000 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 \$73,100,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2024	\$406,956,850,000
Budget estimate, 2025	383,609,399,000
Committee recommendation	383,609,399,000

The Committee recommends \$383,609,399,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2025 recommendation excludes \$245,580,414,000 in fiscal year 2024 advance appropriations for fiscal year 2025. As requested by the administration, \$261,063,820,000 is provided for the first quarter of fiscal year 2026.

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, and the U.S. 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, 2024	\$476,725,000,000
Budget estimate, 2025	521,757,000,000
Committee recommendation	521,757,000,000

The Committee recommends \$521,757,000,000 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.

PROGRAM MANAGEMENT

Appropriations, 2024	\$3,669,744,000
Budget estimate, 2025	4,329,000,000
Committee recommendation	3,669,744,000

The Committee recommends \$3,669,744,000 for CMS program management, which includes funding for research and evaluations, program operations and demonstrations, survey and certification programs, and Federal administration.

Program Operations

The Committee recommends \$2,479,823,000 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.

Affordable Care Act Notifications.—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations not less than two full business days before any public release of the information.

Algorithm-Based Healthcare Services.—Algorithm-based healthcare services are provided through medical devices cleared by the FDA that rely on artificial intelligence [AI], machine learning [ML], or other similar software to produce clinical information for use in the diagnosis or treatment of a patient’s condition. The Committee notes the lack of a consistent coverage and payment pathway for these services, including the absence of coverage criteria, reimbursement methodologies, and transparent risk parameters. The Committee encourages CMS to consider formalizing payment and coverage pathways for algorithm-based healthcare services to improve beneficiary access and support the development of safe and effective AI/ML-enabled solutions.

Alzheimer’s Disease Diagnostics.—The Committee is encouraged by innovations in diagnostic tools and treatments for Alzheimer’s disease and some of its most serious symptoms. The Committee acknowledges that the potential benefits of early diagnosis include timely access to treatments and lifestyle interventions, enhanced opportunities to participate in research studies, lower costs of care, and more time for care and quality of life planning. The Committee urges CMS to help facilitate timely and equitable beneficiary access to diagnostic tools and services, including diagnostic radiopharmaceuticals and positron emission tomography [PET]. The Committee also urges continued collaboration between CMS and other Federal agencies in their collective efforts to shift the standard of care towards timely and accurate detection and diagnosis.

Alzheimer’s Disease Therapies.—The Committee continues to express disappointment with CMS’s decision to limit coverage of

FDA-approved monoclonal antibodies for the treatment of Alzheimer's disease. The Committee urges CMS to reconsider the National Coverage Determination policy to provide full access for Medicare beneficiaries to these FDA-approved Alzheimer's treatments.

Area Wage Index.—The Committee is pleased that CMS proposed an extension to its low wage index hospital policy in the Fiscal Year 2025 Hospital Inpatient Prospective Payment System and Long-Term Care Hospital Prospective Payment System Proposed Rule. This policy helps many rural, low-wage hospitals attract and maintain a skilled workforce. The Committee requests an update on this topic in the fiscal year 2026 CJ.

Biosimilars.—The Committee notes concerns about the lack of access to lower cost biosimilars for Medicare Part D enrollees, including the prevalence of formulary exclusions of lower priced biosimilars and the application of step therapy by some plans to require enrollees to use a higher-priced brand product before accessing a biosimilar. The Committee notes the potential savings for patients and taxpayers through swift inclusion of biosimilars on Medicare Part D formularies. The Committee therefore urges CMS to examine existing barriers to biosimilar adoption, including Part D plan practices that impede access to lower-priced products. CMS should also provide beneficiary-focused education on the availability of biosimilars on Medicare Plan Finder and real-time benefit tools, as well as ensure guidance and regulations for Part D formulary development and design appropriately encourage the adoption of biosimilars with lower list prices, given that beneficiaries often pay coinsurance as a percentage of a product's list price under the program.

Chronic Kidney Disease [CKD].—The Committee notes that Medicare spends nearly 25 percent of its annual budget on beneficiaries with a kidney disease diagnosis. The Committee encourages CMS to work to ensure that Medicare benefit guidelines reflect the most recent clinical CKD guidelines and promote access to early screening, testing, diagnosis, and treatment for individuals at higher risk for CKD.

Coding Intensity.—The Committee notes that Medicare Advantage [MA] payments are risk-adjusted to provide sufficient resources to deliver comprehensive care for individuals with complex health needs. CMS applies the intensity adjustment equally to all MA health plans regardless of the variance in coding intensity that exists. The Committee encourages CMS to work with Congress and relevant stakeholders to evaluate the feasibility of implementing tiers for coding intensity adjustments. Such changes could potentially deter outliers, reduce aggressive coding behavior, and result in more effective care management.

Cognitive Impairment.—The Committee directs CMS to include a report in the fiscal year 2026 CJ identifying actions the agency can take, within existing authorities, to improve early detection of mild cognitive impairment [MCI] as part of the Medicare Annual Wellness Visit [AWV] and the annual Initial Preventive Physical Exam [IPPE]. This review should include opportunities to improve early detection of MCI during the AWV and IPPE by ensuring the

use of evidence-based, reliable, cognitive impairment detection tools identified by the National Institute on Aging.

Comprehensive Kidney Care.—The Committee urges CMS to re-evaluate whether to apply the Retrospective Trend Adjustments [RTA] within the Comprehensive Kidney Care Contracting model for Performance Year 2022 and Performance Year 2023 for the End-Stage Renal Disease [ESRD] population for Medicare ESRD Beneficiaries, considering in particular the differences between the calculated RTA for Medicare ESRD Beneficiaries and the calculated RTA for Medicare Parts A and B Beneficiaries for each performance year.

Consumer Operated and Oriented Plan [CO-OP] Program.—The Committee recognizes the potential role of CO-OPs in lowering costs, stabilizing markets, and providing access to consumer-centered Marketplace options in the States they serve. The Committee encourages CMS to examine program regulations to reduce barriers for CO-OPs.

Convenient Access Standards.—The Committee notes that existing convenient access standards for Medicare Part D beneficiaries based on geographic distance may not take into account all methods of access to medications. The Committee encourages CMS to provide feedback, information, and technical assistance to Congress on policies that could improve patient access to drugs and pharmacist services, including potential changes to Part D network adequacy standards.

Diabetes Self-Management Training.—Given the prevalence and cost of diabetes, particularly among communities of color, the Committee continues to be concerned that barriers to accessing the Medicare diabetes self-management training benefit have resulted in utilization by only 5 percent of newly diagnosed Medicare beneficiaries. The Committee encourages CMS to obtain additional feedback from stakeholders on barriers to accessing the diabetes self-management benefit and to consider changes to address these barriers to the extent permitted by the statute. Within 120 days of enactment of this act, the Committee directs CMS to provide a report to the Committees on Finance and Appropriations of the Senate detailing the agency's efforts to address these barriers.

Disproportionate Share Hospital [DSH] Payments.—The Committee recognizes that the Federal Medicaid statute generally requires DSH payments to hospitals treating large numbers of low-income patients in every State except Tennessee, whose DSH allotment is currently scheduled to cease after fiscal year 2025. The Committee encourages CMS to provide the necessary and adequate data to Congress to ensure a long-term Medicaid DSH allotment for Tennessee in the near future.

EMS Treat-in-Place Model.—The Committee is disappointed that CMS has not pursued a State-specific EMS demonstration project or Innovation Center model. Within 90 days of enactment of this act, the Committee requests a briefing on CMS' assessment of the EMS Treat-in-Place Model, including differences from the previously tested Emergency Triage, Treat, and Transport [ET3] model.

Ensuring Patient Assistance Counts Toward Out-of-Pocket Limits.—The Committee requests a briefing within 180 days of enact-

ment of this act on CMS' enforcement of the rule in the 2020 HHS Notice of Benefit and Payment Parameters requiring that cost sharing assistance paid by drug manufacturers on behalf of patients to reduce their out-of-pocket costs be counted toward the annual limitation on cost sharing.

Essential Medical Devices.—The Committee is concerned by the healthcare system's increased reliance on Chinese-made medical devices and supplies, which could negatively impact domestic manufacturing capacity. The Committee supports efforts to promote purchases of American-made medical devices, and is similarly encouraged by CMS payment policies to provide new payment adjustments to hospitals for their share of additional costs incurred for certain supplies, such as domestically-made N95 respirators. The Committee requests a briefing 1 year after enactment of this act on the bi-weekly interim payments for domestic N95 respirator procurement, including information on participation and payments provided during calendar year 2023, and additional efforts by CMS to support domestic procurement of essential medical devices and supplies.

Expanding Support for Screening and Diagnostic Testing in Cancer Treatment.—The Committee again acknowledges that the use of pre-treatment interventions, such as screening for signs of cancer or testing with a companion diagnostic to determine a specific cancer type, can help healthcare providers select treatment options with a greater probability of better outcomes for patients. The Committee continues to urge CMS to identify ways to expand access to such screening and testing.

Generic Drug Shortages.—The Committee is concerned about generic drug shortages, particularly those impacting generic sterile injectables, which include many cancer drugs, emergency medicines, and anesthesiology medications. The Committee encourages CMS to work with Congress and relevant stakeholders on analyzing Medicare and Medicaid payment policies' impact on supply chains and economic incentives for generic drug suppliers, wholesalers, and healthcare providers.

Ground Ambulance Data Collection.—The Committee recognizes the work of CMS in establishing the first round of the Ground Ambulance Data Collection System and supports ongoing data collection efforts, including efforts to address stakeholder concerns that arose during the first 2 years of collecting ground ambulance data.

Health Insurance Exchange.—The Committee continues bill language that requires CMS to provide cost information for the following: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Exchange Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act [ACA]. CMS is also required to include the estimated costs for fiscal year 2026.

Home and Community-Based Services [HCBS].—The Committee is supportive of efforts to increase access to care in homes and communities, which includes support for family caregivers and direct care workers that provide essential care and services. Within existing resources, the Committee expects CMS to strengthen and expand access to HCBS, facilitate State planning, encourage innovative models that benefit the workforce and care recipients, and support quality and accountability. Further, the Committee encourages CMS to issue guidance outlining how States can implement intensive home and community-based behavioral health services to address the growing behavioral and mental health crisis. The Committee urges CMS to include in such guidance information regarding: (1) best practices from States that have improved the availability of home and community-based mental health and substance use disorder services; and (2) potential options for financing and expanding access to home and community-based mental health and substance use disorder services.

Home Infusion.—The Committee notes the critical role that home infusion services can play in improving health outcomes and quality of life for patients who require infusion of medications for complex conditions, including for beneficiaries who might otherwise need to travel significant distances to receive drug infusions. The Committee is concerned by the low levels of utilization of Medicare's home infusion therapy benefit among Medicare fee-for-service beneficiaries and encourages CMS to examine options that could help ensure that beneficiaries have better access to drug infusion in their homes.

Hospice and Dementia Care.—The Committee recognizes the value of hospice care for patients with Alzheimer's Disease and Related Dementias [ADRD], including hospice's potential to both improve quality of life and reduce Medicare expenditures. The Committee encourages CMS to work with Congress and relevant stakeholders to ensure that Medicare's enrollment and eligibility processes consider the unique nature of dementia care, including by reducing unnecessary barriers to services. The Committee directs CMS to provide a report in the fiscal year 2026 CJ on its efforts to analyze and address access challenges, including those that may result from existing protocols or processes, for beneficiaries with ADRD.

Maternal Health.—The Committee recognizes the importance of rural hospitals in providing maternal healthcare services, educating patients, and ensuring postpartum safety. The Committee is concerned that insufficient reimbursement, coupled with difficulties in maternity care provider recruitment and retention, threaten the viability of rural hospitals. Such factors have contributed to the closures of labor and delivery departments and growing maternal health deserts. The Committee directs CMS to provide a briefing to the Committee within 180 days of enactment of this act detailing insights into closures of labor and delivery departments, as well as how payment rates across payers can impact care options, the utilization of new treatment pathways, and access to devices for birthing complications.

Medically Tailored Meals.—The Committee notes the benefits of medically tailored meals for individuals with a diet-impacted dis-

ease and encourages CMS to examine options for increasing access to medically tailored meals.

Medicare Payment Systems Modernization [MPSM] Fund.—The Committee supports efforts by CMS to modernize Medicare’s fee-for-service claims processing systems portfolio. Doing so will help the agency lay important groundwork for continued improvements and efficiencies in service delivery and payments for Medicare beneficiaries, providers, and claims processors. The Committee directs CMS to include in its fiscal year 2026 CJ status updates on all ongoing projects undertaken by CMS with respect to MPSM.

Medicare Summary Notices.—The Committee recognizes the significant impact of Medicare fraud to the healthcare system and beneficiaries, as well as the need to increase mechanisms to better detect and report fraud. Therefore, the Committee encourages CMS to evaluate options to increase the frequency of Medicare Summary Notices provided to beneficiaries, either by mail or virtually, and to perform “usability testing” to ensure that the agency is formatting its statements so all beneficiaries understand their medical expenses and can more easily detect and report improper payments. The Committee directs CMS to provide a briefing within 180 days of enactment on the cost estimate for implementation of any proposed changes.

Merit-Based Incentive Payment System [MIPS] Feedback Reports.—The Committee urges CMS to improve timely access to MIPS feedback reports and claims data for providers, consistent with existing law. In doing so, the Committee requests an update in the fiscal year 2026 CJ on actions CMS has taken and plans to take to utilize measures developed by national medical specialty societies, including qualified clinical data registries maintained by national medical specialty societies, for MIPS, MIPS Value Pathways, and alternative payment model reporting.

Non-Addictive Opioid Alternatives.—The Committee remains concerned about the high mortality rate due to the opioid overdose epidemic and continues to support the development of non-addictive alternatives to opioids for pain treatment and management. The Committee encourages CMS to assess policies and procedures and to work with Congress on efforts to facilitate coverage of non-addictive alternatives to opioids for pain treatment and management.

Non-Pharmacologic Treatments for Pain.—Non-pharmacologic treatments for pain management have shown to be effective in reducing pain and reliance on prescription opioids. The Committee encourages CMS to consider ways to expand the use and coverage of non-pharmacologic treatments, such as osteopathic manipulative treatment and other alternative treatments as appropriate, for back and other pain.

Nursing Home Transparency.—The Committee acknowledges CMS’s efforts to require nursing homes enrolled in Medicare or Medicaid to disclose additional information regarding owners, operators, and management. Further transparency is needed to better understand the impact of private equity ownership arrangements on patient care, facility closures, staffing, and healthcare costs in both nursing homes and other healthcare settings. The Committee requests a report within 180 days of enactment of this act on the enforcement of existing ownership transparency requirements.

Obesity.—The Committee encourages CMS to ensure beneficiary access to obesity care when determined to be clinically appropriate by the patient’s physician and when consistent with relevant statutory and regulatory authorities.

Organ Recovery Cost Reimbursement.—The Committee notes that Organ Procurement Organization [OPO] Recovery Centers can increase the number of organs available for transplantation and intensive care unit bed capacity for living patients. The Committee recognizes that there are concerns with the current reimbursement methodology for organ transportation and recovery, including concerns that the methodology may serve as a financial disincentive to utilize OPO Recovery Centers effectively. Therefore, the Committee encourages CMS to assess existing policies to ensure that transplant centers are appropriately reimbursed for furnishing deceased donor organ management and recovery services.

Pediatric Oral Health.—The Committee appreciates CMS’s ongoing work to improve access to pediatric oral healthcare. However, as CMS and States work to meet Oral Health Initiative targets, the Committee urges CMS to continue to look towards innovative approaches to improve pediatric oral healthcare by coordinating with other agencies and programs that serve Medicaid and CHIP populations such as the Department of Agriculture’s Women, Infants and Children [WIC] and Supplemental Nutrition Assistance Program [SNAP] programs. Efforts may include expanding programs to integrate care into different settings and increasing education for parents and families on the importance of oral healthcare for children throughout each stage of development.

Physician Fee Schedule Codes.—When adjusting the number of relative value units needed to account for coding changes, new data on relative value components, or payment for new services, the Committee notes that CMS may overestimate or underestimate utilization, and therefore the overall cost of such changes, resulting in substantial adjustments to the physician fee schedule payments required by budget neutrality. The Committee urges CMS to work with Congress and relevant stakeholders to ensure payment methodologies are consistent with current statute.

Prescription Payment Plan.—Beginning January 1, 2025, all Medicare prescription drug plans will be required to offer enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly payments. The Committee recognizes the importance of ensuring that beneficiaries are aware of the option to enroll in a payment plan. The Committee directs CMS to provide a report to the Committees on Finance and Appropriations of the Senate within 1 year of enactment of this act detailing the number of beneficiaries who have taken up the payment plan option under Medicare Part D and the total number of beneficiaries categorized as “likely to benefit” from such option. The report should also include an assessment of the methods that CMS is utilizing to communicate participation options and the impact of such outreach efforts.

Psychosocial Rehabilitation Model.—The Committee encourages CMS to explore alternative payment models that directly reflect the significant health, economic, and overall societal benefits associated with alleviating social isolation among people with serious

mental illness [SMI]. Specifically, the Committee requests that CMS include a report in the fiscal year 2026 CJ analyzing how the Center for Medicaid and CHIP Services [CMCS] is using the Medicaid waiver process to encourage State Medicaid agencies to contract with payers that offer comprehensive psychosocial rehabilitation services that reduce social isolation and improve quality of life for people with SMI.

Reducing False-Positive Sepsis Blood Cultures.—The Committee is aware that more than 40 percent of blood culture tests used to diagnose blood stream infections, like sepsis, are false-positive results due to blood culture contaminations. These false-positive test results can lead to serious morbidity and mortality among misdiagnosed patients, significant spending on unnecessary treatment, and the overuse of antibiotics. The Committee requests a briefing within 180 days of enactment of this act for CMS to provide an update on its efforts to adopt a blood culture contamination rate measure.

Risk Corridor Program.—The Committee continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments.

Robotic Stereotactic Radiosurgery [SRS].—The Committee remains concerned that inadequate payments for robotic SRS and robotic stereotactic body radiation therapy may threaten patient access to this important treatment option for many types of cancer in both the hospital and freestanding cancer settings. The Committee urges CMS to protect Medicare beneficiary access to these services, which can safely deliver life-saving and life-changing cancer treatment in a timely and cost-efficient manner, improving patient compliance and reducing burdens on patients, providers, and the healthcare system.

Rural Community Hospital Demonstration Program.—The Committee notes that the Rural Community Hospital Demonstration may include up to 30 hospitals for participation, which provides alternative reimbursement to certain large, rural hospitals. However, the Committee understands that not all 30 authorized participation slots are currently filled. The Committee directs CMS, in alignment with underlying statutory authority and regulatory processes, to solicit applications for the remaining program slots. The Committee requests an update from CMS within 90 days of enactment of this act on the agency's completed actions to fulfill this directive.

School-Based Services [SBS].—The Committee recognizes the importance of SBS in promoting the health of children and adolescents. As more States look to expand SBS, the Committee encourages CMS to examine State reporting requirements and review and update reporting systems to better collect information about SBS for students beyond what is provided pursuant to a student's individualized education program or individualized family services program.

Tribal Health Care Reimbursements.—The Indian Health Service [IHS] rate does not reimburse Tribal healthcare providers for the cost of chemotherapeutics provided by a physician in the office setting. This makes the provision of cancer treatment on Indian reservations for Medicare patients challenging and damages the ability of American Indians to access cancer treatment locally. The

Committee supports CMS efforts to clarify reimbursement procedures and ensure parity among IHS and non-IHS facilities.

State Survey and Certification

The Committee recommends \$397,334,000 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.

Annual Reports.—The Committee continues to direct CMS to provide, in the CJ, a report to the Committees regarding operational milestones and funding activities under this heading. Such reports shall, at a minimum, include quarterly obligations, unobligated balances (including a breakdown of committed and uncommitted balances), and expenditures of current year discretionary budgetary authority by originating statute. Such reports shall also include operational metrics, such as those found on pages 82 and 85 of the fiscal year 2025 CJ, regarding the numbers and rates of survey and complaint visits by provider type for the applicable quarter.

Federal Administration

The Committee recommends \$772,533,000 Federal Administration, which funds the majority of CMS’s staff and operating expenses for routine activities, such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2024	\$915,000,000
Budget estimate, 2025	941,000,000
Committee recommendation	941,000,000

The Committee recommends \$941,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control activities. The Committee recommendation includes a discretionary base amount of \$311,000,000 and an additional \$630,000,000 in resources through a budget cap adjustment, in alignment with the parameters set forth in the Fiscal Responsibility Act of 2023. Proactively identifying healthcare waste, fraud, and abuse continues to be a priority for the Committee.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT SERVICES AND FAMILY SUPPORT PROGRAMS

Appropriations, 2024	\$3,309,000,000
Budget estimate, 2025	3,924,000,000
Committee recommendation	3,924,000,000

The Committee recommendation includes \$3,924,000,000 in fiscal year 2025 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,700,000,000 in advance funding for the first quarter of fiscal year 2026.

These funds support States’ efforts to promote the 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, 2024	\$4,025,000,000
Budget estimate, 2025	4,111,000,000
Committee recommendation	4,125,000,000

The Committee recommendation includes \$4,125,000,000 for the Low Income Home Energy Assistance Program [LIHEAP], which is \$100,000,000 over the fiscal year 2024 enacted level. LIHEAP provides home heating and cooling assistance to low-income households. Sudden, significant, and unexpected decreases in annual funding for States, even when based in part on changes in home energy costs or other formula factors, can be difficult for States to manage. Accordingly, the Committee recommendation continues to limit year-to-year fluctuations in allocations to States.

Technical Assistance and Program Administration.—Within the total, the Committee recommendation includes up to \$10,000,000 for program integrity and oversight efforts, of which a portion is intended to continue to support a formula system, which will allow ACF to provide estimates more readily when requested by the Committee.

Extreme Weather.—The Committee understands that the increased prevalence of extreme weather events can cause dangerous health outcomes for at-risk individuals, especially low income families that struggle to pay for home energy costs. The Committee requests a report, within 180 days of enactment of this act, detailing how the LIHEAP program supports States experiencing extreme weather events. The report should include information on how the Interagency Working Group on Extreme Heat is informing LIHEAP guidance to States, recommendations for making the LIHEAP formula more responsive to extreme weather events, and where available, each States’ share of the LIHEAP formula devoted to cooling versus heating assistance.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2024	\$6,427,214,000
Budget estimate, 2025	6,427,214,000
Committee recommendation	6,428,214,000

The Committee recommends \$6,428,214,000 in base discretionary funding for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security [DHS] 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.

The Committee recommendation continues the directive to provide monthly updates to the Committees on Appropriations of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied children. Such updates shall include any changes in estimated funding needs as a result of changing trends. The Committee notes that ORR has consistently relied on supplemental funding to address funding needs in this program and the budget request includes \$2,914,179,000 in additional emergency funding, above the amounts included in this bill, for refugee programs in fiscal year 2025 including to support the goal of resettling 125,000 refugees through the U.S. Refugee Admissions Program [USRAP] in fiscal year 2025. The Committee will continue to work closely with HHS to evaluate and address fiscal year 2025 funding needs.

The Committee believes that the USRAP serves as a reflection of U.S. humanitarianism as well as the Nation's strategic interests. The Committee notes the need to maintain a baseline of capacity and encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and other populations of concern who remain statutorily eligible for integration services, and to ensure that there is capacity for future arrivals to be adequately served.

Community Engagement and Quarterly Consultation.—The Committee recognizes that quarterly consultations and regular community engagement are critical to support refugee integration and encourages HHS to pursue efforts to ensure robust participation in regular community consultations.

Coordination with DHS and USCIS.—The Committee notes that not all refugees (including all populations eligible for ORR-funded services) receive ORR-funded services. The Committee encourages ORR to better coordinate with DHS and USCIS to improve the referral process for eligible arrivals.

Mental Health and Trauma Informed Care.—The Committee recognizes the importance of ORR providing trauma informed, culturally appropriate, comprehensive care to the individuals it serves, including unaccompanied children, refugees, victims of trafficking, and survivors of torture. Accordingly, the Committee encourages ORR to partner with an outside organization with expertise in providing such care to evaluate the mental healthcare needs of ORR-eligible populations and any ongoing gaps and challenges in current mental health provision across populations ORR serves. This should also include recommendations for enhancing programming or additional investments needed to ensure all eligible individuals have access to comprehensive, trauma-informed, and culturally appropriate mental health services. The Committee also encourages ORR to integrate a report on mental health needs into the Annual Survey of Refugees.

Spend Plan.—The Committee directs ORR to continue to provide quarterly spend plans for the Unaccompanied Children [UC] program with actual and estimated obligations by major category, at

the same level of detail that has been provided in previous years. The Committee further expects at least this level of detail to be included in future budget justifications. In addition, the Committee directs ORR to provide quarterly spend plans for refugee programs, including actual and estimated obligations under the TAMS and RSS programs.

Transitional and Medical Services

The Committee recommendation includes \$591,000,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

Matching Grant Program.—The Committee continues to support the Matching Grant [MG] program and strongly encourages HHS to expand the program, including increasing the number and percentage of eligible arrivals served by the program; increasing the government's per capita contribution to respond to inflation and cost of living; and easing the burden of the match requirement. The Committee also strongly encourages HHS to give matching grant organizations flexibility in administering their programs, including, when justified, carrying over unexpended funding and slots and extending exemptions to the 31-day enrollment period. The Committee also encourages HHS to continue permitting flexibilities in dispersing MG funds, such as continuing to separate direct assistance and administrative portions and permitting sites to offer remote services, and encourages HHS to create a plan to expand case management for MG enrollees. The Committee also encourages ORR to consider adjusting the structure of the MG program to recognize cases where individuals are employed but not yet fully self-sufficient as opposed to solely economically self-sufficient or not economically self-sufficient measurements. Finally, the Committee encourages HHS to work with resettlement sites to ensure continuity of MG enrollments and services during the transition from one fiscal year to the next.

Refugee Support Services

The Committee recommendation includes \$307,201,000 for Refugee Support Services [RSS]. This program provides a combination of formula and competitive grants to States and nonprofit organizations to help refugees become self-sufficient and address barriers to employment.

The Committee strongly encourages ORR to the greatest extent possible to allocate RSS funding based on the best data available that reflects actual needs of providing services to newly arrived refugees. The Committee directs ORR to include information in its fiscal year 2026 CJ on what flexibilities ORR has applied in allocating funding to better reflect needs, and any ongoing limitations in doing so.

Education, Training, and Career Opportunities.—The Committee encourages ORR to ensure all eligible populations are made aware of the variety of education, training, and career opportunities available to them through ORR or other Federal partners, including adult education, credential evaluation, pre-apprenticeship, and reg-

istered apprenticeship programs. The Committee encourages ORR to continue to collaborate with the Departments of Education and Labor to ensure that new arrivals receive information about these employment and training opportunities within the first 90 days after arrival.

Intensive Case Management.—The Committee recognizes the importance of expanding intensive case management [ICM] and virtual case management, particularly in locations where expanded resettlement capacity relies on remote placement. The Committee encourages HHS to expand the availability of virtual case management to provide ICM services, particularly in locations without existing resettlement sites nearby. The Committee directs HHS to include information in its fiscal year 2026 CJ on such efforts, including an assessment of the use of virtual ICM services.

Preferred Communities.—The Committee recognizes that the increase in refugee arrivals projected for fiscal year 2025 requires expanded capacity among the resettlement network including through the Preferred Communities program. The Committee encourages ORR to expand the Preferred Communities program and directs HHS to include information in its fiscal year 2026 CJ on the Preferred Communities program, including an estimate of funding to be spent on the program and funding needed to maintain Preferred Communities programming at all resettlement sites.

Victims of Trafficking

The Committee recommendation includes \$31,755,000 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 this amount the Committee recommendation includes no less than \$6,000,000 for the National Human Trafficking Hotline (Hotline). The Committee notes concern with reports that the Hotline has not consistently and promptly reported tips, when appropriate and consistent with Federal and State law, of trafficking of adults to law enforcement. The objectives of the Hotline include providing information and service referrals to victims of trafficking using a trauma-informed, victim-centered approach; and notifying law enforcement agencies of potential cases of human trafficking as well as instances when a trafficking victim is in imminent danger, and documenting emerging trafficking schemes to assist in the detection and investigation of trafficking cases.

It is critical that that the Hotline maintain a person-centered approach focused on the victim's well-being and those who utilize the Hotline's services and wish to be anonymous should stay anonymous when it is safe and appropriate to do so. The Committee also notes that Hotline plays an important role in notifying law enforcement of potential trafficking when that is appropriate. Accordingly, the Committee directs ACF to ensure the Hotline is complying with applicable laws and policies regarding the operation of the Hotline, assisting victims of severe forms of trafficking in persons, and referring potential cases of trafficking to law enforcement including reporting all third-party tips of potential human trafficking to

State and local law enforcement when the signaler appears to be in imminent danger.

Unaccompanied Children

The Committee recommendation includes \$5,406,258,000 in base funding for the UC program. The UC program provides temporary care for children who have no lawful immigration status in the United States and who have been apprehended by DHS without a parent or a guardian. HHS provides care for children until they can be placed with a parent or other sponsor living in the United States pending resolution of their immigration status.

Bond Hearings and Placement Reviews.—The Committee continues to direct HHS to approach placement review and Flores bond requests with expediency, fairness, child-centered procedures, and trauma-informed approaches prior to and during Flores bond hearings and placement review panel adjudications.

Influx Care Facilities [ICFs].—The Committee appreciates that ORR has significantly reduced the need for and use of ICFs in recent years. The Committee continues to direct ORR to ensure that ICFs will only be used in the future when absolutely necessary and directs ORR to include in its fiscal year 2026 CJ estimates of how much it will spend on ICFs, its estimated capacity needs, the methodology it uses and factors it considers when estimating ICF capacity needs, and in what specific circumstances it will activate capacity in ICFs. The Committee also directs that if ICFs are needed in the future, HHS will continue to improve the quality of care provided in ICFs, including ensuring they have the physical infrastructure to provide developmentally appropriate care for children, including appropriate space for education services, and confidential space for the provision of healthcare, mental healthcare, and legal services.

Maintaining Family Contact.—The Committee strongly encourages ORR to work with its care providers to ensure that children have as much access as possible via telephone and video calls to their parents, family members, and caregivers while maintaining appropriate child welfare safeguards.

Mental Health and Related Services for Children in ORR-Care.—The Committee appreciates the steps ORR has taken to improve mental health services for children in their care, and encourages ORR to continue to expand such services and ensure that they are developmentally appropriate, trauma-informed, culturally competent, and provided in the most integrated, least restrictive setting. This should also include in-person training for ORR and ORR-contracted staff on trauma and trauma-informed care. The Committee also directs ORR to work with residential care providers, disability experts, and child welfare experts to ensure adherence to Federal, State, and local laws related to standards of care for children with disabilities. ORR should also work with protection and advocacy organizations to support monitoring visits and access to information. Finally, the Committee recognizes that unaccompanied children often share extensive personal information to case managers, clinicians, or other adults while in ORR care, and directs ORR and its grantees and contractors to protect sensitive personal information, behavioral health records, and mental health

records consistent with all applicable child welfare laws, regulations, and licensing requirements. The Committee directs ORR to include information in its fiscal year 2026 CJ on these efforts.

Office of the Ombudsperson.—The Committee strongly supports efforts to increase independent oversight of the UC program. Accordingly, the Committee supports the establishment of an Office of the Ombudsperson, to provide independent child-welfare focused recommendations to ORR and the Secretary regarding the care of unaccompanied children, including on policies to ensure children are safe, cared for, and receive the services they need both while in HHS custody and after they have been released to a sponsor. The Ombudsperson shall monitor, including by making site visits, for compliance with all applicable laws and standards relating to unaccompanied children. The Committee directs the Ombudsperson to submit a report to Congress no less than once each fiscal year including a summary of activities carried out during the preceding fiscal year, as well as recommendations for improving the UC program and a description of the priorities for the subsequent fiscal year.

Post-Release Services, Legal Services/Access to Counsel, and Child Advocates.—The Committee recommendation includes no less than the fiscal year 2024 funding level for post-release services; legal services and access to counsel; and child advocates. The Committee continues to direct HHS to expand child-welfare focused post-release services to increase the number of children and families receiving services, and improve the types of services they receive, including case management assistance with school enrollment, and access to legal services, healthcare, mental health, and community services. These post-release services are critical to ensuring that children are in safe and appropriate homes after they have been released from ORR's care and that children and families have access to the services they need. The Committee encourages ORR to engage with current family reunification service providers, post-release service providers, and recently released children and sponsors to discuss needed services, the length of services, and how to improve coordination between shelters, providers, and other community services providers, to help evaluate the current program and to identify new risks and opportunities for improvement. In addition to children already designated under law or policy to receive such services, the Committee encourages ORR to ensure that all pregnant or parenting teens and children whose primary language is neither English nor Spanish are referred for post-release services. Finally, the Committee supports ORR's plans to provide tiered levels of services, and strongly encourages ORR to prioritize post-release services for children released to category 2 and 3 sponsors.

The Committee also continues to direct ORR to provide access to counsel, consistent with the goals of the Trafficking Victims Protection Reauthorization Act of 2008 for all children to have access to counsel in their immigration proceedings. The Committee understands the supply of service providers may be constrained in some areas, and encourages ORR to allow grantees to use flexibilities in contracting expenses, to the extent practicable, to build the capacity to ensure the necessary legal requirements are met to provide

expanded services to children. The Committee also continues to direct ORR to ensure in-person Know Your Rights presentations and legal screenings for every child in ORR custody and access to legal counsel for any child in prolonged ORR-care. The Committee also continues to direct that legal services will be in person absent exigent circumstances and that ORR will ensure that there is sufficient confidential space available for legal services at all facilities, including emergency or influx facilities. When services are provided remotely, ORR must make sufficient technology and confidential space available for communication via video whenever possible, and telephone if necessary.

The Committee directs ORR to include information in its fiscal year 2026 CJ on how children are prioritized for post-release services, legal services, and child advocate services, and the number and percentage of children that have and are estimated to receive services annually, including broken out by specific types and levels of services.

Prioritization of Small-Scale, Community- and Family-Based Placements.—The Committee continues to direct ORR to prioritize the placement of children in small-scale, community- and family-based care providers, including transitional foster care, small group homes, and long-term foster care. The Committee directs ORR to pursue efforts to expand capacity in such programs, which are both more appropriate for children and reduce the need for ICFs. This should include predictably posting funding opportunity announcements, providing technical assistance to both existing and potentially new providers, and working with providers to address any staffing-related issues that limit their capacity. The Committee recommendation includes funding for grants to high-performing State-licensed shelters to increase standard care capacity including the ability to expand capacity as needed. The Committee further directs ORR to ensure that there is an adequate supply of long-term foster care beds in the network to minimize the time it takes for a child to be moved to this least restrictive placement.

The Committee directs ORR to include information in its fiscal year 2026 CJ on its actual and planned capacity by program type, including steps taken and planned to be taken to expand capacity in small scale shelters and funding spent on such efforts. Finally, the Committee directs ORR to provide a report to the Committee within 180 days of enactment of this act on the feasibility of transitioning 100 percent of its bed census to small-scale facilities, including a description of any barriers, limitations, or challenges in doing so. In developing this report ORR should consult with current small-scale shelter providers and other organizations with relevant expertise.

Report.—The Committee directs ORR to continue to submit biannual reports to the Committees that include the number of UCs that remain in HHS care for longer than 1 year and the number of UCs that HHS has released to sponsors. The report should also include an explanation of the methods ORR uses to follow-up with unaccompanied children after releasing them to a sponsor, including the follow-up method used and number of attempts made. The Department shall make such a report available on its website.

Special Education.—The Committee strongly encourages ORR to conduct a study on the education support needs of children with disabilities in its care, identify any gaps or challenges in addressing such needs, and take steps as necessary to address them.

Sponsor Suitability Determination Policies.—The Committee continues to direct ORR to conduct targeted reviews of its sponsor suitability determination policies and procedures. This should include reviews of a sampling of cases of children released to different categories of sponsors during fiscal year 2024 to evaluate specific policies for how they promote the welfare of all children referred to their care, and ensure that children are placed with safe and appropriate sponsors. The Committee looks forward to the briefing on this topic required in Senate Report 118–84.

Trusted Adult Relatives.—The Committee recognizes efforts to colocate ORR staff at the border in designated locations to verify family relationships, screen out risks of trafficking, and otherwise conduct sponsor suitability determinations for children travelling with a close adult relative. This allows children, when it's determined to be appropriate, safe, and in the best interest of the child, to be quickly released to the care and custody of a close relative, avoiding unnecessary trauma from separation. This also has the potential to decrease ORR shelter capacity and funding needs, as such children would otherwise be in ORR care for a longer period of time, in some cases significantly longer. The Committee requests information be included in the fiscal year 2026 CJ on any such efforts.

Unaccompanied Alien Children Home Studies.—The Committee is concerned about reports of unaccompanied children being placed with sponsors who have not been fully vetted, including an OIG report “Gaps in Sponsor Screening and Follow-up Raise Safety Concerns for Unaccompanied Children” that reviewed implementation of sponsor screening in March and April 2021, when ORR received a surge in referrals of unaccompanied children, that found HHS has not consistently conducted safety and background checks of sponsors. This puts unaccompanied children at risk, including trafficking and child labor exploitation. The Committee is also concerned by reports that over 2021 and 2022, ORR was not able to contact 85,000 children as part of safety and well-being calls. The Committee strongly encourages ORR to conduct a home study for every potential sponsor. The Committee directs ORR to brief the Committees of jurisdiction, within 30 days of the enactment of this act, on the timeline and steps it will take to meet the recommendations of the OIG report and to provide a report to the Committee within 90 days of enactment of this act on the feasibility of conducting an in-person home study for every potential sponsor and a full accounting of minors that ORR has not been able to contact as part of safety and well-being calls.

Youth Aging Out of ORR Care.—The Committee directs ORR to have developed a concrete post-18 plan for every 17-year-old unaccompanied child in ORR care at least 30 days in advance of their 18th birthday to ensure that an appropriate placement has been identified and arranged for the child, along with any necessary social support services, prior to discharge from ORR. The Committee directs ORR to ensure that it is complying with its obligation to

protect children’s private and confidential information in fulfilling its obligation to engage in post-18 planning for children aging out of ORR care.

Victims of Torture

The Committee recommendation includes \$19,000,000 for the Victims of Torture program to provide support to non-profit organizations providing direct support to torture survivors and their families.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2024	\$8,746,387,000
Budget estimate, 2025	8,521,387,000
Committee recommendation	10,346,387,000

The Committee recommends \$10,346,387,000, an increase of \$1,600,000,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

Child Care Preferences.—The Committee recognizes that parents eligible to receive subsidized childcare under the CCDBG Act may have varying preferences on how that childcare is provided. Some parents prefer to have their children cared for by a parent or close relative, yet an overwhelming majority of children served by CCDBG receive childcare at a center-based childcare facility. The Committee is aware that the National Survey of Early Care and Education collects information on parental perceptions and preferences related to child care and directs ACF to include information in the fiscal year 2026 CJ on which of the following child care providers are preferred by parents of eligible children (as defined at 42. U.S.C. 9858n(4)): full-time paid childcare, part-time paid childcare, relative-provided childcare, or in-home care with the child’s parent, based on available data.

Data Reporting.—The Committee notes that the fiscal year 2025 CJ included fiscal year 2021 data regarding the number of children and families served by CCDBG. The Committee is concerned by the lag in this data reporting and requests a briefing, no later than 180 days after enactment, on the challenges relative to collecting this data and recommendations for improving its timeliness.

Native Hawaiian Child Care Programs.—The Committee requests a report within 90 days of enactment of this act providing the rationale of the funding allocation for past three grant cycles of the Native Hawaiian Non-Profit Organization Child Care Grant, and a plan to align funding with the Native Hawaiian service population in subsequent awards.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2024	\$1,700,000,000
Budget estimate, 2025	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 for the Social Services Block Grant [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 in order to reduce poverty.

The Committee recognizes that Family Resource Centers provide direct assistance to families through parenting support and education, navigation of care and social services, mental health counseling, early learning and afterschool activities, family financial planning, and job training. The Committee notes that preliminary data shows promise in this area—with a 63 percent reduction in child abuse cases and a \$4.93 return for every tax dollar invested, according to current research. The Committee supports States that choose to use a portion of their SSBG funding to support services and programs at school and community-based Family Resource Centers to strengthen families through a localized, family-centered approach.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2024	\$14,829,100,000
Budget estimate, 2025	15,052,128,000
Committee recommendation	15,544,939,000

The Committee recommends \$15,544,939,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; survivors of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$12,971,820,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Within the total, the Committee recommendation includes a \$544,000,000 cost of living adjustment for all Head Start grantees to help keep up with rising costs, to recruit and retain highly qualified staff, and to continue to provide high-quality services to children and families.

Freely Associated States.—The Committee includes bill language to establish Head Start programs in the Republic of the Marshall Islands and the Federated States of Micronesia, as authorized in the Compact of Free Association Amendments Act of 2024 (Public Law 118–42).

Designation Renewal System [DRS].—The Committee continues to encourage HHS to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees’ compliance with health and dental screening requirements as part of the DRS.

Facility Improvement Funding.—The Committee continues to strongly encourage ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, the Committee continues to encourage ACF to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds.

Native Hawaiian Programs.—The Committee notes that the American Indian Head Start is inclusive of Native Hawaiian Head

Start agencies. The Committee directs ACF collaborate with Native Hawaiian leaders in family-based early childhood learning in order to advance a Head Start experience that is responsive to the unique and specific needs of the Native Hawaiian community, and to provide technical assistance to support providers to become Native Hawaiian Head Start agencies. ACF is directed to brief the Committee on these efforts no later than 180 days after enactment of this act.

Quality Improvement Funding.—The Committee includes \$125,000,000 in quality improvement funding. The Committee strongly believes the flexibility provided by this funding is necessary for Head Start programs to meet local needs, and expects funding to be prioritized for recruiting and retaining quality staff.

Tribal Colleges and Universities-Head Start Partnership Program.—The Committee recommendation includes \$10,000,000 for the Tribal Colleges and Universities-Head Start Partnership Program.

Preschool Development Grants

The Committee recommendation includes \$315,000,000 for Preschool Development Grants. This program, as authorized in the Every Student Succeeds Act (Public Law 114–95), provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children.

The Committee encourages ACF to continue to support States that choose to use a portion of their renewal grant funding to award sub-grants to programs in a mixed delivery system across the State, particularly for low-income and disadvantaged children prior to entering kindergarten, or to improve the quality of local programs through the enhancement of early childhood systems.

Dual Language Learners [DLL].—The Committee encourages ACF to support States that choose to develop high-quality and culturally competent dual immersion preschool programs through Preschool Development Grants. The Committee recommends a focus on training, professional development, and postsecondary education for all caregivers, teachers, and directors to meet the needs of DLLs through dual language acquisition, engaging culturally and linguistically diverse families, home language support, and culturally and linguistically appropriate assessment.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$125,283,000 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 continues to support the ability of grantees to provide prevention services such as counseling and case management, regardless of their enrollment in residential services. The Committee urges ACF to advise grantees that they are not required to enroll youth in shelter or residential services, nor require the young person to physically travel to the grantee's location in order for an at-risk youth to receive prevention and supportive services.

The Committee continues to encourage the program to notify applicants if grant applications are successful at least 30 days before the grant begins or no less than 30 days before an existing grant is set to end.

The Committee again strongly urges the program to ensure that service delivery and staff training comprehensively address the individual strengths and needs of youth, as well as language-appropriate, gender-appropriate interventions that are culturally sensitive and respectful of the complex social identities of youth. The Committee strongly believes that no runaway youth or homeless youth should be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part under the Runaway and Homeless Youth Act, based on any of the conditions outlined in this paragraph.

Child, Youth, and Family Homelessness.—The Committee is concerned about the impact of homelessness on the wellbeing and development of children, youth, and families, including the instability and overcrowding that accompany child, youth, and family homelessness. In light of this, the Committee urges ACF to assess the current state of child, youth, and family homelessness, including the strengths, barriers, and opportunities across ACF and HHS to provide two-generation services to end the cycle of homelessness. In particular, the Committee urges ACF to develop a plan to lead and coordinate efforts to provide holistic services to homeless children, youth, and families to break the cycle of homelessness, including by identifying existing resources and gaps. The Committee looks forward to the report outlining progress on these efforts required in Senate Report 118–84.

Cross System Issues.—The Committee strongly encourages programs to have the ability to serve youth involved in other systems (such as child welfare and juvenile justice) that are not currently housed by that system. The Committee strongly encourages programs to have the ability to serve youth funded by systems of care other than the Runaway and Homeless Youth Act to be housed within the Runaway and Homeless Youth Act funded program.

National Communications System, National Runaway Safeline.—The Committee remains concerned with the number of homeless children and youth and those at risk of homelessness and the ability of those youth and parents to access information that can help connect them with the needed services, resources, and support both at school and in the community. The Committee encourages ACF to coordinate with the Department of Education to increase outreach and raise awareness in school districts and community-based organizations of services and resources provided by the National Runaway Safeline.

Education and Prevention Grants to Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes \$21,000,000 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 \$110,091,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

Infant Plans of Safe Care.—Within the total, the Committee recommendation includes \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (Public Law 93–247). The Committee again urges HHS to support States in their implementation of the plans by providing specialized, non-punitive family support services for infants and their birth parents affected by substance use disorders to reduce the need for child welfare or foster care system involvement. The Committee recognizes the intent of plans of safe care and encourages these plans to be put into place before the birth of a child to foster the best outcome for the baby. The Committee continues to direct HHS to provide technical assistance to States on best-practices in this area to address the health, developmental, housing, and treatment needs of infants and their parents and to evaluate States' activities on plans of safe care. The Committee also encourages HHS to provide technical assistance to States on best practices for developing notification systems that are distinct and separate from the system used in the State to report child abuse and neglect in order to promote a public health response to infants affected by substance use disorders, and not for the purpose of initiating an investigation of child abuse or neglect. The Committee also encourages HHS to ensure such technical assistance includes an emphasis on the role of public health focused plans of safe care in reducing racial disproportionality in child protective services investigations and removals.

Child Abuse Discretionary Activities

The Committee recommendation includes \$36,000,000 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.

Child Abuse Hotline.—The Committee continues funding for this program.

Community-Based Child Abuse Prevention

The Committee recommendation includes \$74,660,000 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. The Committee recognizes the importance of prevention and encourages funds to be used for primary prevention activities and to engage in partnerships at the State and local level to reduce child abuse and neglect and provide supports to families.

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.

The Committee understands that children at risk of entering foster care achieve better outcomes when families are able to provide a safe and stable environment for their children, thereby allowing children to stay safely at home. The Committee acknowledges ACF's recent regulatory efforts to allow Title IV–E foster care agencies to claim Federal financial participation for the administrative cost of an attorney providing legal representation to eligible children and certain other individuals involved in foster care and other civil legal proceedings.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes \$21,984,000 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.

Centers of Excellence.—The Committee urges ACF to establish a centers of excellence demonstration program that will develop, implement, and disseminate evidence-based programs and best practices related to interventions for youth transitioning from foster care to adulthood in States with the highest rates of youth per population involved in the child welfare system, with a focus on States that have been most severely affected by substance use disorders. Eligible grantees should include institutions of higher education in the most affected States.

Community Partnership Pilot Program.—The Committee urges ACF to carry out a community partnership pilot program to provide grants to non-profit organizations building partnerships between child welfare agencies and local community organizations, to leverage private dollars, goods, and human resources in the community to meet the needs of at-risk children and their families interacting with the child welfare system, which may include establishing the ability for child welfare agency employees to seek com-

munity support for the needs of children and families through an electronic portal.

Disseminate Best Practices in the Child Welfare Workforce.—The Committee recognizes that States, counties, and not-for-profit agencies have been long engaged in addressing the child welfare workforce crisis, and many best and promising practices have emerged through their efforts. The Committee encourages ACF to compile and disseminate best practices from one or more current grant recipients on recruitment, retention, and training efforts and promoting a diverse workforce.

Driver's License Program Foster Youth.—The Committee encourages the establishment of a demonstration expanding foster care and adoption assistance programs to provide driving preparation assistance to foster youth and related training for foster parents, as well as assistance to States and Tribal organizations for age-appropriate foster youth to, among other things, obtain automobile insurance, complete driver's education, obtain a driver's license, and purchase a vehicle.

Strengthening State ICWA Compliance.—The Committee recognizes the important role State child welfare agencies play in ensuring the safety of Indian children who come into contact with the State child welfare system. The Committee appreciates the work of the Children's Bureau to support State compliance with the Indian Child Welfare Act [ICWA] through technical assistance and through grants to develop strong working relationships between States and tribes. The Committee continues \$3,000,000 for State-Tribal partnership grants to build collaborations between States and tribes to better address the ongoing challenges Tribal communities face. Further, the Committee recommends ACF, in coordination with the relevant Federal agencies, develop guidance for States to better serve Indian children who come into contact with the child welfare system. This guidance may include best practices on the timely identification of Indian children and extended family members; timely notice to Tribes of State child custody proceedings; foster care or adoptive placements of Indian children; and case recordkeeping as it relates to transfers of jurisdiction, termination of parental rights, and insufficient active efforts, as defined by ICWA.

Adoption Opportunities

The Committee recommends \$54,000,000 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.

The Committee recognizes that adoption arrangements at risk of a disruption or dissolution that would result in a foster care placement are eligible for funding under the Family First Prevention Services Act. However, no programs expressly designed to meet the needs of these families have been approved by the Title IV–E Prevention Services Clearinghouse. The Committee directs not less than \$2,000,000 for the evaluation of such programs that could qualify for funding under the Family First Prevention Services Act and aim to meet the evidence standards established by the Title

IV–E Prevention Services Clearinghouse in accordance with the Family First Prevention Services Act. The Committee encourages ACF to prioritize the evaluation of programs with existing evidence and to support studies that can be completed as rapidly as possible while meeting the evidence standards of the Title IV–E Prevention Services Clearinghouse.

The Committee recommendation includes \$2,000,000 to continue the National Adoption Competency Mental Health Training Initiative. This initiative supports ongoing resources for a national organization with the capacity and expertise to continuously evaluate and update the training curriculums, and will provide all States, tribes, and territories the necessary technical assistance to ensure that the curriculums are appropriately used by State child welfare and mental health professionals. This funding should also be used to initiate the development of derivative trainings for courts and continuing medical education for medical professionals to ensure consistency across disciplines. The Committee again recommends the agency take steps to standardize the National Adoption Competency Mental Health Training Initiative’s curriculum to provide consistent training in all State child welfare agencies.

Adoption and Legal Guardianship Incentive Payments

The Committee recommends \$75,000,000 for the Adoption and Legal Guardianship Incentive Payments 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 Research and Demonstration

The Committee recommends \$78,862,000 for Social Services Research and Demonstration. 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.

Benefits Programs.—The Committee recommends the creation of a pilot program to align Federal assistance programs for low-income Americans into one application. The result of these improvements should expand access and enrollment in Federal, State, Tribal, and local benefits, such as SNAP, WIC, Medicaid, TANF, and the Housing Choice Voucher program, and improve coordination of critical services such as mental healthcare and childcare.

Congressionally Directed Spending.—Within the funds included in this account, \$42,850,000 shall be for the Congressionally Directed Spending projects, and in the amounts, as specified in the table titled “Congressionally Directed Spending Items” at the end of this Committee Report.

Diaper Distribution Grant Demonstration.—The Committee recommendation continues \$20,000,000 for the purposes of carrying out a diaper distribution grant program. The diaper distribution program will provide grants to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

Institutional Child Abuse Study.—The Committee provides \$2,000,000 and directs the Secretary to enter into a contract with the National Academies of Sciences, Engineering, and Medicine [NASEM] to conduct a study to examine the state of youth in youth residential programs and make recommendations. Pursuant to the contract, NASEM shall issue a report informed by the study conducted that includes identification of the nature, prevalence, severity, and scope of child abuse, neglect, and deaths in youth residential programs, including types of abuse and neglect, causes of abuse, neglect, and deaths, and criteria used to assess abuse, neglect, and deaths; identification of all funding sources for youth residential programs; and identification of existing barriers in policy for blending and braiding of funding sources to serve youth in community-based settings.

Preventing Youth Homelessness.—The Committee includes \$4,000,000 to continue the preventing youth homelessness demonstration program to identify and implement strategies and services for youth between ages 12 and 26 in order to prevent homelessness, including strategies designed to serve youth and young adult populations with a high likelihood of imminently experiencing homelessness, housing instability, or other forms of victimization such as human trafficking to include individuals transitioning out of foster care, the juvenile justice system, or a residential behavioral health system.

The Committee directs that a portion of funds be made available to State agencies, tribes, counties, cities, other units of local government, or community-based organizations for planning and implementation demonstration grants to provide primary prevention for youth and young adults at risk of homelessness. Grantees shall show collaboration with youth with lived expertise in project design and implementation and funds may be used to support the establishment and operation of local youth advisory boards. The remaining funds shall be used to support the demonstrations through evaluation, training, and technical assistance and also to support the aligned work of the National Prevention Learning Collaborative. The Committee notes that this demonstration program is in addition to other, ongoing Family and Youth Services Bureau initiatives.

Whole Family Approach to Service Delivery.—The Committee includes \$2,500,000 to again support demonstrations of whole-family approaches to service delivery across the lifecycle of families' interaction with benefits programs. The demonstration project should focus on coordinating and centralizing service access and delivery, with a special focus on projects that aim to reduce the impacts of and smooth the benefit cliffs that working families face as their incomes rise, resulting in the sudden reduction or elimination of financial benefits. ACF is encouraged to prioritize demonstration projects in States with large rural populations and high rates of poverty.

Native American Programs

The Committee recommends \$60,500,000 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.

Native American Language Preservation.—Within the total, the Committee recommendation includes \$15,000,000 for Native American language preservation activities, including no less than \$6,000,000 for Native American language immersion programs, as authorized by section 803C(b)(7)(A)-(B) of the Native American Programs Act (Public Law 88–452).

Tribal Programs.—The Committee notes the importance of integrated and tribally-determined, high-quality early childhood services for Tribal children and their families. The Committee requests a briefing within 90 days of enactment on the fiscal year 2025 budget proposal that would allow Tribes to fully integrate funding across Head Start, CCDBG, and the Tribal Maternal, Infant, and Early Childhood Home Visiting programs.

Community Services Block Grant

The Committee recommendation includes \$770,000,000, for the Community Services Block Grant [CSBG]. 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. 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.

Community Economic Development

The Committee recommendation includes \$22,383,000 for the Community Economic Development program. Community Economic Development grants fund non-profit, Community Development Corporations that help communities address the needs of low-income individuals and families by creating employment and business development opportunities.

Rural Community Facilities

The Committee recommendation includes \$12,000,000 for the Rural Community Facilities program. The Rural Community Facilities program provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and waste water facilities.

National Domestic Violence Hotline

The Committee recommendation includes \$20,500,000 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.

The Committee recommendation includes continued support for the StrongHearts Native Helpline, which provides critical support and resources to meet the unique legal and cultural needs of American Indians and Alaska Natives affected by domestic violence.

Family Violence Prevention and Services

The Committee recommendation includes \$242,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for survivors of domestic violence and their dependents.

Culturally Specific Services for Domestic Violence.—The Committee understands that women and girls of color are often disproportionately impacted by domestic violence and sexual assault yet often lack access to family violence prevention services in their communities that incorporate or reflect their specific needs. In order to foster programming for this community, the Committee continues \$7,500,000 for culturally specific, community-based organizations to provide culturally specific services for survivors of domestic violence.

Family Violence Prevention and Services Resource Centers.—The Committee understands the benefits of Family Violence Prevention and Services Resource Centers to support communities in building local responses and services for domestic violence survivors. The Committee includes \$2,000,000 for the Alaskan Native Women's Resource Center, \$2,000,000 for the Native Hawaiian Resource Center on Domestic Violence, and \$2,000,000 for the National Indigenous Women's Resource Center to support critical networking and coalition building between these communities across the State and the Nation.

Intersection of Domestic Violence, Mental Health, Substance-use Coercion, Housing Instability, and Child Welfare Involvement.—The Committee recognizes that research has consistently demonstrated that experiencing abuse by an intimate partner is associated with a wide range of mental health and substance use-related consequences, and it is not uncommon for an abusive partner to undermine efforts to maintain their recovery or intentionally use their partner's struggles with mental health against them. The Committee supports the work of the Office of Family Violence and Prevention Services to invest in targeted support for families affected by domestic violence at the intersection of domestic violence, housing insecurity, mental health and substance use conditions, while ensuring families remain together through recovery and prioritize the best interests of children exposed to violence in the home.

Chafee Education and Training Vouchers

The Committee recommendation includes \$44,257,000 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 Federal Emergency Management Agency contacts to identify

needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$219,000,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2024	\$417,515,000
Budget estimate, 2025	421,515,000
Committee recommendation	417,515,000

The Committee recommends \$417,515,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act (Public Law 74–271) and \$72,515,000 in discretionary appropriations.

This program enables 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.

Family First Clearinghouse.—The Committee includes \$2,750,000 for the Family First Clearinghouse. The Committee continues to recognize the need to support research into programs that provide rigorous evaluations of established foster care prevention and family support programs within the child welfare population, including programs that support adoption arrangements at risk of a disruption or dissolution that would result in foster care placement, provide mental health prevention and treatment services, substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator programs.

Kinship Navigator Programs.—The Committee recommendation includes \$10,000,000 for Kinship Navigator Programs to improve services for grandparents and other relatives taking primary responsibility for children, particularly children and families affected by opioid addiction and substance use disorder. The Committee encourages HHS to encourage States to collaborate with agencies with experience serving kinship families both inside and outside foster care, and to demonstrate how they are preparing their navigator programs to meet evidence-based kinship navigator standards included in the Family First Prevention Services Act (Public Law 115–123).

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2024	\$8,594,000,000
Budget estimate, 2025	6,768,000,000
Committee recommendation	6,768,000,000

The Committee recommends \$6,768,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$3,600,000,000 in advance mandatory funding for the first quarter of fiscal year 2026. 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.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2024	\$2,548,042,000
Budget estimate, 2025	2,634,043,000
Committee recommendation	2,543,817,000

The Committee recommends \$2,543,817,000 for the Administration for Community Living [ACL], which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] (Public Law 116–131) and the Developmental Disabilities Act (Public Law 106–402), as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities. The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

Home and Community-Based Supportive Services

The Committee recommends \$410,000,000 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.

Senior Centers.—Senior centers play an important role in providing programs to combat isolation and loneliness, which can be risk factors for depression, substance use disorder, and even suicide. The Committee encourages ACL and the State and local agencies administering programs funded through the OAA to provide ample funding to senior centers to support their general operations and for programming that promotes the health and well-being of seniors, including fitness and falls prevention programs, nutrition classes and consultations, and foot clinics.

Preventive Health Services

The Committee recommends \$26,339,000 for Preventive Health Services. This program funds activities such as medication management 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 \$26,658,000 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.

National Family Caregiver Support Program

The Committee recommends \$209,000,000 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.

National Family Caregiver Strategy.—The Committee provides \$3,000,000, an increase of \$1,000,000, to support demonstration grants that develop, test, and scale models that implement commitments and recommended actions from the National Strategy to Support Family Caregivers. The Committee directs ACL to provide a briefing for the Committee on Appropriations no later than 90 days after enactment of this act with an update on the implementation of this effort.

Direct Care Worker Shortage.—The Committee notes worker shortages occurring in parts of the direct care sector, such as aging care and disability care. The Committee notes that such shortages may be driven by a host of factors which can make it difficult to recruit and retain qualified workers. Expanding access to quality, long-term care will become more urgent as the U.S. population of adults who are 65 and older will grow substantially in the coming decades. ACL is encouraged to work with the Department of Labor to study the effects of worker shortages in the direct care sector and the impact that worker shortages will have on long-term care affordability and accessibility.

The Committee notes ACL's recent launch of the Direct Care Workforce [DCW] Capacity Building Center, which will serve as a hub to improve home and community-based services and enhance the direct care workforce. DCW will disseminate best practices for agency-based and consumer-directed care arrangements, as well as provide tools, resources, and training to assist state systems, service providers, and other key stakeholders to strengthen the direct care workforce. The Committee encourages ACL, in coordination with DOL and CMS, to examine data on the potential impacts of worker shortages on long-term care affordability and accessibility, and looks forward to the report requested in Senate Report 118–84.

Native American Caregiver Support Program

The Committee recommends \$12,000,000 to carry out the Native American Caregiver Support program. This program provides grants to Tribes for the support of American Indian, Alaskan Na-

tive, 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 \$565,342,000 for congregate nutrition services and \$381,342,000 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 per 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.

Community-Based Organizations.—The Committee recognizes the important work of community-based organizations that provide home-delivered and congregate meals and act as a point of social connection for vulnerable older adults. The Committee encourages State units on aging and area agencies on aging to continue to work with experienced, community-based organizations, such as Meals on Wheels programs, when selecting local nutrition providers and distributing OAA funding.

Nutrition Services Incentives Program [NSIP].—The Committee recommends \$112,000,000 for NSIP. 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 U.S. Department of Agriculture.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$38,264,000 for grants to Native Americans. This program provides grants to eligible Tribal organizations for the delivery of nutrition and supportive services to Native Americans.

In-Home Modifications.—The Committee recognizes the importance of in-home services in facilitating the ability of older individuals to remain at home. The Committee encourages ACL to better understand these needs in Native American communities and encourages ACL to undertake an evaluation of the level of need for in-home services that include accessible home modifications for older individuals who are Native Americans. In doing so, ACL should also examine the extent to which current ACL programming is able to meet such needs.

Native American Nutrition and Support Services.—The Committee is aware of concerns regarding potential barriers to Indian Tribes accessing programs and resources under title VI and title III of the OAA. The Committee encourages ACL to convene with stakeholders to understand these concerns and work to ensure that programs and resources are reaching Tribal members.

Aging Network Support Activities

The Committee recommends \$30,461,000 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.

EngAGED Update.—The Committee directs ACL to provide an update in the fiscal year 2026 CJ describing activities funded and undertaken by the National Resource Center for Engaging Older Adults. Such update shall include programmatic goals for fiscal year 2026, budgetary resources proposed for the Center in fiscal year 2026, and details about the target and served populations of the Center, including the Center's outreach and activities with regard to multigenerational family units.

Holocaust Survivor Assistance.—The Committee provides \$8,500,000 for the Holocaust Survivor Assistance program, which provides supportive services for aging Holocaust survivors and their families, and to other older adult populations that have been exposed to and impacted by traumatic events, including aging military veterans, first responders, victims of childhood and domestic violence, and survivors of man-made or natural disasters.

In addition, the Committee continues the programs specified under this heading and in the amounts specified in the explanatory statement that accompanied division H of Public Law 117–328.

Alzheimer's Disease Program

The Committee recommends \$31,500,000, including \$14,700,000 to be transferred from the PPH Fund, for the Alzheimer's Disease Program which includes Demonstration Grants to States and the Alzheimer's Disease Initiative. Within this funding, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers. The Committee recommends no less than \$2,000,000 to continue the National Alzheimer's Call Center.

Lifespan Respite Care

The Committee recommends \$11,000,000, an increase of \$1,000,000, 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 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease with education to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. Multiple studies have shown CDSMP 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 \$7,500,000, including \$5,000,000 to 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.

Elder Rights Support Activities

The Committee recommends \$33,874,000 for Elder Rights Support activities, which support 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 \$8,619,000 for Aging and Disability Resource Centers. 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.

State Health Insurance Assistance Program

The Committee recommends \$55,242,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

Paralysis Resource Center

The Committee recommends \$10,700,000 for the Paralysis Resource Center [PRC]. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the over five million people living with paralysis and their families. The Committee directs ACL to support the National PRC at not less than \$10,000,000.

Limb Loss

The Committee recommends \$4,200,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

Traumatic Brain Injury

The Committee recommends \$13,118,000 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.

Developmental Disabilities State Councils

The Committee recommends \$81,000,000 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.

Technical Assistance.—The Committee recommends that ACL provide not less than \$800,000 for technical assistance and training for the State Councils on Developmental Disabilities. In addition, the Committee encourages ACL to consult with Developmental Disabilities Assistance and Bill of Rights Act [DD Act] stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Committee prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

Developmental Disabilities Protection and Advocacy

The Committee recommends \$45,000,000 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.

Proper Settings of Care.—The Committee encourages ACL to consider the needs and desires of patients, families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, in its enforcement of the DD Act.

Voting Access for Individuals with Disabilities

The Committee recommends \$10,000,000 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 recommends \$12,250,000 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.

University Centers for Excellence in Developmental Disabilities

The Committee recommends \$43,119,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs] to continue to meet their obligations under the DD Act. UCEDDs provide

training, technical assistance, service, research, and information dissemination to people with disabilities, their families, State and local government agencies, and providers, to build the capacity of communities and create improvements in the service delivery system for people with intellectual and developmental disabilities [I/DD] and other disabilities, including those from underrepresented populations. The funding also will support technical assistance to strengthen and support the National network of UCEDDs as they disseminate research, training, and practices nationwide.

Independent Living

The Committee recommends \$128,183,000 for the Independent Living program, which helps ensure that individuals with disabilities can live productive and independent lives in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]

The Committee recommends \$119,000,000 for the NIDILRR, which supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities. NIDILRR is the only government entity charged to focus on the whole person with a disability and their ability to function independently and maintain a high quality of life among all personal, societal and environmental factors. The recommendation continues funding to support the Traumatic Brain Injury Model Systems National Data and Statistical Center.

Assistive Technology

The Committee recommends \$40,000,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities. With the reauthorization of the 21st Century Assistive Technology Act, the Committee supports implementation to meet the increased demand for access to assistive technology for people with disabilities and older adults. In doing so, the Committee eliminates the alternative financing program that duplicates resources already available under the 21st Century Assistive Technology Act.

Program Administration

The Committee recommends \$48,063,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

Congressionally Directed Spending.—The Committee includes \$22,043,000 for aging and disability services projects, as specified in the table at the end of this Committee Report.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

The Committee recommends \$3,827,597,000 for the Administration for Strategic Preparedness and Response [ASPR]. This appro-

priation 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.

Department of Defense Coordination.—The Committee understands the critical role of the Department of Defense [DoD] in the larger U.S. Government and private sector efforts to address chemical, biological, radiological, and nuclear [CBRN] threats as well as emerging infectious diseases. The DoD possesses unique capabilities that contribute to interagency efforts to prevent, detect, and respond to outbreaks of infectious disease worldwide. The Committee encourages prioritizing and aligning investments in medical countermeasures among all Federal stakeholders to ensure that effective countermeasures are developed to meet both military and civilian needs, and to prevent potential duplication of efforts. The Committee urges ASPR and DoD to coordinate to leverage private industry expertise to meet these needs.

Essential Medicines List.—The Committee requests the Secretary to update and maintain, in consultation with relevant stakeholders, the list of essential medicines initially developed in response to Executive Order 13944 (85 Fed. Reg. 49929) to include drugs and active pharmaceutical ingredients [APIs] that are reasonably likely to be required to respond to a public health emergency or chemical, biological, radiological, or nuclear threat, or the shortage of which would pose a significant threat to the U.S. healthcare system or at-risk populations.

Interagency Alignment of Biomedical Countermeasures Research and Development.—The Committee has prioritized investments in R&D of biodefense medical countermeasures through several different HHS components, depending on their particular missions and areas of expertise; however, there are no rigorous mechanisms in place to ensure the alignment of medical countermeasures requirements, priorities, projects, and project transitions across each of the agencies responsible for various phases of product development, including basic research, preclinical development, advance development, and procurement. The Committee urges ASPR to coordinate with the White House Office of Pandemic Preparedness and Response [OPPR], and interagency partners that comprise the Public Health Emergency Medical Countermeasures Enterprise, to improve alignment and efficiency of medical countermeasures research and development activities across Federal agencies, especially to ensure the end-to-end development of needed products, technologies, or platforms. ASPR is encouraged to work with NIAID, BARDA, FDA, CDC, related efforts of the Department of Defense's biodefense R&D programs, and similar R&D programs funded by the Department of Energy.

Medical Supply Chain Surveillance.—The Committee urges ASPR, in coordination with FDA, to prioritize the identification of upstream pharmaceutical supply chain risks to reduce medicine supply disruptions while also providing evidence to inform public investment and policy reforms that build more resilience in the medical supply chain. This includes the ability to leverage integrated data analytics from a range of data sources to identify key risk indicators and improve both demand forecasting and capacity

management. The Committee directs ASPR to identify opportunities to support the development of capabilities to continually assess the global supply chain for essential medicines, that covers source location, volume, and the number of facilities involved in the production of APIs and key starting materials [KSMs], finished dosage forms, and other required components. A special emphasis should be placed on drug shortages, particularly sterile injectable drugs, which were found to be the drugs most commonly in short supply in the FDA's report *Drug Shortages: Root Causes and Potential Solutions*.

Public Health Emergency Medical Countermeasures Enterprise [PHEMCE].—The Committee recognizes the importance of the PHEMCE in ensuring the Nation's preparedness for CBRN and emerging infectious disease threats. The Committee directs ASPR to continue to partner with PHEMCE interagency partners in the execution of those functions. The Committee further directs ASPR, working with PHEMCE and intelligence community partners, to provide an annual classified threat briefing to the Committee, and as situations arise that may materially impact our medical countermeasure enterprise. This advisory committee should encompass a diverse array of external partners to ensure comprehensive expertise in addressing various threats, thus fortifying the Nation's overall preparedness. To the extent practicable, PHEMCE's strategic planning and decision-making around stockpile needs, requirements, and interactions with other government agencies and the communication of such decisions should be made in concert with the advisory committee considering the inputs from private partners. ASPR is directed to report to the Committee within 120 days of enactment to provide an update on these activities.

Reporting.—The Committee directs ASPR to brief the Committees on Appropriations monthly regarding activities funded by this act and other available appropriations. The agency shall notify the Committee at least 24 hours in advance of any obligation greater than \$25,000,000 from any appropriation available to ASPR. Such notification shall include the source of funding, including the applicable legislative citation, and a description of the obligation. In addition, ASPR shall submit a monthly obligation report in electronic format summarizing the details of these obligations to the Committees on Appropriations. Such report shall be due not later than 30 days after the end of each month and shall be cumulative for the fiscal year with the most recent obligations listed at the top. Furthermore, the Secretary shall include in this monthly report the current inventory of COVID-19 therapeutics, as well as the deployment of these therapeutics during the previous month as reported by States and other jurisdictions until the inventory is expended.

Report on Essential Medicines Risk Assessment.—The Committee requests the Secretary, in consultation with the Secretaries of Defense and Homeland Security as well as the Director of the Office of Pandemic Preparedness and Response Policy, to submit a report within 18 months of enactment of this act, assessing the FDA's updated Essential Medicines List. Specifically, the report shall assess and identify, to the extent available: (1) key starting materials and excipients used in manufacturing the active pharmaceutical ingredients and drugs on the essential medicines list; (2) the names of

the active pharmaceutical ingredients and drugs on the essential medicines list that rely on high-risk foreign suppliers for more than 50 percent of production; (3) current domestic manufacturing capabilities for drugs and active pharmaceutical ingredients on the essential medicines list, including their key starting materials and excipients, and any cost-effective manufacturing technologies, including advanced manufacturing, that should or should not be considered; (4) national security risks, including cybersecurity threats and critical infrastructure designations; (5) any deficiencies, lack of authorities, or limitations in policy or process that limit the Departments of Health and Human Services, Defense, or Homeland Security to address any national security risks in the pharmaceutical supply chain; and (6) how the Departments of Health and Human Services, Defense, or Homeland Security will mitigate such national security risks, including through its use of the Defense Production Act.

RESEARCH, DEVELOPMENT, AND PROCUREMENT

Appropriations, 2024	\$3,135,000,000
Budget estimate, 2025	3,082,991,000
Committee recommendation	3,250,991,000

The Committee recommends \$3,250,991,000 for ASPR’s Research, Development, and Procurement activities. This appropriation supports the advanced research, development, regulatory approval, and procurement of life-saving medical products—drugs, vaccines, therapeutics, diagnostics, and medical devices—that are collectively known as medical countermeasures [MCMs]. These MCMs serve as life-saving technologies during public health emergencies involving CBRN threats and other emerging threats, while advancing the day-to-day public health and medical capabilities. In addition to developing these products, this appropriation also supports ensuring certain qualifying MCMs and medical supplies are stockpiled to be ready to deploy when needed.

Biomedical Advanced Research and Development Authority [BARDA]

The Committee recommendation includes \$1,070,000,000, an increase of \$55,000,000, for BARDA. BARDA supports the advanced development of vaccines, therapeutics, diagnostics and devices for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases. BARDA played a critical role in the COVID–19 and Mpox outbreak responses, and swiftly acted in response to recent Marburg, Sudan, and Ebola Zaire outbreaks. The Committee encourages BARDA to expand its portfolio of partnerships for broader success.

Antimicrobial Resistance [AMR].—The Committee continues to support advanced research and development of broad-spectrum antimicrobials, particularly for multi-drug resistant pathogens, and next-generation therapeutics that address the increasing incidence of antimicrobial resistance.

Antimicrobial Resistance Research Using Bispecific Agents.—The Committee understands that research exists to develop therapies that directly engage the host immune system to kill bacterial cells,

mirroring treatments in proven cancer drugs. Such an approach may open the door to new variations of treatment, allowing for more personalized and more precise medicinal treatments. The Committee encourages BARDA to invest in these and additional novel ways to treat bacterial infections that reduce or circumvent the antimicrobial resistance seen with conventional antibiotics.

Blood Supply.—The Committee remains concerned about the vulnerability of the blood supply after the peak COVID shortages and the HHS Advisory Committee on Blood and Tissue Safety and Availability report indicating that the blood supply faces significant threats and challenges. The Committee supports the report’s recommendation to implement new technologies to improve the safety and reliability of the blood supply. The BARDA strategic objective to develop next generation blood products must go beyond treatment of radiation injuries and be expanded to include products that can be used regardless of the patient’s blood group, expand availability to all hospitals, prevent shortages, and be suitable for use throughout the continuum of care including first responders. Suitable products that are in clinical trials should be considered a priority for funding. The Committee urges BARDA to expand the development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications encompassing treatment of hemorrhagic disease, use in general surgery, obstetrics, and trauma. The Committee encourages the Secretary to consider a pilot project to expand manufacturing capacity such that a national inventory adequate to provide a national response capability can be established. The Secretary shall provide a biannual report to the Committee detailing the progress on these efforts.

Biopharmaceutical Manufacturing Partnership [BioMAP].—The Committee appreciates BARDA taking steps to strengthen our Nation’s MCM enterprise, including through the BioMaP and supports efforts to expand domestic manufacturing infrastructure for MCMs. Given the global nature of certain clinical research, development, and manufacturing activities, it is critical for BARDA to strengthen, expand, and make progress in onshoring these programs. Within 120 days of enactment, BARDA shall brief the Committee on BARDA’s plans in fiscal year 2025 to support the onshoring of MCM development activities, including actions taken by BioMaP.

CBRN Threats.—The Committee expresses deep concern regarding the heightened risks posed by CBRN weapons worldwide. The Committee provides robust funding for BARDA’s core national security mission to protect Americans against these deliberate, man-made threats. The Committee urges ASPR to prioritize the development and stockpiling of critical CBRN vaccines, treatments, and diagnostics to ensure uninterrupted access to these life-saving MCMs within the Strategic National Stockpile [SNS]. The Committee encourages ASPR to engage more frequently with private sector partners to speed the development of new MCMs and stockpiling of existing MCMs against CBRN threats.

Infectious Diseases.—The Committee supports robust funding for BARDA’s naturally occurring infectious disease programs, including emerging infectious diseases, AMR, and pandemic influenza. The Committee encourages BARDA to account for low-resource settings and vulnerable populations, such as children and neonates, in

its funding decisions to produce tools that have wide applicability for many geographies in the U.S. and globally that lack advanced health infrastructure. The Committee encourages ASPR to project its spending on emerging infectious diseases, AMR, and pandemic influenza in its annual 5-year budget plan. The Committee requests that BARDA continue publicly updating its research portfolios to include pathogen, product, phase, and funding data for all its programs, and to provide the underlying data in tabular form.

Infectious Disease Outbreaks With Pandemic Potential.—The Committee supports robust funding for BARDA to engage in public-private partnerships to support advanced R&D of innovative platform technologies and MCM programs focused on (but not limited to) vaccines, therapeutics, diagnostics, and other MCMs for emerging infectious diseases, including novel pathogens and viral families with pandemic potential. The Committee encourages ASPR to prioritize the identification and development of promising technologies that can be leveraged to address a range of future pathogens, including virus families with significant pandemic potential. In addition, the Committee directs BARDA to allocate no less than \$10,000,000 in fiscal year 2025 to support the Disease X Medical Countermeasure Program at BARDA for expeditious development of MCMs against priority viral families, including those effective against novel pandemic pathogens.

Red Blood Cell Clinical Trial Program.—The Committee urges BARDA to continue investments in red blood cell pathogen reduction technology to ensure that completion of technology development as defined in BARDA contracts is accomplished in parallel with the clinical trials.

Securing BARDA's Partnerships from Malign Actors.—The Committee directs BARDA to submit a report to the Committees within 180 days of enactment on all partnerships with entities that are based in the People's Republic of China [PRC] or under the jurisdiction of the PRC government and their subsidiaries. The report shall include partnerships spanning the entire scope of BARDA's work including the development of vaccines, drugs, therapies, and diagnostic tools for public health medical emergencies such as CBRN accidents, incidents and attacks; pandemic influenza [PI], and emerging infectious diseases [EID]. Additionally, the report shall include the type of agreement that BARDA has entered into with a PRC entity, the scope of the agreement, the length of the agreement, and what data or information has been or will be shared with the BARDA partner.

Whole Blood Platelet Collection.—The Committee urges BARDA to initiate investments in whole blood platelet technologies during fiscal year 2025 to achieve timely FDA approval for use of these technologies in all 50 States to increase sufficient platelet production capacity for routine blood center operations and pandemic preparedness as soon after FDA approval as practicable. Production of whole blood platelets will enable pandemic preparedness and surge capacity in times of national disaster when platelet transfusion is required to support injured patients in the civilian and military population.

Tuberculosis [TB].—Drug resistant TB is identified as a serious threat level pathogen to the U.S. by the Combating Antibiotic-Re-

sistant Bacteria Biopharmaceutical Accelerator [CARB-X]. As drug resistant TB cases are on the rise globally, the threat to the United States also grows and BARDA's investment in new TB diagnostics, drugs, and vaccines is critical. The Committee requests an update on BARDA's investments in drug resistant TB research in the fiscal year 2026 CJ.

Project Bioshield Special Reserve Fund

The Committee recommendation includes \$835,000,000, an increase of \$10,000,000, for Project Bioshield. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. These funds support the acquisition of promising MCMs developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee includes \$1,010,000,000, an increase of \$30,000,000, for the Strategic National Stockpile [SNS].

Acute Radiation Syndrome [ARS].—The Committee notes ASPR has the responsibility of developing and procuring MCMs for naturally occurring and intentional threat agents while ensuring that these are quickly available in the event of an emergency, and that these threats include nuclear and radiological events. The Committee is concerned, however, that ASPR/SNS has only been able to meet 45 percent of the published requirement to protect Americans from ARS. Considering the risks associated with international supply chains and recent geopolitical developments, the Committee directs ASPR/SNS to prioritize domestically sourced FDA-approved MCMs for ARS and thermal burns. Additionally, given the anticipated delays in treatment initiation due to the extended time needed to deploy personnel and MCMs in the event of a nuclear or radiological incident, the Committee urges ASPR/SNS to prioritize FDA-approved countermeasures with an extended treatment window. Such countermeasures should be effective for deployment at least 96 hours after a radiological event. The Committee requests a report within 30 days of enactment that includes an update on ASPR's plans to ensure existing ARS products are maintained at a level that meets the requirement and secure the continued availability of a diverse set of domestically manufactured countermeasures that will be effective under expected conditions of deployment and use.

Feasibility of a Loan Program for MCM Development.—The Committee recognizes the success of the Department of Energy's loan programs in advancing national security and high technology assets and acknowledges the potential benefits of a similar approach within HHS. Specifically, the Committee requests ASPR to conduct a comprehensive feasibility analysis of establishing a Health Security Loan Program within BARDA. This program would aim to address the critical financing gaps in the development and commercialization of MCMs across various stages of the product life cycle. The analysis should consider the structure and success factors of DOE's Title 17 Innovative Energy Loan Guarantee Program, evaluating its applicability to the unique challenges and opportunities in the health security sector. The report should assess the potential

impact of such a loan program on accelerating the availability of MCMs during both emergency and non-emergency periods, drawing parallels with the Small Business Administration's role in providing loans to small businesses during critical phases of their development. ASPR is directed to provide a detailed report within 180 days of enactment. The report should outline the findings of the feasibility analysis, including any policy restrictions or limitations that may hinder the implementation of a Health Security Loan Program, and offer recommendations for a strategic plan to ensure that agencies responsible for disease prevention, detection, and outbreak response have access to the necessary financing mechanisms to support the development and commercialization of vital MCMs.

Made in America Strategic National Stockpile.—The Committee is concerned about the Nation's limited infrastructure to produce essential products such as medical devices, medical equipment, pharmaceuticals, and personal protective equipment [PPE]. The Committee strongly urges ASPR to develop a long-term sustainable procurement plan that gives preference to and results in purchases directly from domestic manufacturers to the maximum extent practicable.

Resupply of Nerve Agent Countermeasures.—The Committee remains concerned that the Nation is not sufficiently prepared for the threats posed by chemical weapons and nerve agents, particularly threats to the American public. Anti-convulsant medicines provide a key means of treatment, yet the SNS currently stockpiles only diazepam auto-injectors, all of which expired in October 2023. The Committee notes each of ASPR's fiscal year 2023, 2024, and 2025 congressional justifications requested funding to procure FDA-approved next generation midazolam auto-injectors to resupply the SNS. However, the Committee is concerned that ASPR does not intend to execute the appropriated funds for FDA-approved midazolam auto-injectors from fiscal year 2023 or 2024 and reiterates the request for a report included in the Consolidated Appropriations Act, 2024 (Public Law 118–47). Therefore, the Committee urges ASPR to take appropriate steps to resupply the expired stock of anti-convulsant medicines in the SNS.

Poxvirus Countermeasures.—The Committee commends ASPR for their role in the successful campaign to stop the 2022 MPox outbreak in the United States by deploying medical countermeasures that were previously developed, purchased and stockpiled for smallpox preparedness. The Committee is concerned however that there may now be an insufficient supply of poxvirus vaccine for immunocompromised individuals as well as poxvirus treatments in the stockpile, especially in light of the continued national security threat of an intentional or accidental release of smallpox. The Committee urges ASPR to prioritize replenishment of MCMs used during the MPox outbreak and requests a briefing within 60 days of the date of enactment on the stockpiling requirements for poxvirus vaccine and therapeutics as included in the 2022 Medical Countermeasure Preparedness Report, submitted to Congress as part of the required annual threat based review of the SNS.

Replenishing Influenza Antivirals.—The Committee remains concerned about the perennial threat of pandemic influenza, which could be exacerbated by expiring antivirals in the SNS. The Com-

mittee strongly urges HHS to diversify and replenish its stockpile of emergency influenza antivirals to ensure the Nation has multiple current treatment options in the event of an influenza pandemic.

Shelf-life Extension Program [SLEP].—The Committee remains concerned with aging products in the SNS and the use of the SLEP for MCMs. While the SLEP can result in cost savings and efficiencies, it is not a substitute for the timely replenishment of aging products in stockpile. For example, the most recent Medical Countermeasures Preparedness Review, submitted to Congress as part of the required annual threat-based review of the SNS, found that ASPR often relies on decades-old products to fulfill current PHEMCE stockpiling requirements. The Committee remains concerned that efforts to achieve cost savings through SLEP could negatively impact the distribution of, patient adherence to, and ultimately consumer confidence in products in the SNS used during an emergency. In the annual SNS threat-based review, the Secretary will include the quantity of each countermeasure that is beyond 10 years of the initial FDA expiration date and the number of these aged products in the SLEP that have no industry sponsor.

State Strategic Stockpiles.—The Committee supports a State stockpile program, as authorized in Public Law 117–328, to supplement the Federal SNS by allowing States to secure appropriate drugs, vaccines, and other biological products, medical devices, and other medical supplies necessary to respond to a public health emergency or a major disaster. This may include products for regional threats such as mosquito-borne diseases and natural disasters such as hurricanes, tornados, blizzards, or extreme drought. The Committee recognizes the importance of guidance to States on how best to establish, expand, procure, replenish, maintain, and manage State stockpiles, while ensuring appropriate collaboration with the Federal SNS. ASPR is directed to report to the Committees within 180 days of enactment to provide an update on plans to issue guidance related to state stockpiles. The Committee notes that empowering States to support their own stockpiles and to stockpile products that may not be procured on the Federal level will improve States' ability to protect their specific populations and appropriately prepare for and respond to emergencies. Therefore, ASPR is encouraged to establish, expand, or maintain a State stockpile program for States' specific and unique needs, while ensuring such a program is appropriately coordinating with the Federal SNS. The Committee directs ASPR to include an update in the fiscal year 2026 CJ on its plans to implement the program, including providing a draft budget.

SNS Transparency.—The SNS has received funding increases for the past 4 years, on top of the tens of billions of dollars it received during the COVID–19 pandemic. Yet, the Committee continues to hear significant concerns with the SNS' contracting bandwidth and its ability to execute on contracts in a timely manner. In addition, as products move through development and are approved by BARDA, which is publicly disclosed, the Committee does not have transparency on which products are entering the stockpile and when. Therefore, the Committee directs ASPR to include in its monthly briefings to the Committee information on which products

approved by BARDA are being stockpiled. The briefing should be accompanied by a semiannual report on the contracts executed in the past 6 months. This should be an ongoing listing that will allow the Committee to continuously track products as they move through the development pipeline from BARDA through the lifecycle of product replenishment for all products in the SNS.

Temperature Sensitive Products.—The Committee encourages ASPR to ensure that vaccines, drugs, and other temperature sensitive products are packaged, stored, and distributed using best practices for appropriate temperature control, including through the use of temperature monitoring technologies that may be placed on individual packaging.

Pandemic Influenza Preparedness

The Committee recommendation includes \$335,991,000, for Pandemic Influenza Preparedness. This funding supports efforts to modernize influenza research and development of vaccines and next-generation influenza medical countermeasures, preparedness testing and evaluation, as well as critical domestic vaccine manufacturing infrastructure.

Test-to-Treat.—The Committee believes the test-to-treat model, which was implemented for COVID–19 in retail pharmacies and health clinics, can make other infectious disease treatments available more quickly and reduce disease transmission and illness severity. The availability of accurate diagnostics and the rapid prescription of treatments is especially critical given the recent co-circulation of multiple respiratory diseases during the winter season. The Committee believes the test-to-treat model should be evaluated for the confluence of influenza, COVID–19 and RSV, given the availability of multiple diagnostic tests and antivirals. The Committee directs HHS to submit a report to Congress within 120 days of enactment on the findings of the NIH Home Test-to-Treat demonstration for influenza, lessons learned from the COVID–19 Federal Retail Pharmacy Program, and the design of a potential test-to-treat demonstration for COVID–19, influenza, and RSV to serve vulnerable populations.

OPERATIONS, PREPAREDNESS, AND EMERGENCY RESPONSE

Appropriations, 2024	\$499,606,000
Budget estimate, 2025	685,097,000
Committee recommendation	576,606,000

The Committee recommends \$576,606,000, an increase of \$77,000,000, for ASPR’s Operations, Preparedness, and Emergency Response activities. This appropriation supports the operations and logistics capabilities across ASPR’s programs as well as the tools and resources necessary to support its emergency preparedness and response mission. This includes ASPR’s financial management, acquisition, information technology, and its suite of integrated Federal medical response capabilities that is prepared to respond when disaster strikes.

HHS Coordination Operations and Response Element [H-CORE].—The Committee includes \$15,000,000 to ensure the operational coordination and logistical support for the COVID–19 response and other threats, as they arise.

Supply Chain Control Tower [SCCT] Program.—The Committee recognizes the importance of the SCCT Program, a voluntary collaboration between distributor partners and ASPR, to provide partial visibility for supply chain monitoring and readiness. In addition to providing insights for demand and supply forecasting, the Committee encourages ASPR to coordinate with FDA and CDC to use the SCCT to monitor the availability of a broader list of essential health and medical products.

Preparedness and Emergency Operations

The Committee includes \$31,154,000 for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which supports the full spectrum of emergency management responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

National Disaster Medical System

The Committee includes \$81,904,000, an increase of \$3,000,000, for the National Disaster Medical System [NDMS] to improve the disaster readiness of the Nation by better coordinating existing assets with States and regions.

Mission Zero.—The Committee includes \$4,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

Pediatric Disaster Care.—The Committee includes \$7,000,000, to support the pediatric disaster care program.

Public Health Preparedness Equipment.—The Committee includes \$2,000,000 for ASPR to maintain next generation air mobility solutions that will ensure more cost-effective health delivery systems.

Prepositioning Response Medical Caches Outside the Contiguous United States.—The Committee recognizes the geographic distance of Hawaii and the U.S. Affiliated Pacific Islands [USAPI] and the need to pre-position emergency medical resources in Hawaii to mitigate risks associated with disrupted transportation networks, communications, and supply chains. The Committee therefore includes a \$3,000,000 increase for NDMS and directs ASPR to maintain its prepositioning of response medical caches in Hawaii to serve the State and USAPI. These medical caches should have a minimum capability to support up to two 38-person Disaster Management Assistance Teams, in order to provide immediate support to Hawaii and the USAPI during a public health or disease response.

Health Care Readiness and Recovery

The Committee's recommendation includes \$309,055,000, an increase of \$4,000,000, for Health Care Readiness and Recovery [HCRR], formerly the Hospital Preparedness Program. The HCRR portfolio includes critical programs and activities that strengthen healthcare sector readiness to provide innovative, coordinated, and lifesaving care in the face of emergencies and disasters. The Committee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and

emergency responders the necessary tools to respond quickly and collaboratively to public health emergencies. Within HCRR, the Committee includes \$240,000,000, for cooperative agreements, critical support to State, local, and regional partners to advance healthcare system preparedness and response.

Biocontainment Care Capabilities.—The Committee requests a briefing within 60 days of enactment on the planning and design resource requirements of Next Generation Biocontainment Care Capabilities at a leading civilian NDMS medical surge pilot site, as called for in section 741 of the National Defense Authorization Act for fiscal year 2021.

Collaborative Learning Models.—The Committee notes the use of technology-enabled collaborative learning models, such as Project ECHO, during the COVID-19 pandemic and encourages ASPR to leverage these solutions in its healthcare emergency preparedness and response.

Medical Innovation for Disaster Response.—The Committee commends ASPR for its work on medical innovation for disaster response, and encourages ASPR to continue to build on this work to improve far forward medical innovation and emergency responder training. The Committee reiterates the request for a report included in the Consolidated Appropriations Act, 2024 (Public Law 118-47) describing the potential role of a federally funded research and development center.

EMS Preparedness and Response Workforce Shortage Program.—The Committee urges ASPR to address the crippling EMS workforce shortage, including in underserved, rural, and Tribal areas and/or address health disparities related to accessing prehospital ground ambulance healthcare services, including critical care transport. The Committee encourages ASPR, in consultation with the National Highway Traffic Safety Administration's Office of EMS, to develop a national pilot program of grants to governmental and non-governmental EMS organizations to support the recruitment and training of emergency medical technicians and paramedics in underserved, rural, and Tribal areas and/or addressing health disparities related to accessing prehospital ground ambulance healthcare services.

National Special Pathogen System [NSPS].—The Committee includes \$7,500,000, to continue to support the National Emerging Special Pathogens Training and Education Center [NETEC], and \$21,000,000 to continue to support existing Regional Emerging Special Pathogen Treatment Centers [RESPTCs] and Special Pathogen Treatment Centers [SPTCs] to prepare for future pandemic threats. Funding will support efforts to maintain and improve the Nation's preparedness against highly infectious pathogen threats. Funding will continue to be available to NETEC and RESPTCs for readiness to respond to outbreaks of infectious diseases, for additional treatment centers, for special pathogen medical transport and further establish the National Special Pathogen Systems of Care tier network.

Regional Disaster Health Response System.—The Committee includes \$7,000,000 to support ASPR's efforts to improve disaster readiness by better coordinating healthcare infrastructure and systems with States and across regions. The Committee urges ASPR

to continue improving regional readiness efforts to increase regional ability to respond to threats, leverage local, State, and Federal healthcare assets across coalition and State lines, and improve communications and coordination among participating agencies.

Trauma Care Readiness and Coordination.—The Committee includes \$4,000,000 to support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency. ASPR shall use these funds to award up to five grants to eligible entities for the purpose of carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in support of the duties and functions included in 42 U.S. Code § 300hh-10 (b)(4)(C) of the Public Health Service Act.

Medical Reserve Corps

The Committee recommendation includes \$6,240,000 for the Medical Reserve Corps [MRC] program, which is a national network of local volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee appreciates that funding for MRCs has historically been provided to local units quickly and effectively, thereby allowing for grants to help build and sustain local communities' ability to prepare for and respond to emergencies. The Committee encourages ASPR to continue this locally-driven approach and to allocate this funding and any remaining funding from the American Rescue Plan Act via established mechanisms that provide funds directly to local MRC units, which are made up of representatives from their communities.

Industrial Based Management and Supply Chain [IBMSC]

The Committee recommends \$80,000,000, an increase of \$70,000,000, for ASPR's Pandemic Preparedness and Biodefense activities. This appropriation supports the permanent establishment of the Industrial Based Management and Supply Chain Office to ensure that critical supplies are manufactured in the United States. It also provides resources to bolster pandemic preparedness and biodefense against new and emerging threats, which may include investments to accelerate advanced development of investigational vaccines, therapeutics and diagnostics; support emergency manufacturing of critical MCMs and ancillary supplies; and, to the extent feasible, invest in the expansion of the domestic medical supply chain.

The Committee recognizes that deployment of cutting-edge manufacturing technology is an essential component of a feasible pathway toward a resilient domestic manufacturing base for medicines, active pharmaceutical ingredients, and diagnostics. The Committee directs that this funding shall be used to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines and diagnostics in the event of a national health emergency.

Diagnostic Manufacturing.—The Committee remains concerned investments made by U.S. headquartered diagnostic companies for end-to-end domestic manufacturing during the COVID-19 pandemic are being undone without warm-base investment. Therefore,

the Committee directs the ASPR to invest in public-private partnerships and create policies for flexible contracting with U.S. diagnostic test manufacturers to create a sustainable warm-base and supply chain for end-to-end domestic manufacturing.

Improving Biomanufacturing Capabilities.—The Committee urges ASPR to increase coordination with relevant Manufacturing USA institutes to address pandemic preparedness, CBRN defense, and emerging biopharmaceutical manufacturing strategies.

Industrial Base Manufacturing and Supply Chain.—The Committee urges ASPR to prioritize the development of new Abbreviated New Drug Application [ANDA] by a domestic manufacturer for priority essential drugs in shortage or at risk of shortage to have domestic manufacturers able to produce a drug if it goes into shortage.

Prioritizing Domestic Producers of Essential Medicines.—The Committee is concerned about drug shortages of essential medicines. Therefore, the Committee urges ASPR to utilize U.S. manufacturers that are producing critical medicines, like the antibiotic amoxicillin, over non-U.S. producers.

Rapid Detection of Bioterrorism Agents.—The Committee is concerned that the Nation is not prepared to rapidly detect biological agents, such as anthrax, tularemia, melioidosis, glanders, and plague, even though BARDA has successfully supported development of diagnostic technologies that detect such biothreats, in some cases simultaneously. The Committee strongly urges ASPR to prioritize partnerships with domestic manufacturers capable of producing rapid diagnostics that can detect such threats and develop a diagnostic testing preparedness plan for use during public health emergencies, disasters, and other serious public health threats.

Strengthening Domestic Manufacturing and Production.—The Committee commends ASPR for its support of industrial base management capabilities launched during the COVID-19 pandemic, including global supply chain situational awareness, market capabilities, rapid acquisition execution, and coordination of Defense Production Act [DPA] and Emergency Support Function [ESF]-8 authorities. This work has been essential to creating a secure and resilient domestic supply of quality and affordable essential medicines and PPE. These strategic investments in domestic technologies and industries ensure our Nation's health and biosecurity. However, the Committee remains concerned about the Nation's limited infrastructure to produce essential products such as medical devices, equipment, pharmaceuticals, and PPE. The Committee supports efforts by ASPR to expand upon the domestic industrial base to end the reliance on foreign sourced medical equipment, PPE, diagnostic tests, medical devices, and to secure the pipeline for critical medicines, including antibiotics. The Committee directs IBMSC to use available funds to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines in the event of a national health emergency. IBMSC should seek opportunities to expand domestic manufacturing facilities with end-to-end capabilities to produce bulk drug substance, support platform technologies for MCMs, and provide fill-finish capacity. The Committee urges ASPR to use available funds to sup-

port manufacturers in building, expanding, upgrading, modifying, and/or recommissioning facilities in the U.S. to increase manufacturing capacity of critical medicines or their active pharmaceutical ingredients.

Trusted Domestic Vaccine Supplier Capability.—The Committee continues to recognize the need for domestic manufacturing of key biological starting materials [KSM], including plasmid DNA and mRNA, antibodies, and other MCMs, to ensure timely response to unanticipated health emergencies. Therefore, the Committee encourages ASPR to expand domestic manufacturing of KSMs and collaborate with U.S. companies that have pharmaceutical capabilities to ensure the development and stockpiling of synthesized medicines for future pandemics and biotreats.

Warm-Base Manufacturing.—The Committee supports warm-base surge production capacity contracts with domestic manufacturers, including NIOSH-approved N95 respirators and other domestic PPE manufacturers who received Federal funding to expand manufacturing capacity during the COVID–19 pandemic. ASPR is encouraged to maintain domestic manufacturing surge capacity and capabilities to prepare for, or respond to, an existing or potential public health emergency or otherwise address threats that pose a significant level of risk to national security.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2024	\$710,955,000
Budget estimate, 2025	762,917,000
Committee recommendation	727,964,000

The Committee recommends \$727,964,000 for General Departmental Management [GDM]. The recommendation includes \$64,828,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This appropriation includes an increase of \$10,000,000 for cybersecurity and 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 [OASH], 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.

Adult Cellular Therapies.—The Committee encourages the Department to support collaborative evidence development in coordination with FDA, NIH, and HRSA. Such efforts should include a focus on enhancing transparency regarding outcomes from somatic cellular based therapies that are FDA-approved or being administered under FDA Investigational New Drug or Investigational Device Exemption protocols by ensuring that results are submitted to appropriate databases. The Committee also encourages engagement of experts and stakeholders to advance awareness, understanding,

and utilization of existing databases to promote research and development.

AD/RD Early Intervention.—The Committee encourages the Department to prioritize early interventions for Alzheimer’s disease and related dementias, and to identify and implement a comprehensive set of actions to assess risk factors for cognitive decline and dementia. Such an assessment should emphasize historically underserved communities. Actions should include: conducting health risk assessments; identifying opportunities to address known risk factors; examining incentives to promote brain health; providing payments for prevention and care delivery models that incorporate brain health as part of care and treatment of other conditions; and examining the development and implementation of quality measures specifically related to brain health.

Alzheimer’s Advisory Council.—The Committee is encouraged by the Department’s leadership to ensure that risk reduction is part of our Nation’s plan to end Alzheimer’s disease. More than 2 years ago, the Secretary announced that the 2021 plan update would include a sixth goal (Goal Six) of reducing risk factors for Alzheimer’s disease. The Committee requests a briefing within 180 days of enactment of this act on progress made toward meeting that goal. The briefing should include information on funding allocated toward achieving Goal Six; how progress is being measured and tracked; and an overview of how HHS and other Federal agencies are implementing prevention strategies and working with non-governmental organizations to meet Goal Six.

Antimicrobial Resistance [AMR].—The Committee continues to support the Administration’s proposal to combat antibiotic-resistant infections by strengthening national One Health surveillance efforts, encouraging the development of innovative diagnostic tests for resistant bacteria, and accelerating the development of new antibiotics, other therapeutics, and vaccines. The Committee requests an update in the fiscal year 2026 CJ detailing how HHS and its agencies are coordinating their AMR-related efforts, as well as domestic and international AMR trends.

Benzathine Penicillin G L-A [Bicillin L-A].—The Committee is concerned that Bicillin L-A, the only FDA-approved treatment for syphilis in pregnant women and infants, has frequently been in short supply over the last two decades. The Committee requests a briefing within 180 days of enactment of this act on HHS efforts to coordinate with CDC and FDA to develop a plan to ensure an adequate, uninterrupted drug supply and to prevent future shortages as well as steps to use agency-generated data, including other drug shortages that may impact Bicillin L-A.

Bereavement Care.—The Committee is concerned that individuals and families often suffer severe health, social, and economic declines following the death of a loved one, be it a child, sibling, spouse, or parent. The Committee encourages the Secretary to coordinate efforts across HHS to advance bereavement care for families, including interventions or programs that could help coping or adaptive processing.

Biotech Reagents.—The Committee is concerned by the increased reliance on foreign imports of active pharmaceutical ingredients, which are often made from U.S. exports of basic organic chemicals

and biochemical reagents. The committee encourages the Secretary to consult with drug manufacturers, scientific experts, and across Federal agencies to compile a list of organic chemicals and biochemical reagents required to produce active pharmaceutical ingredients, biopharmaceutical treatments, and other medicines listed on the World Health Organization's essential medicines list. Further, the Secretary should examine, to the extent possible, additional medical and non-medical industrial uses of such identified reagents.

Children's Interagency Coordinating Council.—The Committee is pleased that the Secretary has assigned the Assistant Secretary for Planning and Evaluation [ASPE] the responsibility for establishing the Children's Interagency Coordinating Council. The Committee continues current funding at \$3,000,000 for the interagency council's activities. The Committee requests a briefing within 180 days of enactment of this act on the interagency council's activities, including efforts to establish a permanent leadership structure and identify officials from key agencies across the government who will participate as members of the council.

Chronic Numbness and Pain after Mastectomy.—The Committee recognizes research demonstrating that long-term impacts after mastectomy can lead to significant functional impairment and quality of life issues for breast cancer survivors. The Committee is aware of technological procedure advancements that can restore normal breast functions, such as sensation, and improve functional impairment, physical safety, and quality of life for breast cancer survivors. The Committee encourages the Secretary, in collaboration with other relevant HHS agencies, to explore technological advances impacting health outcomes after mastectomy and requests an update in the fiscal year 2026 CJ about this issue.

Confidentiality of Substance Use Disorder Patient Records.—The Committee recognizes the Department's issuance of a final rule entitled "Confidentiality of Substance Use Disorder [SUD] Patient Records" and directs HHS to ensure that providers are informed of the changes made and the impact of the rule, including through public meetings, webinars, and guidance. The Committee further directs HHS to clarify how the Center of Excellence for Protected Health Information will work to educate providers, including by providing more educational opportunities through webinars, resources, and other means. Within 180 days of enactment of this act, the Committee requests a briefing on efforts to educate providers and implementation of Subtitle F, Section 7051 of Public Law 115–271.

Dietary Guidelines.—The Committee recognizes that existing research has shown that ultra-processed plant-based alternatives to dairy are not nutritionally equivalent, and that consumers may not fully understand the nutritional differences between dairy and plant-based alternatives. The Committee expects the Secretary of HHS to ensure that the process for developing the 2025 Dietary Guidelines includes recommendations that are based on the preponderance of scientific and medical evidence consistent with section 5341 of title 7 of the U.S. Code, and that it is fully transparent and includes a balanced representation of individuals who are unbiased and free from conflicts of interest.

Embryo Adoption Awareness Campaign.—The Committee includes funding for the Embryo Adoption Awareness Campaign to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Ending the HIV Epidemic.—The Committee continues support for this initiative but is concerned by a lack of quantifiable data showing outcomes of a program started in 2019. Therefore, the Committee directs HHS to: (1) provide a spend plan to the Committees no later than 60 days after enactment of this act, to include resource allocation by State; (2) brief the Committees on the fiscal year 2025 plans no later than 90 days after enactment of this act; (3) provide the Committees an update on the program's performance data since the beginning of the initiative through the latest available data, making sure to address each of the initiative's goals and performance metrics, no later than 180 days after enactment of this act and updated annually throughout the life of the initiative.

Gene Synthesis Screening and Procurement.—The Committee recognizes the potential benefits and risks associated with advances in gene synthesis technology. Given the rapidly evolving nature of the field, it is critical that adequate safeguards and oversight mechanisms be in place to ensure the responsible use of this technology. The Committee encourages HHS to closely examine agency procurement of gene synthesis products and equipment, as well as the funding of entities that purchase gene synthesis products and equipment.

Global Health Research.—The Committee requests an update in the fiscal year 2026 CJ on how CDC, FDA, BARDA, NIH, including the Fogarty International Center, and other agencies jointly coordinate global health research activities with specific metrics to track progress and collaboration toward agreed upon health goals.

Hepatitis B Public Health Initiatives.—The Committee encourages OASH to lead the development of a government wide coordinated effort to ensure the implementation of the Advisory Committee on Immunization Practices [ACIP] recommendation that all adults in the U.S. between 19 and 59 be vaccinated for hepatitis B and the CDC recommendation that all adults be screened for hepatitis B. While the vaccination recommendation was made in November 2021, progress toward implementation has been slow. Challenges to implementing the screening recommendations are also emerging. The Committee requests a briefing in partnership with the CDC within 180 days of enactment of this act on efforts to implement vaccination and screening recommendations and urges HHS to take action on its Viral Hepatitis National Strategic Plan.

Hepatitis C.—The Committee recognizes that millions of Americans suffer from chronic hepatitis C, which remains the leading cause of liver cancer and liver transplantation. More than two thirds of those with hepatitis C, which is curable, are unaware of

their infection. The Committee supports efforts to increase access to diagnostic testing, including rapid diagnostics; expand the availability of treatment; and bolster public health strategies to prevent hepatitis C.

Hospital Cybersecurity Infrastructure.—The Committee recognizes that cybersecurity has been one of the most significant investments hospitals have had to make in the past decade in terms of technology, workforce, and insurance. As the number of health-related cyber-attacks increase, hospitals are reporting that cyber insurance premiums are increasing at a rate of 20–50 percent per year. The Committee encourages the Administration to work with hospitals, especially small and rural providers, and other healthcare stakeholders prior to finalizing any new cybersecurity standards.

Housing-Related Supportive Services.—Individuals who have serious and complex health challenges, including mental health and substance use disorders, and chronic medical conditions, require additional supports to maintain stable housing. The Committee supports the effort underway in partnership with the Department of Housing and Urban Development [HUD], CMS, SAMHSA, ACL, and ASPE to provide direct technical assistance to communities leveraging existing programs, like Medicaid, to cover and provide housing-related supportive services and behavioral healthcare. The Committee directs HHS and HUD to jointly brief the House and Senate Committees on Appropriations on this effort within 180 days of enactment of this act.

Liver Disease.—The Committee recognizes that liver disease is the ninth leading cause of death in the U.S. Metabolic dysfunction-associated steatotic liver disease [MASLD], formerly known as non-alcoholic fatty liver disease [NAFLD], is the most common cause of liver-related morbidity and mortality. The Committee recommends agencies implement recently updated nomenclature for MASLD throughout their programs to appropriately identify, diagnose and treat this deadly disease. The Committee encourages agencies to build upon and expand current activities related to MASLD, with a focus on research, therapeutic development, and public health interventions

Maternal Health.—Research continues to demonstrate that the United States has higher rates of maternal mortality and adverse maternal health outcomes than peer countries. The Committee remains concerned by these findings, and directs HHS to prioritize efforts to improve maternal health outcomes and reduce maternal mortality by expanding the maternity care workforce, advancing equity through the development of a maternal health quality outcomes measure, and enhancing postpartum social supports for families. Further, the Committee directs HHS to focus on efforts to improve coordination across maternal health programs and requests a report within 180 days of enactment of this act detailing plans to further such collaboration and leverage agency expertise.

Medically-Complex and Special Needs Adolescents Aging Out of the Pediatric Care System.—The Committee recognizes the importance of continuity of care for medically-complex and special needs adolescents. The Committee encourages the Department to exam-

ine the challenges associated with adolescents aging out of the pediatric care system.

National Integrated Heat Health Information System.—The Committee is encouraged by the Office of the Assistant Secretary for Health's participation in the interagency efforts to stand up the National Integrated Heat Health Information System. The Committee encourages continued collaboration between HHS and other Federal agencies to inform research products, services and related projects.

National Parkinson's Project.—The Committee urges the Secretary to begin implementation of the National Parkinson's Project, as created by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act (Public Law 118–66). Within 90 days of enactment of this act, the Department shall provide a report on the projected costs of full implementation of the act and describe steps the agency will take to implement the act until full funding is received.

Neglected Tropical Diseases.—The Committee is encouraged by the use of priority review vouchers for neglected tropical diseases [NTD] and requests a briefing within 180 days of enactment of this act on the Department's progress to safeguard and improve global health, including efforts to promote research and investment in NTD.

Mental Health Parity.—The Committee encourages the Secretary to support State insurance departments for the implementation of mental health parity as authorized in Public Law 117–328.

Neurodegenerative Disease Diagnostics.—The Committee supports the efforts of the Department to prevent and effectively treat neurodegenerative diseases, including Parkinson's disease, Lewy body dementia, and other related disorders. The Committee also recognizes that early detection is imperative to improving health outcomes and patient quality of life by delaying or halting the progression of such diseases. To improve the ability of healthcare providers to diagnose and treat neurodegenerative diseases at an earlier onset, the Committee encourages HHS to work with stakeholders to research, develop, and improve access to novel diagnostic testing for neurodegenerative diseases.

Nonrecurring Expenses Fund [NEF].—The Committee directs the Secretary to prioritize obligations from resources in the NEF for projects currently underway, including the CDC NIOSH facility in Cincinnati, Ohio. The Secretary should complete outstanding projects in a timely manner and prior to funding new projects.

Obesity.—The Committee notes that the CDC formally recognizes obesity as a disease and recommends that it should be treated with evidence-based therapies. Intensive behavioral therapy, improved diet and nutrition, and medication, in addition to surgical procedures, can lead to weight loss and have the potential to improve health outcomes for those with obesity-related health conditions including diabetes, coronary heart disease, and hypertension. Additionally, evidence points to rural areas and communities of color as having a higher rate of disease burden. Obesity is a preventable condition with a significant potential for reduction in burden of disease with adequate investment in proven prevention measures. The Committee encourages HHS to take a comprehensive approach to

preventing and treating obesity as a chronic disease, including collaborating with other Federal agencies and conducting an evaluation of the work and research being done across HHS agencies on the costs, risks, and benefits of preventive measures and treatments, and uptake of medications such as GLP-1 agonists. The Committee requests a briefing on this effort within 180 days of enactment of this act.

Obligation Reports.—The Committee directs the Secretary to submit electronically to the Committees an Excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation not later than 30 days after the end of each quarter.

Pharmaceutical Supply Chain Risk Assessment.—The Committee directs the Secretary, in consultation with the Secretaries of Defense and Homeland Security, as well as with the Director of the Office of Pandemic Preparedness and Response Policy, to provide a risk assessment of the pharmaceutical supply chain within 18 months of enactment of this act. The assessment shall be done in coordination with the private sector and examine drugs, including generic drugs, to identify a list of medicines: (1) that are reasonably likely to be required to respond to a public health emergency or chemical, biological, radiological, or nuclear [CBRN] threat; (2) whose shortage would pose a significant threat to the U.S. healthcare system or at-risk populations; and (3) whose shortage would pose a risk to national security. The assessment shall also assess and identify: (1) key starting materials and excipients used in manufacturing the active pharmaceutical ingredients and drugs on the list; (2) current domestic manufacturing capabilities; (3) critical vulnerabilities, including cybersecurity threats; and (4) any deficiencies, lack of authorities, or limitations in policy or process that limit the ability of the Departments of Health and Human Services, Defense, or Homeland Security to address vulnerabilities in the pharmaceutical supply chain and how it will mitigate such vulnerabilities.

Programs of All-Inclusive Care for the Elderly.—The Committee notes that before the COVID-19 pandemic and during the COVID-19 Public Health Emergency, Programs of All-Inclusive Care for the Elderly [PACE] were effective in keeping their medically complex, nursing home eligible population safe at home. Given the increasing demand for home and community based services by older adults and those living with disabilities, within 120 days of enactment of this act, the Committee directs the Secretary to submit a report providing details of an implementation plan for PACE-specific model tests that examine methods of increasing access and affordability for Medicare and Medicaid beneficiaries.

Rare Diseases.—The Committee recognizes that multiple Federal departments, agencies and programs exist to address the needs of people impacted by rare diseases and improve the lives of members of the rare diseases community. The Committee recognizes the importance of enhanced coordination and collaboration across the Federal Government and encourages the Secretary to initiate efforts to focus on optimizing rare disease activities across the Federal Government and assess all Federal agency activities concerning rare diseases.

Rare Kidney Disease Diagnostic Issues.—The Committee encourages the Secretary to convene a conference focused on rare kidney disease diagnostic issues. The Committee notes the need to analyze the impact of the decline of routine urinalysis on the timely diagnosis of rare kidney disease and on the quality of patient care as well as the quality and reliability of kidney biopsy in the diagnosis of rare kidney disease. The Committee further encourages the Secretary to report to Congress on whether genetic and genomic testing may improve preventative care, precision medicine and health outcomes.

Rare Kidney Disease Transplant and Dialysis.—The Committee notes the high costs of dialysis and transplant associated with rare kidney disease. The Committee encourages the Secretary to conduct experiments to evaluate methods for treating rare kidney disease, particularly those that would delay or eliminate the need for dialysis and transplant through a comprehensive study of methods to increase public awareness of rare kidney disease, including in communities of color. The Committee requests an update on these activities as part of the fiscal year 2026 CJ.

Rural News Media and Advertising Campaigns.—The Committee continues to recognize the critical role local media plays in delivering public health messages to small or rural communities. Therefore, the Committee directs the Secretary to ensure that local media in small or rural markets are part of Federal public health advertising campaigns. To further this goal, the Committee directs the Secretary, in coordination with the Assistant Secretary for Public Affairs and the Department's media buyer contractors, to utilize local news media in small or rural areas for HHS and its related agencies' public advertising campaigns to reach citizens with key health messages. Local media includes newspapers, including non-daily newspapers; television; and radio. Within 90 days of enactment of this act, the Committee directs the Office of the Secretary to provide a briefing on the efforts of the Department in its utilization of local media in small and rural areas as part of the Department's public health advertising campaigns for fiscal year 2025 and future fiscal years, and the amount of money allocated to local media in small and rural areas for fiscal year 2024 broken down by Statewide newspapers, non-daily newspapers, TV and radio. The Committee also directs the Assistant Secretary for Public Affairs in consultation with the CDC's Office of Rural Health to undertake a review of the use of local media in small and rural communities in an HHS public health advertising campaign in fiscal year 2025 in several States to better understand the role of local media as a key delivery system to reach small and rural communities with important health messages. The Committee requests a report detailing this review within 1 year of enactment of this act.

Staffing Reports.—The Committee includes a general provision requiring the Department to submit a biannual staffing report to the Committees. The Excel table shall include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous 180 days.

Substance Use Disorder Treatment Outcomes.—The Committee recognizes that long-term, evidence-based outcomes research on

various treatment modalities for substance use disorder is limited. The Committee directs the Department to expand and coordinate evidence-based, long-term outcomes research for different modalities of treatment and recovery support for substance use disorder treatment. Such research should consider measures of mortality, morbidity, and physical health, as well as quality-of-life measures, such as employment, criminal justice involvement, family relationships, and stable housing. The Department is further directed to conduct research across the demographic populations of people with substance use disorders, including those that have historically been under-researched.

Transparency for Imaging Technology.—Foreign adversaries are pursuing the collection and exploitation of Americans’ sensitive health data through medical equipment. Therefore, the Committee directs HHS to provide a report regarding the procurement of all medical imaging technology by HHS and its sub agencies from entities that are based in a territory of a foreign adversary, as defined in 15 CFR section 7.4, or under the jurisdiction of a foreign adversary’s laws or regulations. “Medical imaging technology” refers to any device, software, or other technology intended for use in medical imaging, including but not limited to X-ray, MRI, CT, ultrasound, and other diagnostic or therapeutic imaging modalities.

Vector Borne Diseases.—The Committee commends the Department for the 2024 release of the National Public Health Strategy to Prevent and Control Vector Borne Diseases in People and encourages continued collaboration and innovation to reach targeted public health outcomes for the United States, including the target of reducing the number of Lyme disease cases (laboratory confirmed) 25 percent by 2035.

Wuhan Institute of Virology.—The Committee is encouraged by the actions taken to debar the Wuhan Institute of Virology, Chinese Academy of Sciences Capital Construction and EcoHealth Alliance, Inc. from participating in United States Federal Government programs and ensure that they are unable to receive Federal Government funding, pursuant to 42 CFR 180.800. Accordingly, this bill does not include funding for either entity. The Committee directs the Department to provide a report to the Committee within 30 days of enactment of this act regarding compliance with the debarment, any updates on debarment proceedings, as appropriate, and ways the Department is ensuring that Federal funds are not awarded to entities based on evidence that provides cause for suspension under 2 CFR 180.700 and 180.800.

Teen Pregnancy Prevention

The Committee recommendation includes \$101,000,000 for the Teen Pregnancy Prevention Program [TPPP]. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches and develop and evaluate new and innovative approaches to prevent teen pregnancy and STIs among adolescents. In addition, the recommendation includes \$6,800,000 in transfers available under section 241 of the PHS Act.

TPPP.—The Committee includes \$900,000 for ASPE to support the TPPP Evidence Review. The Evidence Review is an inde-

pendent, systematic, rigorous review of evaluation studies that informs grant making and provides a clearinghouse of evidence-based programs for other Federal, State, and community initiatives.

Office of Minority Health

The Committee recommends \$74,835,000 for the Office of Minority Health [OMH]. The 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 identifying and disseminating innovative and effective approaches for improving health outcomes for racial and ethnic minority individuals.

Achieving Equitable Maternal Health Outcomes.—The Committee continues to provide \$7,000,000 to support community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial and ethnic minority families. The Department should support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing social determinants of health; promoting evidence-based health literacy, and pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing culturally congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.

Asian American, Native Hawaiian, and Pacific Islander [AANHPI] Youth Mental Health.—The Committee notes with concern that suicide has been the leading cause of death for AANHPI youth ages 10 through 24 in recent years. The committee encourages the Department to examine the prevalence and causes of behavioral health conditions among AANHPI youth, including by identifying ways the Department can address this disparity and improve access to behavioral healthcare for AANHPI youth.

Center for Indigenous Innovation and Health Equity.—The Committee recognizes the importance of promoting Indigenous solutions to advance health equity, and continues to provide \$4,000,000 for the Center for Indigenous Innovation and Health Equity. The Committee recognizes the Center's efforts to partner with institutions of higher education with a focus on Indigenous health research, education, and policy among American Indians and Alaska Natives, as well as a focus on Indigenous health policy and innovation among Native Hawaiians and Pacific Islanders. The Committee encourages the Center to both continue and expand these efforts, including by focusing on improving health outcomes for Indigenous youth.

Kidney Disease Initiative.—Rates of severe kidney disease are significantly higher in Black Americans than in other ethnic groups. The Committee encourages OMH to focus on activities to reduce genetic kidney disease among populations disproportionately affected.

Middle Eastern and North African [MENA] Communities.—The Committee recognizes that accurate and representative health data may improve the ability for underserved populations to receive greater access to healthcare services. The Committee encourages

the Department to examine access to its programs and initiatives for Middle Eastern and North African [MENA] populations, including by assessing gaps in previously collected data on race and ethnicity.

Promoting Language Access Services.—The Committee continues no less than \$4,000,000 to support the development of methods of informing limited English proficient [LEP] individuals about their right to and the availability of language access services. The Committee supports the Department’s efforts to improve external communications, which should include mediums such as television and radio, to reach LEP communities. The Committee encourages the Department to review communication practices and create uniform applications across all HHS agencies to strengthen communication practices to include digital, television, and radio advertising when working with LEP communities.

Minority HIV/AIDS

The Committee includes \$60,000,000 for the Secretary’s Minority HIV/AIDS Fund to strengthen and expand services provided by minority-serving community-based organizations [CBOs] for HIV education and awareness campaigns, testing, prevention, linkage to care, and engagement in care to racial and ethnic minority individuals at risk for or living with HIV in order to address the decline in HIV testing and the challenges with linkage to and retention in care and treatment that occurred during the COVID–19 pandemic. Funding may be prioritized for minority-serving CBOs in the South, which has the highest burden of HIV of any region nationwide.

Office of Women’s Health

The Committee recommends \$44,140,000 for the Office of Women’s Health [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 to address the disparities in women’s health.

The Committee recommendation includes \$10,100,000 to combat violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers’ ability to help victims of violence and improve prevention programs. The Committee continues to recommend OWH create a State-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence.

Access to Lactation Support Services.—The Committee continues to support HHS’ initiatives to improve access to lactation support services for all individuals who choose to breastfeed. The Committee notes that despite guidance from the HHS Women’s Preventive Services Initiative recommending that families receive comprehensive lactation support services to optimize the successful initiation and maintenance of breastfeeding, many families struggle to gain access to quality lactation care. The Consolidated Appropria-

tions Act of 2023 (Public Law 117–328) included funding for HHS to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to provide an evidence-based, non-partisan analysis of the macroeconomic, health, and social costs of U.S. breastfeeding rates and national breastfeeding goals. The Committee expects that this analysis should also examine how health insurers have implemented comprehensive lactation services, the standards set to determine reimbursement rates for breastfeeding supplies and services, and the current best practices used to provide coverage to help women breastfeed.

Eating Disorders.—The Committee remains concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, with girls and women at heightened risk for developing an eating disorder during their lifetime. The Committee recognizes the efforts of OWH to address eating disorders, and continues to provide \$750,000 for such efforts. The Committee encourages OWH to address early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder, and to examine the lack of pediatric and adolescent screening in the primary care and pediatric settings. Further, the Committee encourages OWH to convene with relevant Federal agencies and stakeholders to ensure coordination among Federal efforts to address eating disorders research, prevention, intervention, and treatment, and gather recommendations for better administration of existing Federal programs.

Stillbirth Working Group.—Each year 21,000 infants are lost due to stillbirth and the rate of stillbirth has remained consistent despite medical advances. Some studies show that one in four stillbirths are preventable. The Committee urges the Secretary to carry out the Department-wide implementation of the Stillbirth Working Group’s recommendations and engage in efforts to promote evidence-based stillbirth awareness and prevention activities. The Department shall report to the Committee within 180 days of enactment of this act on progress made toward implementation of the Working Group’s recommendations and make such report available on the agency’s website.

Women’s Health Research Study.—To address the persistent gaps in knowledge of women’s health and improve access to care, the Committee continues to expect the Secretary to coordinate with NIH and NASEM in support of research that explores the proportion of research on conditions that are more common or unique to women. This research should establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluates sex and gender differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women’s health research at NIH and submit to Congress a report containing the findings and recommendations of the study no later than 18 months after enactment of this act.

White House Initiative on Women’s Health Research.—The Committee supports the Department’s work to prioritize and integrate women’s health research across the Federal Government, including efforts to better address diseases and conditions that are more likely to occur after menopause, such as rheumatoid arthritis, heart attack, and osteoporosis.

Office of the Assistant Secretary for Administration

Cybersecurity

The Committee recommends \$110,000,000 for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department’s cybersecurity posture. These funds provide continuous monitoring and security incident response coordination for the Department’s computer systems and networks.

Office of National Security

The Committee recommends \$8,983,000 for the Office of National Security to support strategic all-source information, intelligence, defensive counterintelligence, insider threat intelligence, enterprise supply chain risk management, security for classified information, and communications security support across the Department. These funds sustain the Department’s security and threat awareness and its ability to respond swiftly and effectively to national and homeland security threats.

Office of Global Affairs

The Committee recommends \$7,009,000 for the HHS Office of Global Affairs to support its work to lead global health diplomacy and policy coordination efforts for HHS to strengthen U.S. health security and pandemic preparedness.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2024	\$196,000,000
Budget estimate, 2025	196,000,000
Committee recommendation	196,000,000

The Committee provides \$196,000,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] 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 ALJ.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2024	\$69,238,000
Budget estimate, 2025	86,000,000
Committee recommendation	69,238,000

The Committee makes available \$69,238,000 in transfers available under section 241 of the PHS Act, to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Information Blocking Guidance.—The Committee recognizes that ONC’s rule to implement the interoperability and information blocking provisions of the 21st Century Cures Act took significant steps forward to give patients greater access to and improve the

electronic flow of electronic health information across care settings. Given the significant penalties and other consequences for information blocking, the Committee urges ONC to provide regulated entities and other affected stakeholders with clear, practical guidance regarding foundational concepts in the rule. Guidance should clearly outline how regulated entities can evaluate their particular circumstances and scenarios against the rule’s provisions, including how to identify and apply relevant exceptions to the information blocking definition.

Health Information Exchanges [HIE].—The Committee recognizes the importance of electronic health data as a critical piece to address the health needs and care delivery challenges of diverse communities. The Committee strongly encourages HHS to work with States to designate existing neutral, trusted, and nonprofit HIEs to be the State’s health data utility [HDU]. HDU models are designed and implemented in alignment with States’ policies and priorities to address the needs of a broader health and healthcare ecosystem. A HDU can be defined as one or more entities, guided by a diverse stakeholder governance structure, that combine, enhance, and exchange disparate electronic health data sets for treatment, care coordination, quality improvement, population health, public health emergencies, and other public and community health purposes. The Committee recognizes that each State designated HDU is essential in establishing a national framework that fulfills a current gap in healthcare by implementing a comprehensive digital health infrastructure as a public utility that will support data sharing between public and private health data stakeholders. The Committee directs HHS, through ONC and other relevant Federal agencies, to leverage existing authorities, funds, and other resources to construct policy and regulations that strengthen existing HIE infrastructure to facilitate their transition into HDUs. If necessary, the Committee encourages the Secretary to issue policy guidelines, or best practices, to encourage each State to designate a HIE or HIEs to be a State’s HDU.

Standards for Interoperability.—The Committee continues to include not less than \$5,000,000 to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resources standards or associated implementation standards. Additionally, within 30 days of enactment of this act, the Committee directs ONC to provide an update on the status of the report requested in fiscal year 2024 detailing the progress made in implementing the interoperability provisions of the 21st Century Cures Act and gaps that remain for full implementation, including the status of the public release of the report.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2024	\$87,000,000
Budget estimate, 2025	97,384,000
Committee recommendation	87,000,000

The Committee recommends \$87,000,000 for the HHS Office of Inspector General [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 con-

tract 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, 2024	\$39,798,000
Budget estimate, 2025	56,798,000
Committee recommendation	39,798,000

The Committee recommends \$39,798,000 for the Office for Civil Rights [OCR] in budget authority. OCR 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, 2024	\$792,691,000
Budget estimate, 2025	894,795,000
Committee recommendation	894,795,000

The Committee provides an estimated \$894,795,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service. 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, 2024 .....	.....
Budget estimate, 2025	\$172,492,000
Committee recommendation .....	.....

The Committee recommendation does not include funding for the Public Health and Social Services Emergency Fund [PHSSEF]. Funding for activities previously funded within PHSSEF were reorganized in fiscal year 2024 and funded within the Administration for Strategic Preparedness and Response and Office of the Secretary, General Departmental Management. The Committee recommendation maintains that structure in fiscal year 2025. In addition, the Committee provides funding for the Office of Global Affairs [OGA] within the Office of the Secretary, General Departmental Management.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2025, the level transferred from the PPH Fund after accounting for sequestration is \$1,225,900,000. The Committee includes bill language in section 222 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:

Account	Program	Committee recommendation
Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach.	\$14,700,000
Aging and Disability Services Programs	Chronic Disease Self-Management	8,000,000
Aging and Disability Services Programs	Falls Prevention	5,000,000
Immunization and Respiratory Diseases	Section 317 Immunization Grants	469,350,000
Emerging and Zoonotic Infectious Diseases	Epidemiology and Laboratory Capacity Grants	40,000,000
Emerging and Zoonotic Infectious Diseases	Healthcare Associated Infections	12,000,000
Chronic Disease Prevention and Health Promotion ..	Office of Smoking and Health (Tobacco Prevention/ Media & Quit Lines).	141,850,000
Chronic Disease Prevention and Health Promotion ..	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	9,750,000
Chronic Disease Prevention and Health Promotion ..	Million Hearts Program	5,000,000
Chronic Disease Prevention and Health Promotion ..	Heart Disease & Stroke Prevention Program	57,075,000
Chronic Disease Prevention and Health Promotion ..	Diabetes	52,275,000
Chronic Disease Prevention and Health Promotion ..	Early Care Collaboratives	5,000,000
Public Health and Scientific Services	Data Modernization Initiative	182,900,000
Environmental Health	Lead Poisoning Prevention	51,000,000
CDC-Wide Activities	Preventive Health and Health Services Block Grants	160,000,000
Mental Health	Suicide Prevention (Garrett Lee Smith)	12,000,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II or capping NIH investigator salaries.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Committees on Appropriations of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill continues a provision authorizing the transfer of up to 2.5 percent of PHS Act (Public Law 78-410) funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider of services under title X of the PHS Act (Public Law 78-410) may be exempt from State laws regarding child abuse.

Section 209. The bill continues language that restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision that facilitates the expenditure of funds for international health activities.

Section 213. The bill 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 214. The bill continues language that 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 ICs consistent with the AIDS research plan.

Section 215. The bill 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 216. The bill continues a provision permitting NIH to use up to \$100,000,000 of IC funding for construction, improvements, and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues 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.

Sections 219. The bill continues a provision requiring the CJ to include certain FTE information with respect to the ACA.

Section 220. The bill continues a provision related to ACA exchange funding transparency.

Section 221. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 222. The bill continues a provision requiring the Secretary to transfer Prevention and Public Health Fund resources within 45 days.

Section 223. The bill continues a provision related to breast cancer screening recommendations.

Section 224. The bill continues a provision on NIH indirect costs.

Section 225. The bill continues a provision requiring Congressional notification prior to NIH transfers of opioid funds internally.

Section 226. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 227. The bill continues a provision related to Medicare administrative funds.

Section 228. The bill continues a provision requiring staffing reports.

Section 229. The bill continues a provision on HHS staff travel for medical care.

Section 230. The bill continues a provision allowing private donations for the care of unaccompanied children.

Section 231. The bill continues a provision limiting the use of funds for unlicensed shelters for unaccompanied children.

Section 232. The bill continues a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied children.

Section 233. The bill continues a provision regarding Member access to unaccompanied children facilities.

Section 234. The bill continues a provision requiring monthly reporting of unaccompanied children.

Section 235. The bill continues a provision for CDC employees dependents' schooling of CDC employees stationed in a U.S. territory.

Section 236. The bill continues a provision rescinding funding from the Nonrecurring Expenses Fund.

Section 237. The bill includes a new provision regarding investigations into harassment, bullying, retaliation or hostile working conditions at NIH-funded grantees.

TITLE III

DEPARTMENT OF EDUCATION

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

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2024	\$19,107,790,000
Budget estimate, 2025	19,287,790,000
Committee recommendation	19,387,790,000

The Committee recommends \$19,387,790,000, for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2025–2026 school year.

Grants to Local Educational Agencies

The Committee recommends \$18,686,802,000, for the title I–A grants to local educational agencies [LEAs] program. Title I–A grants to LEAs provide supplemental education funding, especially in high-poverty areas, for LEAs to provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs in which the vast majority of students participate in title I–A programs, help all students in high-poverty schools meet challenging State academic standards. Title I–A grants are distributed through four ESEA formulas in amounts provided by this act: basic, concentration, targeted, and the education finance incentive grant [EFIG].

Of the funds available for title I–A grants to LEAs, up to \$5,000,000 shall be available on October 1, 2024, for transfer to the Census Bureau for poverty updates; \$7,840,625,000 will become available on July 1, 2025; and \$10,841,177,000 will become available on October 1, 2025. The funds that become available on July 1, 2025, and October 1, 2025, will remain available for obligation through September 30, 2026.

The fiscal year 2025 President’s budget also proposes to reserve up to \$10,000,000 from amounts available for EFIG and targeted grants to support voluntary activities to help school systems address inequities in school funding through voluntary State school funding equity commissions and voluntary local educational agency equity reviews. Given the limited allocation and necessity to invest in formula allocations needed to sustain investments that assist with academic recovery and student well-being, the Committee recommendation does not include this requested authority.

School Support and Improvement.—The Committee appreciates steps the Department has taken to improve compliance with ESEA

requirements for school support and improvement. These include the targeted monitoring of ESEA provisions and related July 2023 Dear Colleague on recommendations for implementing related resource equity provisions of ESEA; additional rounds of targeted monitoring on school improvement requirements; and planned issuance of comprehensive guidance on school support and improvement requirements. The Department must continue to increase its efforts on ensuring compliance of these requirements at all levels, including through additional monitoring directed in the 2024 explanatory statement or its equivalent, technical assistance, and support. This should also include consideration of the least burdensome ways to monitor, support and ensure compliance of SEA, LEA, and school support and improvement requirements.

The Committee also believes more transparency is needed around findings and implementation of corrective actions from comprehensive and targeted monitoring of ESEA school support and improvement requirements. While the Department's website has information on its monitoring protocol and reports, it lacks transparency on all of its monitoring activity and implementation of corrective actions. The Committee directs the Department to produce a report that summarizes the Department's findings and actions it is requiring or recommending SEAs to take in response to all monitoring and performance reviews of State implementation of title I–A of the ESEA, including findings from both comprehensive and targeted program monitoring, and the implementation of corrective actions and recommendations from such monitoring. This report must be provided to the committees of jurisdiction and made publicly available on the Department's website no later than September 1. Further, the Committee directs the Department to publish the results of targeted monitoring of State compliance with provisions under title I–A, including report cards, for individual States on its website within 30 days of providing such findings to SEAs. Finally, the Committee requests a briefing not later than 60 days after enactment on the Department's completed actions and plans to continue making progress toward improved SEA, LEA and school implementation of related requirements and the additional high-quality educational opportunities being made available to students for whom such opportunities are not currently available.

GAO Report on School Support and Improvement.—The Committee appreciates that GAO is ready to initiate the next report in its body of work on ESEA school support and improvement requirements. The Committee is particularly interested in a deeper review of areas where SEA, LEA, and school implementation and compliance were found to be lacking in prior studies conducted by GAO, particularly, but not limited to, implementation of provisions related to identification of resource inequities. That deeper review should probe whether any comprehensive support and improvement [CSI] school improvement plans examined real building-level, per-pupil spending at the CSI schools compared to other schools in the LEA and the State and the extent to which the required needs analyses conducted aligned with best practice, particularly in measuring the resources provided in relation to the needs of the students in the CSI schools.

The next report should also include new analysis of the extent to which and characteristics of schools initially identified for comprehensive support and improvement have subsequently been required to implement more rigorous State-determined actions; the extent to which and characteristics of schools initially identified for additional targeted support and improvement have been escalated to comprehensive support and improvement; and the extent to which and characteristics of schools identified for comprehensive support and improvement have subsequently improved performance to exit identification status and the enabling conditions and types of resources that contributed to improved school performance. This analysis should also evaluate the strength and characteristics of the State exit criteria used to determine whether these additional targeted and comprehensive support and improvement schools exited status or faced escalating interventions.

Required Reservation for Students Experiencing Homelessness.—The Committee reiterates its strong support for and interest in effective implementation of ESEA’s requirement for LEAs to reserve sufficient title I–A funds to provide comparable services to students experiencing homelessness, including by providing educationally related support services to children in shelters and other locations where children may live. The Committee appreciates the initial steps the Department has taken to increase collaboration between State and local title I–A directors and Education for Homeless Children and Youth State and local coordinators on determining, reserving, and using sufficient amounts from the title I–A program and increasing public transparency of such amounts. Such services include those not ordinarily provided with title I–A funds to other students served by title I–A programs such as all or part of the homeless liaison’s salary, education-related fees, and other necessary items or services.

However, there is concern that LEAs can avoid reserving funds by stating no students experiencing homelessness are enrolled. The Committee directs the Department to clarify that title I–A funds must be reserved to enable LEAs to identify and support students experiencing homelessness. The Committee looks forward to seeing the changes that result from these and other efforts and directs the Department to report in its fiscal year 2026 CJ the specific State policy changes resulting from these efforts. In addition, the Department should widely disseminate specific State policy changes resulting from monitoring findings and recommendations that produce more collaborative and transparent approaches to the determination of set-aside amounts under such section providing necessary resources to fulfill needs assessments conducted for students experiencing homelessness to meet State challenging academic standards and effectively take advantage of educational opportunities.

In addition, as was noted in the explanatory statement accompanying the fiscal year 2023 appropriations act, more must be done to improve transparency on amounts reserved by LEAs under section 1113(c)(3)(A). The Committee understands the Department is planning to analyze the variation of per-homeless-pupil amounts across LEAs within a State and take other steps to improve the quality of reported data. However, this must be accompanied with

actions to provide transparency on amounts reserved and spent with funds available under such section, including effective technical assistance and support being provided to title I SEA and LEA leaders and McKinney-Vento staff on the wide variety of services supported by these funds, implementation of an adequate needs assessment, and determination of a sufficient reservation under such section. The Committee requests a briefing on actions taken and planned on these issues not later than 45 days after enactment of this act.

State Reservation for Administration of Title I.—The Committee bill includes new language proposed in the President’s budget that increases the amount of title I–A funds States reserve for administration of parts A, C, and D of title I of the ESEA. The new language provides each State with administrative resources of the greater of \$800,000 or 1 percent of its allotment under such parts of title I and each outlying area with a reservation of \$100,000. In addition, the new language requires the 1 percent reservation to be calculated based on fiscal year 2023 enacted appropriations for such programs. The Committee expects the additional State capacity enabled by this increase to support improved implementation of ESEA requirements, particularly school support and improvement requirements.

Advanced Coursework.—The Committee is aware that the National Center for Education Statistics School Pulse Panel reported earlier this year that 84 percent of high schools with fewer than 25 percent students of color offered advanced academic courses but just 65 percent of high schools serving 75 percent or more of student of color did the same. This disparity means students of color are denied opportunities to Advanced Placement, International Baccalaureate, and dual enrollment courses that predict more success in college and careers. The Committee is heartened by recent State and district actions like opt out policies for identified students that may help increase equity in advanced course enrollment policy and use of more than standardized test scores to identify students for automatic enrollment. The Committee notes that funds under ESEA may be used to support these and other efforts to reduce inequities in access to advanced coursework. The Committee also encourages the Department to resume collection of pass rates for all Advanced Placement subject areas.

Comprehensive Literacy State Development Grants

The Committee recommendation includes \$194,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to SEAs that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve the literacy skills of children and students from birth through 12th grade in high-need schools and early education programs in a State for each of several age bands through implementation of evidence-based practices and interventions. In fiscal year 2025, the program is expected to support approximately 25 State grant awards and funding reservations for Bureau of Indian Education schools, the outlying areas, and national activities, including evaluation. The President’s budget proposes to allow SEAs to re-

serve 10 percent of its grant funds for evaluation. The Committee bill does not include the requested language.

Evidence-based Instruction for Students with Language-based Learning Disabilities.—The Committee is aware ESEA requires the Secretary to prioritize applications proposing evidence-based activities to develop or enhance comprehensive literacy instruction plans that ensure high-quality instruction and effective strategies in reading and writing for children from early childhood education through grade 12. The Committee requests the Department to describe in the fiscal year 2026 CJ how grantees plan to use fund for activities designed to strengthen and enhance teacher training on the identification of language-based learning disabilities and evidence-based methods of literacy instruction for students with language-based learning disabilities.

Innovative Approaches to Literacy

The Committee recommendation includes \$30,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants 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 continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. School library programs increase access to a wide range of print and electronic resources and provide learning opportunities for all students, particularly those who are less likely to have access to such materials at home. The Committee also encourages the Department to use a portion of the funds under this program for grants to pediatric literacy programs that are provided during well-child visits by medical providers trained in research-based methods of early language and literacy.

In addition, the Committee directs the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including communities that are rural, Tribal, or where English is not the primary language. The Committee also encourages the Department to include a priority for initiatives that support biliteracy and multilingual approaches or provide professional development in multilingual education for existing school staff and teachers.

Migrant Education Program

The Committee recommends \$375,626,000 for the title I Migrant Education program. This funding supports grants to SEAs to ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic standards that all children are expected to meet and help such children overcome educational disruption and other factors that inhibit the ability of such children to succeed in school. 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.

The President's budget proposes new language that would allow the Department to reserve funds from the Migrant Education and Neglected and Delinquent programs in this account and Education for Homeless Children and Youth program in the school improvement account for competitive grants to States to improve coordination of services to students eligible for multiple Federal programs. The Committee bill does not include the requested language.

Neglected and Delinquent

The Committee recommends \$49,239,000 for the Neglected and Delinquent program. This program, authorized under subpart 1 of title I–D of the ESEA, 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 program 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. The Department is authorized to reserve up to 2.5 percent of the appropriation for national activities, including technical assistance. The Committee continues to urge the Department to increase its direct and technical assistance support to further assist grantees in their efforts to improve and report on program outcomes.

The President's budget proposes new language that would allow the Department to reserve funds from the Migrant Education and Neglected and Delinquent programs in this account and Education for Homeless Children and Youth program in the school improvement account for competitive grants to States to improve coordination of services to students eligible for multiple Federal programs. The Committee bill does not include the requested language.

Special Programs for Migrant Students

The Committee recommends \$52,123,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [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 credential 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 in order to support postsecondary education program completion.

The bill does not include language proposed in the budget which allows the Secretary the ability to fund the highest quality HEP and CAMP applications regardless of the allocation requirements of the Higher Education Act.

IMPACT AID

Appropriations, 2024	\$1,625,151,000
Budget estimate, 2025	1,618,112,000
Committee recommendation	1,645,151,000

The Committee recommends \$1,645,151,000, for the Impact Aid program. Impact Aid provides financial assistance to LEAs affected by the presence of Federal activities and federally owned land. These LEAs face unique challenges because they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary source of revenue for LEAs. LEAs also enroll students residing on private property whose parents may be exempt from paying sales and income taxes, reducing the revenue available to support these LEAs.

Basic Support Payments

The Committee recommends \$1,490,500,000 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 23 heavily impacted LEAs 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 the Individuals with Disabilities Education Act [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 \$20,500,000 for eligible LEAs for school construction activities allocated through the authority for competitive grants to LEAs under section 7007(b) of the ESEA. The bill also allows the funds to be available for obligation through September 30, 2026.

Payments for Federal Property

The Committee recommends \$81,000,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the LEA.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2024	\$5,776,178,000
Budget estimate, 2025	5,781,178,000
Committee recommendation	5,796,178,000

The Committee recommendation includes \$5,796,178,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends \$2,190,080,000 for Supporting Effective Instruction State Grants. 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, improving equitable access to effective teachers, and implementing teacher mentoring systems, evaluation and support systems, merit pay, and merit-based performance systems. These funds may also be used by LEAs to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2025–2026 academic year. Of the funds provided, \$508,639,000 will become available on July 1, 2025, and \$1,681,441,000 will become available on October 1, 2025. These funds will remain available for obligation through September 30, 2026.

The Committee notes that title II, part A funds can be targeted toward effective preparation and professional development designs that enable teachers and school leaders to expand their knowledge and skills regarding the science of child and adolescent learning and development, including teaching challenging content, teaching diverse learners, and supporting social-emotional and academic development in culturally and linguistically responsive ways.

Nita M. Lowey 21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,329,673,000 for the Nita M. Lowey 21st Century Community Learning Centers 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 opportunities, such as before and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a school-wide program under title I of the ESEA or serve high percentages of students from low-income families.

State Assessments Grants

The Committee recommends \$380,000,000 for the State Assessments Grants program. This program provides formula grants to States for the development and implementation of standards and

assessments required by the ESEA, including improving such assessments through the adoption of through-course assessments and other innovative assessments that meet ESEA's requirements. This program may assist States and LEAs in carrying out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments. These competitive grants may also be used to support State planning leading to an Innovative Assessment Demonstration Authority [IADA] application. The recommendation includes nearly \$11,000,000 more than the statutorily required amount for formula grants that would be available for new competitive grants for state assessments.

Report on Improvements in Assessments.—The Committee recognizes that assessments serve different purposes, ranging from formative purposes to inform classroom instruction to summative purposes to inform school accountability and improvement. CGSA was authorized to support grantees seeking to improve both formative and summative assessments, depending on needs within their States. Not later than 180 days after enactment, the Committee directs the Department to report on innovative work it has or is supporting on assessments, including through awards made through fiscal year 2024 under the CGSA program. The report shall include an analysis of the assessment work undertaken by recent CGSA grantees, any best practices that have emerged from CGSA grantees and how the Department has shared and will continue to share those and other best practices with other States in order to help all States improve their assessments, how CGSA grantees have used funds to support IADA work, how CGSA grantees have improved assessments for English learners and students with disabilities, how CGSA grantees are supporting through-course assessments to provide more real time data to educators and parents, and how CGSA grantees are developing more culturally aware and responsive assessments. Such report shall also describe how the Department is supporting, monitoring, and evaluating the CGSA program and its grantees, and include recommendations for how ongoing innovative assessment work can better support learning in classrooms, while maintaining the importance of annual, statewide, summative assessment data that produces disaggregated results for students and their families.

Education for Homeless Children and Youth

The Committee recommends \$129,000,000 for carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act. 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 children and youth experiencing homelessness, and to make subgrants to LEAs to support the education of those children and youth. Grants are made to States based on the total that each State receives in title I–A grants to LEAs. States must subgrant not less than 75 percent of funds received to LEAs and may reserve remaining funds for State level activities. Under the McKinney-Vento Homeless Children and Youth Program, SEAs

must ensure that children and youth experiencing homelessness 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 continues to include language providing an additional 12 months for educational agencies and institutions to obligate and expend EHCY funds.

The Committee directs the Department to issue guidance clarifying that funds provided under title VII, subtitle B of the McKinney-Vento Homeless Assistance Act may be used for the provision of extraordinary or emergency assistance needed to enable homeless children and youths to attend school and participate fully in school activities as allowed under law. This should include all of the activities and services outlined in the Department's September 12, 2023, Dear Colleague Letter to the Chief State School Officers on the American Rescue Plan—Homeless Children and Youth Funds, including paying for short-term, temporary emergency housing (such as a hotel or motel room) on a case-by-case basis if reasonable and necessary to facilitate school attendance, and as a last resort when other funding sources are not readily available.

The President's budget proposes new language that would allow the Department to reserve funds from the Migrant Education and Neglected and Delinquent programs in this account and Education for Homeless Children and Youth program in the school improvement account for competitive grants to States to improve coordination of services to students eligible for multiple Federal programs. The Committee bill does not include the requested language.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act (Public Law 88–352), the Committee recommends \$6,575,000. The funds provided will support awards to operate regional equity assistance centers [EACs]. EACs provide services to LEAs, SEAs, and other customers upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination in educational programs on the basis of race, sex, religion, or national origin and evidence-based activities to improve equity and access to high-quality educational settings.

Native Hawaiian Education

The Committee recommends \$45,897,000 for the Education for Native Hawaiian program. In addition, the Committee bill continues a provision that clarifies the use of funds for administrative costs.

The Committee bill includes \$650,000 for the Native Hawaiian Education Council, which includes an increase of \$150,000 for the Council to fulfill the statutory requirement for data collection.

The Committee bill continues the set-aside of funds made available for the Education for Native Hawaiians program for grants for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school, that serves a predominantly Native Hawaiian student body.

Alaska Native Education

The Committee recommends \$44,953,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

Outreach and Program Responsiveness.—The Committee directs the Department to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs ready to go with the start of Alaska's school year in mid-August. The Committee continues to direct the Department to ensure that Alaska Native Tribes, Alaska Native regional non-profits, and Alaska Native corporations, particularly those that have received no or few grants under this program, have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications. The Committee also strongly encourages the Department to include as many peer reviewers as possible who are Alaska Natives or who have experience with Alaska Native education and Alaska generally on each peer review panel.

Use of Funds.—The Committee continues language that allows funding provided by this program to be used for construction and overrides the authorizing statute's requirement to make non-competitive awards to certain organizations.

Rural Education

The Committee recommends \$230,000,000 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.

In 2020, the Department announced that some LEAs were using alternative poverty data to demonstrate eligibility for the Rural and Low-Income School Program in place of the U.S. Census Bureau's Small Area Income and Poverty Estimates, as required by section 5221(b)(1)(A)(i) of the ESEA. The Department had routinely accepted these data since the program was created in 2002. In fiscal years 2021, 2022, and 2023, those LEAs that would have been eliminated abruptly from eligibility were held harmless at a declining rate that would have continued to fall through fiscal year 2027. In fiscal year 2024, bill language was included to hold the affected LEAs harmless at the fiscal year 2023 level. The Committee has also increased funding for the Rural Education Achievement Program in the fiscal year 2021 through 2024 bills and recommends an increase of \$10,000,000 for this fiscal year. The Committee understands that changes to eligibility for funding received under this program create very significant challenges for several LEAs and States, at no fault of their own, and therefore continues to include

bill language that will hold the affected LEAs harmless at the fiscal year 2023 level during this fiscal year.

Comprehensive Centers

The Committee recommends \$50,000,000 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. Centers provide training and technical assistance identified in annual State service plans to build the capacity of SEAs and the Bureau of Indian Education [BIE], and through them LEAs, and schools, to provide a high quality education to all students.

The Committee is particularly supportive of the work of the centers in supporting SEAs, LEAs, Tribal Education Agencies, and schools in selecting, implementing, and sustaining evidence-based programs, policies, practices, and interventions and addressing corrective actions or results from audit findings and ESEA program monitoring. Further, centers play a critical role in supporting State and local efforts to close opportunity gaps and improve educational outcomes, particularly for students attending schools implementing comprehensive support and improvement or targeted or additional targeted support and improvement activities. The Committee directs the Department to brief the Committee not later than 60 days after enactment on center annual service plans. In addition, the Committee notes SEAs and LEAs seeking to redesign staffing and support team-based teaching models can receive technical assistance and support through the Strengthening and Supporting the Educator Workforce Content Center and Regional Centers.

Student Support and Academic Enrichment Grants

The Committee recommendation includes \$1,390,000,000 for Student Support and Academic Enrichment [SSAE] Grants. This program provides formula grants to States based on each State's share of title I–A grants, which then sub-grant to LEAs, to help support activities that provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

Technical Assistance and Capacity Building.—The Committee appreciates the information provided in the fiscal year 2025 CJ on expenditures for the 2 percent set-aside for technical assistance [TA] and capacity building from prior year appropriations. The reservation for TA and capacity building should be used to support SEAs and LEAs in carrying out authorized activities under this program identified by SEAs and LEAs, which may include support for fostering school diversity efforts across and within school districts. The Committee continues to direct the Department to prioritize its TA and capacity building support for SEAs and LEAs seeking to address school diversity needs. In future CJs, the Department shall continue to provide current and planned expenditures for this reservation and include a plan for how resources will be spent to provide TA and to build the capacity of SEAs and LEAs. Further, such information shall also describe how expenditures for this reservation have and will build upon efforts to foster school diversity across and within school districts, including efforts

set out by the Department in the May 8, 2023 Notice Inviting Applications. The Committee also supports plans to use these TA and capacity building funds for continued support of a TA center on student attendance and engagement and a new TA center on student mental and physical health, which will work in close coordination with the CMS technical assistance center for school-based services under Medicaid.

Report on Use of Funds.—The Committee directs the Department to obtain and examine data on State and local expenditures, outlined by specific authorized activities, and provide information about how LEAs plan to evaluate the effectiveness of their activities. The Committee directs the Department, within 180 days after the enactment of this act, to provide a briefing to the Committee on implementation of this directive.

Feminine Hygiene Products.—The Committee notes that SSAE funds can be used to create more supportive environments for students. The Committee believes that the inability to access feminine hygiene products can be a significant barrier to learning, but it can be alleviated through education, coordination, and cooperation among community stakeholders. Therefore, the Committee directs the Departments of Education and Health and Human Services to collaborate with stakeholders, including corporate and not-for-profit entities, to disseminate information regarding the availability of low-cost or donated feminine hygiene products for any SEA, LEA, or school to access. Such information should be made available to SEA, LEA, and school personnel.

SCHOOL READINESS

Appropriations, 2024	
Budget estimate, 2025	\$25,000,000
Committee recommendation	

The Committee does not include funds for a newly proposed School Readiness account.

Preschool Incentive Demonstration Program

The Committee recommendation does not include funds for this proposed demonstration program. The proposed program is intended to expand access to high-quality preschool for children eligible to attend title I schools through a mixed-delivery model.

INDIAN EDUCATION

Appropriations, 2024	\$194,746,000
Budget estimate, 2025	194,746,000
Committee recommendation	194,746,000

The Committee recommends \$194,746,000 for Indian Education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$110,381,000. 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 \$72,000,000 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. The Committee strongly supports the budget proposal to invest more than \$30,000,000 in new grants for professional development, including for the teacher retention initiative, to assist eligible entities, including Tribal colleges and universities, with addressing the need for teachers and administrators serving Indian students.

The Department is directed to use no less than \$5,000,000 of funds available to continue the teacher retention-initiative intended to help address the shortage of Indian, Alaska Native, and Native Hawaiian educators and to expand their impact on students' education. The initiative must support teacher leadership models as a method to increase the retention of effective, experienced Indian, Alaska Native, and Native Hawaiian teachers. Outcomes and models of culturally-responsive teacher leaders participating in this program must have their growth and effectiveness measured and these findings should support the development of evidence-, research- and culturally responsive teacher leadership models. The Department is directed to publish such findings within a year of enactment of this act.

National Activities

The Committee recommends \$12,365,000 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. The bill includes language proposed in the President's budget allowing more than 20 percent of these funds to be used for grants for Native American Language Immersion. The Committee bill also continues language from the current appropriations act, which allows the Secretary to make such awards for a period not to exceed 5 years.

Native American Language Immersion Programs.—The recommendation includes not less than \$4,500,000 for Native American Language Immersion programs. This amount will support new and continuation awards in fiscal year 2025. Funds for the Native American Language Immersion program should continue to be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the greatest possible geographical distribution and language diversity. Further, the Department should continue to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

The Committee directs the Department to provide parity in the treatment to American Indian, Alaska Native and Native Hawaiian language immersion schools and programs, including the development of a fair and equitable process to confer with Native Hawaiian organizations and Hawaiian language education stakeholders regarding implementation of the Native American Language program.

Native American Language Resource Centers.—The Committee recognizes the importance of the Native American Languages Resource Centers, and that such centers are integral to supporting the revitalization of such Native American languages, including by encouraging and supporting the use of Native American languages as a medium of instruction. In addition, the Committee recognizes the need to encourage and support early childhood education programs, elementary schools, secondary schools, and institutions of higher education to include Native American languages in the curriculum as the primary mode of instruction, and in the same manner as other world languages, including through cooperative agreements and distance education, and to grant proficiency in Native American languages the same full academic credit as proficiency in other world languages. The Committee recommendation includes \$2,965,000 to continue to carry out the policy set forth in Public Law 117–335 and direction provided in prior fiscal years to establish Native American Language Resource Centers.

INNOVATION AND IMPROVEMENT

Appropriations, 2024	\$1,203,084,000
Budget estimate, 2025	1,208,000,000
Committee recommendation	1,231,461,000

The Committee recommends \$1,231,461,000, for programs within the Innovation and Improvement account. This amount includes an additional \$116,461,000 provided by a general provision at the end of this title of the bill.

Education Innovation and Research

The Committee recommendation includes \$259,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through at least one rigorous evaluation.

Briefing Requirement.—The Committee requests the Department brief the Committees on the fiscal year 2025 funding opportunities available under this program, including any proposed priorities, not less than 14 days prior to publication in the Federal Register.

Social and Emotional Learning.—The Committee expects the Department to continue prioritizing and funding quality applications for eligible social and emotional learning projects within both the

early- and mid-phase evidence tiers. The Committee strongly encourages EIR funds to be used for awards for high-quality applications meeting program requirements and planning to support evidence-based, school-based mentoring programs in communities with high rates of violence and for students who experience trauma, low-income students, students of color, students academically at-risk, and justice-involved youth. Further, such applications could include a focus on providing students with life and workforce skills and experiences needed to be successful in the workplace.

Data Science Education.—The Committee notes EIR grants in prior competitions have been awarded for data science education and learning projects. The Committee continues to encourage the Department to invite applications that propose the development and implementation of effective interventions in data science education.

Grant Priorities.—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled-up in different settings. The Committee expects funds to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation. The Committee believes the Department should continue to support new awards to develop, validate and scale up evidence-based strategies that address the impact of the COVID-19 pandemic.

High-dosage Tutoring.—The Committee notes the importance of high-dosage tutoring in accelerating student learning and supporting student success. As SEAs and LEAs are implementing and scaling up tutoring programs aligned with research-based components, the Committee encourages the Department to support high-dosage tutoring through new awards, particularly expansion and replication grants, for high-quality applications that meet program requirements.

Rural Set-Aside.—The Committee supports the required 25 percent set-aside within EIR for rural areas and encourages the Department to take steps necessary to ensure the set-aside is met and that EIR funds are awarded to diverse geographic areas. The Committee encourages the Department to invest in rural, high-need communities by ensuring grants are awarded to a diverse set of institutions, affecting varied geographic locations, including areas with substantial minority students, which have submitted high quality applications meeting EIR program requirements.

Focused Math Instruction.—The Committee notes that more effective approaches are needed to improve math achievement and outcomes, particularly for students not currently engaged with high quality learning opportunities needed to eliminate learning gaps. The Committee notes that several EIR grants currently are implementing and evaluating project activities intended to improve outcomes in math for high need students. The Committee intends funds provided to continue to be available to support high quality applications focused on improving math learning and instruction, including applications that use diagnostic tools to match students with the appropriate math instruction and learning opportunities needed for all students to progress on current grade-level content.

Charter School Program

The Committee recommends \$440,000,000 for the Charter School Program [CSP]. This program supports the start-up, replication, and expansion of high-quality public charter schools prepared to effectively serve all students.

Program Activities.—The Committee continues last year’s enacted bill language providing increased flexibility within the program to effectively respond to the changing needs of the sector and increase the likelihood that Federal funds will be invested in high-quality charter schools prepared to serve all students effectively. Both the authorizing statute and prior year appropriations bills dictated the use of the appropriation in ways that prevented the Department from allocating funds based on the number of high quality applications in grant competitions and emerging needs of the field. To facilitate this, the Committee expects the Department to run competitions for charter school programs on similar cycles. The language will continue to allow the Department to allocate not more than \$140,000,000 for replication and expansion of high-quality charter schools through the Charter Management Organization [CMO] program established in ESEA.

The bill also allocates not less than \$60,000,000 for Facilities Grants under section 4304, including the Credit Enhancement program. The bill also provides not more than \$16,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program. Finally, funds are available for use under 4305(a)(2) for Developer grants and under section 4303 for State Entity grants. The Committee directs the Department to provide a briefing on its planned use of flexibility provided not later than 14 days prior to the announcement of any notice of proposed priorities, notice inviting applications for CSP activities, and announcement of grant awards.

The Committee takes no action on additional language proposed in the President’s budget that would prohibit the Secretary from making new awards under Charter Schools Grants that support charter schools that are operated or managed by for-profit entities, including through contractual relationships. CSP applicants for State Entity, CMO, and Developer grant competitions must assure a charter school supported by CSP funds has not or will not enter into a contract with a for-profit management organization, including a nonprofit management organization operated by or on behalf of a for-profit entity, under which the management organization, or its related entities, exercises full or substantial administrative control over the charter school and, thereby, the CSP project. The Committee expects the Department to enforce the assurance and related transparency requirements for the reporting of contracts with for-profit entities.

Technical Assistance.—The Department is directed to continue to support and evaluate flexibility in the availability and effective use of CSP State Entity technical assistance resources; evaluate how such funds are used to ensure subgrantees are equipped to meet the needs of all students, and specifically students with disabilities and English learners as required by law; and, brief the Committees not later than 90 days after enactment of this act on its actions and continued plans to effectively oversee the CSP program.

State Entity Subgrantees.—Under the CSP, State Entities receive competitive grants that are subsequently distributed as subgrants to support the opening of new charter schools, the replication of high-quality charter schools, and the expansion of high-quality charter schools. As required by ESEA, when eligible State Entities apply for these grants, they include in their applications the projected number of subgrants that they expect to make in each of those three categories. After completing their subgrant competitions, however, State Entities will typically find that they must deviate from their initial projections in order to support the highest-quality applicants, regardless of category. The Committee notes State Entities received awards based on the quality of their applications, including projections of schools to be opened. However, if the State Entity attempts to but is unable to implement the approved plan, the timely approval of amendments to subgrant projections could facilitate the most effective use of these resources in creating high-quality public educational options for students. The Committee directs the Secretary to allow State Entities to diverge from their original projections after conducting competitions that do not meet subgrant projections in their approved application, in order to fund the highest-quality subgrant applicants that meet all Federal requirements. The Committee further directs the Department to report on the implementation of this directive in next year's CJ.

Uses of Funds.—The Committee has become aware that grant recipients under the Charter Schools Grants to State Entities program encounter delays in their implementation of their grants because of uncertainty over whether certain uses of funds are allowable under the ESEA. For example, while section 4303(h) allows funding of “appropriate, non-sustained costs...when such costs cannot be met from other sources”, it is often unclear whether specific costs should be considered sustained or non-sustained, with the confusion sometimes emanating from unclear language in the State statutes that provide funding for charter schools. In other situations, a funding category such as “educator compensation” could encompass activities that are either sustained or non-sustained, depending on the manner in which those activities are carried out. When State Entities grantees are delayed in making subgrants to charter school developers because the Department is going through a lengthy and necessary process of determining whether individual costs are allowable, new charter schools do not open on schedule, which constrains the ability of the program to make available high-quality educational options for students and jeopardizes the ability of State Entities grantees to use their grant funds in a timely manner.

The Committee therefore strongly urges the Department to resolve these spending issues in a timely manner and in a manner that provides grantees with maximum flexibility consistent with the statute. The Department should allow State Entities to support all activities listed under section 4303(h), so long as they contribute to the objective of developing, implementing, expanding, and replicating high-quality charter schools. The Committee directs the Department to brief the Committee on the Department's response to this concern within 90 days of publication of this report and to pro-

vide an update in the fiscal year 2026 CJ on the Department's implementation of any changes in practice related to this issue.

No-Cost Extensions.—The Committee is aware that recipients of grants under the CSP are sometimes unable to complete their projects within the original project period, often for reasons beyond their control (such as lower than anticipated subrecipient applications received, trouble obtaining charter school authorization, and delays in Department approval of charter school authorizers, uses of funds, or the allocation of subgrant funds). Yet, in situations in which a new grant has been made to an entity in the same State, the Department has been unwilling to approve no-cost extensions beyond the automatic 12-month period. The Committee understands that the Department believes that longer no-cost extensions would violate the statutory prohibition on a State receiving more than one grant at a time. The Committee strongly urges the Department to act favorably on requests for longer extensions in these situations, including for States receiving a new award in fiscal year 2024, particularly when an extension would enable the completion of subgrants made late in the grant period or when it is clear that the delays in carrying out project activities were largely unavoidable by the grantees and, thus, that requests likely meet the requirements of section 75.261 of the EDGAR regulations. The Committee directs the Department to brief the Committee on the Department's response to this concern within 90 days of publication of this report and to provide an update in the fiscal year 2026 CJ on the Department's implementation of any changes in practice related to this issue.

Magnet Schools Assistance

The Committee recommends \$139,000,000 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; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

Teacher and School Leader Incentive Grants

The Committee recommendation includes \$60,000,000 for Teacher and School Leader Incentive Grants. This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retention of effective teachers, principals, and other school leaders;

and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

Ready-To-Learn Television

The Committee recommendation includes \$31,000,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming, and digital content, for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee recommendation includes \$36,500,000 for the Arts in Education program. The funding is used for a program of competitive awards for assistance for arts education, including professional development for arts educators, teachers and principals; developing and disseminating accessible instructional materials and arts-based educational programming; and for national and community outreach activities that strengthen relationships among LEAs, schools, communities and arts organizations. Funds also are used for evaluation and dissemination activities.

National Program.—The Committee recommendation includes no less than \$8,000,000 for a national program grant competition. The Committee includes bill language intended to ensure the Department does not administer the Arts in Education program activities in a consolidated grant competition as it did in fiscal year 2021. The language further requires the Department to use not less than \$8,000,000 for an Arts in Education National Program competition following priorities and program requirements of the fiscal year 2022 competition.

Javits Gifted and Talented Students

The Committee recommendation includes \$16,500,000 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 technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Under ESEA, the Department gives priority to making awards for projects that include evidence-based activities or that develop new information to improve the capacity of schools to operate gifted and talented education programs or to assist schools in identifying and serving traditionally underserved students

Supporting Effective Educator Development

The Committee recommendation includes \$90,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

Effective School Leaders.—The Committee recognizes the significant impact of effective school principals and other school leaders on student achievement and other student outcomes, and believes the SEED program provides important support for helping ensure that more highly trained school leaders are available for service in schools that have concentrations of students from low-income families. Therefore, the Committee directs the Secretary to continue to use a portion of funds made available for SEED for new awards supporting the preparation of principals and other school leaders.

American History and Civics Education

The Committee recommendation includes \$23,000,000 for American History and Civics Education, including \$3,000,000 for Presidential and Congressional Academies for American History and Civics and \$20,000,000 for American History and Civics Education National Activities.

Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

Statewide Family Engagement Centers

The Committee recommendation includes \$20,000,000 for Statewide Family Engagement Centers. This program provides competitive grants to statewide organizations to promote and implement evidence-based family engagement activities in education programs, and provide training and technical assistance to SEAs, LEAs, schools, and other organizations for carrying out such activities.

Fostering Diverse Schools

The budget includes \$10,000,000 for the creation of a new Fostering Diverse Schools program. This new program would support competitive awards to address voluntary efforts to increase racial and socioeconomic diversity in preschool through 12th grade.

While the Committee recommendation does not include requested bill language and funding for this proposal, the bill does include investments through a range of authorized programs that may be used to further racial and socioeconomic diversity in the Nation's public schools, including capacity building grants through the student support and academic enrichment grant program.

Fund for the Improvement of Education

The bill includes a general provision providing an additional \$116,461,000 for this account for projects and associated amounts and purposes identified in the table at the end of this Committee Report.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2024	\$457,000,000
Budget estimate, 2025	507,000,000
Committee recommendation	464,000,000

The Committee recommends a total of \$464,000,000 for activities to promote safe schools, healthy students, and citizenship education.

Promise Neighborhoods

The Committee recommendation includes \$93,000,000 for the Promise Neighborhoods program. This program awards competitive grants 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. Grants are for up to 5 years, with the final 2 years of funding contingent on grantee performance against program- and project-level performance objectives. Further, grants may be extended an additional 2 years beyond the 5-year project period contingent on grantee performance. The bill continues to provide extended availability of these funds, to allow the Department more flexibility for the timing of new awards and maximize the time for grantee planning activities.

Promise Neighborhoods Extensions.—The Committee is disappointed that the Department chose to use available funds in fiscal year 2024 for planning grants for new communities. The Committee notes with overwhelming concern that planning grants have only previously been awarded under an authority that no longer exists within the ESEA. The Department could have instead used the funds to make statutorily-authorized, competitive extension awards to high performing current implementation grantees. The Committee directs the Department to use any available fiscal year 2025 funds, not being used for continuation awards, only for 2-year extension grants to high quality Promise Neighborhood grantees that have demonstrated improvements in program performance indicators or for new 5-year implementation awards. If the Department runs a grant competition for new 5-year awards, it is directed to allow previously awarded grantees with programs that may have recently expired to compete for additional funding for the same neighborhood, provided they have at least 5 years of successfully submitting GPRA data, demonstrated improvements in Promise Neighborhoods indicators, and justify the need for additional funding for their continued implementation of high quality plans and evidence-based activities.

School Safety National Activities

The Committee recommendation includes \$221,000,000 for School Safety National Activities, including up to \$5,000,000 as necessary for Project SERV, which provides assistance to schools and institutions of higher education to respond and recover in the aftermath of violent or traumatic events disrupting the learning environment. School Safety National Activities funding also supports several

grant and technical assistance activities intended to improve the safety, health, and well-being of all students. At the recommended funding level, sufficient funding is available for continuation grants for grantees making substantial progress on their awards, and approximately \$30,000,000 is available for new awards as directed by this Report. The Committee requests a briefing not later than 14 days prior to the issuance of any notice inviting applications or notice of proposed priorities.

Mental Health Service Professional Development Grant Program and School-Based Mental Health Services Grant Program.—The Committee directs the Department to use any available funds not needed for continuation awards for grantees meeting substantial progress or for necessary Project SERV awards to make additional new awards for these mental health programs. The Committee encourages the Department to continue working to support SEAs, LEAs, and IHEs in addressing the shortage of school-based mental health professionals in our Nation's K–12 schools by expanding the pipeline of these professionals and improving districts' ability to recruit and retain these professionals. The Committee recommendation includes approximately \$80,000,000 for continuation awards for current grantees under the Mental Health Services Professional Demonstration Grant Program and approximately \$80,000,000 for continuation awards for current grantees under the School-Based Mental Health Services Grant to increase the number of well-trained school counselors, school social workers, and school psychologists, or other mental health professionals qualified to provide school-based mental health services. The Bipartisan Safer Communities Act also provides \$100,000,000 each for these programs for additional continuation grants in fiscal year 2025.

The Committee also urges the Department to begin planning for how to prioritize applications in future grant competitions that address the negative effects of social media, problematic digital technology use, and online safety. The Committee also directs the Department to ensure that, to the greatest extent practicable, high-need LEAs and eligible institutions of higher education (as defined by FR Doc. 2022–21633) have not less 90 days to submit an application. The Department should also widely publicize to potential applicants the Notice Inviting Applications and relevant award deadlines. Additionally, the Department should provide robust technical assistance to potential applicants, including multiple webinars, and prompt responses to questions and concerns regarding the application. The Committee directs the Department to continue including high rates of substance use and other adverse childhood experiences in its definition of LEAs with demonstrated need eligible to receive support under the School-Based Mental Health Services program. Finally, the Department should consider ways of executing the matching requirement that most effectively promotes sustainability of activities after grant funds are expended.

The Committee recognizes the significant challenges facing some students, including LGBTQ+ students and students of color, in regards to bullying and harassment by their peers. The Committee understands that LGBTQ+ youth are four times more likely to attempt suicide than their peers. These funds can help reduce bul-

lying and harassment, improve student well-being, and ensure every student is able to attend school in a safe and welcoming environment.

Full Service Community Schools

The Committee recommendation includes \$150,000,000 for Full-Service Community Schools. This program provides support for the planning, implementation, and operation of full-service community schools that improve the integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools.

Equitable Distribution of Awards.—The Full Service Community Schools program provides support for the planning, implementation, and operation of full-service community schools that improve the integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools. The Committee appreciates the potential of these Federal investments to improve student outcomes and school performance. However, the Committee is concerned that the program is not adequately supporting projects that meet program criteria in high-poverty rural areas. Additionally, the Department has awarded multiple awards to some entities while other entities with qualifying projects have not received awards. Therefore, the Department is urged to prioritize the equitable distribution of awards to include high-poverty rural areas, and to limit granting multiple awards to a single entity in a given fiscal year when other high-quality applicants exist in that year.

The Committee bill does not include language proposed in the President’s budget allowing up to \$10,000,000 to be awarded as planning grants.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2024	\$890,000,000
Budget estimate, 2025	940,000,000
Committee recommendation	895,000,000

The Committee recommends an appropriation of \$895,000,000 for the English Language Acquisition [ELA] program.

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; and a National Clearinghouse for English Language Acquisition and Language Instructional Programs. The Committee does not adopt the proposal to increase this reservation to 8 percent. National activities funds are available for 2 years.

National Clearinghouse for English Language Acquisition.—The Committee does not adopt the President’s budget proposal to increase to \$4,000,000 the amount of funds that may be reserved for the National Clearinghouse for English Language Acquisition and

expand the scope of the National Clearinghouse to include technical assistance and capacity building to support SEAs and LEAs.

Multilingualism.—The Committee is concerned that the Office of English Language Acquisition has overemphasized English-only approaches for the education of English language learner students, to the detriment of bilingual and dual language approaches. These approaches have proven more effective in the teaching of English, as well as academic content such as reading, math, science, and social studies. The Committee supports initiatives to build multilingual teacher pipelines through Grow-Your-Own initiatives and provide professional development in multilingual education for existing school staff and teachers. The Committee also supports efforts for post-secondary fellowships to bolster the multilingual educator pipeline.

SPECIAL EDUCATION

Appropriations, 2024	\$15,467,264,000
Budget estimate, 2025	15,673,264,000
Committee recommendation	15,768,264,000

The Committee recommends an appropriation of \$15,768,264,000 for special education programs.

Grants to States

The Committee recommendation includes \$14,508,704,000 for IDEA part B 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 2025–2026 academic year. Of the funds available for this program, \$5,225,321,000 will become available on July 1, 2025, and \$9,283,383,000 will become available on October 1, 2025. These funds will remain available for obligation through September 30, 2026.

Preschool Grants

The Committee recommends \$420,000,000 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 \$545,000,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of IDEA authorizes formula grants to States, outlying areas, and other entities to implement State-wide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. 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. The Committee bill does not include the new policy proposals included in the President's budget.

State Personnel Development

The Committee recommends \$38,630,000 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.

Technical Assistance and Dissemination

The Committee recommends \$76,345,000 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.

Special Olympics.—Within the total, the Committee recommendation includes \$37,000,000 to support activities authorized by the Special Olympics Sport and Empowerment Act. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

Personnel Preparation

The Committee recommends \$115,000,000 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 \$33,152,000 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.

Technology and Media Services

The Committee recommends \$31,433,000 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.

REHABILITATION SERVICES

Appropriations, 2024	\$4,092,906,000
Budget estimate, 2025	4,397,033,000
Committee recommendation	4,219,297,000

Vocational Rehabilitation State Grants

The Committee recommends \$4,076,098,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants. 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 Committee provides an increase in VR State Grants according to the CPI-U, consistent with the authorizing statute.

Disability Innovation Fund [DIF].—The Committee directs the Department to use a portion of DIF funds for competitive grants, to be awarded in coordination with the Office of Disability Employment Policy, to eligible entities in partnership with State VR agencies for innovative strategies that significantly increase competitive integrated employment of youth and adults with disabilities. The Committee expects this will focus on expanding the capacity and the State network of eligible entities providing employment supports in States, prioritizing States that have returned funds to RSA or States from the two lowest quintiles of labor force participation rates for people with disabilities.

The Committee directs the Department to continue to brief the Committees on Appropriations; the Committee on Health, Education, Labor, and Pensions of the Senate; the Committee on Education and Labor of the House of Representatives; the Committee on Finance of the Senate; and the Committee on Ways and Means of the House of Representatives at least every 6 months with updates on activities funded within DIF.

Client Assistance State Grants

The Committee recommends \$13,000,000 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 to receive VR State Grant funds.

Training

The Committee recommends \$29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff or upgrade the qualifications of existing staff.

Demonstration and Training Programs

The Committee recommendation includes \$5,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services. The Committee recommendation includes no less than the fiscal year 2024 enacted level for parent information and training programs.

Protection and Advocacy of Individual Rights

The Committee recommends \$20,150,000 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 (Public Law 106–402) or the Protection and Advocacy for Individuals with Mental Illness Act (Public Law 99–319).

Supported Employment State Grants

The Committee recommendation includes \$22,548,000 for the Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including 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 \$19,000,000 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.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2024	\$43,431,000
Budget estimate, 2025	43,431,000
Committee recommendation	53,431,000

The Committee recommends \$53,431,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in elementary and secondary education programs to help enable such students to fully participate in and benefit from education programs. The Federal subsidy provides approximately 65 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 accessible textbooks, assistive technologies 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 (Public Law 45–186).

The Committee includes funding for APH to develop and distribute assistive technologies, books in accessible formats, specially designed educational aids, and the training and support necessary to assist educators, parents and students who are blind or visually impaired to participate in and benefit from education programs. In addition, within amounts provided for APH, the Committee includes up to \$10,000,000 to support production and distribution of an innovative braille and tactile display product developed by the Printing House and its partners. The Committee also includes up to \$6,000,000 to continue the current Center for Assistive Technology Training regional partnership.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2024	\$92,500,000
Budget estimate, 2025	92,500,000
Committee recommendation	96,500,000

The Committee recommends \$96,500,000 for the National Technical Institute for the Deaf [NTID].

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.

Regional STEM Center.—The Committee recommendation includes up to \$9,500,000 to continue NTID’s current Regional STEM Center partnership. The STEM Center program expands NTID’s geographical reach and improves access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields.

GALLAUDET UNIVERSITY

Appropriations, 2024	\$167,361,000
Budget estimate, 2025	165,361,000
Committee recommendation	171,361,000

The Committee recommends \$171,361,000 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.

Early Language Acquisition Project [ELAP].—Within the total, the Committee recommendation includes \$8,500,000 for ELAP, with its current partner as the lead agent for program expansion. ELAP supports early language acquisition for children from birth through age three who are deaf or hard of hearing. This program also supports activities to improve early language acquisition training for early educators, caretakers, and other professionals and allows Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in diverse geographic areas.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2024	\$2,181,436,000
Budget estimate, 2025	2,268,436,000
Committee recommendation	2,226,436,000

Career and Technical Education

The Committee recommends \$1,497,269,000 for Career and Technical Education [CTE] programs.

State Grants.—The Committee recommends \$1,474,848,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE programs and ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in pre-vocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Per the authorization of the program, after reservations for required set-asides and small State minimums, funds are distributed to a baseline level of the amount awarded to each State in fiscal year 2018, with any remaining funds allocated 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 (Public Law 88–210).

Of the funds available for this program, \$683,848,000 will become available July 1, 2025, and \$791,000,000 will become available on October 1, 2025. These funds will remain available for obligation until September 30, 2026.

National Activities.—The Committee recommendation includes \$22,421,000 for national activities, including up to \$16,100,000 for Innovation and Modernization grants.

The Committee continues to encourage the Department to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of, and participation in, CTE programs related to the skills needed for new submarine construction.

The Committee strongly encourages the Department to include a priority for projects that include, as a component of an innovative

career and technical education program, evidence-based school-based mentoring activities focused on providing students with social-emotional and other skills and experiences needed to be successful in the workplace in any new competitions under the Innovation and Modernization grants authority.

The Committee requests the Department provide a briefing to the Committee 180 days after enactment detailing any plans the Department has to include a priority for grants that support the establishment of online savings accounts as authorized under the Innovation and Modernization Grants authority in section 114(e) of the Perkins Act.

The Committee encourages the Department to update and re-issue the Beyond the Box guidance to support increased access to higher education for justice-involved individuals.

The Committee recognizes the importance of preparing students for postsecondary education and the workforce through the Career Connected High School Program. This program provides students with access to dual enrollment, work-based learning opportunities, career navigation systems, and prioritizes opportunities for students from families with low incomes and students living in rural areas. The Committee directs the Department to develop guidance on best practices from grantees in this program and ways States can adopt and implement these best practices statewide, including policies to align high school coursework with postsecondary credit-bearing coursework; ensure credit transfer; and develop programs of study that allow students to attain an industry recognized credential in high school and culminate with an associate, bachelor's or advanced degree or completion of a Registered Apprenticeship program after high school.

Adult Education

The Committee recommends \$729,167,000 for Adult Education programs.

Adult Education State Grants.—The Committee recommendation includes \$715,455,000 for Adult Education State Grants which provide funding for States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

National Leadership Activities.—The Committee recommends \$13,712,000 for adult education national leadership activities.

The Committee encourages the Department to support technical assistance that will help build the evidence-base of adult education programs, including supporting States in prioritizing rigorously evaluated programs and the development of rigorous evidence such as funding randomized control trials, quasi-experimental studies and other evaluation methods that provide for a causal understanding of the effects of programs.

The Committee also encourages the Department to prioritize activities that reengage adults who have dropped out of the labor force, with a priority on States that have low labor participation rates.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2024	\$24,615,352,000
Budget estimate, 2025	26,716,352,000
Committee recommendation	24,615,352,000

The Committee recommends an appropriation of \$24,615,352,000 for programs under the Student Financial Assistance account.

Federal Pell Grant Program

The Committee recommends \$22,475,352,000 in current year discretionary funding for the Pell grant program.

The Committee recommendation includes \$6,435 for the discretionary portion of the maximum Pell grant award, an increase of \$100. Combined with mandatory funding, under current law, this would provide a total maximum award of \$7,495 for the 2025–2026 award year.

Pell Grant Restoration and Prison Education Program.—The Committee continues to recognize the significance of restoring Pell Grant access for incarcerated individuals and the impact that will have on reestablishing effective prison education programs across the country, and ultimately reducing recidivism rates and saving taxpayer dollars by reducing the overall cost of incarceration. The Committee directs the Department to continue the Second Chance Pell Pilot program as the Department finalizes implementation of the full Pell Grant reinstatement. The Committee encourages the Department to use the expertise and best practices from the Pilot to develop guidance and technical assistance for the new Prison Education Program. The Committee further directs the Department to work with Second Chance Pell Pilot sites as they transition to the requirements under the new Prison Education Program to ensure that incarcerated students do not experience a gap in their educational programming. In addition, the Committee strongly encourages the Department to notify institutions of higher education (particularly those that operate Second Chance Pell Pilot sites), the Bureau of Prisons, State departments of corrections, county and local jail administrators, and institutional accrediting agencies about the new Prison Education Program. Further, the Committee expects the Department will provide technical assistance and guidance to Second Chance Pell sites to ensure that they have enough time and information to prepare and apply for Prison Education Program approval.

As a part of the new Prison Education Program, the Committee encourages the Department, in coordination with the Department of Justice, to develop and provide technical assistance and guidance to participating institutions of higher education on how to support formerly incarcerated students as they leave prison, reenter society, and reenroll in postsecondary education. This guidance should address evidence-based strategies for helping formerly incarcerated people to secure housing, employment, and other Federal benefits, as well as re-enroll in college, access Federal and State financial aid, and secure campus housing and student employment. The Department should convey to institutions of higher education that they should work to ensure that every student who participates in

the new Prison Education Program is able to reenter their communities successfully post-release.

Experimental Site Initiatives.—The Committee encourages the Department to pilot activities to support and encourage accelerated, cost-effective, 3-year bachelor’s degree programs, such as the “College in 3” project.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$910,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to institutions of higher education for need-based grants to students. Institutions must contribute at least 25 percent toward SEOG awards.

Federal Work-Study Program

The Committee bill provides \$1,230,000,000 for the Federal Work-Study [FWS] program. This program provides grants to institutions of higher education to help 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.

Within the total for FWS, the Committee recommendation includes \$11,053,000, for the Work Colleges program authorized under section 448 of the Higher Education Act [HEA] (Public Law 89–329), as amended.

STUDENT AID ADMINISTRATION

Appropriations, 2024	\$2,058,943,000
Budget estimate, 2025	2,659,126,000
Committee recommendation	2,158,943,000

The Committee recommends \$2,158,943,000 for the Student Aid Administration account. These funds are available until September 30, 2026, and support the Department’s student aid management expenses.

The Committee recommendation includes an increase in funding to support increased costs associated with servicing Federal student loans, FAFSA Simplification Act implementation, and helping support borrowers effectively.

The Committee directs the Department to provide a detailed spend plan of the planned uses of funds in this account within 45 days of enactment, and to provide quarterly briefings on its implementation not later than 10 days prior to the start of the quarter. This should continue to include, but not be limited to, detailed breakouts by baseline operations and development efforts; and servicing, student aid core systems, IT activities, and other Federal Student Aid activities. These spend plans should also include details on major activities, including implementation of the Unified Servicing and Data Solution [USDS], FUTURE Act, and FAFSA Simplification Act, and other activities as appropriate. Further, the spend plan should include a crosswalk to activities funded under administrative costs and servicing activities, and any reallocation of funds between those two activities should be treated as a reprogramming of funds, and the Committees should be notified in advance of any such changes.

The Committee recommendation also continues the requirement for the Department to provide quarterly briefings on Federal student loan servicing contracts, including the transition to USDS. Additionally, the Department is directed to continue to notify the Committees of awarded contract Change Requests from the preceding month by the 10th day of the next calendar month regarding changes to student loan servicing.

Timely FAFSA Launch.—The Committee is concerned about the challenges students and institutions faced due to the difficult launch of the Free Application for Federal Student Aid for the 2024–2025 award year. The Committee strongly recommends that the Department ensures that the FAFSA is available on October 1 and ensures full functionality for the 2025–2026 FAFSA upon launch. This shall include FAFSA processing, school receipt of processed FAFSAs, processing of paper FAFSAs, and FAFSA correction functionality for applicants, institutions of higher education, and States. In advance of the October 1st launch, the Committee urges a timely release of the Federal student aid estimator, the FAFSA demonstration site, communication and training materials, a user-friendly Pell look-up table, eligibility and technical guides, and a quick, effective, and secure process for attaining an FSA ID. Funds provided under this account should be allocated to improve customer service, including by conducting rigorous consumer testing as required by law. The Committee urges the Department to communicate a timeline for the complete 2025–2026 FAFSA launch as soon as possible and directs the Department to provide weekly briefings on the timeline, consumer testing, and bug fixes on the 2025–2026 FAFSA and related processes, including the creating of the FSA ID, transmission of ISIRs, and availability of corrections. The Committee remains concerned about the number of students whose FAFSA applications remain incomplete after beginning the application process due to errors that occurred during the launch of the 2024–2025 FAFSA. To address this issue, the Department is directed to utilize outreach processes to identify and assist students who have begun, but not successfully submitted a complete FAFSA application for both the 2024–2025 FAFSA and the 2025–2026 FAFSA. The Committee further directs the Department to provide a detailed launch plan for the FAFSA for the upcoming award year no later than 10 days after enactment of this act. Should the launch of the form be delayed after October 1 of the year prior to the upcoming award year, the Department shall provide the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and the Workforce with written notification and a written timeline for the upcoming FAFSA launch no later than 10 days after enactment of this act and continue to update the written notification and written timeline every week until complete.

FAFSA Data.—Not later than 30 days after the date of enactment of this act, the Secretary shall report to the Committees, the House Committee on Education and Workforce, and the Senate Committee on Health, Education, Labor, and Pensions relevant data compiled for the 2023–2024 and 2024–2025 award years, which shall include, at minimum: (1) The number of FAFSA submissions processed by Federal Student Aid; (2) The average proc-

essing turnaround time from the point of FAFSA submission to disbursement of aid; (3) The number of submissions which contained inaccuracies thereby requiring resubmission to the Department; (4) The amount of Federal student aid awarded broken down by type; and (5) The number of submissions from students filing during 2023–2024 which resulted in a decrease in aid under the Student Aid Index formula for 2024–2025.

FAFSA Simplification Impact Analysis.—The Committee is interested in further analyzing the impact of major formula and eligibility changes included in the FAFSA Simplification Act, including increases to income protection allowances, the use of Federal poverty level for Pell Grant eligibility, receipt of public benefits, treatment of family farms, and number of students enrolled in college simultaneously. The Committee directs the Department to publish a distributional analysis of the major changes within 180 days of enactment, and to ensure such analysis is disaggregated by family income and dependency status, includes estimates of the number of recipients, gains and losses in aid, and both average and median changes to the Student Aid Index, as applicable. Additionally, the Committee encourages the Department to project differences in aid recipients over time from such changes and include detailed explanations of such projections.

Unaccompanied Homeless Youth and Other Students Without Parent or Family Support.—The Committee is concerned that youth who do not have parental support are experiencing significant challenges completing the FAFSA and financial aid process. Students experiencing, or at risk of, homelessness and who do not have documentation have been incorrectly categorized as provisionally independent and have been arbitrarily limited in how they can document their experience with homelessness. In addition, the FAFSA form unnecessarily limits the provisional independence options for other students. The Committee directs the Department to correct these errors for the 2025–2026 cycle and to issue updated guidance within 60 days that clarifies and streamlines the ability of unaccompanied homeless youth and other students who do not have parental support to access Federal financial aid.

FAFSA Family Farm Impact Study.—The new Student Aid Index formula included in the FAFSA Simplification Act (Title VII, Division FF of Public Law 116–260) requires students applying for Federal student aid to report the net worth of the farms on which their family resides, which could impact the eligibility of students to qualify for Federal student aid. The Committee directs the Department to conduct a study of the 2024–2025 FAFSA data within 90 days of enactment to thoroughly understand the impact of the requirement for students to report the farms their families live on as assets for purposes of applying for Federal student aid.

FAFSA Student Support Strategy.—The Committee shares the Department's goal of increasing FAFSA completion rates. The Committee directs the Department to provide a report within 120 days on its efforts to boost FAFSA completion rates for the 2024–2025 award year through the FAFSA Student Support Strategy, as managed by ECMC, announced on May 6, 2024. This report shall include detailed information on total funding obligated from the Federal Student Loan Reserve Fund for ECMC's use, funding amounts

awarded to each grantee by ECMC, how ECMC selected grantees, how much each grantee spent, a summary of metrics ECMC and the Department used to measure grantees' performance, a summary of the types of activities each grantee used, and whether grantees tracked how many more students completed the FAFSA as a result of their efforts and if so, the number of additional students that completed the FAFSA per grantee.

Interagency Coordination for Benefits Outreach and Financial Aid.—The Committee notes that students and families would benefit from additional information on public and tax benefit programs that can help them meet their basic needs and cost of attendance, and that the recipients of public and tax benefit programs would benefit from information on financial aid to help them enroll in higher education. The FAFSA Simplification Act supports data-sharing agreements and interagency coordination and outreach plans for such purposes under sections 483(c)(3) and 485E(c) of the HEA, respectively. Within 60 days of enactment, the Committee directs the Department to provide a briefing on the status of implementation of these provisions, including the establishment of data sharing and interagency agreements with Federal agencies, and other efforts to expand notifications to students about public and tax benefit programs. Further, the Committee strongly encourages the Department to promote such outreach through direct and regular notices to financial aid applicants, technical assistance to institutions, grant priorities, and communications with States.

Maintaining Higher Education Transparency and Research.—The Committee is concerned by reports that existing higher education research, data collection, reporting, and secure data-sharing organizations are being limited contrary to Congressional intent under the FAFSA Simplification Act. Collecting and publishing timely and relevant student access and outcome data that does not publicly release personally identifiable information and related analyses through mechanisms such as third-party research agreements, agency surveys, and administrative data collections with strong privacy protections have been and continue to be essential for the planning, administration, operation, and evaluation of the student aid programs and higher education grant programs. Additionally, students and their families benefit from targeted outreach and enrollment into public and tax benefit benefits for which they may be eligible and which help them afford the cost of college. Such data uses do not result in publicly disclosing personally identifiable information. The Committee urges the Department to maintain secure data collection, reporting that does not publicly release personally identifiable information, privacy-protected research, and interagency data-sharing, including tax information such as income and family size, as part of the administration of the Federal student aid programs under the HEA. Further, the Committee directs the Department to reaffirm such data uses in agency guidance to further transparency, research, evaluation, and accountability in higher education while still ensuring student privacy. Further, the Committee directs the Department to permit the secure use of student and family tax data, in accordance with Internal Revenue Service guidelines, to satisfy Federal data collection and reporting requirements.

Return of Title IV Funds.—The Committee continues to encourage the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for institutions of higher education and students.

Return to Repayment.—The Committee directs the Secretary to provide monthly briefings and reports to the Committees and to the Committees on Education and the Workforce of the House of Representatives and on Health, Education, Labor, and Pensions of the Senate on student aid administrative activities and data for Federal student loans during fiscal year 2025. Information should include, but not be limited to, borrower status, including the percentage of total borrowers and the percentage of at-risk borrowers (defined as borrowers who have one or more of the following risk factors: a previous history of default, missing a payment in the first 3 months of entering repayment, not completing their degree program, or pausing payments multiple times) in repayment in repayment by repayment plan; the percentage of borrowers and the percentage of at-risk borrowers who are delinquent or not making payments; share of borrowers at-risk of defaulting on their student loans currently in active repayment, by repayment plan; average and median amount repaid through the duration of repayment by repayment plan; average and median income of borrowers who receive forgiveness through IDR; share of borrowers making \$0 payments; metrics on communications with borrowers in the Targeted Early Delinquency Intervention [TEDI] program and equivalent programs and Fresh Start segment or equivalent support program such as open and click through rates for emails and repayment actions; and any changes to communications with borrowers based on data or behavioral economics assumptions gathered during communications campaigns. The Committee also directs the Department to produce and broadly disseminate an accessible public report that summarizes this data on an annual basis.

College Scorecard.—The Committee recognizes the value of institution-level outcomes data, including graduation rates, student loan repayment rates, and post-college earnings data for higher education accountability and directs the Department to update the College Scorecard's data annually. The Committee also encourages the Department to continue refining the existing measures on the College Scorecard and examining new measures to add to maximize transparency about postsecondary educational opportunities and outcomes for students.

State-Based and Non-Profit Servicing Organizations.—The Committee continues to note that many State-based and non-profit servicing organizations have demonstrated and specialized experience in helping struggling borrowers, and continues to encourage the Department and Federal student loan servicers to work with state and nonprofit organizations to help student and parent borrowers repay their Federal student loans.

Federal Fund, Operating Fund, and Guaranty Agency Reporting.—Not later than 180 days after enactment, the Department is directed to produce and make publicly available on the FSA Data Center, a report regarding the Federal Funds authorized under section 422A of the HEA and the Operating Funds authorized under section 422B of the HEA. The Committee directs such report to in-

clude the following for each guaranty agency: total amount in the Federal Fund and total amount in the Operating Fund available for obligation, a list of obligations (detailed by amount, recipient, and purpose) from the previous fiscal year from each of the Federal Fund and the Operating Fund, the total amount the Secretary transferred to the Operating Fund in the previous fiscal year, changes in the Federal Fund and Operating Fund and forecasted performance of the guaranty agencies, and how the Department ensures effective oversight of both the Federal Fund and any transfers into the Operating Fund. The report shall also include, for each guaranty agency, how much from the Federal Fund was obligated to Project Success for the previous fiscal year, a list of Project Success partner institutions for that fiscal year, a summary by partner institution of what Project Success funds were spent on in that fiscal year, and for each guaranty agency and partner institution (as applicable), the metrics the Department is using to evaluate the effectiveness of the Project Success funds, how the Department selected current Project Success partner entities, and how many students were served by each Project Success partner entity. Finally, the report should include what is communicated to Guaranty Agencies when Federal funds are released for any grantmaking or programmatic purposes, including about the duration of project performance, the timely outlaying of funds for agreed upon activities, what percent of funds are allowed be held onto by Guaranty Agencies for administrative or indirect costs, and how the Department ensures Guaranty Agencies are adhering to basic grantmaking standards and requirements such as the standards and requirements other entities are required to adhere to in EDGAR.

Promoting Safe Campuses.—The Committee is concerned by reports of increased discrimination on college campuses, including hate crimes motivated by anti-Semitic and anti-Muslim prejudice. As Federal Student Aid conducts its fiscal year 2025 work on enforcement of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act [Clery Act], including complaint assessments, media assessments, and program reviews, the Committee encourages Federal Student Aid to include institutions where known anti-Semitic or anti-Muslim hate crimes have occurred during the 2023–2024 academic year in such assessments and reviews. The Committee further encourages the Department to issue appropriate and timely fines for violations of the Clery Act.

Student Loan Dashboard.—The Committee directs the Department to study the best way to create a government-wide student loan dashboard that provides prospective students and their families with comprehensive and easy to understand information about the availability of Federal student loans and Federal student loan repayment programs across the Federal Government, including eligibility requirements, application information, loan type, and repayment terms. In conducting this study, the Department shall examine how existing government-wide resources could be updated and shall consult with the relevant Federal agencies that administer Federal student loans and Federal student loan repayment programs, as the Department determines appropriate. The study shall also include a plan for how a government-wide student loan

dashboard could be implemented within 180 days of completion of the study. The Department shall share this study with the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and the Workforce within 1 year of enactment of this bill.

HIGHER EDUCATION

Appropriations, 2024	\$3,283,296,000
Budget estimate, 2025	3,343,247,000
Committee recommendation	3,352,102,000

The Committee recommends an appropriation of \$3,352,102,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$1,034,618,000 for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

Strengthening Institutions.—The Committee recommends \$113,719,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of students with financial need and with 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 \$232,257,000 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.

The Committee continues to support funding for programs that promote and support collaboration between Hispanic-serving institutions and LEAs that serve a significant number or percentage of Hispanic or Latino students for the purpose of improving educational attainment, including increasing high school graduation rates and postsecondary enrollment, transfer, and completion rates among Hispanic or Latino students, such as by strengthening pathways to postsecondary and workforce development programs.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$27,855,000 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.

The Committee continues to encourage the Department to prioritize awards for projects that support consortiums of HSIs that award PhDs to develop and test new models of cross-institutional partnerships that facilitate mutually reinforcing activities, such as resource-sharing learning communities, mentorship programs for

PhD students, graduate research experiences, faculty mentor capacity-building, and other uses associated with the pursuit and completion of PhDs by Hispanic students.

Strengthening Historically Black Colleges and Universities [HBCUs].—The Committee recommends \$406,865,000 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.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends \$102,776,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and academic 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 Predominantly Black Institutions [PBIs].—The Committee recommends \$22,742,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance their capacity to serve more low- and middle-income students.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$18,957,000 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.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].—The Committee recommends \$24,916,000 for the Strengthening ANNHs program. 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. The Committee includes new bill language that will permit ANNH grantees to use funding for construction and maintenance of classrooms, libraries, and other instructional facilities.

Strengthening Native American-Serving Non-Tribal Institutions.—The Committee recommends \$11,630,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps 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. The Committee includes new bill language that will permit grantees to use funding for construction and maintenance of classrooms, libraries, and other instructional facilities.

Strengthening Tribally Controlled Colleges and Universities [TCCUs].—The Committee recommends \$52,569,000 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. Funds can also be used for construction and renovation. The Committee notes that our Nation's Tribal colleges and universities have significant unmet infrastructure needs. Tribal colleges are also uniquely situated—they often lack access to State funding and other resources available to other public institutions of higher education. The GAO is directed to conduct a study on the infrastructure and construction needs of Tribal colleges and universities, including access to broadband, and include recommendations for how the Federal Government can best address the unique needs and treaty obligations of Tribal colleges and universities.

Strengthening Master's Degree Programs at Historically Black Colleges and Universities.—The Committee recommends \$20,332,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

The bill includes a total of \$85,664,000 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 \$75,353,000 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.

Overseas Programs.—The Committee recommends \$10,311,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961 (Public Law 87-256), 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 to improve foreign language and area studies education in the United States.

Institute for International Public Policy [IIPP].—The Committee recognizes the important role played by institutions of higher edu-

cation, particularly HBCUs and other minority-serving institutions [MSIs], in educating future cohorts of foreign service professionals representing of our Nation. Title VI of the HEA authorizes grants to establish an IIPP. This funding supports consortium of one or more HBCUs or MSIs to develop career pathways for students from underrepresented backgrounds to develop language competence, engage in overseas study, participate in foreign policy seminars, and acquire internship experiences. The Committee supports a relaunch of this program to assist the State Department, USAID, and other international affairs agencies in recruiting top talent at a time when complex global challenges are on the rise amidst ongoing staffing shortages. The Committee requests the Department to provide a briefing to the Committees within 120 days of enactment about how the Department could support efforts to strengthen the pipeline of individuals into foreign policy careers and include options for how IIPP could be relaunched in its fiscal year 2026 CJs.

Model Transition Programs for Students With Intellectual Disabilities into Higher Education

The Committee recommendation includes \$13,800,000 for the Model Transition Programs for Students with Intellectual Disabilities into Higher Education [TPSID] program. The TPSID program provides competitive grants to institutions of higher education or consortia of institutions of higher education to enable them to create or expand high quality, inclusive model comprehensive transition and postsecondary programs for students with intellectual disabilities. The TPSID program also supports a national Coordinating Center and a technical assistance center to translate and disseminate research and best practices to IHEs more broadly.

Minority Science and Engineering Improvement

The Committee recommends \$16,370,000 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 \$11,953,000 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 \$1,211,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students. This includes: Upward Bound which offers disadvantaged high school students academic services

to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services which provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search which identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers [EOC] which 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 which supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Committee continues to direct the Department to include estimated funding for each TRIO program in the operating plan required under section 516 of this act.

TRIO and Justice-Impacted Students.—The Committee recognizes that EOCs have a long history of helping justice-impacted adults to enroll in college. The restoration of Pell Grants for people in prison presents an opportunity for EOCs to reach more students. The Committee encourages the Department to provide technical assistance and guidance to EOCs on best practices for supporting justice-impacted students, including examples of programs that can serve as models to others. In addition, the Committee encourages the Department to consider how other TRIO programs can support justice-impacted students and provide guidance to institutions of higher education.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]

The Committee recommends \$393,000,000 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 directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. In such notice for State Grants, the Committee directs the Department to uphold the longstanding guidance that States may only administer one active State GEAR UP grant at a time. The Secretary is directed to provide written guidance in the Federal Register notifying applicants that only States without an active State GEAR UP grant, or States that have an active State GEAR UP grant that is scheduled to end prior to October 1, 2025 will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. In making new awards, the Department shall ensure that not less than 33 percent of the new award funds are allocated to State awards, and that not less than 33 percent of the new award funds are allocated to Partnerships awards, as described in section 404(b) of the HEA. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the

GEAR UP scholarship described in section 404E(b)(2) of the HEA shall be denied on the basis of 34 CFR 694.14(c)(3).

Graduate Assistance in Areas of National Need

The Committee recommends \$23,547,000 to support the Graduate Assistance in Areas of National Need [GAANN] program. 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 \$70,000,000 for the Teacher Quality Partnership [TQP] program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by supporting teacher preparation and residency programs.

The Committee recognizes the increasing number of and demand for "Grow Your Own" teacher preparation programs in our Nation. The Committee urges the Department to continue to support "Grow Your Own" teacher preparation programs, with a focus on programs that increase recruitment efforts in local communities, provide high quality pathways into the profession, improve teacher retention, and improve student outcomes.

The Committee also notes the need to ensure future teachers are well trained in data literacy, including how to use data in the classroom to differentiate instruction and improve student outcomes. The Committee urges the Department to prioritize TQP funding for applicants that seek to develop data literacy skills in future teachers.

Educator Specialization.—The Committee encourages the Department to add a new priority in future competitions for projects that support the development of new systems of workforce development for teachers that include supports, clear pathways to advancement, and promote teacher retention.

Child Care Access Means Parents in Schools

The Committee recommendation includes \$80,000,000 for the Child Care Access Means Parents in Schools [CCAMPIS] program. This program provides competitive grants to institutions of higher education to establish or support campus-based child care programs, to help support needs and participation of low-income parents in post-secondary education.

The Committee directs the Department to prioritize grants to eligible entities serving a significant percentage of Pell-eligible or other low-income students. The Committee urges the Department to prioritize grants to eligible entities that propose flexible child care arrangements (such as evening, weekend, and drop-in child

care) in any future competition. The Committee further urges the Department to prioritize grantees who will conduct direct outreach to parenting students regarding State and Federal public benefits, the Child Tax Credit, and education tax benefits for which the student parent may be eligible. The Committee also urges the Department to require new grantees to collect data on the total number of parenting students enrolled at the institution and the number of parenting students served by CCAMPIS grant funds. Additionally, the Committee strongly encourages the Department to assist grantees in leveraging other funding opportunities to help parenting students afford child care, by providing technical assistance and other support to grantees.

Fund for the Improvement of Post-Secondary Education

The Committee recommendation includes \$191,000,000 for the Fund for the Improvement of Post-Secondary Education.

Basic Needs Systems Grants.—The Committee recommendation includes \$15,000,000 for competitive grants to IHEs (as defined in section 101 of the HEA), consortia of such IHEs, systems of higher education, or States to advance systemic solutions to student basic needs insecurity. Such grants shall include one or more of the following activities: establishing processes to automatically identify and conduct outreach students who may be eligible for public and tax benefit programs; conducting surveys or assessments of student basic needs security, including surveys of student needs conducted upon enrollment; providing referrals or case management to students to enroll in local, State, and Federal public and tax benefit programs; or coordinating and collaborating with government and community-based organizations to execute such activities. Activities may also include providing direct services such as temporary or affordable housing, free or subsidized food, access to on-campus childcare, and connecting students to mental and behavioral health services, so long as such activities are part of systemic plan to address and prevent student basic needs insecurity. The Committee directs the Department to prioritize eligible entities enrolling or serving a significant percentage of Pell-eligible or other low-income students, including community colleges, HBCUs, and other MSIs.

Centers of Excellence for Veteran Student Success Program.—The Committee recommendation includes \$9,000,000 for the Centers of Excellence for Veteran Student Success Program.

Open Textbook Pilot.—The Committee recommendation includes \$9,000,000 for the Open Textbook Pilot program. The Committee directs the Department to issue a notice inviting applications, allow for a 60-day application period, and make a significant number of grant awards under the same terms and conditions as in prior years.

National Center for Information and Technical Support for Postsecondary Students with Disabilities.—The Committee recommendation includes \$2,000,000 for the continued operation of the National Center for Information and Technical Support for Postsecondary Students with Disabilities, also known as the National Center for College Students with Disabilities, as authorized under section 777(a) of the HEA.

Postsecondary Student Success Grants.—The Committee recommendation includes \$50,000,000 for Postsecondary Student Success Grants, to scale evidence-based practices and reforms to improve postsecondary retention and completion rates among underserved students. These funds support grants to States, TCCUs, and systems of institutions of higher education to implement or expand evidence-based, statewide, and institutional level practices and reforms that improve student outcomes, including enrollment, retention, transfer, and completion among underserved students including students of color, low-income students, students with disabilities, students in need of remediation, first generation college students, homeless youth, foster youth, and student parents. The Committee directs the Department continue to carry out this program as a tiered-evidence competition, and require rigorous independent evaluations of grantee projects. The Committee further directs the Secretary to prioritize the awarding of Postsecondary Student Success grants to institutions of higher education that serve a significant percentage of Pell-eligible or other low-income students and that have a demonstrated commitment to implementing evidence-based strategies to improve student outcomes for such underserved students.

Research and Development Infrastructure Investments at HBCUs, TCCUs, and MSIs.—The Committee recommendation includes \$51,000,000 to increase the capacity of HBCUs, TCCUs, and MSIs to conduct innovative research in emerging technology and industries. These funds support planning and implementation grants designed to promote transformational investments in research infrastructure, such as physical infrastructure, capital improvement, research-related equipment, and hiring and retaining of faculty and research-related staff.

Rural Postsecondary and Economic Development Grant Program.—The Committee recommendation includes \$50,000,000 for the Rural Postsecondary and Economic Development [RPED] Grant Program. The Committee recognizes that rural-serving institutions and communities face unique challenges and barriers. In particular, smaller, rural-serving colleges, universities and non-profit organizations may have significantly fewer staff, and less experience, in preparing to respond to Federal grant opportunities. The Committee encourages the Department to consider ways to better support rural applicants by recognizing the unique challenges facing rural communities, including but not limited to providing greater flexibility, longer application timelines, and targeted technical assistance for RPED grants.

Transitioning Gang Involved Youth.—The Committee recommendation includes \$5,000,000 for the Transitioning Gang Involved Youth program.

Congressionally Directed Spending

The Committee recommendation includes \$206,150,000 for the projects, and in the amounts, specified in the table at the end of this Committee Report.

Hawkins Centers of Excellence

The Committee recommendation includes \$15,000,000 for Hawkins Centers of Excellence. This program supports the expansion and improvement of teacher education programs at HBCUs and other MSIs in order to support diverse, well-prepared, and effective educators.

The Committee recognizes the importance of high-quality teacher preparation on student learning and teacher retention, and therefore directs the Secretary to prioritize grants to eligible institutions that propose to establish or scale up high-quality teacher preparation pathways that offer extensive preservice clinical training and mentoring by exemplary teachers in grade and subject areas deemed high need by their state. The Committee also recognizes the value of a diverse teacher workforce and directs the Secretary to prioritize grants to eligible institutions that commit to providing scholarships or grants, based on financial need, as well as academic supports to help teacher candidates successfully complete the preparation program and state licensure requirements, and to publicly report on these efforts and outcomes.

HOWARD UNIVERSITY

Appropriations, 2024	\$304,018,000
Budget estimate, 2025	297,018,000
Committee recommendation	297,018,000

The Committee recommends an appropriation of \$297,018,000 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. 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 recommendation includes \$70,325,000 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.

Within the Committee’s recommendation for the Howard University Hospital, the Committee includes \$43,000,000 to support continued construction of a new Howard University Hospital. The new hospital will provide inpatient and outpatient care, as well as health professional training and other necessary services and will continue to serve as a major acute and ambulatory care center for the District of Columbia. As a condition of receiving these funds, the Hospital must continue to be maintained as the teaching hospital for Howard University and continue succession agreements with its union. The Committee recommended funding level fulfills the remaining planned Federal contribution to support construction of the new hospital.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2024	\$298,000
Budget estimate, 2025	328,000
Committee recommendation	298,000

The Committee recommends \$298,000 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, 2024	\$20,678,000
Budget estimate, 2025	20,731,000
Committee recommendation	20,678,000

The Committee recommends \$20,678,000 for the HBCU Capital Financing Program. 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.

The Committee recommendation includes \$20,150,000 for loan subsidy costs in guaranteed loan authority under this program. This will support an estimated \$344,444,444 in new loan volume in fiscal year 2025. In addition, the Committee recommendations includes \$528,000 for administrative expenses.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2024	\$793,106,000
Budget estimate, 2025	815,455,000
Committee recommendation	798,106,000

The Committee recommends \$798,106,000 for the IES. This amount includes \$73,500,000 for administrative expenses and centralized support costs for the Institute of Education Sciences.

This account supports education research, development, dissemination, utilization and evaluation; data collection and analysis activities; the assessment of student progress; and administrative expenses related to such activities. Funds provided to IES are available for obligation for 2 fiscal years.

Under the Education Sciences Reform Act of 2002 [ESRA], Congress established IES to provide national leadership in expanding fundamental knowledge and understanding of education from early childhood through postsecondary study. ESRA 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 nonideological and are free of partisan political influence.”

Program Administration.—The Committee recommendation includes \$73,500,000 for administrative expenses and centralized support costs. Section 312 of this act ensures sufficient funding for centralized support costs is available and properly charged to this appropriation. The Committee directs the Department, IES and NCES to work together to provide in the fiscal year 2026 and future CJs, as well as the fiscal year 2025 operating plan the amount for NCES administrative expenses supported by this program administration appropriation.

Not later than 30 days after enactment of this act and each quarter thereafter, the Committee directs the IES Director and NCES Commissioner to submit administrative and staffing plans for their respective centers outlining staffing ceilings by national center, the factors considered in allocating staffing ceilings by national center, actual FTE by national center, and an explanation by national center for FTE changes from the preceding quarter.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$245,000,000 for education research, development, evaluation, and national dissemination activities. 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 outcomes for students.

Accelerate, Transform, and Scale Initiative.—The Committee supports steps IES has taken to use funds for creating scalable, high impact solutions to improve education outcomes for all learners and eliminate persistent achievement and attainment gaps, including through pilot efforts modeled on Federal advanced research projects agencies. This includes the updated Transformative Research in the Education Sciences program, which is supporting partnerships between researchers, industry professionals, and education agencies to propose transformative solutions to intractable education problems leveraging advances in technology combined with research insights from the learning sciences. The Committee requests quarterly updates on progress on the initiative including the Seedlings to Scale program.

Data Sciences.—The Committee notes NCER established three Methods Training programs in Data Science through the fiscal year 2023 appropriation. The Committee continues to make funding available that may support research, development, and training in data science education to support the expansion of and capacity for instruction needed for students to compete in the changing economy. The Committee believes the IES should continue to make funds available to identify and scale research-based interventions to support data science and data literacy development among teachers and students, especially among underserved populations. The Committee requests an update on such plans in both the fiscal year 2025 operating plan and fiscal year 2026 CJ.

Collaborative Education Research.—The Committee recognizes the ongoing collaborative efforts between IES and the National Science Foundation [NSF], including through the resources provided to the IES via the American Rescue Plan that support two NSF National Artificial Intelligence [AI] Research Institutes fo-

cused on education. The Committee encourages IES to pursue additional collaborative efforts with NSF and expedite the identification of evidence-based innovations in education.

The Future of Education Research at IES.—The Committee is aware IES sought expert assistance in requesting the National Academies of Sciences, Engineering and Medicine [NASEM] provide guidance on the future of education research, which resulted in the publication of the “The Future of Education Research at IES”. The Committee encourages IES to continue implementation of recommendations made in the report and requests the fiscal year 2025 operating plan include a discussion of actions taken and planned.

STATISTICS

The Committee recommends \$121,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES is headed by a Commissioner appointed by the President and has statutory authority without supervision or approval of the Director for carrying out the work of NCES. The Commissioner also serves as the Department’s Chief Statistical Officer under the Foundations for Evidence-Based Policymaking Act of 2018. NCES 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. Activities are carried out directly and through grants and contracts.

A Vision and Roadmap for Education Statistics.—The Committee is aware IES sought expert assistance in requesting NASEM to “recommend a portfolio of activities and products for NCES, review developments in the acquisition and use of data, consider current and future priorities, and suggest desirable changes”, which resulted in the publication of the “A Vision and Roadmap for Education Statistics”. The Committee believes the Secretary, Commissioner and Director of IES should continue to support NCES in independently developing, producing, and disseminating statistics pursuant to recommendations of the NASEM report. The Commissioner, and, as applicable, Secretary and Director are directed to include in the required operating plan actions taken since the report’s release and future actions and associated timeline to fully implement related recommendations. The Committee also encourages NCES to continue implementation of other recommendations made in the report and requests the fiscal year 2025 operating plan include a discussion of actions taken and planned.

Information on College Admissions.—The Committee is aware of the lack of data available demonstrating how legacy status, or relationship to alumni of the institution, factors in first-time, first-year, degree-seeking admissions decisions. Starting with the 2022–2023 IPEDS admission surveys, NCES began to ask if IHEs consider legacy status. The Committee understands that NCES is planning to continue to ask if IHEs consider legacy status in the 2025–2026 and 2026–2027 IPEDS admissions surveys, and believes this will provide important information about considerations for admissions. The Committee also understands that in the 2025–2026 and 2026–

2027 admissions surveys, NCES has proposed to collect data on applications, admissions, and subsequent enrollment for early decision and early action as well as data on applications and admissions that can be disaggregated by race, gender, enrollment type and ethnicity. The Committee believes this data will be beneficial to multiple stakeholders. The Committee also believes data on applications from, admission of, and enrollments by applicants with legacy status at any institutions that provide legacy preferences and data on early action, early decision, and legacy admissions disaggregated by race and ethnicity would be beneficial.

Rural Statistics.—The Committee recognizes NCES’s role in collecting statistical information on school districts and education activities, and its use of locale codes for determining rural districts. However, these current classifications do not properly measure rurality in mountainous regions, such as the Appalachian Mountains. The Committee urges NCES to adopt the Road Ruggedness Scale, as defined in the United States Department of Agriculture Economic Research Service’s published Characterizing Rugged Terrain in the United States report, into their definition of rural. The Committee requests a description of the work, timeline and resource needs to implement such adoption in the NCES operating plan for fiscal year 2025.

National Postsecondary Student Aid Study [NPSAS].—The Committee is extremely concerned about NCES’s continued plan to revise the NPSAS data collection schedule without sufficient stakeholder engagement and consideration of the important information NPSAS provides to researchers, policymakers, and the public. The Committee believes that NPSAS plays a vital role in postsecondary empirical research and analysis and reiterates the directive in the explanatory statement accompanying Public Law 118–47 to restore the study’s traditional data collection schedule to every two years, for NPSAS 2024 and NPSAS 2026, with a student interview included every four years, for NPSAS 2024 and NPSAS 2028. NCES is directed to brief the Committee not later than 60 days after enactment of this act on how they intend to come into compliance with this directive.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$53,733,000 to continue support for the Regional Educational Laboratories [REL] program.

The laboratories are responsible for promoting the effective use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and well-being and further school improvement efforts. The Committee urges IES to continue its efforts 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, helps build capacity of LEAs and SEAs to effectively integrate evidence use in decision-making and is effectively utilized in education policy and practice.

The Committee does not adopt the proposal to rescind \$15,000,000 from the prior year appropriation, noting the IES’ fiscal year 2024 operating plan indicated that the enactment of this proposal would prevent IES from being able to meet continuation

costs for existing REL activities should IES continue to receive the fiscal year 2024 enacted level through fiscal year 2027.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$64,255,000 for research and innovation in special education conducted by the National Center for Special Education Research.

The Center addresses gaps in scientific knowledge to improve policies and practices in special education and early intervention services and outcomes for infants, toddlers, and children with disabilities.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$13,318,000 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.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$33,500,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to support the development, maintenance, and expansion of State longitudinal data systems. Support for these systems will further strengthen State data infrastructure and linkages; contribute to improved data access, and use for evidence-based policymaking; and build capacity in States to secure and protect data. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The bill also continues to allow up to \$6,000,000 to be used for awards to improve data coordination, quality, and use, including support for the Privacy Technical Assistance Center that serves as a resource on privacy issues for SEAs and LEAs, the postsecondary education community, and others engaged in building and using education data systems.

The Committee does not adopt the proposal to rescind \$10,000,000 from the prior year appropriation, noting the IES' fiscal year 2024 operating plan indicated that the enactment of this proposal would prevent IES from being able to meet continuation costs for current grants and activities should IES continue to receive the fiscal year 2024 enacted level through fiscal year 2027.

ASSESSMENT

The Committee recommends \$193,300,000 to provide support for the National Assessment of Educational Progress [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 \$8,300,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee recommendation continues support of \$10,000,000 for research and development investments activities to modernize and innovate assessments while reducing future program costs. NAGB and NCES should continue to consult with the authorizing and appropriations committees of Congress as it considers strategies, including those identified by NASEM, in achieving cost efficiencies in and upgrades of its assessment program. Further, the Committee requests that the fiscal year 2026 CJ and fiscal year 2025 operating plan describe implemented and planned strategies for cost efficiencies and necessary research and development projects.

Family Structure and NAEP Scores.—The Committee recognizes the importance of a child’s home environment in shaping that child’s development and key outcomes later in life, including educational progress. Recognizing this critical importance, the Committee urges NAGB to work with NCES to collect and report student data, such as attendance, grade point average, and performance on the National Assessment of Educational Progress. To the fullest extent possible, reporting should be disaggregated by family structure, socioeconomic status, gender, race/ethnicity as well as the intersection of these characteristics.

The Committee is aware that reporting for NAEP 2024 will include a new index measure of socioeconomic status to supplement data collected on eligibility for the National School Lunch Program, and the NCES online achievement gap dashboard allows analyses of race/ethnicity gaps by other demographic characteristics. The Committee urges the NAGB to explore collecting richer data about family background on NAEP and should describe in its fiscal year 2025 operating plan options for doing so.

DEPARTMENTAL MANAGEMENT
PROGRAM ADMINISTRATION

Appropriations, 2024	\$419,907,000
Budget estimate, 2025	476,846,000
Committee recommendation	419,907,000

The Committee recommends \$419,907,000 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.

Campus Antisemitism.—The Committee is deeply concerned with reports of increased discrimination and harassment on college campuses, including incidences of antisemitic discrimination and harassment. The Committee encourages the Department to offer guidance to institutions of higher education for the development of campus policies to combat religiously-based discrimination, harassment, and other incidents. The Committee also encourages the Department to offer guidance to institutions of higher education to encourage the prompt reporting of instances in which a member of the University community violates the institution’s policies regard-

ing discrimination and harassment, any disciplinary actions taken by the institution in response to such violations, and how the reporting of such violations and disciplinary actions is conducted in a manner that complies with all applicable privacy laws and policies.

Campus Climate Surveys.—The Committee remains interested in the Department’s work to develop a Federal campus climate survey on sexual misconduct, which would be administered in accordance with the Violence Against Women Act of 2022 (Public Law 117–103). The Committee directs the Department to brief the Committees on the Department’s survey as well as the plans to pilot and evaluate the survey instrument, including its plans to consult with stakeholders and provide an analysis of the campus climate survey landscape and the appropriateness of the Federal survey interval, based on the results of the campus climate survey landscape assessment, peer-review research, consultation with survey experts, and other considerations, such as the length of the survey and differences in campus communities and available resources.

Collaboration Between Airport Authorities and Educational Institutions.—Airport authorities can play an important role in providing economic development, workforce development, and educational opportunities. The Committee encourages the Department to consider actions that could support greater collaboration between airport authorities and educational institutions that helps engage and support students and create and improve pathways into high-quality jobs.

College Costs.—The Committee is concerned by the increase in college costs over the past 20 years and how those increases have contributed to growing student loan debt. The Committee notes that the Department annually publishes the College Affordability and Transparency List as required by the HEA. The College Affordability and Transparency List provides valuable information for students and families on the most and least expensive IHEs by both published tuition and net price. The Committee directs the Department to ensure that this important resource is prominently displayed on the Department’s website, including on the College Scorecard website. The Committee also encourages the Department to note on the College Scorecard profile of any IHE, such IHE’s inclusion on the College Affordability and Transparency List, if applicable.

Competitive Grant Priorities for Rural Areas.—The Committee continues to encourage the Department to continue efforts to ensure competitive grants are reaching rural areas so that support and solutions developed with Federal funding are relevant to and available in such areas.

Comprehensive Literacy Resources.—The Committee believes it is important for all educators to be prepared to provide high-quality comprehensive literacy instruction for students. Free online comprehensive literacy resources with a specific focus on children in kindergarten through sixth grade that are evidence-based and build upon existing programs that leverage public partnerships and multidisciplinary tools could assist educators with being more prepared to provide such instruction.

Consultation and Briefing Requirement.—The Committee is disappointed with the Department’s compliance with the consultation and briefing requirement included in the 2024 explanatory statement. The Committee believes the Department can plan its program development activities in such a way to allow meaningful consultation with the Committee. The Committee directs the Department to consult with the Committee on any Department action expected to significantly increase or decrease current or future costs of programs it administers. In addition, the Committee directs the Department to consult with the Committee on any execution action related to any program or activity for which a directive is included in this report not later than 4 weeks prior to a public announcement related to such action. Further, the Committee directs the Department to brief the Committee on any action covered by this consultation requirement, including consideration and incorporation of feedback during such initial consultation, not later than 1 week prior to a public announcement related to such action. This paragraph does not replace a more specific directive for a program or activity included in this report.

Cybersecurity Education.—The Committee recognizes the rapid changes involved in cybersecurity secondary and postsecondary educational opportunities. The Committee encourages the Department to support efforts to improve educational offerings for cybersecurity education.

Discretionary Grant Program Management.—There continues to be a concern that the Department’s late publication of notices inviting applications and awarding of discretionary grant program funds late in the fiscal year limits the use of Federal funds toward timely and maximal achievement of grantee performance and program objectives. The Department is directed to develop and implement a plan to execute its discretionary grant programs in a timely way, through publication of notices inviting applications and obligation of grant funds earlier in the fiscal year. The Department shall also provide the Committee with an update on accelerated execution timelines for its discretionary grant programs within 120 days of enactment of this act, as well as in the Forecast of Funding Opportunities under the Department of Education Grant Programs for fiscal year 2026.

Educator Equity Reporting.—The Committee commends the Department’s work to support implementation of and enforce the educator equity requirements in section 1111(g)(1)(B) of the ESEA. The Committee directs continued efforts by the Department to work with each State to publicly report in an accessible manner not less than every 2 years progress made to ensure low-income and minority children enrolled in public schools are not served at disproportionate rates by ineffective, out-of-field, or inexperienced teachers. The Committee requests a briefing not later than 60 days after enactment of this act on the Department’s planned support and monitoring efforts and corrective actions and recommendations implemented by States.

Evidence-Based Grant Making.—The Committee directs the Department to use demonstrated evidence of effectiveness as part of the selection criteria through its Education Department General Administrative Regulations, consistent with authorizations, for all

competitive grant programs. Further, non-competitive formula grant funds have a range of evidence requirements and preferences and the Committee directs the Department to support entities receiving funding through those programs through enhancements to its technical assistance and support activities.

Foreign Influence.—Under section 117 of the HEA, institutions of higher education receiving Federal financial assistance are required to disclose gifts from, or contracts with, foreign sources if the value is \$250,000 or more. They must also disclose ownership or control by a foreign source. The Committee strongly urges the Department to work with IHEs to ensure they are fully complying with this statutory requirement. The Department shall report to the Committee on any steps that it has taken to address undue foreign influence within IHEs and K–12 schools and any actions that it has taken to ensure IHEs are fully complying with section 117 of the HEA. The Department shall also report to the Committee on the presence and influence of Confucius Institutes and Confucius Classrooms and their successor programs as well as the amount of Federal funding for foreign language studies that IHEs with a Confucius Institute or a successor program have received in the last decade and whether such Federal funding was utilized by the Confucius Institute or successor program.

Foundation for Evidence-Based Policymaking Act.—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2026 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years.

GAO Report.—The Committee notes that the conditions identified in GAO’s 2020 report on school facilities remain a challenge for under-resourced LEAs, including small and rural LEAs, and high-need urban LEAs. The deteriorated conditions described in the GAO 2020 report, natural disasters, and extreme weather have put additional strains on school facilities, costing students valuable instructional time. The Committee directs GAO to conduct a study on the impact of the physical state of school facilities on instructional time, including the number of instructional days lost due to facility issues, and the barriers under-resources LEAs face in accessing Federal, State, local, and other resources to address facility challenges. The GAO study shall also examine effective practices to assist under-resourced LEAs in accessing Federal, State, local, and other resources to address facility challenges and State and local efforts to provide such assistance and support to under-resourced LEAs in meeting modern standards for health, safety, and educational suitability.

“Grow Your Own” Teacher Development.—The Committee recognizes the potential efficacy and increasing presence of “Grow Your Own” teacher development programs, including through the use of funds under the Teacher Quality Partnerships and other Federal education funding streams. The Committee looks forward to receiving the report requested last year on best practices for “Grow Your

Own” programs in increasing teacher diversity, recruitment efforts within local communities, access to high-quality pathways into the profession, and teacher retention, and reducing teacher shortages. The report should identify current opportunities to use funds available from the Department to support “Grow Your Own” programs and additional Federal opportunities for consideration.

High-Quality Tutoring/Title I Evidence-Based Interventions.—The Committee notes that to remediate significant learning disparities from longstanding inequities in access to high-quality instruction, particularly among historically disadvantaged students, many LEAs have dedicated title I and other Federal resources to support academic tutoring. Research shows that using high-quality, evidence-based tutoring programs with evidence of effectiveness as defined in the 2015 reauthorization of the ESEA can significantly improve achievement levels in reading and math. These proven systems include three to five sessions a week, integrated as part of the school day, delivered by a human tutor in person or virtually to a group of one to not more than four students at a time; and use a well-structured process, high-quality materials designed for tutoring during the school day, ongoing professional development and coaching for tutors, and assessment tools to benchmark student achievement. Proven tutoring models can bring struggling students up to the achievement level of their peers. The Committee encourages the Department to promote and provide technical assistance to LEAs and support partnerships between LEAs and education-related community-based organizations to implement evidence-based tutoring models.

Integrating Data and Strengthening Data Privacy.—The Committee urges the Secretary in conjunction with the Secretary of Labor to provide guidance and technical assistance on integrated data systems, including acceptable methods for sharing wage record and confidential unemployment compensation information with such data systems, while protecting student and worker privacy. This guidance should build on and expand the guidance issued by the Privacy Technical Assistance Center in January 2017 (PTAC-IB-4).

Late Liquidation.—The Committee emphasizes that Office of Management and Budget regulation 2 CFR 200.344(b) gives the Department broad flexibility to extend the period for liquidating financial obligations incurred under grants awarded by the Department. The Committee appreciates that the Department has announced a policy and process for ESSER liquidation extensions for ARP well in advance of the obligation and liquidation deadlines. The Committee continues to emphasize the importance of the Department minimizing the administrative burden of ARP ESSER late liquidation requests on SEAs and LEAs to the extent practicable, including by not requiring excessive documentation. The Department shall provide sufficient clarity in its guidance, and predictability in its process, in order to ensure that LEAs are able to enter into contracts for allowable costs as reasonable and necessary during the obligation period regardless of the contract’s liquidation end date, as long as it is within the authorized late liquidation period and the LEA intends to submit an appropriate late liquidation request to the SEA. Given the number of transactions potentially

eligible for liquidation extension, and the varying needs of SEAs and subgrantees across the country, the Committee encourages the Department to permit SEAs to submit multiple requests and amend liquidation extension requests as often as reasonably necessary to add and subtract transactions and subgrantees as circumstances and extension needs change related to an allowable, reasonable, necessary, and timely obligation. The Committee also appreciates the Department's work to educate auditors about the late liquidation process.

Nonrecurring Expenses Fund.—As part of the annual CJ, the Department is directed to include the anticipated balances available for transfer into and uses of the Nonrecurring Expenses Fund [NEF] for the current and budget fiscal years. Additionally, the Department is directed to provide the Committees quarterly reports for all ongoing projects. The report shall include the following for each project: a description and timeline for each project; the date the project was notified to the Committees; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; any expected future obligations; and the total unobligated balance in the Fund. In addition, the Committee requests biannual reports on expired balances that are eligible for transfer to the NEF. Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year.

Nursing Instructor Workforce.—The Committee is concerned with the shortages in the nursing educator workforce, which leads to fewer qualified nurses in the workforce. Graduating more nursing students will improve health outcomes and increase access to high-quality healthcare. The Committee supports funding to IHEs to increase the number of qualified faculty to teach students wanting to enroll in nursing programs.

Pooled Evaluation Authority.—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds.

Post-Secondary Transfer Articulation Agreements.—Transfer articulation agreements between community colleges and 4-year IHEs can play an important role in promoting access, affordability, and completion in higher education. The Committee encourages the Department to gather input from States that have implemented comprehensive statewide programs to determine best practices for implementation, enhancement, or scaling-up of agreements. The Department should also seek input from States that do not have comprehensive statewide programs to identify barriers to scaling-up agreements. This information should be disseminated to States by the Department with the goal of further enhancing or implementing statewide transfer articulation agreements.

Program Administration.—The Committee remains concerned about the Department's prioritization of staff resources in the Program Administration account. The fiscal year 2023 agreement directed the Department to begin rebalancing the agency's ratio of

career staff to non-career staff, to prioritize career staff for executing core programs at the Department, and not to expand its non-career staff on board above the December 2022 levels. Despite the clear Congressional directive, the level of non-career staff remained above the December 2022 level for all of fiscal year 2023. For this reason, the fiscal year 2024 bill included new language prohibiting funds from being used on or after August 15, 2024, to support a non-career employee number that is more than the number of non-career employees as of December 31, 2022. The Committee looks forward to the Department coming into compliance with the fiscal year 2024 requirement and continues to include bill language for fiscal year 2025 prohibiting funds from being used to support a number of non-career employees that is above the number of non-career employees as of December 31, 2022.

Protecting Personally-Identifiable Information.—The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.

Reporting and Data Collection on Professional Qualifications of Educators.—The Committee is aware that the Department, National Center for Education Statistics, and Office for Civil Rights each collect data on the characteristics and qualifications of teachers, principals, and other school leaders. This includes required State plan and reporting requirements under section 1111 of the ESEA for States to report on professional qualifications of teachers in the State, including information on inexperienced teachers, teachers teaching with emergency or provisional credentials, and teachers who are not teaching in the subject or field for which the teacher is certified or licensed. It also includes information collected through the National Teacher and Principal Survey and Civil Rights Data Collection. The Committee requests a briefing not later than 90 days after enactment on planned collections, including on the extent to which planned collections will include information in the aggregate, and disaggregated by high poverty and low poverty schools, on the number of teachers, principals and other school leaders employed, demographic characteristics, experience, and the number of full-time teachers employed who meet and don't meet all State license, certificate, and endorsement requirements including specifically by mathematics, science, English as a second language, and special education.

Reports to Congress.—The Department is directed to provide 5 business days' notice to the Committee before release of any congressionally directed report.

Responsiveness to GAO.—The Committee notes that there have been prior engagements where the Department unnecessarily delayed in providing GAO with timely and complete information in response to GAO requests. The Committee directs the Department to provide timely and complete information to GAO on its engagements within timeframes as GAO may specify. The Committee further directs GAO to develop timeliness criteria to measure the Department's responsiveness to GAO requests for information. GAO activities are crucial to Congressional oversight, and the develop-

ment of such criteria will assist GAO in the timely completion of work. GAO should consult with the Department, as GAO determines appropriate, in developing such criteria.

Staffing Report.—Consistent with the fiscal year 2024 explanatory statement, not later than 30 days after enactment, the Department is directed to provide the Committee an operating plan identifying the total FTE and non-personnel allocations supported by the program administration appropriation in total for the Department, and FTE and non-personnel allocations for each program office supported by the program administration appropriation provided in this act. In addition, the Department shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each program office supported by, and in total for, the program administration appropriation provided in this act. The monthly reports should be detailed by career and non-career staff. In addition, the Department shall separately identify in such plans and reports total FTE allocations supported by other funding sources. The Department shall also provide the Committee on a biannual basis an excel file which includes the names, titles, grades, program office, and date of hire of all of the political appointees that were employed by the Department during the previous 180 days.

State and Local Report Cards.—The Committee is disappointed the Department has yet to provide the required briefing on monitoring and support intended to ensure SEA and LEA compliance with report card requirements of ESEA. The Committee looks forward to the briefing and the Department's continued reviews of all State report cards, monitoring, and support intended to achieve compliance with the law and information being available in accessible and understandable formats for parents, caregivers, policymakers, and communities. Further, the Committee looks forward to increased transparency related to monitoring and review findings and corrective actions implemented on report card requirements as directed in the Education for the Disadvantaged account of this Report.

Supporting Principals and School Leaders.—Principals and school leaders are critical to both student outcomes and teacher retention. The Committee notes the Department's stated intent to comply with fiscal year 2023 explanatory statement language and reiterates the directive that the Department issue guidance to SEAs and LEAs on the use of Federal funds across various programs, including title I-A and title II-A of the ESEA, for implementing evidence-based strategies to recruit, prepare, support, and retain strong principals and school leaders.

Team-Based Models of Instruction.—The Committee encourages the Department to support the expansion of team teaching and projects that would promote educator specialization and differentiated educator roles in the classroom. This would support innovative work taking place nationwide to design new systems of workforce development for teachers that include supports, clear pathways to advancement, and promote teacher retention.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2024	\$140,000,000
Budget estimate, 2025	162,359,000
Committee recommendation	150,000,000

The Committee recommends \$150,000,000 for the Office for Civil Rights [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.

Combating Antisemitism.—The Committee is concerned by reports of increased discrimination, including antisemitic harassment, in our Nation’s education system. The Committee appreciates the administration’s development of the first-ever U.S. National Strategy to Counter Antisemitism and OCR’s release of a Dear Colleague letter reminding schools of their legal obligations under title VI to provide all students, including Jewish students, an environment free from discrimination. OCR complaints regarding shared ancestry represent less than 1 percent of outstanding cases. The Committee recognizes OCR’s need for additional resources and provides OCR an increase of \$10,000,000 for combating antisemitism and helping schools understand and comply with their legal obligations under title VI. The Committee directs OCR to use funds for timely processing of all current and incoming shared ancestry complaints and directed investigations, including those relating to antisemitism. The Committee further directs the Department to provide the Committees and the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Education and the Workforce with quarterly reports on the status of OCR shared ancestry investigations, including those related to antisemitism, and an initial report no later than 30 days after enactment of this act. Such reports should include a brief overview, including timeline, status of the investigation, and any actions taken by OCR.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2024	\$67,500,000
Budget estimate, 2025	77,497,000
Committee recommendation	67,500,000

The Committee recommends \$67,500,00 for OIG. Of this amount, \$3,000,000 is available until expended to provide flexibility for hiring delays and the year-end return of funds for common support provided by the Department that may turn out costing less than anticipated.

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 al-

leged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

Higher Education.—The Committee is concerned by the challenges and delays faced by students in receiving student aid and IHEs in processing financial aid requests due to the challenges, errors, and delays in the Department's implementation of changes to the Free Application for Federal Student Aid through the Student Aid and Borrower Eligibility Reform [SABER] Initiative required by the FAFSA Simplification Act and the FUTURE Act. The Committee directs OIG to prioritize management and systems evaluations of the Office of Federal Student Aid and the Office of Postsecondary Education that are underway and fast track newly opened investigations. The Committee further directs OIG to fully brief the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and the Workforce on findings and recommendations from such evaluations and investigations no later than 90 days after enactment of this act.

GENERAL PROVISIONS

Section 301. 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 302. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 303. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation on a forward-funded basis.

Section 304. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 305. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 306. The bill continues a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 307. The bill continues a provision regarding servicing of Federal Perkins Loans.

Section 308. The bill includes a provision rescinding mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Section. 309. The bill continues a provision regarding administrative costs for Public Service Loan Forgiveness.

Section. 310. The bill continues a provision allowing up to 0.5 percent of funds appropriated in this act for programs authorized under the HEA, except for the Pell Grant program, to be used for evaluation of any HEA program.

Section 311. The bill modifies a provision regarding Congressionally Directed Spending within the Innovation and Improvement account.

Section 312. The bill continues a provision regarding centralized support services for IES.

TITLE IV

RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2024	\$13,124,000
Budget estimate, 2025	14,800,000
Committee recommendation	13,124,000

The Committee recommends \$13,124,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled [Commission], of which no less than \$3,150,000 shall be made available for the Office of Inspector General.

The Commission provides employment opportunities to approximately 40,000 Americans who are blind or severely disabled each year. 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. Encompassing nearly \$4,000,000,000 in products and services procured, it is the Federal Government's largest employment program for the severely disabled.

Reports.—The Committee continues to request the reports listed under this heading in the explanatory statement accompanying Public Law 118–47.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS] was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act (Public Law 93–113), the National and Community Service Trust Act (Public Law 103–82), and the SERVE America Act (Public Law 111–13). 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 \$1,277,806,000.

OPERATING EXPENSES

Appropriations, 2024	\$975,525,000
Budget estimate, 2025	1,046,276,000
Committee recommendation	1,010,525,000

The Committee recommends \$1,010,525,000 for the operating expenses of CNCS.

Volunteers in Service to America [VISTA]

The Committee recommends \$103,285,000 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 \$236,917,000 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, the Foster Grandparent Program, and the Senior Companion Program.

AmeriCorps State and National Grants

The Committee recommends \$592,094,000 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.

Alumni Engagement Activities.—The Committee commends CNCS for its current comprehensive planning process on service alumni engagement and its prioritization of the post-service member and volunteer experience in its 2022–2026 annual plan, including objectives 2.3 and 3.4. The Committee notes significant Congressional and stakeholder interest in those activities, including strengthening identification with the AmeriCorps brand; expanding education and workforce pipelines; soliciting feedback from alumni on member experience; directory data sharing; and interagency collaboration on national, public, and military service. The Committee encourages CNCS to support these and other alumni engagement activities.

Civic Bridge Building.—The Committee supports CNCS' goal of uniting Americans through national service and recognizes that service is a proven model of civic bridge building. To advance these shared goals, the Committee continues to encourage CNCS to consider awarding grants, within existing competitions, to: (1) support civic bridge building programs and projects to reduce polarization and community divisions; and (2) provide training in civic bridge building skills and techniques to CNCS members and host sites and provide resources that can be publicly disseminated to support local civic bridge building efforts, among other activities.

Collaboration on Outreach and Recruitment.—The Committee commends recent collaboration among the Department of Defense, CNCS, the Selective Service System, Peace Corps, and the Office of Personnel Management on raising public awareness about military and national service opportunities. The Committee directs these agencies to continue exploring mutually beneficial ways to promote each agency's service opportunities, including sharing market research, providing ineligible or non-selected applicants with information about other forms of service, piloting joint recruitment efforts, and providing information to individuals transitioning out of military and national service about other opportunities to serve. The Committee requests a briefing from CNCS no later than 60 days after enactment that provides an update on these collaboration efforts.

Commission Investment Fund [CIF].—The Committee recommendation includes no less than the fiscal year 2024 level for the CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

Fixed Price Grant Program.—The Committee believes the fixed amount AmeriCorps State and National grant is a flexible, useful grant vehicle that helps minimize risk and lowers administrative burden on grantees. Section 129(l) of the National and Community Service Act of 1990, as amended by Public Law 111–13, provides the agency with the authority to adopt other terms and conditions based on the risks associated with the Fixed Price grant program. The Committee encourages CNCS to review the risks associated with the current drawdown formula that only allows recipients to incrementally receive awarded grant funds as service hours are recorded by enrolled members. The Committee notes that this formula may not always account for the many start-of-service program costs and the expenses grantees incur, regardless of whether a member serves a full term. The Committee urges CNCS to review, and if appropriate, modify the drawdown formula to cover allowable grant expenses that occur at the start of year and to minimize the impact that under-enrollment, attrition, and service hour disruptions can have on grantee operations. CNCS should report to the Committees, in the fiscal year 2026 CJ, on the modifications CNCS may make and if any congressional action is required to authorize or help implement the changes.

Impact in Communities.—The Committee notes that for the past 3 years, CNCS has used supplemental funds from the American Rescue Plan Act to invest in AmeriCorps member living allowances, as directed by Congress. Now, CNCS must balance those increases amid relatively constrained program funding. This has placed additional pressure on AmeriCorps programs around the country and resulted in fewer slots and some programs no longer operating. The Committee urges CNCS to take a balanced approach when assessing the impacts of increasing living allowances and protecting service opportunities. Additionally, the Committee encourages CNCS to pursue any flexibilities to support programs. The Committee notes it provided CNCS with the authority to fund certain member service positions under 1,700 hours to help provide flexibility for programs to continue to operate and best meet the needs of their local communities.

National Civilian Community Corps [NCCC]

The Committee recommendation includes \$37,735,000 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 \$14,706,000 for innovation, demonstration, and assistance activities.

Volunteer Generation Fund.—Within the total, the Committee recommendation includes \$8,558,000 for the Volunteer Generation

Fund authorized under section 198P of the SERVE America Act (Public Law 111–13).

National Days of Service.—The Committee recommendation includes \$6,148,000 for National Days of Service including the September 11th National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service. CNCS may give priority to making grants, entering into Cooperative Agreements, or providing other forms of support to eligible organizations with expertise in: representing families of victims of the September 11, 2001 terrorist attacks and other impacted constituencies; promoting the establishment of September 11 as an annually recognized National Day of Service and Remembrance; and organizing volunteers to engage in service to meet community needs and advance the life and teachings of Dr. Martin Luther King, Jr.

Service Learning.—The Committee encourages CNCS to continue to be a convener of the important work surrounding service learning, including programs in public schools and institutions of higher education.

Evaluation

The Committee recommendation includes \$6,250,000 for CNCS evaluation activities.

Effective Interventions.—The Committee is aware of CNCS initiatives to help service providers apply scientific evaluation methods to better understand interventions and encourages CNCS to continue its use of randomized control trials to build causal evidence for effective interventions.

State Commission Grants

The Committee recommendation includes \$19,538,000 for State Commission Grants.

THE NATIONAL SERVICE TRUST

Appropriations, 2024	\$180,000,000
Budget estimate, 2025	159,951,000
Committee recommendation	160,000,000

The Committee recommends an appropriation of \$160,000,000 for 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.

SALARIES AND EXPENSES

Appropriations, 2024	\$99,686,000
Budget estimate, 2025	127,104,000
Committee recommendation	99,686,000

The Committee recommends an appropriation of \$99,686,000 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.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2024	\$7,595,000
Budget estimate, 2025	8,762,000
Committee recommendation	7,595,000

The Committee recommends an appropriation of \$7,595,000 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 recommendation includes the following general provisions for CNCS: requiring CNCS 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); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (Public Law 103–209) (section 405); allowing CNCS to fund certain member service positions under 1,700 hours (section 406); and modifying VISTA members’ education awards (section 407).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2024	\$595,000,000
Budget estimate, 2025/2027	655,000,000
Committee recommendation	595,000,000

The Committee recommends \$595,000,000 for the Corporation for Public Broadcasting [CPB]. This includes \$535,000,000 as a 2-year advance appropriation for fiscal year 2027 for CPB to carry out its statutory mission of sustaining the public-private partnership underpinning public media and \$60,000,000 for fiscal year 2025 for continued support of CPB in replacing, upgrading, and maintaining the public broadcasting interconnection system and further investing in system-wide infrastructure and services.

The majority of the advance appropriation goes 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. This funding supports America’s local public television and radio stations and their mission of developing and ensuring universal access to noncommercial, high-quality programming and telecommunications services for the American public.

Interconnection.—Recognizing technology’s power to create further cost efficiencies across the public media system, the Committee recommendation maintains an investment of \$60,000,000 in current year funds for continued support of CPB’s efforts to replace and upgrade the public broadcasting interconnection system and invest in system-wide infrastructure and services that benefit the American people. The bill does not include proposed language that would allow operational expenses for interconnection currently paid

out of the six percent system support fund to instead be paid using the interconnection appropriation.

Programming.—The Committee supports section 396(g)(1)(A) of the Communications Act of 1934, as amended, which authorizes CPB to “facilitate the full development of public telecommunications in which programs of high quality, diversity, creativity, excellence, and innovation, which are obtained from diverse sources, will be made available to public telecommunications entities,” and reminds the CPB that it is to maintain a “strict adherence to objectivity and balance in all programs or series of programs of a controversial nature.” The Committee further underscores the importance of incorporating diverse points of view throughout public media programming, consistent with editorial standards of balance, objectivity, fairness, accuracy, and transparency. Including diverse points of view is essential to maintaining the trust that the American public has placed in public broadcasting and the bipartisan support of Congress for public broadcasting.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2024	\$53,705,000
Budget estimate, 2025	53,705,000
Committee recommendation	53,705,000

The Committee recommends \$53,705,000 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.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2024	\$18,012,000
Budget estimate, 2025	17,572,000
Committee recommendation	17,572,000

The Committee recommends \$17,572,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977 (Public Law 91–173). 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’s decisions.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2024	\$294,800,000
Budget estimate, 2025	280,000,000
Committee recommendation	294,800,000

The Committee recommends \$294,800,000 for the Institute of Museum and Library Services [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.

Information Literacy Task Force.—The Committee recommendation includes \$2,000,000 to continue work on information literacy, including the continuation and expansion of the Information Literacy Taskforce in accordance with the priorities and guidelines described in the explanatory statement accompanying Public Law 117–103 and Public Law 117–328. The Committee also notes the recent launch of the Information Literacy website and urges IMLS to further develop the portal of resources bridging information literacy research and best practices for advancing information literacy within communities. Similarly, the Committee directs the IMLS to submit a report to the Committees on information literacy activities implemented, including any outreach to, and engagement with, adult education stakeholders and entities implementing Taskforce priorities in the Digital Equity Act related to digital equity and inclusion within 1 year of the date of enactment of this act. Such report should also include Task Force recommendations on areas for future research.

America250.—The Committee recognizes IMLS’s commitment to the 250th Anniversary of the founding of the United States in coordination with the Semiquincentennial Commission Act of 2016. The Committee continues to recognize the important role of IMLS in supporting existing activities and pilot projects that will enhance civic engagement, innovation, and community collaboration by convening museum and library professionals, facilitating community-driven discussions, and supporting partnership grants to museums and libraries in preparation for the 250th Anniversary.

Tribal Consortia Eligibility.—The Committee continues to instruct IMLS to issue guidance on how consortia of Indian tribes or Tribal organizations could be eligible to apply for Tribal library and related grants.

Museum and Library Facilities.—The Committee continues to be concerned about the physical condition of library and museum facilities. The Committee looks forward to receiving the GAO report required in Senate Report 118–84 on this issue. In addition, the Committee appreciates IMLS’s work to conduct a study on this issue and looks forward to the publication of the resulting report.

Within the total for IMLS, the Committee recommendation includes the amounts below:

Budget activity	Fiscal year 2024 appropriation	Fiscal year 2025 request	Committee recommendation
Library Services Technology Act [LSTA]:			
Grants to States	180,000,000	177,200,000	183,000,000
Native American Library Services	5,763,000	5,263,000	5,763,000
National Leadership: Libraries	15,287,000	12,787,000	15,287,000
Laura Bush 21st Century Librarian	10,000,000	8,000,000	10,000,000
Subtotal, LSTA	211,050,000	203,250,000	214,050,000

Budget activity	Fiscal year 2024 appropriation	Fiscal year 2025 request	Committee recommendation
Museum Services Act:			
Museums for America	27,330,000	26,000,000	28,730,000
21st Century Museum Professional	2,000,000	1,000,000	1,000,000
Native American/Hawaiian Museum Services	3,772,000	2,772,000	3,772,000
National Leadership: Museums	10,348,000	8,848,000	9,348,000
Subtotal, MSA	43,450,000	38,620,000	42,850,000
African American History and Culture Act	6,000,000	4,200,000	4,200,000
National Museum of the American Latino Act	6,000,000	3,900,000	4,200,000
Research, Analysis and Data Collection	5,650,000	5,500,000	5,500,000
Administration	22,650,000	24,530,000	24,000,000
IMLS, Total	294,800,000	280,000,000	294,800,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2024	\$9,405,000
Budget estimate, 2025	10,698,000
Committee recommendation	10,000,000

The Committee recommends \$10,000,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. This commission was established in the Children’s Health Insurance Program Reauthorization Act of 2009 (Public Law 111–3) 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 carry out these activities.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2024	\$13,824,000
Budget estimate, 2025	14,477,000
Committee recommendation	14,477,000

The Committee recommends \$14,477,000 for the Medicare Payment Advisory Commission, which provides independent policy and technical advice on issues affecting the Medicare program.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2024	\$3,850,000
Budget estimate, 2025	4,000,000
Committee recommendation	4,000,000

The Committee recommends \$4,000,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability, Independent Living, and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the imple-

mentation, effectiveness, and impact of the Americans with Disabilities Act (Public Law 101–336) 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.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriations, 2024	\$299,224,000
Budget estimate, 2025	320,002,000
Committee recommendation	299,224,000

The Committee recommends \$299,224,000 for the National Labor Relations Board [NLRB], which administers and enforces the National Labor Relations Act of 1935 (Public Law 74–198) and protects employee and employer rights provided under that act. The Committee maintains language restricting the use of electronic voting.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2024	\$15,113,000
Budget estimate, 2025	15,113,000
Committee recommendation	15,113,000

The Committee recommends \$15,113,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act (Public Law 88–542). 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, 2024	\$15,449,000
Budget estimate, 2025	16,278,000
Committee recommendation	15,449,000

The Committee recommends \$15,449,000 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 (Public Law 93–445) and Railroad Unemployment Insurance Act (Public Law 100–647).

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2024	\$8,000,000
Budget estimate, 2025	7,000,000
Committee recommendation	7,000,000

The Committee recommends \$7,000,000 for the Dual Benefits Payments Account together with any estimated income 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 ACCOUNTS

Appropriations, 2024	\$150,000
Budget estimate, 2025	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, 2024	\$126,000,000
Budget estimate, 2025	134,000,000
Committee recommendation	129,000,000

The Committee recommends \$129,000,000 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 continues to request annual updates on the project status, including timelines to completion, total anticipated cost of development, funding obligations, and contracts for RRB’s fully funded information technology modernization system.

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, 2024	\$14,000,000
Budget estimate, 2025	14,600,000
Committee recommendation	14,000,000

The Committee recommends \$14,000,000 for RRB Office of the Inspector General. 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, 2024	\$10,000,000
Budget estimate, 2025	15,000,000
Committee recommendation	15,000,000

The Committee recommends \$15,000,000 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 nego-

tiated. 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, 2024	\$45,365,042,000
Budget estimate, 2025	46,555,635,000
Committee recommendation	46,388,833,000

The Committee recommends \$46,388,833,000 in fiscal year 2025 mandatory funds for the SSI program. This is in addition to the \$21,700,000,000 provided in the fiscal year 2024 appropriations act for the first quarter of fiscal year 2025. In addition, the Committee recommends \$22,100,000,000 in advance funding for the first quarter of fiscal year 2026. 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 2025 program level of \$63,108,000,000 for Federal benefit payments.

Beneficiary Services

The Committee recommendation includes \$144,000,000 in new mandatory budget authority for beneficiary services.

These funds reimburse vocational rehabilitation [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 \$91,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act (Public Law 74–271), as amended. 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.

Administrative Expenses

The Committee recommendation includes \$4,745,833,000 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, 2024	\$14,225,978,000
Budget estimate, 2025	15,400,924,000
Committee recommendation	14,734,978,000

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, processing 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 recommendation includes \$1,903,000,000 for program integrity activities, including CDRs, SSI redeterminations of non-medical eligibility, and Cooperative Disability Investigations units. This includes \$273,000,000 in base funding and \$1,630,000,000 in cap adjustment funding, as authorized and specified in the Fiscal Responsibility Act of 2023.

The Committee recommendation also includes up to \$171,000,000 for administrative activities funded from user fees. This includes up to \$170,000,000 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.

The Committee recommendation also includes not less than \$2,993,000 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.

Cooperative Disability Investigations [CDI].—The Committee directs SSA to provide an update in its fiscal year 2026 CJ on CDI units, including updates on the program's projected savings to SSA's disability programs, total recovery amounts, and projected savings to other Federal and State programs. Such updates shall also include suggestions regarding other ways Federal and State agencies may partner on anti-fraud initiatives with respect to Social Security programs.

Disability Claims Backlogs.—The Committee recognizes that disability claim and reconsideration processing times have been increasing in recent years. To ensure that disability claims are processed in a timely and efficient manner, the Committee continues to direct SSA to prioritize funding, to the greatest extent possible, toward reducing the initial disability claims backlog and other disability benefit workloads, including by directing resources and workload assistance to areas with the greatest need. The Committee continues to direct SSA to provide monthly reports to the Committee on key agency performance metrics, including but not limited to initial disability claims, reconsiderations, and hearings.

IT Modernization Procurement Policies.—In the Office of Management and Budget’s [OMB], Managing Information as a Strategic Resource, Circular No. A–130, OMB requires that agency information technology [IT] investments “implement an Agile development approach, as appropriate.” According to the SSA’s OIG report titled “Agile Software Development at the Social Security Administration”, SSA is not using Agile best practices consistently across all its software development projects. In the analysis, OIG identified instances in which SSA did not follow key Agile development best practices related to delivery of planned work; appropriate development of system requirements, capabilities, and features; size and composition of Agile development teams; definition of team policies and other basic practices; lessons learned; human-centered design practices; testing; and peer reviews. The Committee recommends SSA work with General Services Administration on future IT Modernization projects.

Outreach to People with Disabilities and Experiencing Homelessness.—The Committee strongly encourages SSA to expand outreach to potential beneficiaries, prioritizing underserved communities and individuals most likely to need support, including those experiencing homelessness. The Committee encourages SSA to leverage its existing Federal and State relationships to identify individuals who may be eligible for the SSI and SSDI programs. The Committee directs SSA to include information in its fiscal year 2026 CJ on such efforts.

Reducing Submission of Physical Documentation.—Pursuant to Executive Order 14058, Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government, SSA is directed to identify “potential opportunities for policy reforms that can support modernized customer experiences while ensuring original or physical documentation requirements remain where there is a statutory or strong policy rationale.” SSA was also directed to “develop a mobile-accessible, online process so that any individual applying for or receiving services from the Social Security Administration can upload forms, documentation, evidence, or correspondence associated with their transaction without the need for service-specific tools or traveling to a field office.” The Committee looks forward to receiving the report requested under this heading in Senate Report 118–84.

Staffing Plan.—The Committee notes the importance of ensuring SSA has the necessary workforce to operate efficiently and provide high-quality service to program beneficiaries. The Committee requests SSA continue to provide a quarterly staffing report detailing FTEs and new hires by component. These reports shall include the total number of new hires, departed employees, net change in FTEs, and funds obligated and expended on new hires, broken down by programmatic area. These reports should also include a written hiring plan detailing SSA’s strategy to enhance its recruitment and retention, its implementation of the strategy, and recommended administrative and legislative actions to enhance the agency’s recruitment and retention.

Supplemental Security Income Application Simplification.—The complexity of the SSI program and the application process, compounded by long wait times in the field offices and on the National

800 number, can make it difficult for individuals to apply for benefits. This is an even bigger challenge given the individuals relying on SSI, including those experiencing homelessness, diagnosed with a terminal illness, and disabled veterans. It is also one of SSA's most resource intensive and time-consuming workloads that contributes to SSA's overall service delivery challenges and funding needs. The Committee strongly encourages SSA to prioritize simplifying the SSI application and making it available online. As many components of the SSI application are required by statute, simplification may require legislative changes. The Committee looks forward to receiving the report requested under this heading in Senate Report 118–84.

Improving Effectuation of Disability Benefits.—The Social Security Advisory Board published a report, “Effectuation of Disability Benefits,” which examined the agency's effectuation process, focusing on SSDI and SSI awards. The report found significant variance in processing time based on the type of benefit and the stage in which the claim was awarded. The Committee directs SSA to submit a report to the Committees, the House Committee on Ways and Means, and the Senate Committee on Finance within 180 days regarding proposed changes to improve the speed and accuracy of effectuation.

Beneficiary Information on Claims Timing.—The Committee is concerned many retiring beneficiaries make their claiming decision without a full understanding of the financial implications of benefit reductions for early retirement or delayed retirement credits. The Committee requests a report in the fiscal year 2026 CJ describing SSA's protocols, operating procedures, and informational materials (including nomenclature) used to inform retiring beneficiaries of how changes in their claiming date may affect their monthly benefit after claiming. Such report shall also include changes to such protocols, procedures, materials, and nomenclature SSA has considered using to help beneficiaries make more informed decisions regarding the timing of their retirement claim and improve the public's understanding of the effect of different claiming strategies.

Ticket to Work Improvements.—The Committee recognizes that the Ticket to Work program may be underutilized and can provide important resources for individuals looking to return to work. The Committee encourages SSA to work to identify ways to improve the program's effectiveness through existing and relevant statutory authorities.

Modernization of Production of Notices.—The Committee supports SSA's efforts to modernize its systems, which produce 18–20 million Social Security cards annually and 12 million notices per year. As the agency moves forward these efforts, the Committee encourages SSA to leverage existing commercial off-the-shelf technology and techniques, including color, when appropriate to improve the readability of important notices, as well as improve accessibility and service, increase security, reduce costs, and increase redundancy and efficiency. The Committee directs SSA to provide information in the 2026 CJ regarding SSA's modernization strategy, and how the agency is looking to take advantage of modern technology and design techniques to improve readability, accessibility, and service to beneficiaries and reduce costs to taxpayers.

IT Activities.—The Committee directs SSA to provide a report to the Committee, within 90 days of enactment of this act, detailing the number and amount of contracts, grants, and cooperative agreements awarded for the purpose of maintaining, expanding, and/or modernizing/enhancing its information technology capabilities and infrastructure. Such report shall include, at a minimum, the name of the contractor or grantee, the amount of funding, the contract duration, the governmental purpose, and the programmatic area(s) within SSA’s IT portfolio (as described on Table 3.26–Appendix A of the fiscal year 2025 CJ) the contract serves.

Rural and Frontier Service Delivery.—The Committee is concerned that senior citizens and Americans with disabilities in rural and frontier areas of the Nation are unable to access in-person Social Security services and that access by phone or videoconference is limited. The Committee strongly urges SSA to evaluate its service delivery options in rural and frontier areas and, when feasible, implement expanded access to options that have been most effective for residents of these areas to ensure that SSA is able to provide timely assistance, whether in-person, by phone, or by videoconference.

Survivor Benefits Processing.—The Committee notes the importance of ensuring that timely, quality beneficiary services are rendered to current and prospective recipients of survivors benefits. The Committee emphasizes that, as with other types of Social Security benefits, the timing of claiming and associated services can be critical for the livelihood of survivors, especially child beneficiaries.

Vocational Guidelines.—The Committee is aware that implementation of the Occupational Information System [OIS] project, which aims to bring the vocational list used in disability determinations in line with current job opportunities, is ongoing. The Committee notes that SSA has obligated and expended significant resources and time on this project to-date. Therefore, the Committee directs SSA, within 90 days of enactment of this act, to provide a briefing to the Committees on Appropriations and Finance of the Senate and the Committees on Appropriations and Ways and Means of the House of Representatives regarding SSA’s status in making these changes to occupational data, completed actions to-date, and planned actions for this project over the coming fiscal year.

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 \$10,000,000 for PABSS, the same as the comparable fiscal year 2024 levels, respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work. The Committee notes that delayed suitability determinations have in some cases significantly affected the ability of PABSS grantees to carry out their mission to protect the rights and best interests of individuals with disabilities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2024	\$114,665,000
Budget estimate, 2025	121,254,000
Committee recommendation	114,665,000

The Committee recommends \$114,665,000 for SSA's OIG. This includes \$82,665,000 funded from the OASI and DI trust funds for those programs' share of OIG's expenses and \$32,000,000 funded from general revenues for the SSI program's share of expenses.

Combating Social Security Impersonation Scams.—The Committee continues to commend the work that SSA OIG has done to combat Social Security impersonation scams. The Committee again encourages SSA OIG to prioritize work with SSA to increase awareness of this scam and to pursue the criminals perpetrating this fraud.

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 modifies a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying the requirement to identify Federal funding made available in this act as a component of State and local grant funds in all public materials related to such funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortions.

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 (Public Law 106-554).

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 continues a provision prohibiting SSA from processing earnings for work performed under a fraudulent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act (Public Law 74–271).

Section 519. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill continues a provision requiring computer networks to block pornography.

Section 521. The bill continues a provision related to reporting requirements for conference spending.

Section 522. The bill continues a provision related to advertisement costs.

Section 523. The bill modifies a provision on Performance Partnerships.

Section 524. The bill continues a provision regarding reporting status of balances of appropriations.

Section 525. The bill continues a provision on grant notifications.

Section 526. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 527. The bill continues a provision requiring questions for the record be submitted within 45 days of receipt.

Section 528. The bill includes a new provision providing an additional \$5,000,000 available for obligation through September 30, 2029 solely for costs necessary to modernize NLRB's outdated case management system and information technology [IT] infrastructure that are negatively affecting case-handling efficiency and exposing increased cybersecurity risks. The NLRB is directed to report annually on the spending of these IT modernization funds and progress toward upgrading its case management system.

Section 529. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

Sections 530. The bill includes a provision rescinding funds from the Children's Insurance Program.

Section 531. The bill includes a provision rescinding funds from section 2401 of the American Rescue Plan Act of 2021 (Public Law 117–2).

Section 532. The bill continues a provision related to research and evaluation funding flexibility.

Section 533. The bill includes a new provision regarding amounts available in this act designated as an emergency requirement.

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: Workforce Innovation and Opportunity Act programs; Trade Adjustment Assistance; School-Based Health Centers; 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; Ending the HIV Epidemic; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Autism Collaboration, Accountability, Research, Education, and Support Act; Public Health Improvement Act; Firefighter Cancer Registry Act of 2018; Cybersecurity and National Security programs; 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; Research on Health Costs, Quality, and Outcomes; Substance Use and Mental Health Services programs; Protection and Advocacy for Individuals with Mental Illness; State Opioid Response Grants; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs; Child Care and Development Block Grant; Children and Families Services Programs; Head Start; Preschool Development Grants; Runaway and Homeless Youth programs; Adoption and Legal Guardianship Incentive Payments; CAPTA programs; Family Violence programs; National Domestic Violence Hotline; Child Welfare Services; 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; Assistive Technology Act; Elementary and Secondary Education Act of 1965; Rehabilitation Act of 1973 programs; Helen Keller National Center Act; Education of the Deaf Act; Adult Education and Family Literacy Act programs; Education Sciences Reform Act; Parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Empowerment Act of 2004; Corporation for Public Broadcasting; Corporation for National and Community Service; 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 August 1, 2024, the Committee ordered favorably reported an original bill (S. 4942) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2025, and for other purposes, provided, that the bill be subject to amendment and that the bill be consistent with its budget allocation, and provided that the Chair of the Committee or her designee be authorized to offer the substance of the original bill as a Committee amendment in the nature of a substitute to the House companion measure, by a recorded vote of 25–3, a quorum being present. The vote was as follows:

Yeas	Nays
Chair Murray	Mr. Hagerty
Mr. Durbin	Mr. Rubio
Mr. Reed	Mrs. Fischer
Mr. Tester	
Mrs. Shaheen	
Mr. Merkley	
Mr. Coons	
Mr. Schatz	
Ms. Baldwin	
Mr. Murphy	
Mr. Manchin	
Mr. Van Hollen	
Mr. Heinrich	
Mr. Peters	
Ms. Sinema	
Ms. Collins	
Mr. McConnell	
Ms. Murkowski	
Mr. Graham	
Mr. Moran	
Mr. Boozman	
Mrs. Capito	
Mr. Kennedy	
Mrs. Hyde-Smith	
Mrs. Britt	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that the Committee report on a bill or joint resolution repealing or amending any statute or part of 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 I—GENERAL PROVISIONS

PART B—ADDITIONAL GENERAL PROVISIONS

§ 1011c. National Advisory Committee on Institutional Quality and Integrity

(a) Establishment

* * * * *

(f) Termination

The Committee shall terminate on September 30, [2021] 2025.

* * * * *

SUBCHAPTER IV—STUDENT ASSISTANCE

PART D—WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

§ 1087h. Funds for administrative expenses

(a) Administrative expenses

(1) Mandatory funds for fiscal year 2006

* * * * *

(4) Continuing mandatory funds for account maintenance fees

For each of the fiscal years 2007 through [2021] 2025, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

TITLE 29—LABOR

CHAPTER 12—DEPARTMENT OF LABOR

§ 551. Establishment of Department; Secretary; seal

There shall be an executive department in the Government to be called the Department of Labor, with a Secretary of Labor, who shall be the head thereof, to be appointed by the President, by and with the advice and consent of the Senate, and whose tenure of office shall be like that of the heads of the other executive departments. The provisions of title 4 of the Revised Statutes, including all amendments thereto, shall be applicable to said department. The purpose of the Department of Labor shall be to foster, promote, and develop the welfare of the wage earners of the United States, to improve their working conditions, and to advance their opportunities for profitable employment. The said Secretary shall cause a seal of office to be made for the said department of such device as the President shall approve and judicial notice shall be taken of the said seal.

(a) *IN GENERAL.*—*The Secretary of Labor is authorized to employ law enforcement officers or special agents to—*

(1) *provide protection for the Secretary of Labor during the workday of the Secretary and during any activity that is preliminary or postliminary to the performance of official duties by the Secretary;*

(2) *provide protection, incidental to the protection provided to the Secretary, to a member of the immediate family of the Secretary who is participating in an activity or event relating to the official duties of the Secretary;*

(3) *provide continuous protection to the Secretary (including during periods not described in paragraph (1)) and to the members of the immediate family of the Secretary if there is a unique and articulable threat of physical harm, in accordance with guidelines established by the Secretary; and*

(4) *provide protection to the Deputy Secretary of Labor or another senior officer representing the Secretary of Labor at a public event if there is a unique and articulable threat of physical harm, in accordance with guidelines established by the Secretary.*

(b) *AUTHORITIES.*—*The Secretary of Labor may authorize a law enforcement officer or special agent employed under subsection (a), for the purpose of performing the duties authorized under subsection (a), to—*

(1) *carry firearms;*

(2) *make arrests without a warrant for any offense against the United States committed in the presence of such officer or special agent;*

(3) *perform protective intelligence work, including identifying and mitigating potential threats and conducting advance work to review security matters relating to sites and events;*

(4) *coordinate with local law enforcement agencies; and*

(5) *initiate criminal and other investigations into potential threats to the security of the Secretary, in coordination with the Inspector General of the Department of Labor.*

(c) *COMPLIANCE WITH GUIDELINES.—A law enforcement officer or special agent employed under subsection (a) shall exercise any authority provided under this section in accordance with any—*

- (1) *guidelines issued by the Attorney General; and*
- (2) *guidelines prescribed by the Secretary of Labor.*

**NATIONAL AND COMMUNITY SERVICE ACT OF 1990,
PUBLIC LAW 101-610**

**TITLE I—NATIONAL AND COMMUNITY SERVICE STATE
GRANT PROGRAM**

**Subtitle D—National Service Trust and Provision of
Educational Awards**

SEC. 148. DISBURSEMENT OF EDUCATIONAL AWARDS.

(a) **IN GENERAL.—**

* * * * *

(f) **TRANSFER OF EDUCATIONAL AWARDS.—**

(1) **IN GENERAL.—** * * *

(2) **CONDITIONS FOR TRANSFER.—**An educational award may be transferred under this subsection if—

(A)(i) the award is a national service educational award for service in [a national service program that receives a grant under subtitle C] *an approved national service position; and*

**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

SEC. 526. (a) DEFINITIONS.— * * *

* * * * *

(b) **USE OF DISCRETIONARY FUNDS IN [FISCAL YEAR 2014] FISCAL YEAR 2025.—** * * *

* * * * *

(c) **PERFORMANCE PARTNERSHIP AGREEMENTS.—**Federal agencies may use Federal discretionary funds, as authorized in subsection (b), to participate in a Performance Partnership Pilot only in accordance with the terms of a Performance Partnership Agreement that—

(1) is entered into between—

* * * * *

(2) specifies, at a minimum, the following information: (A) the length of the Agreement (which shall not extend beyond **【September 30, 2018】** *September 30, 2029*);

* * * * *

(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, 2029*.

**FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2024,
PUBLIC LAW 118–47**

**DIVISION C—DEPARTMENT OF HOMELAND SECURITY
APPROPRIATIONS ACT, 2024**

TITLE V

GENERAL PROVISIONS

SEC. 547. Notwithstanding the amounts made available for vocational rehabilitation services pursuant to title I of the Rehabilitation Act in “Department of Education—Rehabilitation Services” in division D of this Act and notwithstanding sections 100(b)(1) and 100(c)(2) of the Rehabilitation Act, each State shall be entitled to an allotment equal to the amount such State received pursuant to section 110(a) of the Rehabilitation Act for the fiscal year ending September 30, 2023, prior to any additions or reductions under section 110(b) or section 111(a)(2)(B): *Provided*, That, of such amounts made available under the heading “Department of Education—Rehabilitation Services” in division D of this Act, \$286,791,761 is hereby rescinded: **【Provided further**, That, for fiscal year 2025, each State shall be entitled to an allotment pursuant to section 110(b) of the Rehabilitation Act that shall be calculated as if this section were not in effect in fiscal year 2024. **】** *Provided further*, That, for fiscal year 2025, each State shall be entitled to an allotment pursuant to section 110(a) of the Rehabilitation Act that shall be calculated as if the percentage change in the Consumer Price Index determined under section 100(c) of such Act was not used to set the amount of the appropriation in fiscal year 2024.

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(A), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount in bill	Committee allocation	Amount in bill
Comparison of amounts in the bill with the subcommittee allocation for 2025: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory	1,150,142	1,150,142	1,148,619	¹ 1,148,619
Discretionary	198,655	198,655	250,586	¹ 240,215
Defense			NA	NA
Non-defense	198,655	198,655	NA	NA
Projection of outlays associated with the recommendation:				
2025				² 1,260,158
2026				117,056
2027				37,795
2028				7,139
2029 and future years				1,563
Financial assistance to State and local governments for 2025	NA	469,750	NA	² 639,571

¹ Includes outlays from prior-year budget authority.

² Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Consistent with the funding recommended in the bill for continuing disability reviews and redeterminations, for health care fraud and abuse control, for reemployment services and eligibility assessments, and for emergency requirements in accordance with subparagraphs (B), (C), (E), and (A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985, the Committee anticipates that the Budget Committee will provide, at the appropriate time, a 302(a) allocation for the Committee on Appropriations reflecting a net upward adjustment of \$9,531,000,000 in budget authority plus the associated outlays. Pursuant to section 1001(b)(3)(B) of the 21st Century Cures Act (Public Law 114-255), \$127,000,000 in budget authority and the resulting outlays do not count for the purposes of estimates under the Congressional Budget and Impoundment Control Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.

DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING
ITEMS

The Constitution vests in the Congress the power of the purse. The Committee believes strongly that Congress should make the decisions on how to allocate the people's money. As defined in Rule XLIV of the Standing Rules of the Senate, the term "congressionally directed spending item" means a provision or report language included primarily at the request of a Senator, providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or congressional district, other than through a statutory or administrative, formula-driven, or competitive award process.

For each item, a Member is required to provide a certification that neither the Member nor the Member's immediate family has a pecuniary interest in such congressionally directed spending item. Such certifications are available to the public on the website of the Senate Committee on Appropriations (<https://www.appropriations.senate.gov/congressionally-directed-spending-requests>). Following is a list of congressionally directed spending items included in the Senate recommendation discussed in this explanatory statement, along with the name of each Senator who submitted a request to the Committee of jurisdiction for each item so identified. Neither the Committee recommendation nor this report contains any limited tax benefits or limited tariff benefits as defined in rule XLIV.

CONGRESSIONALLY DIRECTED SPENDING ITEMS

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Akron Metropolitan Housing Authority (AMHA), OH, for expanding workforce training and providing supportive services	1,563,000	Brown
Department of Labor	Employment and Training Administration	Alaska Joint Electrical Apprenticeship & Training Trust, AK, for the purchase of equipment and supplies for workforce training programs	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	Alaska Primary Care Association, AK, for a workforce development program	1,722,000	Murkowski
Department of Labor	Employment and Training Administration	AltaMed Health Services Corporation, CA, for healthcare workforce training, which may include tuition and fees and purchasing equipment and training materials	995,000	Butler, Padilla
Department of Labor	Employment and Training Administration	Androscoggin Home Health Services Inc DBA Androscoggin Home Healthcare & Hospice, ME, for a nurse practitioner fellowship program	192,000	Collins
Department of Labor	Employment and Training Administration	Applied Behavioral Rehabilitation Institute, Inc., CT, for workforce development programming, including supportive services for veterans	120,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Arouet Foundation, AZ, for a reentry workforce program, including for the purchase of equipment	600,000	Sinema
Department of Labor	Employment and Training Administration	ASI, Inc., IL, for providing employment and training services, including the purchase of equipment	750,000	Durbin
Department of Labor	Employment and Training Administration	Baltimore Alliance for Careers in Healthcare, MD, for an apprenticeship program	579,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Bay Consortium Workforce Development Board, VA, for improving education and workforce training, which may include the purchase of technology and equipment	319,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Blackstone Valley Community Action Program, Inc. (BYCAP), RI, for improving job training services at a career development center	110,000	Reed
Department of Labor	Employment and Training Administration	CASA, Inc., MD, for expanding workforce training, including the purchase of equipment and materials	1,000,000	Cardin, Van Hollen

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	CCARC, Inc., CT, for supporting a manufacturing internship program and workforce development	189,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Cecil College, MD, for improving commercial truck driver workforce training, including the purchase of equipment	109,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Central Council Tlingit & Haida Indian Tribes of Alaska, AK, for pre-apprenticeship programs, including the purchase of equipment	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	Central Minnesota Jobs and Training Services, Inc., MN, for workforce development programs, which may include purchasing equipment	445,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	Central Washington University, WA, for education and workforce training opportunities for students, which may include stipends and tuition payments	1,700,000	Murray
Department of Labor	Employment and Training Administration	City and County of Denver, CO, for supporting a youth work-based learning program, including wages for participants and supportive services	1,000,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	City of Detroit, MI, for summer workforce development for youth, including wages for youth participants	2,000,000	Peters, Stabenow
Department of Labor	Employment and Training Administration	City of New Haven, CT, for a career learning center, which may include the purchase of equipment and lab materials	2,500,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Cloud County Community College, KS, for the purchase of equipment and supplies for workforce training programs	800,000	Moran
Department of Labor	Employment and Training Administration	College of Southern Maryland, MD, for education and training in water and wastewater treatment programs	732,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Columbus Urban League, OH, for improving workforce training opportunities, including the purchase of technology	398,000	Brown
Department of Labor	Employment and Training Administration	Community Forgiveness and Restoration Initiative, PA, for expanding workforce development opportunities and career services, including the purchase of equipment	250,000	Casey

Department of Labor	Employment and Training Administration	CT Puerto Rican Forum dba Center for Latino Progress, CT, for workforce development programming, including the purchase of equipment and stipends	1,184,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	DAY ONE Early Learning Community, Inc., NY, for establishing a teacher apprenticeship program, including rental costs and purchasing equipment	1,500,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	Delaware County Community College, PA, for workforce training, including the purchase of equipment	500,000	Casey, Fetterman
Department of Labor	Employment and Training Administration	Delaware Workforce Development Board, DE, for expanding workforce development opportunities, including work-based learning opportunities, internships, and career navigation opportunities	10,000,000	Carper
Department of Labor	Employment and Training Administration	Dover Adult Learning Center, NH, for healthcare workforce training	100,000	Shaheen
Department of Labor	Employment and Training Administration	Drink at the Well, Inc., MD, for expanding workforce development programming and providing wrap around services, including child care	190,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Early Childhood Center of Excellence at Santa Fe Community College, NM, for expanding apprenticeships and pre-apprenticeships, including providing stipends	201,000	Heinrich
Department of Labor	Employment and Training Administration	Educate Maine, ME, for the purchase of career and technical education equipment	4,000,000	Collins, King
Department of Labor	Employment and Training Administration	Elliot Health System, NH, for expanding workforce training, which may include providing scholarships	460,000	Shaheen
Department of Labor	Employment and Training Administration	Forest Workforce Training Institute, AL, for a forest workforce training program	1,320,000	Britt
Department of Labor	Employment and Training Administration	Forge City Works, CT, for a culinary job training program, which may include supportive services, purchasing equipment and supplies	500,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Generation West Virginia, WV, for a youth workforce training program	891,000	Capito, Manchin
Department of Labor	Employment and Training Administration	Global Refuge, MD, for expanding workforce development programming, including supportive services	300,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Goodwill Industries of Kanawha Valley, WV, for mobile workforce development services	425,000	Capito, Manchin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Goodwill Industries of the Valleys, VA, for education and workforce training, which may include the purchase of classroom supplies and equipment	2,100,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Greater Lake City Alliance, SC, for a workforce training program, including the purchase of equipment and curriculum	983,000	Graham
Department of Labor	Employment and Training Administration	Habitat for Humanity of Greater Providence & East Bay, RI, for a workforce development program in the construction industry, which may include financial aid, stipends, and supplies	500,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Hanley Center for Health Leadership and Education DBA Maine Medical Education Trust, ME, for a certified nursing assistant training program, including the purchase of equipment	1,000,000	Collins, King
Department of Labor	Employment and Training Administration	Health Tech Alley, MD, for expanding workforce training and apprenticeships, including supportive services and stipends	300,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Hispanic Federation, Inc., NY, for workforce development, which may include technology, supplies, and equipment	620,000	Schumer
Department of Labor	Employment and Training Administration	International Brotherhood of Electrical Workers, Local Union 43, NY, for an apprenticeship program, including the purchase of equipment and technology	347,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	International Institute of New England, NH, for expanding workforce training and services to refugees and immigrants, which may include purchase of equipment and a van	250,000	Shaheen
Department of Labor	Employment and Training Administration	JEVS Human Services, PA, for healthcare workforce training, including purchasing supplies and equipment	331,000	Fetterman
Department of Labor	Employment and Training Administration	Johnstown Area Regional Industries (JARI), PA, for expanding a workforce training program, which may include providing stipends and purchasing technology	300,000	Casey

Department of Labor	Employment and Training Administration	Joint Iron Workers Apprenticeship aka Iron Workers Local 17 Training Fund, OH, for expanding apprenticeship and pre-apprenticeship training, including the purchase of equipment, apprentice tool kits, and rental costs	505,000	Brown
Department of Labor	Employment and Training Administration	KNOX, Inc., CT, for a green jobs apprenticeship program, which may include stipends	231,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Lincoln University of Pennsylvania, PA, for creating a career training program, including the purchase of equipment and rental fees	1,000,000	Casey, Fetterman
Department of Labor	Employment and Training Administration	Literacy Council of Northern Virginia, dba English Empowerment Center, VA, for adult education and training, including for the purchase of equipment and technology	1,150,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Literacy Pittsburgh, PA, for workforce training and career development programs, including for purchasing equipment	462,000	Fetterman
Department of Labor	Employment and Training Administration	Local 412 Outreach and Education Foundation, NM, for expanding workforce training, including the purchase of equipment and classroom supplies	870,000	Heinrich
Department of Labor	Employment and Training Administration	Local Initiatives Support Corporation, OH, for expanding workforce training	700,000	Brown
Department of Labor	Employment and Training Administration	Lomakatsi Restoration Project, OR, for an inter-tribal forestry workforce training program, which may include the purchase of equipment and tools	1,300,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Los Angeles Conservation Corps, CA, for a workforce training program for youth	350,000	Butler, Padilla
Department of Labor	Employment and Training Administration	Lucas Metropolitan Housing, OH, for apprenticeship programming, including the purchase of work tools and equipment	500,000	Brown
Department of Labor	Employment and Training Administration	Massachusetts Down Syndrome Congress, Inc., MA, for workforce training, including equipment and participant stipends	723,000	Markey, Warren
Department of Labor	Employment and Training Administration	Maui Arts & Cultural Center, HI, for workforce development, including technology and rental expenses	1,050,000	Hirono, Schatz
Department of Labor	Employment and Training Administration	Mesalands Community College, NM, for improving energy workforce training, including the purchase of equipment	4,000,000	Heinrich
Department of Labor	Employment and Training Administration	Mic-Atlantic States Career and Education Center, NJ, for improving workforce training, including the purchase of equipment	137,000	Booker

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Ministers Conference Empowerment Center CDC, Inc., MD, for expanding education and workforce training, including the purchase of equipment	600,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Mississippi Coding Academies, MS, for a STEM program, including equipment and technology	750,000	Hyde-Smith
Department of Labor	Employment and Training Administration	Mississippi State University, MS, to support manufacturing workforce training, including the purchase of equipment	5,500,000	Hyde-Smith, Wicker
Department of Labor	Employment and Training Administration	Mixed Magic Theatre & Cultural Events, RI, for a workforce training program, including providing stipends and purchasing supplies	100,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Mobile Area Education Foundation, AL, for a youth workforce training program, including tuition	1,250,000	Britt
Department of Labor	Employment and Training Administration	Moraine Park Technical College, WI, for improving education and workforce training, including the purchase of equipment	1,149,000	Baldwin
Department of Labor	Employment and Training Administration	National Forest Foundation—New Mexico, NM, for supporting workforce training and a conservation corps, which may include the purchase of equipment and supplies	500,000	Luján
Department of Labor	Employment and Training Administration	New Mexico Department of Workforce Solutions, NM, for supporting apprenticeships and pre-apprenticeships	200,000	Heinrich, Luján
Department of Labor	Employment and Training Administration	New Mexico Reentry Center, NM, for providing job training programs, including the purchase of equipment	1,517,000	Heinrich
Department of Labor	Employment and Training Administration	Newport Community School, RI, for workforce training, including purchasing equipment and supplies	125,000	Reed
Department of Labor	Employment and Training Administration	North Country Home Health & Hospice Agency, Inc., NH, for workforce training in palliative care, including purchasing equipment	165,000	Shaheen
Department of Labor	Employment and Training Administration	Northwest Regional Workforce Investment Board, CT, for a re-entry job training program, which may include providing supportive services	370,000	Blumenthal, Murphy

Department of Labor	Employment and Training Administration	NPover, OH, for providing workforce training, including purchasing technology	500,000	Brown
Department of Labor	Employment and Training Administration	Nudaghi Leadership Institute, AK, for a youth workforce development camp, including scholarships	100,000	Murkowski
Department of Labor	Employment and Training Administration	PIVOT, Inc., MD, for expanding workforce training for justice-involved individuals	350,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Plattsburgh-North Country Chamber of Commerce, NY, for workforce training, including the purchase of equipment, technology, and supplies	270,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	PMichael Boone Foundation, PA, for providing workforce training, which may include the purchase of equipment, student financial aid, and other supports	200,000	Casey
Department of Labor	Employment and Training Administration	Polytech Adult Education, DE, for expanding workforce training, including the purchase of equipment	2,024,000	Carper, Coons
Department of Labor	Employment and Training Administration	Preservation Maryland, MD, for expanding workforce development opportunities	970,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Prince George's Community College, MD, for pre-apprenticeships and workforce training, including equipment	619,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Progreso Latino, Inc., RI, for adult education	150,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Renewable Energy Alaska Project, AK, for a workforce training program	730,000	Murkowski
Department of Labor	Employment and Training Administration	Rhode Island Manufacturing Institute DBA We Make RI, RI, for job training and employment placement services	480,000	Reed
Department of Labor	Employment and Training Administration	Riveredge Arts Project, Inc., RI, for a job training program, including purchasing equipment and wages	100,000	Reed
Department of Labor	Employment and Training Administration	Rural Alaska Community Action Program, Inc., AK, for a workforce training program, including curriculum development	3,000,000	Murkowski
Department of Labor	Employment and Training Administration	San Juan College, NM, for supporting workforce training for commercial drivers, which may include the purchase of vehicles for training programs	1,000,000	Luján
Department of Labor	Employment and Training Administration	San Juan College, NM, for workforce training, including the purchase of equipment to improve training opportunities	85,000	Heinrich

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Sealaska Heritage Institute, AK, for a cultural workforce development program	500,000	Murkowski
Department of Labor	Employment and Training Administration	SMART Local Union No. 49 JATC, MI, for expanding apprenticeship programs, including the purchase of equipment	1,200,000	Heinrich
Department of Labor	Employment and Training Administration	Somerset County Technology Center, PA, for expanding an aeronautics and welding workforce training program, including stipends, tuition assistance, and the purchase of technician tools	250,000	Casey
Department of Labor	Employment and Training Administration	South Central Workforce Development Board, VA, for improving education and workforce training opportunities, which may include providing stipends or financial aid tuition and the purchase of equipment and supplies	750,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Southern Virginia Higher Education Center, VA, for technology workforce training, including the purchase of equipment	750,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Southwest Washington Workforce Development Council, DBA Workforce Southwest Washington (WSW), WA, for education and workforce development programming, which may include supportive services and tuition	1,000,000	Murray
Department of Labor	Employment and Training Administration	Southwest Wisconsin Workforce Development Board, WI, for workforce development projects, which may include stipends and the purchase of equipment and technology	1,000,000	Baldwin
Department of Labor	Employment and Training Administration	St. Michaels Community Center, MD, for expanding workforce development programming and wraparound services	104,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	State of Arizona Office of Economic Opportunity, AZ, for supporting apprenticeship programs, which may include the purchase of equipment and providing stipends	2,000,000	Kelly
Department of Labor	Employment and Training Administration	Survivor Ventures, VA, for providing workforce development, which may include providing supportive services and financial aid	405,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Tech Goes Home Incorporated, MA, for workforce development in digital skills and digital literacy, which may include the purchase of equipment and technology	750,000	Markey, Warren

Department of Labor	Employment and Training Administration	The Alliance for Working Together (AWT) Foundation, OH, for expanding workforce training programs, including the hiring of instructors	250,000	Brown
Department of Labor	Employment and Training Administration	The Arc Alliance, PA, for workforce training activities and improving services for individuals with disabilities, including the purchase of equipment	580,000	Fetterman
Department of Labor	Employment and Training Administration	The Chrysalis Center, CA, for workforce training, which may include scholarships and other supportive services	465,000	Butler, Padilla
Department of Labor	Employment and Training Administration	The Father Laurence (Larry) Tracy Advocacy Center, Inc., NY, for workforce training, which may include stipends, equipment, and rental costs	220,000	Schumer
Department of Labor	Employment and Training Administration	The Patuxent Partnership, MD, for expanding apprenticeship programs	575,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	The Precision Institute, DE, for expanding workforce training, including the purchase of equipment	1,100,000	Carper, Coons
Department of Labor	Employment and Training Administration	TriCounty Community Network, PA, for expanding a college and career readiness program, including student stipends and supportive services	250,000	Casey
Department of Labor	Employment and Training Administration	Trying Together, PA, for expanding workforce training for child care workers, including providing wraparound supports	500,000	Casey, Fetterman
Department of Labor	Employment and Training Administration	Twin Cities RISE, MN, for workforce development in the transportation sector, which may include purchasing equipment and tools, and providing stipends	1,542,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	United Mine Workers of America Career Centers, Inc., PA, for workforce training for workers in coal communities, which may include equipment and supplies	500,000	Casey
Department of Labor	Employment and Training Administration	University of Alaska Southeast, AK, for a maritime workforce development program	160,000	Murkowski
Department of Labor	Employment and Training Administration	University of Georgia Research Foundation, GA, for agricultural education and workforce training, which may include the purchase of equipment	301,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Urban League of Greater Atlanta (ULGA), GA, for workforce development, which may include stipends, rent, and purchasing equipment	1,204,000	Ossoff
Department of Labor	Employment and Training Administration	Urban League of Greater Southwestern Ohio, OH, for expanding apprenticeships and pre-apprenticeships, including stipends and the purchase of technology	500,000	Brown

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Variety for the Children's Charity of the Delaware Valley, PA, for workforce training, which may include the purchase of equipment and supplies	250,000	Casey
Department of Labor	Employment and Training Administration	Vehicles for Change, Inc., MD, for expanding workforce training, including the purchase of equipment and trainee stipends	667,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Veterans Watchmaker Initiative, DE, for workforce training for veterans, including the purchase of equipment	369,000	Coons
Department of Labor	Employment and Training Administration	VIPER Transitions, AK, for a transitional employment program for veterans	1,025,000	Murkowski
Department of Labor	Employment and Training Administration	Wide Angle Youth Media, MD, for a pre-apprenticeship program, including supplies and technology	649,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Wisconsin Registry of Interpreters for the Deaf, WI, for improving education and training for interpreters, which may include providing scholarships and mentoring	500,000	Baldwin
Department of Labor	Employment and Training Administration	Work Readiness Academy, OH, for workforce training opportunities for individuals from underserved communities	350,000	Brown
Department of Labor	Employment and Training Administration	Workforce Development Board of South Central Wisconsin, WI, for apprenticeship support, including apprenticeship navigators	2,000,000	Baldwin
Department of Labor	Employment and Training Administration	Workforce Solutions for North Central PA, PA, for expanding workforce training, including the purchase of equipment and covering tuition	200,000	Casey
Department of Labor	Employment and Training Administration	Young Women's Christian Association of O'ahu, HI, for workforce development, education, and apprenticeships, including purchasing equipment and supplies	1,051,000	Schatz
Department of Labor	Employment and Training Administration	Youngstown State University, OH, for providing workforce training and coursework for in-demand careers, which may include technology and financial aid	258,000	Brown
Department of Labor	Employment and Training Administration	YouthBuild Preparatory Academy, RI, for youth workforce development, including purchasing equipment	750,000	Reed

Department of Health & Human Services	Health Resources and Services Administration	Abraham Baldwin Agricultural College, GA, for facilities and equipment	424,000	Warmock
Department of Health & Human Services	Health Resources and Services Administration	Acadia Hospital Corporation DBA Northern Light Acadia Hospital, ME, for behavioral health technology and equipment	421,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Adelante Healthcare Inc., AZ, for facilities and equipment	2,500,000	Kelly
Department of Health & Human Services	Health Resources and Services Administration	AdventHealth Shawnee Mission, KS, for facilities and equipment	100,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	AIDS Resource Alliance, Inc., PA, for equipment	375,000	Casey, Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Alaska Native Tribal Health Consortium, AK, for facilities and equipment	3,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Alternative Community Resource Program, Inc. (ACRP), PA, for facilities and equipment	1,000,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Amador Health Center, Inc., NM, for facilities and equipment	291,000	Lujan
Department of Health & Human Services	Health Resources and Services Administration	Amani Center, OR, for facilities and equipment	1,023,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Amherst H. Wilder Foundation, MN, for facilities and equipment	1,500,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Ammonosuc Community Health Services, Inc., NH, for facilities and equipment	250,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Anchorage Community Mental Health Services Inc dba Alaska Behavioral Health, AK, for facilities and equipment	1,930,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Appalachian Regional Healthcare, Inc., WV, for facilities and equipment	500,000	Capito, Manchin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Arctic Slope Native Association Ltd., AK, for facilities and equipment	1,500,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Arkansas State University—Newport, AR, for facilities and equipment, including rural health workforce training activities	8,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Arkansas State University, AR, for facilities and equipment	10,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Athens Neighborhood Health Center, GA, for equipment, including mobile clinics	1,000,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Atlantic Health System, NJ, for facilities and equipment	750,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	AtlanticCare Health System, NJ, for equipment	1,000,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Bailey's Crossroads Health Access Partnership, Inc. (D/BA Culmore Clinic), VA, for facilities and equipment, including information technology	500,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Bangor Nursing and Rehabilitation Center, ME, for facilities and equipment	1,062,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Barrow Neurological Institute, AZ, for equipment	700,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Barstow Community College, CA, for a rural mental health program	750,000	Butler, Padilla
Department of Health & Human Services	Health Resources and Services Administration	Beacon Clinic for Health and Hope, PA, for equipment, including information technology	12,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Beebe Healthcare, DE, for facilities and equipment	1,775,000	Carper, Coons

Department of Health & Human Services	Health Resources and Services Administration	Behavioral Health and Developmental Services of Strafford County, Inc., NH, for facilities and equipment	110,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Bennett County Hospital, SD, for facilities and equipment	3,318,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Bethel Family Clinic, AK, for rural health care services	220,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Birdie's Haven Health Clinic, PA, for programming and personnel	20,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Blackstone Valley Community Health Care, Inc., RI, for facilities and equipment	500,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Blue Mountain Heart to Heart, WA, for facilities and equipment	1,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Board of Trustees of the University of Illinois, IL, for facilities and equipment	700,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Bridgton Hospital, ME, for facilities and equipment	5,094,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Brightpoint Community College, VA, for facilities and equipment	314,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Buckskin Fire District, AZ, for equipment	394,000	Kelly
Department of Health & Human Services	Health Resources and Services Administration	Bucksport Regional Health Center, ME, for facilities and equipment	1,491,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Bullhead City Fire Department, AZ, for equipment, including an ambulance	351,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	C.A.R.E. Clinic, MN, for facilities and equipment	1,100,000	Klobuchar, Smith

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	CAMC Greenbrier Valley Medical Center, WV, for equipment, including health information technology	1,500,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Camden County College, NJ, for equipment	185,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Cameron County Ambulance Service Inc., PA, for equipment	352,000	Casey, Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Cancer Support Community (CSC), OH, for cancer support services in rural counties	150,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Canton Potsdam Hospital, NY, for facilities and equipment	870,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Capital Hospice DBA Capital Caring Health, VA, for equipment	263,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Caring Hands Healthcare Centers, Inc., OK, for facilities and equipment	950,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Carroll County Youth Service Bureau, MD, for facilities and equipment	1,000,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Catskills Hatzalah Inc., NY, for the purchase of ambulances	870,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Centerville Clinics, Inc., PA, for equipment	250,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Central Arizona Fire and Medical Authority, AZ, for equipment	788,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	Central Oklahoma Family Medical Center, OK, for facilities and equipment	1,500,000	Mullin

Department of Health & Human Services	Health Resources and Services Administration	Central Oregon Community College, OR, for facilities and equipment	3,000,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Charles County Department of Health, MD, for equipment	36,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Chase Brexton Health Services, Inc., MD, for facilities and equipment	944,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Cherokee County Local Government, NC, for facilities and equipment	3,000,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	CHI Memorial Hospital Georgia, GA, for equipment	964,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Children's Hospital of Orange County, CA, for equipment	1,204,000	Butler, Padilla
Department of Health & Human Services	Health Resources and Services Administration	Children's Mercy Kansas City, KS, for facilities and equipment	3,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Children's National Medical Center, MD, for equipment, including a mobile clinic	600,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	ChristianaCare Health Services, DE, for facilities and equipment	4,308,000	Carper, Coons
Department of Health & Human Services	Health Resources and Services Administration	Circle the City, AZ, for equipment	340,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Citizens Medical Center, LA, for equipment	2,000,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	City of Carlin, NV, for equipment	97,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	City of Chicago, IL, for facilities and equipment	1,000,000	Duckworth

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	City of Clarksburg, WV, for equipment	266,000	Manchin
Department of Health & Human Services	Health Resources and Services Administration	City of East Point, GA, for equipment	302,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	City of Fairbanks, AK, for equipment	728,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	City of Fairbanks, AK, for facilities and equipment	1,640,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	City of Lexington, VA, for facilities and equipment	2,500,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	City of Livonia, MI, for facilities and equipment	115,000	Peters, Stabenow
Department of Health & Human Services	Health Resources and Services Administration	City of Nogales, AZ, for equipment	550,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	City of Saginaw, MI, for facilities and equipment	2,000,000	Peters, Stabenow
Department of Health & Human Services	Health Resources and Services Administration	City of Wells, NV, for expanding primary health care services, including imaging and testing	333,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	Clackamas County, OR, for facilities and equipment	2,500,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Clear Path for Veterans New England, Inc., MA, for equipment	97,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Coastal Community Health Services, GA, for equipment, including mobile units	500,000	Warnock

Department of Health & Human Services	Health Resources and Services Administration	CODAC Behavioral Healthcare, RI, for facilities and equipment	852,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Cold Spring Harbor Laboratory, NY, for facilities and equipment	2,370,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Coleman Health Services, OH, for facilities and equipment	1,500,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Colorado State University, CO, for facilities and equipment	1,500,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Community Clinic of Maui, Inc. dba Malama I Ke Ola Health Center, HI, for expanding rural health services, including an electronic health records system	2,370,000	Hirono
Department of Health & Human Services	Health Resources and Services Administration	Community Health & Dental Care, Inc., PA, for equipment	228,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Community Health Care Systems, GA, for equipment, including a mobile clinic	475,000	Osoff
Department of Health & Human Services	Health Resources and Services Administration	Community Health Care, Inc., IL, for equipment	328,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Community Health Connections, Inc., MA, for facilities and equipment	1,500,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Compass Health, WA, for facilities and equipment	2,400,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Concord University, WV, for facilities and equipment	5,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, OR, for equipment	1,041,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Coosa County Emergency Management Agency, AL, for equipment	300,000	Britt

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Comerstone Care, Inc., PA, for facilities and equipment	500,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	County of Cheshire Administration, NH, for facilities and equipment	936,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	County of Delaware, PA, for facilities and equipment	1,000,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	County of Union, NJ, for facilities and equipment	2,000,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Creighton University Health Sciences— Phoenix Campus, AZ, for equipment	1,000,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Crenshaw Community Hospital, AL, for equipment	18,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Cullman Regional Medical Center, AL, for equipment	1,000,000	Tuberville
Department of Health & Human Services	Health Resources and Services Administration	Daily Planet Health Services, VA, for facilities and equipment	500,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Dar a Luz Birth and Health Center, NM, for facilities and equipment	2,063,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	Dartmouth Health, NH, for a doula training program	205,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Dartmouth Health, NH, for facilities and equipment	900,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Day Kimball Hospital, CT, for facilities and equipment	838,000	Blumenthal, Murphy

Department of Health & Human Services	Health Resources and Services Administration	Day One, RI, for facilities and equipment	990,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Delta Health System, MS, for equipment	1,250,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	Denver Health & Hospital Authority, CO, for facilities and equipment	3,000,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Desert Hills Fire District, AZ, for equipment	224,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	Dodge County Hospital Authority, GA, for facilities and equipment	583,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Dona Ana County, NM, for equipment to expand telehealth services	35,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Dr. Terry Sinclair Health Clinic, VA, for facilities and equipment	55,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Duncan Valley Rural Fire District, AZ, for equipment	181,000	Kelly
Department of Health & Human Services	Health Resources and Services Administration	Eagle View Community Health System, IL, for a mobile clinic	550,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	East Adams Rural Healthcare, WA, for facilities and equipment	2,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	East Central University, OK, for equipment	3,033,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Eastern Maine Community College, ME, for facilities and equipment	5,308,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Eastern Maine Health Care Systems DBA Northern Light Health, ME, for facilities and equipment	1,555,000	Collins

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Emory University, GA, for equipment	476,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Erie County Health Department, OH, for facilities and equipment	2,000,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Erie County Medical Center Corporation, NY, for equipment	870,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Escambia County Health Care Authority d/b/a McMillan Hospital, AL, for equipment	700,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Evergreen Treatment Services, WA, for facilities and equipment	3,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	EvergreenHealth Monroe, WA, for facilities and equipment	1,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Exceptional Care for Children, DE, for facilities and equipment	1,000,000	Coons
Department of Health & Human Services	Health Resources and Services Administration	Fairfield Medical Center (FMC), OH, for equipment	1,500,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Family & Children's Aid, Inc., CT, for facilities and equipment	350,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Family and Children's Center of Wisconsin, WI, for facilities and equipment	1,200,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Family Tree, Inc. (DBA Family Tree Clinic), MN, for facilities and equipment	334,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	First 5 FUNDamentals, WA, for equipment, including information technology and virtual interpretation services	320,000	Murray

Department of Health & Human Services	Health Resources and Services Administration	Fisher-Titus Medical Center, OH, for equipment	495,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Florence Crittenton Services of Arizona, AZ, for facilities and equipment	500,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Florence-Darlington Technical College, SC, for facilities and equipment	1,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Floyd Healthcare Management inc. d/b/a/ Atrium Health Floyd, GA, for facilities and equipment	1,500,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	For All Seasons, Inc., MD, for facilities and equipment	1,000,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Franklin Community Health Network (MaineHealth), ME, for facilities and equipment	10,988,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Frontier Behavioral Health, WA, for facilities and equipment	2,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Gallup Community Health, NM, to expand behavioral and specialty care services	750,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	Gloucester Mathews Care Clinic, VA, for facilities and equipment	136,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Grande Ronde Hospital, OR, for facilities and equipment	1,356,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Grant County Commission, WV, for equipment	250,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Great Lakes Inter-Tribal Council, Inc., WI, for facilities and equipment	4,700,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Great Lakes Recovery Centers, MI, for facilities and equipment	3,000,000	Stabenow

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Greater Fairbanks Community Hospital Foundation, AK, for facilities and equipment	3,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Greater Health Now, WA, for a rural maternal health initiative, including transportation	2,100,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Greenwood Genetic Center, SC, for facilities and equipment	1,106,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Gunderson La Crosse Medical Center Campus, WI, for facilities and equipment	1,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Hale Makua Health Services, HI, for facilities and equipment	1,260,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Harney District Hospital, OR, for facilities and equipment	1,250,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Harry E. Davis Partnership for Children's Oral Health, ME, for equipment	526,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Health Brigade, VA, for facilities and equipment	750,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Health Emergency Lifeline Programs DBA Corktown Health, MI, for facilities and equipment	3,000,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Healthcare Authority of the City of Eufaula, AL, for equipment	500,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	HealthReach Community Health Centers, ME, for facilities and equipment, including software licenses	500,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Hennepin Technical College Foundation, MN, for facilities and equipment	1,771,000	Klobuchar, Smith

Department of Health & Human Services	Health Resources and Services Administration	Heritage Health and Housing, Inc., NY, for facilities and equipment	2,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Hocking Valley Community Hospital (HVCH), OH, for equipment	1,500,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Holzer Health System, OH, for facilities and equipment	500,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Hope Unlimited, Inc., KS, for facilities and equipment	2,700,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Ben Hill, GA, for facilities and equipment	1,500,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Irwin County, GA, for facilities and equipment	1,450,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Development Co. dba Roane General Hospital, WV, for facilities and equipment	2,225,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Hoy Recovery Program, Inc., NM, for facilities and equipment	280,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Illinois Eye Institute, IL, for facilities and equipment	500,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Inclusion Connections, KS, for facilities and equipment	3,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Inspira Health Network, NJ, for equipment	2,000,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Interior Aids Association, AK, for facilities and equipment	1,200,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Jackson County Health Department, IL, for facilities and equipment	176,000	Duckworth

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Jackson Hospital and Clinic, AL, for facilities and equipment	6,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Jackson Laboratory, ME, for facilities and equipment	3,031,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Jackson Parish Hospital, LA, for facilities and equipment	4,000,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Jackson-Hillsdale Community Mental Health Board DBA LifeWays, MI, for facilities and equipment	2,308,000	Stabenow
Department of Health & Human Services	Health Resources and Services Administration	Jefferson County Commission, WV, for facilities and equipment	500,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Jewels School Inc., MD, for facilities and equipment	350,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Julia Hospice and Palliative Care, PA, for facilities and equipment	750,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Kent County Memorial Hospital, RI, for facilities and equipment	320,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Ketchikan Gateway Borough, AK, for equipment	694,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Keystone Rural Health Consortia, Inc., PA, for facilities and equipment	100,000	Casey, Fetterman
Department of Health & Human Services	Health Resources and Services Administration	La Clinica Del Pueblo, CO, for facilities and equipment	100,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Lamoille Health Partners, Inc., VT, for a rural community paramedicine program	1,000,000	Sanders

Department of Health & Human Services	Health Resources and Services Administration	Lamprey Health Care, Inc., NH, for facilities and equipment	250,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	LaSalle General Hospital (LaSalle Parish Hospital Service District No. 2), LA, for facilities and equipment	3,420,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Lawrence General Hospital, MA, for facilities and equipment	2,863,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Lebanon Valley Volunteers in Medicine, PA, for facilities and equipment	115,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Leo A Hoffmann Center, MN, for facilities and equipment	750,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Liberation Programs, Inc., CT, for facilities and equipment	3,000,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Limen House, Inc., DE, for facilities and equipment	1,000,000	Carper, Coons
Department of Health & Human Services	Health Resources and Services Administration	Lonesome Pine Community Hospital (Norton Community Hospital), VA, for equipment	683,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Los Angeles County Department of Mental Health, CA, for facilities and equipment	1,500,000	Butler, Padilla
Department of Health & Human Services	Health Resources and Services Administration	Lowell Community Health Center, MA, for facilities and equipment	1,000,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Lummi Nation, WA, for facilities and equipment	10,400,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Maine Behavioral Healthcare (MaineHealth), ME, for facilities and equipment	3,927,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Maine Veterans' Homes, ME, for facilities and equipment, including information technology for health records	2,946,000	Collins, King

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	MaineGeneral Health, ME, for facilities and equipment, including information technology for health records	11,750,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Manitlaq Association, AK, for facilities and equipment	1,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Maricopa County Special Health Care District dba Valleywise Health, AZ, for facilities and equipment	755,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Marion County Health Department, WV, for equipment, including a mobile clinic	320,000	Manchin
Department of Health & Human Services	Health Resources and Services Administration	Mariposa Community Health Center, Inc., AZ, for facilities and equipment	1,500,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Marshall University Research Corporation, WV, for facilities and equipment	15,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Martinsville Henry County Coalition for Health and Wellness, VA, for facilities and equipment	772,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Maryhaven, Inc., OH, for facilities and equipment	1,000,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Mary's Shelter DBA Mary's Path, CA, for facilities and equipment, including information technology	376,000	Butler
Department of Health & Human Services	Health Resources and Services Administration	Mar-Su Health Services, AK, for facilities and equipment	350,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Maui Memorial Medical Center, HI, for equipment	645,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	McCall Foundation, Inc. dba McCall Behavioral Health Network, CT, for equipment, including a mobile clinic	263,000	Blumenthal, Murphy

Department of Health & Human Services	Health Resources and Services Administration	McLeod Health, SC, for facilities and equipment	2,580,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Medical College of Wisconsin, WI, for equipment	2,300,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Meeker Memorial Hospital and Clinics, MN, for facilities and equipment	12,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Memorial Health System, MS, for facilities and equipment	5,600,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Memorial Health System, OH, for equipment	2,000,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Memorial Hospital Belleville, IL, for equipment	1,250,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Meritus Healthcare Foundation, MD, for health services and equipment	215,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Misericordia University, PA, for facilities and equipment	250,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Methodist Hospital & Rehabilitation Center, Inc., MS, for facilities and equipment	2,000,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Organ Recovery Agency, MS, for facilities and equipment	1,000,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Public Health Institute, MS, for equipment and information technology to improve rural maternal health outcomes	3,500,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Mon Health Medical Center, WV, for facilities and equipment	3,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Mon Health Medical Center, WV, for facilities and equipment	4,250,000	Capito, Manchin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Mon Health Medical Center, WV, for facilities and equipment	5,000,000	Capto, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Monroe County Health Care Authority, d/b/a Monroe County Hospital, AL, for equipment	500,000	Britt, Tuberville
Department of Health & Human Services	Health Resources and Services Administration	Montefiore Nyack Foundation, NY, for facilities and equipment	2,387,000	Gillibrand
Department of Health & Human Services	Health Resources and Services Administration	Montefiore St. Luke's Cornwall, NY, for facilities and equipment	870,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Morrow County Health District, OR, for equipment	567,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Mount Desert Island Biological Laboratory, ME, for facilities and equipment	1,975,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Murray State College, OK, for facilities and equipment	5,000,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Muslim Association of Puget Sound, WA, for facilities and equipment	2,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	National Jewish Health, CO, for facilities and equipment	2,450,000	Bennet
Department of Health & Human Services	Health Resources and Services Administration	National Veterans Wellness and Healing Center in Angel Fire, Inc., NM, for facilities and equipment	3,028,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Nazareth University, NY, for facilities and equipment	870,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Neighborhood Health, VA, for facilities and equipment	1,664,000	Kaine, Warner

Department of Health & Human Services	Health Resources and Services Administration	Neosho Memorial Regional Medical Center, KS, for facilities and equipment	1,220,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Nevada Department of Health and Human Services, NV, for facilities and equipment	5,500,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	New England College, NH, for facilities and equipment	775,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	New Mexico Department of Health, NM, for disease intervention specialists	750,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	New Mexico Poison Control Center (Fiscal Agent: University of New Mexico), NM, for expanding substance use disorder outreach and services, including equipment	1,484,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	New Mexico State University, NM, for a rural residency training program	750,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	New York Stem Cell Foundation, Inc., NY, for facilities and equipment	5,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	North Penn Comprehensive Health Services, PA, for facilities and equipment	1,000,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Northeast Oregon Area Health Education Center, Inc., OR, for equipment	163,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Northeastern Oklahoma Community Health Centers, Inc., OK, for facilities and equipment	1,500,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Northeastern Vermont Regional Hospital, VT, for facilities and equipment	1,410,000	Weich
Department of Health & Human Services	Health Resources and Services Administration	Northwest Colorado Health, CO, for facilities and equipment	500,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Northwest Mississippi Regional Medical Center, MS, for facilities and equipment, including information technology	850,000	Hyde-Smith

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Norwalk Community Health Center, Inc., CT, for equipment, including a mobile unit and information technology	907,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	NYC Health + Hospitals/Queens, NY, for facilities and equipment	870,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	NYU Langone Hospitals, NY, for equipment	870,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Ochsner LSU Health—Monroe Medical Center, LA, for equipment	1,186,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Odyssey House Louisiana, Inc., LA, for facilities and equipment	2,000,000	Cassidy
Department of Health & Human Services	Health Resources and Services Administration	OhioHealth, OH, for equipment	600,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Oklahoma Primary Care Association, OK, for equipment, including telehealth and information technology	2,500,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Olivet Medical Ministries dba Lackey Clinic, VA, for facilities and equipment	507,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Olympic Medical Center, WA, for facilities and equipment	1,500,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	One Community Health, WA, for facilities and equipment	1,000,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Oregon Institute of Technology, OR, for equipment, including mobile dental clinics	1,700,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	OSF HealthCare System, IL, for facilities and equipment	2,000,000	Durbin

Department of Health & Human Services	Health Resources and Services Administration	Oshun Family Center, PA, for facilities and equipment	750,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	OU Medicine, Inc. d.b.a. OU Health, OK, for equipment, including information technology	4,585,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Parkland College District 505, IL, for facilities and equipment	3,500,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Penn State College of Medicine, PA, for community outreach and training, including vehicles	500,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Penn State Health Holy Spirit Medical Center, PA, for facilities and equipment	500,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Pennsylvania Association for the Blind, PA, for equipment	665,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Pennsylvania Organization for Women in Early Recovery, PA, for facilities and equipment	515,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Petersburg Medical Center, AK, for facilities and equipment	3,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Philadelphia College of Osteopathic Medicine, GA, for equipment, including a mobile training unit	910,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Philander Smith University, AR, for facilities and equipment	7,150,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Phoenix Children's, AZ, for facilities and equipment	1,500,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Pines Health Services, ME, for facilities and equipment	8,900,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Pocahontas County Commission, WV, for equipment	150,000	Capito, Manchin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Portland Recovery Community Center, ME, for facilities and equipment	2,647,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Princeton Health Care Center, WV, for facilities and equipment	10,000,000	Capto, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Prisma Health—Upstate, SC, for facilities and equipment	8,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Pueblo Community Health Center, CO, for facilities and equipment	475,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Pueblo of Pojoaque, NM, for facilities and equipment	2,304,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	Pyramid Lake Paiute Tribe, NV, for facilities and equipment	4,000,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	Racine County, WI, for facilities and equipment	5,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Range Mental Health Center, MN, for facilities and equipment	1,136,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Recovery Wellness Initiative, ME, for facilities and equipment	229,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Rhode Island Free Clinic, RI, for telehealth equipment	145,000	Reed
Department of Health & Human Services	Health Resources and Services Administration	RI Department of Behavioral Health, Developmental Disabilities and Hospitals, RI, for the purchase of hospital beds	4,200,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Richland Parish Hospital, LA, for facilities and equipment	2,000,000	Cassidy

Department of Health & Human Services	Health Resources and Services Administration	Ridgecrest Regional Hospital, CA, for a rural mental health program	1,000,000	Butler, Padilla
Department of Health & Human Services	Health Resources and Services Administration	Rivier University, NH, for equipment	317,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Roper St. Francis Hospital, SC, for facilities and equipment	5,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Rumford Hospital, ME, for facilities and equipment	6,425,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Rural Alaska Emergency Services Inc., AK, for rural health emergency services	2,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Saint Francis hospital, DE, for facilities and equipment	1,323,000	Carper, Coons
Department of Health & Human Services	Health Resources and Services Administration	San Luis Fire Department, AZ, for equipment, including information technology	587,000	Kelly
Department of Health & Human Services	Health Resources and Services Administration	Sauk Valley Voices of Recovery, IL, for equipment, including a mobile clinic	156,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Sea Mar Community Health Centers, WA, for facilities and equipment	1,650,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Seasons Housing, WA, for facilities and equipment	833,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Seattle Children's Hospital, WA, for facilities and equipment	3,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	SECU Family House at UNC Hospitals, NC, for facilities and equipment	316,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	Self Regional Healthcare, SC, for facilities and equipment	5,300,000	Graham

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Self-Help Movement, Inc., PA, for facilities and equipment	1,000,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Seven Hills New Hampshire, Inc., NH, for facilities and equipment	3,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Sharkey Issaquena Community Hospital, MS, for facilities and equipment	9,000,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	Shawnee Health Service and Development Corporation, IL, for equipment, including information technology	1,150,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Sinai Hospital of Baltimore, Inc., MD, for equipment	212,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Slippery Rock University of Pennsylvania, PA, for equipment	500,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Smithsburg Emergency Medical Services, Inc., MD, for equipment	250,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	South Georgia Medical Center, GA, for equipment	1,500,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	South Shore Hospital, MA, for facilities and equipment	2,000,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Southcentral Foundation, AK, for facilities and equipment	5,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	SouthEast Alaska Regional Health Consortium, AK, for facilities and equipment	2,500,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Southeast Technical College, SD, for facilities and equipment	5,500,000	Rounds

Department of Health & Human Services	Health Resources and Services Administration	Southern Highlands Community Mental Health Center, WV, for facilities and equipment	708,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Southern Regional Medical Center, GA, for facilities and equipment	1,000,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Southern Research Institute, AL, for facilities and equipment, including information technology	3,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Southwest Health System, Inc., CO, for facilities and equipment	410,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Southwest Minnesota State University (SMSU) Foundation, Inc., MN, for facilities and equipment	1,136,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Spartanburg Regional Healthcare System, SC, for facilities and equipment	8,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Spokane County, WA, for facilities and equipment	3,000,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Spurwink Services, Inc., ME, for facilities and equipment	5,666,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	St. Joseph Hospital of Nashua, N.H., NH, for equipment	2,750,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	St. Joseph Hospital, ME, for facilities and equipment	700,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	St. Mary's Regional Medical Center, ME, for facilities and equipment	2,542,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	St. Tammany Health System, LA, for facilities and equipment	1,050,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	State of Hawaii Department of Corrections and Rehabilitation, HI, for equipment for telehealth services	867,000	Hirono, Schatz

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	State University of New York Upstate Medical University, NY, for facilities and equipment	870,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Statewide Office on Homelessness and Housing Solutions, HI, for facilities and equipment	1,000,000	Hirono
Department of Health & Human Services	Health Resources and Services Administration	SlayWell Health Care Inc., CT, for facilities and equipment, including information technology and an electronic health records system	400,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Stroger Hospital, IL, for equipment	500,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Sunrise Community Health, CO, for facilities and equipment	3,000,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Temple University Hospital, PA, for equipment	880,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	TGen, AZ, for facilities and equipment	1,500,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	The Board of Trustees of Southern Illinois University (School of Dental Medicine), IL, for facilities and equipment	1,100,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	The Center for Discovery, Inc., NY, for equipment	275,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	The Children's Advocacy Center of Delaware, DE, for facilities and equipment	312,000	Coons
Department of Health & Human Services	Health Resources and Services Administration	The Children's Inn at NIH, MD, for facilities and equipment	1,155,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	The City of Friend, NE, for facilities and equipment	2,500,000	Fischer

Department of Health & Human Services	Health Resources and Services Administration	The HealthCare Connection, OH, for equipment	750,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	The Kline Galland Center, WA, for facilities and equipment	2,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	The Mary Imogene Bassett Hospital dba Bassett Medical Center, NY, for equipment	820,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	The Medical University of South Carolina (MUSC), SC, for facilities and equipment	8,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	The Mental Health Association of Oregon, OR, for facilities and equipment	750,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	The Mental Health Center of Greater Manchester, NH, for facilities and equipment, including information technology	770,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	The MetroHealth System, OH, for facilities and equipment	2,000,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	The Queen's Health System, HI, for facilities and equipment	2,000,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	The State University of New York at Albany, NY, for equipment	1,370,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Thomas Jefferson University and Jefferson Health, PA, for equipment, including vehicles and information technology	350,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Three Lower Counties Community Services, Inc. D/b/a Chesapeake Health Care, MD, for facilities and equipment	90,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Tidelands Health, SC, for facilities and equipment	8,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Tidewater Community College Educational Foundation, VA, for facilities and equipment	842,000	Kaine, Warner

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Town of Gouidsboro, ME, for equipment	421,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Town of South Kingstown, RI, for equipment	425,000	Reed
Department of Health & Human Services	Health Resources and Services Administration	Town of Waldoboro, ME, for equipment	306,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Trident Technical College, SC, for facilities and equipment	1,700,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Troy Community Hospital, PA, for facilities and equipment	484,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Tucson Medical Center, AZ, for facilities and equipment	1,500,000	Sinema
Department of Health & Human Services	Health Resources and Services Administration	Tuerk House, Inc., MD, for facilities and equipment	500,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Tufts University School of Dental Medicine, MA, for equipment	760,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Uncompahgre Combined Clinics, CO, for patient transportation services, including a vehicle	100,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	University Health Partners of Hawaii, HI, for a rural maternal health initiative, including equipment	1,997,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	University Hospitals, OH, for equipment	400,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	University of Alaska, AK, for equipment	500,000	Murkowski

Department of Health & Human Services	Health Resources and Services Administration	University of Alaska, AK, for facilities and equipment	725,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas—Fort Smith, AR, for facilities and equipment	15,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for equipment	2,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for equipment	3,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment	2,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment	5,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment	12,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas Hope—Texarkana, AR, for facilities and equipment	7,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Detroit Mercy, VT, for facilities and equipment	4,600,000	Sanders, Welch
Department of Health & Human Services	Health Resources and Services Administration	University of Kansas Hospital, KS, for facilities and equipment	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	University of Kansas Hospital, KS, for facilities and imaging equipment	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	University of Kentucky, KY, for facilities and equipment	15,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Louisiana at Monroe College of Health Sciences, LA, for equipment	906,000	Kennedy

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	University of Louisiana Lafayette, LA, for facilities and equipment	10,000,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for equipment to support precision medicine research	9,385,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for facilities and equipment	12,500,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for facilities and equipment, including information technology to support precision medicine	8,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Maine System, ME, for facilities and equipment	1,900,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, MS, for facilities and equipment	5,275,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi, MS, for facilities and equipment	8,000,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of Nebraska Board of Regents, NE, for facilities and equipment	12,000,000	Fischer
Department of Health & Human Services	Health Resources and Services Administration	University of Nebraska Board of Regents, NE, for rural telehealth services, including equipment and information technology	500,000	Fischer
Department of Health & Human Services	Health Resources and Services Administration	University of Nevada, Reno, NV, for facilities and equipment	3,049,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	University of New Mexico, NM, for rural telehealth, including equipment	1,540,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	University of North Georgia, GA, for facilities and equipment	600,000	Ossoff, Warnock

Department of Health & Human Services	Health Resources and Services Administration	University of South Carolina Aiken, SC, for facilities and equipment	2,500,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	University of Southern Mississippi, MS, for equipment	343,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of Vermont and State Agricultural College, VT, for a community health worker program	850,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	University of Vermont Health Network, VT, for facilities and equipment	1,040,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	University of West Alabama, AL, for facilities and equipment	2,200,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	University of Wisconsin-Milwaukee School of Nursing, WI, for facilities and equipment	300,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Upland Hills Health, WI, for facilities and equipment	5,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Valley Family Health Care, Inc., OR, for facilities and equipment	1,500,000	Merkey, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Valley Healthcare System Inc., GA, for equipment	105,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Valley Hope Association Foundation, KS, for facilities and equipment	4,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Valley-Wide Health Systems, Inc., CO, for facilities and equipment	500,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Verde Valley Fire District, AZ, for equipment, including an ambulance	361,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	Versiti, WI, for facilities and equipment	3,000,000	Baldwin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Veterans Recovery Resources, AL, for equipment	2,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Virginia Community Healthcare Association, VA, for a nutrition program	342,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	VNA Home Health & Hospice DBA Northern Light Home Care & Hospice, ME, for facilities and equipment	82,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Voices of Hope, Inc., MD, for facilities and equipment	107,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Wabash General Hospital District, IL, for facilities and equipment	1,300,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Walworth County, WI, for facilities and equipment	1,500,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Warren General Hospital, PA, for equipment	500,000	Casey
Department of Health & Human Services	Health Resources and Services Administration	Wasco County, OR, for facilities and equipment	1,658,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Washington Poison Center, WA, for equipment, including information technology	250,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Washington State Hospital Association, WA, for a rural maternal health initiative	1,000,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Wayne General Hospital, MS, for equipment	737,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Weirton Medical Center, WV, for facilities and equipment	2,450,000	Capito, Manchin

Department of Health & Human Services	Health Resources and Services Administration	West Hawaii Community Health Center dba Hawaii Island Community Health Center, HI, for facilities and equipment	1,500,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	West Virginia University, WV, for facilities and equipment	15,000,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Western Maine Health (MaineHealth), ME, for facilities and equipment	10,810,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Whitfield Regional Hospital, AL, for equipment	1,000,000	Tuberville
Department of Health & Human Services	Health Resources and Services Administration	Wichita State University, KS, for equipment	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Wilkes University, PA, for facilities and equipment	500,000	Casey, Fetterman
Department of Health & Human Services	Health Resources and Services Administration	WomenCare dba FamilyCare Health Centers, WV, for equipment	1,748,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Woodlawn Fire Department, PA, for equipment, including vehicles	200,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Worcester County Health Department, MD, for equipment	52,000	Cardin, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	WVU Medicine Rockefeller Neuroscience Institute, WV, for facilities and equipment	11,934,000	Capito, Manchin
Department of Health & Human Services	Health Resources and Services Administration	Xavier University, LA, for facilities and equipment	4,000,000	Cassidy
Department of Health & Human Services	Health Resources and Services Administration	Yavapai Regional Medical Centers, AZ, for equipment	228,000	Kelly, Sinema
Department of Health & Human Services	Health Resources and Services Administration	York County Community Action Corporation, ME, for facilities and equipment	715,000	Collins

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	York Hospital, ME, for facilities and equipment, including information technology for health records	6,337,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Youngstown City Health District, OH, for facilities and equipment	100,000	Brown
Department of Health & Human Services	Health Resources and Services Administration	Yuma Regional Medical Center, AZ, for equipment	880,000	Sinema
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	4th Dimension Sobriety, WI, for behavioral health services including peer support services training	400,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Alaska Eating Disorders Alliance, AK, for behavioral health services to address eating disorders	250,000	Murkowski
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Alcohol, Drug Addiction, and Mental Health Services Board of Hancock County, OH, to develop youth mental health programming	500,000	Brown
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Amos House, RI, for mental and behavioral health services	540,000	Reed, Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Ann & Robert H. Lurie Children's Hospital of Chicago, IL, for mental health and trauma services for pediatric patients	1,000,000	Durbin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Axiom Community of Recovery, AZ, for substance use disorder treatment	400,000	Sinema
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Bhutanese Community in Harrisburg, PA, for mental health services	160,000	Casey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	BirdieLight, OH, for a substance use prevention program	120,000	Brown
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Boys & Girls Club Fox Valley, Inc., WI, for mental health programming for children and youth	1,000,000	Baldwin

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Brazilian Worker Center, Inc., MA, for mental health and wellness programming, including trauma services	250,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Centro Latino de New Hampshire, NH, for mental health services	299,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Child Health and Development Institute of Connecticut, Inc., CT, for a substance use prevention and education program	371,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Children's Friend and Service, RI, for mental health services for low income families in early childhood settings	430,000	Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Chinese-American Planning Council, Inc., NY, for mental health and supportive services	300,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Chicago, IL, for an overdose prevention program and substance use services	1,387,000	Duckworth
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Grand Rapids, MI, for a crisis intervention program	130,000	Peters, Stabenow
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Long Beach, CA, for a community crisis response program	989,000	Butler, Padilla
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Lynn, MA, for mental and behavioral health care services through an alternative response team	500,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Portland, OR, for a mobile medication program to prevent drug overdoses	1,500,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Seattle, WA, to support overdose-response teams	1,600,000	Cantwell, Murray
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Clark County, NV, for behavioral health services for children and youth	3,514,000	Cortez Masto, Rosen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Coalicion De Lideres Latinos, GA, for mental health services	150,000	Ossoff

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Community Health Partnership, CO, to address mental and behavioral health disparities	839,000	Bennet, Hickenlooper
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Copiah-Lincoln Community College, MS, for mental and behavioral health services, including telehealth services	303,000	Hyde-Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cornell Scott-Hill Health Corporation, CT, for substance use disorder treatment	822,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	County of Kent, MI, for behavioral health crisis services	750,000	Peters, Stabenow
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Covenant House International, NY, for behavioral health services for youth	320,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Department of New Jersey Veterans of Foreign Wars, Inc., NJ, for mental health services	280,000	Booker
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Eluna, MA, for a grief support and counseling program	111,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Fair Haven Community Health Clinic, Inc., CT, for behavioral health services	381,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Family Resource Center of the Roaring Fork Schools, CO, for mental health services for students	250,000	Bennet, Hickenlooper
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Finishing Trades Institute of the Upper Midwest Trust Fund, MN, for mental health and supportive services	1,176,000	Klobuchar, Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	For All Ages, Inc., CT, to support the mental health and wellness of college students	222,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	GameChanger, WV, for substance use prevention and education	100,000	Manchin

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Global Partnership to End Human Trafficking Corporation, CT, for behavioral health services for survivors	105,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Hawaii Department of Human Services, Office of Youth Services, HI, for a youth suicide prevention program	850,000	Schatz
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Herren Project, RI, for a substance use disorder recovery program	100,000	Reed
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Honor Wellness Center, Inc., CT, for mental health support and training including equipment	50,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Hope Coalition, NC, for youth substance use prevention, treatment, and mental health services	1,014,000	Tillis
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	HopeHealth Hospice & Palliative Care, RI, for mental health services and grief counseling	350,000	Reed, Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	International Association of Fire Fighters Local 244/New Mexico Professional Fire Fighters Association, NM, for behavioral health care and substance use disorder treatment	500,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	International Rescue Committee, WA, for mental health services for immigrants and refugees	330,000	Murray
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Jacob's Ladder Assistance Fund, Inc., WV, for substance use disorder and mental health services	200,000	Capito, Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	James Biever Police-Community Alliance, PA, for a mental and behavioral health crisis training program	39,000	Casey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Johnson Health Center, VT, for substance use disorder and mental health services	2,385,000	Sanders
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Journey to Recovery Community Center, VT, for a substance use treatment program	1,065,000	Welch
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Juanita Strong Forever Project, AK, for youth substance use prevention and behavioral health services	100,000	Murkowski

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lesbian and Gay Community Services Center, Inc., NY, for mental health care services	220,000	Gilibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	LGBT Center of Greater Reading, PA, for mental health care for at-risk and underserved populations	565,000	Casey, Fetterman
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lifeline Horse Rescue and Rehabilitation, Inc., Lifeline Equine Therapy Services (LETS), IMD, for mental health and suicide prevention programming	88,000	Cardin, Van Hollen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lily's Place, WV, for mental health services for first responders	589,000	Capito
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lines for Life, OR, for youth mental health support through a peer-to-peer crisis line	1,611,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Maui Family Support Services, Inc., HI, for a substance use prevention program	29,000	Schatz
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Monarch School Project, CA, for mental health services for at-risk youth	708,000	Butler, Padilla
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	NAMI Michigan, MI, for youth mental health programming, including equipment	2,415,000	Stabenow
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	NAMI New Hampshire, NH, for an overdose prevention program, including training	444,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	NAMI St. Tammany, LA, for mental and behavioral health services	500,000	Cassidy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	National Alliance Mental Illness Albuquerque, NM, for mental health and substance use disorder treatment services	300,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Nevada Department of Education, NV, for mental health programming for youth	511,000	Cortez Masto, Rosen

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	New Mexico Alliance of Boys & Girls Clubs, NM, for mental health programming for youth	636,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	New Mexico Chronic Disease Prevention Council, NM, for a peer support network to improve behavioral health care outcomes	130,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	NH Black Women Health Project, NH, for a mental health and resiliency program	400,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Not My Child, Inc., MD, for substance use disorder recovery services and education	200,000	Cardin, Van Hollen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Once Upon A Preemie, Inc., PA, for mental health education programming for providers to support families of premature infants	275,000	Fetterman
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Penn State University, PA, for a coordinated response to substance use disorders in order to improve outcomes	500,000	Casey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Pennsylvania School-Based Health Alliance, PA, to support mental health screenings and services for youth, including data collection	350,000	Casey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Rady Children's Hospital, CA, to improve access to mental health services for pediatric patients	1,800,000	Butler, Padilla
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	ReadyKids, Inc., VA, for mental health and counseling services for youth	200,000	Kaine, Warner
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Resilience Resource Center, PA, for mental health services	350,000	Fetterman
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Rosecrance, Inc., IL, for behavioral health care services for veterans	800,000	Duckworth
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	San Juan County Partnership, NM, for a substance use prevention program	307,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Sinai Health System, IL, for a trauma recovery program	1,500,000	Durbin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Southwest Washington Accountable Community of Health, WA, for a mobile substance use disorder medical clinic, including a vehicle and equipment	750,000	Cantwell, Murray
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Starfish Family Services, MI, for substance use disorder treatment and mental health care services	1,400,000	Stabenow
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	STRY365, WI, for mental health programming for youth, including professional development for youth-serving organizations	100,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Taos Pueblo Health and Community Services, NM, for peer-led recovery programming	331,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Carnegie Hall Corporation, NY, for a program to promote mental wellbeing for children and families	870,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Martinsburg Initiative, Inc., WV, for youth substance use prevention and mental health services	520,000	Capito, Manchin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Salvation Army, CO, for mental and behavioral health services	600,000	Bennet, Hickenlooper
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Trevor Project, CA, for a crisis intervention training program	1,050,000	Butler
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Tides Family Services, RI, for a mental and behavioral health program for at-risk youth	527,000	Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Turning Point Center, VT, for a community-based program to reduce substance use and address mental health needs	167,000	Weich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Unified School District #233—Olathe Public Schools, KS, for school-based mental health services	1,100,000	Moran
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Alaska, AK, for mental and behavioral health services	250,000	Murkowski

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Oregon, OR, to support pediatric mental and behavioral health care, including equipment	2,980,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Rhode Island, RI, for mental health programming for youth, including trainings	1,500,000	Reed, Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Valley Family Health Care, Inc., OR, for a substance use disorder treatment program	816,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Vinfen, Corporation, MA, for a mental health crisis and substance use disorder treatment program	554,000	Markley, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Virginia Telemental Health Initiative, VA, for mental health counseling through telemedicine	299,000	Kaine, Warner
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Voices of September 11, Inc., CT, for resources and information for individuals impacted by tragedy	350,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Volunteers of America of Alaska, AK, for mental and behavioral health services	1,000,000	Murkowski
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Wellspring, Inc., ME, for mental health and recovery services, including equipment	125,000	King
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	West Care Wisconsin, WI, for a mobile mental health clinic	575,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Wichita Children's Home, KS, for mental and behavioral health services, including equipment	350,000	Moran
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Windham Region Chamber of Commerce Foundation, CT, for mental health and supportive services for veterans	380,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Wyoming County Human Services, PA, for an in-home, behavioral health therapy program for mothers	147,000	Casey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	YMCA of Silicon Valley, CA, for mental health programming	736,000	Butler, Padilla

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Youth Advocate Programs, Inc., CT, for prevention programming and behavioral health services for youth	2,000,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	Adult Friends for Youth, HI, to support at-risk youth through counseling and supportive services	367,000	Schatz
Department of Health & Human Services	Administration for Children and Families	Aloha United Way, HI, to support referral and helpline services for basic needs, crisis, and disaster response	800,000	Hirono, Schatz
Department of Health & Human Services	Administration for Children and Families	American Chinese Christian Education and Social Services (ACCESS), MA, to support afterschool programming for low income children	50,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Anne Arundel County Food Bank, MD, to support low income families through food distribution, including the purchase of a refrigerated vehicle	173,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Asian Girls Ignite, CO, to support a mentorship program for girls	238,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	Baltimore Urban Leadership Foundation, Inc., MD, for services for at-risk youth	50,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Bangladeshi American Society Inc., NY, for services for low income individuals and families, including food	184,000	Schumer
Department of Health & Human Services	Administration for Children and Families	Battered Women's Legal Advocacy Project D/B/A Standpoint, MN, to support survivors of child abuse and domestic violence	1,000,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Children and Families	Beautiful Day, RI, to support self-sufficiency through a food entrepreneurship program, including child care and equipment	1,210,000	Reed
Department of Health & Human Services	Administration for Children and Families	Big Brothers Big Sisters of Alaska, AK, for a mentoring program for vulnerable youth	100,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Boulder Food Rescue, CO, for a food purchasing and education program for low income individuals, including the purchase of food and supplies	132,000	Bennet, Hickenlooper

Department of Health & Human Services	Administration for Children and Families	Center for Housing and Health, IL, for supportive services for at-risk individuals, including housing	1,300,000	Durbin
Department of Health & Human Services	Administration for Children and Families	Churches United For Fair Housing, Inc., NY, for a program to support low income families to find and maintain affordable housing	420,000	Schumer
Department of Health & Human Services	Administration for Children and Families	City of Whitewater, WI, to reduce poverty through an immigrant liaison	85,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	Commonwealth of Massachusetts United Ways, MA, to reduce poverty for low income individuals and families, including for the purchase of food	1,500,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Cradles to Crayons, PA, to support low income children and families, including through the purchase of supplies	548,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	Davinci Center for Community Progress, RI, for community services for at-risk individuals	250,000	Reed
Department of Health & Human Services	Administration for Children and Families	Divine Connections Inc., MN, for child abuse prevention and supportive services	136,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Children and Families	Dorcas International Institute of Rhode Island, RI, for a refugee assistance program	680,000	Reed
Department of Health & Human Services	Administration for Children and Families	Easter Seals North Georgia, Inc., GA, for programming to support children and families	767,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Children and Families	Elena's Light, CT, for programming for refugee families	325,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	EP International Ministries, Inc., MD, to decrease food insecurity through a mobile meal program, including the purchase of vehicles	97,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Essex County Legal Aid Association, Inc., NJ, for legal services for children	500,000	Booker
Department of Health & Human Services	Administration for Children and Families	Federal Hill House Association, RI, for community services and programming	410,000	Reed

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	Feeding Westchester, NY, for a food delivery program for at-risk individuals, including food	220,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Children and Families	Foundation for Black Women's Wellness, WI, for programming to enhance economic security and family stability for at-risk women and families	1,167,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	Friendly House, Inc., MA, to support individuals and families facing housing insecurity	50,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Haa Yaitxu Saiani, AK, for supportive services for kinship households	100,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Hawaii Children's Action Network, HI, to help reduce economic disparities through community engagement training	150,000	Schatz
Department of Health & Human Services	Administration for Children and Families	Homes for Families, OH, for support and training for low income individuals	100,000	Brown
Department of Health & Human Services	Administration for Children and Families	Hosea Feed the Hungry and Homeless Inc., GA, to support low income communities at risk of food insecurity, including equipment	244,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Children and Families	Jackson Leadership Foundation, MS, for a youth mentoring program	160,000	Hyde-Smith
Department of Health & Human Services	Administration for Children and Families	Jasmin Child Care and Preschool, MN, for child care services and professional development	500,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Children and Families	Joshua Homes Community Development Corporation, MD, to reduce poverty, including through housing counseling and financial coaching	513,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Justice For Housing, Inc., MA, to support at-risk families	250,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Lakeside Education Network d.b.a Lakeside Youth Network, PA, for a parenting education program for Head Start parents and staff	475,000	Casey

Department of Health & Human Services	Administration for Children and Families	Las Cumbres Community Services, NM, for a kinship care program	333,000	Heinrich, Luján
Department of Health & Human Services	Administration for Children and Families	Legal Aid of West Virginia, WV, for a program to provide legal services to prevent homelessness and child abuse	470,000	Capito, Manchin
Department of Health & Human Services	Administration for Children and Families	Marijaree Mason Center, CA, for crisis services and support for domestic violence survivors	1,500,000	Butler
Department of Health & Human Services	Administration for Children and Families	Metropolitan New York Coordinating Council on Jewish Poverty, NY, for supportive services for low income individuals, including food	670,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Children and Families	Mitzvah Circle Foundation, PA, to support low income populations, including through the purchase of supplies and equipment	650,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	Mothers in Arms (dba Motherful), OH, for services for low income mothers	500,000	Brown
Department of Health & Human Services	Administration for Children and Families	New Hampshire Children's Trust, Inc., NH, to prevent child abuse and neglect	500,000	Shaheen
Department of Health & Human Services	Administration for Children and Families	New Jersey Coalition to End Domestic Violence (NICEDV), NJ, for services for survivors of domestic violence, including housing	500,000	Booker
Department of Health & Human Services	Administration for Children and Families	New Orleans Health Department, LA, for newborn supply kits	500,000	Cassidy
Department of Health & Human Services	Administration for Children and Families	NH Hunger Solutions, NH, to support low income individuals and families	430,000	Shaheen
Department of Health & Human Services	Administration for Children and Families	Ohio County Family Resource Network, Inc., WV, to provide assistance to low income individuals, including food and hygiene products	100,000	Capito, Manchin
Department of Health & Human Services	Administration for Children and Families	Partners in Development Foundation, HI, to support low income families and children through a financial literacy program	2,000,000	Hirono, Schatz
Department of Health & Human Services	Administration for Children and Families	Pennsylvania Coalition Against Domestic Violence, PA, for services for survivors of domestic violence, including housing	500,000	Casey

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	Polar Cubs Childcare Center, MN, for child care services	50,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Children and Families	PorchLight: A Family Justice Center, CO, for services for survivors of domestic violence or abuse	620,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	Rhode Island Community Food Bank Association, RI, to reduce poverty, including through the purchase of food and a truck	210,000	Reed
Department of Health & Human Services	Administration for Children and Families	Share Our Spare, IL, to support family relief initiatives for low income families, including supplies	387,000	Duckworth
Department of Health & Human Services	Administration for Children and Families	St. Christopher's Hospital for Children, PA, to support low income children and families	497,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	Team for West Virginia Children, WV, for a child abuse prevention program	118,000	Capito
Department of Health & Human Services	Administration for Children and Families	The Children's Law Center, Inc., CT, to support legal representation for children in family court	100,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	The Community Investment Alliance, CO, for supportive services, including housing	800,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	The ELISHA Project, RI, for supportive services for veterans, including food	350,000	Whitehouse
Department of Health & Human Services	Administration for Children and Families	The Family Tree, MD, for a home visiting program to support new parents and infants	300,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Children and Families	The Housing Collective, CT, for a data platform to connect low income individuals with affordable housing	500,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	The Northern Lighthouse, Inc., ME, to support a youth emergency shelter and transitional living program, including the purchase of equipment	80,000	Collins

Department of Health & Human Services	Administration for Children and Families	The Northern Lighthouse, ME, for mental health services for homeless youth	339,000	King
Department of Health & Human Services	Administration for Children and Families	Tidewater Electrical Joint Apprenticeship and Training Committee (Tidewater JATC) 501(c)(6), VA, for child care assistance	442,000	Kaine, Warner
Department of Health & Human Services	Administration for Children and Families	TRWIB, Inc. (DBA Partner4Work), PA, to support low income families through child care services	450,000	Casey
Department of Health & Human Services	Administration for Children and Families	United Way of Aroostook, ME, to improve childcare services, including professional development, curriculum, and equipment	182,000	Collins, King
Department of Health & Human Services	Administration for Children and Families	United Way of the Blue Mountains, WA, to expand access to childcare, including through community workforce development and teacher training	1,000,000	Murray
Department of Health & Human Services	Administration for Children and Families	University of Arkansas for Medical Sciences, AR, for an infant and maternal mortality prevention program	8,000,000	Boozman
Department of Health & Human Services	Administration for Children and Families	Valley Youth House Committee, Inc., PA, for an in-home family therapy training program to support stable families and reduce foster care placements	511,000	Casey
Department of Health & Human Services	Administration for Children and Families	Volunteers of America South Central Louisiana, Inc., LA, for supportive services for at-risk youth	1,500,000	Cassidy
Department of Health & Human Services	Administration for Children and Families	Wakeman Memorial Association, CT, for after school programming for youth	300,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	West Virginia CASA Association, Inc., WV, for a program to prevent and address child abuse and neglect	1,010,000	Manchin
Department of Health & Human Services	Administration for Children and Families	Western Pennsylvania Diaper Bank, PA, for a mobile diaper distribution program, including for the purchase of a vehicle and supplies	200,000	Casey, Fetterman
Department of Health & Human Services	Administration for Children and Families	Wisconsin Child Abuse and Neglect Prevention Board, WI, for child abuse prevention	1,000,000	Baldwin
Department of Health & Human Services	Administration for Community Living	All Out Adventures, Inc., MA, for vehicles and equipment	101,000	Markey, Warren

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	Amputee Center, WV, for supportive services for individuals with disabilities	175,000	Capito, Manchin
Department of Health & Human Services	Administration for Community Living	Anchorage Coalition to End Homelessness, AK, for expanding services and supports for older individuals and individuals with disabilities	1,439,000	Murkowski
Department of Health & Human Services	Administration for Community Living	Appalachian Agency for Senior Citizens, VA, for supportive services for older adults, including equipment	75,000	Kaine, Warner
Department of Health & Human Services	Administration for Community Living	Berks Encore, Inc., PA, for supportive services for older adults, including food	500,000	Casey
Department of Health & Human Services	Administration for Community Living	Borough of East Rutherford, NJ, for the purchase of a vehicle	29,000	Booker, Menendez
Department of Health & Human Services	Administration for Community Living	Cabell County Community Services Organization, WV, for delivery vehicles	73,000	Manchin
Department of Health & Human Services	Administration for Community Living	Chinese Mutual Aid Association, IL, for facilities and equipment	135,000	Duckworth
Department of Health & Human Services	Administration for Community Living	Citizens for Independence & Access d.b.a. Center for Independent Living Opportunities, PA, for training, staffing, and supplies to expand supportive services	125,000	Casey, Fetterman
Department of Health & Human Services	Administration for Community Living	City of Hyattsville, MD, for supportive services for older adults	106,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Community Living	Coalition for Food and Health Equity, NJ, for a meal delivery program, including equipment	200,000	Booker
Department of Health & Human Services	Administration for Community Living	Denver Regional Council of Governments, CO, for supportive services for older adults	853,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Community Living	End Hunger in Calvert County, MD, for supportive services for individuals with disabilities	275,000	Cardin, Van Hollen

Department of Health & Human Services	Administration for Community Living	Family Service-Upper Ohio Valley, WV, for supportive services for older adults, including equipment	200,000	Manchin
Department of Health & Human Services	Administration for Community Living	Friendship Community, PA, for vehicles and equipment	450,000	Casey
Department of Health & Human Services	Administration for Community Living	Goodwill Industries of Northern New England, ME, for enhancing community accessibility for individuals with disabilities, including the purchase of equipment	649,000	Collins, King
Department of Health & Human Services	Administration for Community Living	Great Bay Services, Inc., ME, for enhancing community accessibility for individuals with disabilities, including the purchase of equipment	204,000	Collins
Department of Health & Human Services	Administration for Community Living	Green Acres Regional Center, DBA LeSage Water Division, WV, for vehicles	150,000	Manchin
Department of Health & Human Services	Administration for Community Living	Hands On Hartford, CT, for supportive services for seniors and individuals with disabilities	585,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	Hawaii Good Food Alliance, HI, for a meal program for older adults	500,000	Schatz
Department of Health & Human Services	Administration for Community Living	Helping Harvest Fresh Food Bank, PA, for a meal distribution program for older adults	750,000	Casey
Department of Health & Human Services	Administration for Community Living	J-HAP Inc., MN, for supportive services for individuals with disabilities	50,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Community Living	Jin Huo Community, Inc., OH, for supportive services for older adults, including evaluation and translation services	400,000	Brown
Department of Health & Human Services	Administration for Community Living	Madison House Autism Foundation, MD, for supportive services for individuals with disabilities	650,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Community Living	Marshall University Research Corporation, WV, for helping expand access to services and supports for older individuals	1,697,000	Capito, Manchin
Department of Health & Human Services	Administration for Community Living	Meristem, Inc., CA, for programming and supportive services for individuals with disabilities	800,000	Padilla

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	Middlesex United Way, CT, for supportive services for older adults	75,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	Minnesota Assistance Council for Veterans, MN, for supportive services for older veterans	975,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Community Living	National Asian Pacific Center on Aging, WA, for outreach and helpline services for older adults	1,000,000	Murray
Department of Health & Human Services	Administration for Community Living	New York City Ballet, Inc., NY, for programming for individuals with disabilities	223,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Community Living	NextStep Fitness Raleigh, Inc., NC, for expanding services and supports for individuals with disabilities, including the purchase of equipment	677,000	Tillis
Department of Health & Human Services	Administration for Community Living	NextStep Kansas City, Inc., KS, for expanding services and supports for individuals with disabilities, including the purchase of equipment	500,000	Moran
Department of Health & Human Services	Administration for Community Living	Open Up, PA, for programming for individuals with disabilities	200,000	Casey
Department of Health & Human Services	Administration for Community Living	OPTIONS, Inc., LA, for expanding access to services and supports for individuals with disabilities	660,000	Cassidy
Department of Health & Human Services	Administration for Community Living	Ossipee Concerned Citizens, NH, for supportive services for older adults, including meals	100,000	Shaheen
Department of Health & Human Services	Administration for Community Living	Ranch Hope, Inc., NJ, for supportive services and equipment	500,000	Booker
Department of Health & Human Services	Administration for Community Living	SilverSource, Inc., CT, for supportive services for older adults	200,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	Special Olympics New Jersey, NJ, for health and wellness programming for individuals with disabilities	500,000	Booker

Department of Health & Human Services	Administration for Community Living	Team Gleason Foundation, LA, for addressing the needs of individuals with ALS, including the purchase of equipment and assistive technology	3,000,000	Cassidy, Kennedy
Department of Health & Human Services	Administration for Community Living	Telespond Senior Services, Inc., PA, for supportive services and vehicles	500,000	Casey
Department of Health & Human Services	Administration for Community Living	The Arc of Blackstone Valley, RI, for vehicles and charging stations	120,000	Reed
Department of Health & Human Services	Administration for Community Living	The Arc of Pennsylvania, PA, for the development and dissemination of resources to support individuals with disabilities	500,000	Casey
Department of Health & Human Services	Administration for Community Living	The Arc of Southern MD, MD, for supportive services for individuals with disabilities, including equipment	239,000	Cardin, Van Hollen
Department of Health & Human Services	Administration for Community Living	The Autism Project, RI, for programming for individuals with autism	160,000	Reed
Department of Health & Human Services	Administration for Community Living	Vermont Association of Area Agencies on Aging, VT, for supportive services for older adults, including meal deliveries	243,000	Sanders
Department of Health & Human Services	Administration for Community Living	Vermont Association of Senior Centers and Meal Providers, VT, for supportive services for older adults	500,000	Sanders
Department of Education	Innovation and Improvement	"I Have a Dream" Foundation of Boulder County, CO, for a two-generation education initiative	600,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	50CAN, INC. dba HawaiikidsCAN, HI, for tutoring, including postsecondary financial aid for participants	80,000	Hirono, Schatz
Department of Education	Innovation and Improvement	ACCESS, MI, for out-of-school time programming	1,200,000	Staberow
Department of Education	Innovation and Improvement	Accokeek Foundation, Inc., MD, for environmental education programs and implementation of social studies and environmental literacy framework, including the purchase of a vehicle	425,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Achieve Twin Cities, MN, for college and career readiness programs	1,500,000	Klobuchar, Smith

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Aha Punana Leo, HI, for an early childhood education Hawaiian language immersion program	1,160,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Alaska Council of School Administrators, AK, for teacher professional development	200,000	Murkowski
Department of Education	Innovation and Improvement	Alaska Native Heritage Center, AK, for an afterschool program	300,000	Murkowski
Department of Education	Innovation and Improvement	Alaska Resource Education, AK, for a STEM and natural resources education program	150,000	Murkowski
Department of Education	Innovation and Improvement	Albany State University Foundation, GA, to improve literacy through summer reading camps, including the purchase of a vehicle	784,000	Warnock
Department of Education	Innovation and Improvement	Alpena Community College, MI, for dual enrollment and early college programs	750,000	Peters, Stabenow
Department of Education	Innovation and Improvement	Alterra, WA, for early childhood education and literacy programs	500,000	Murray
Department of Education	Innovation and Improvement	Annapolis and Anne Arundel County Scholarship Trust, MD, for educational programming	200,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Arts Council of Greater New Haven, CT, for youth arts journalism initiative, including student stipends	98,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Asian Americans for Equality, Inc., NY, for college readiness and access programming and youth development	150,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Association of Alaska School Boards, AK, for a youth mentoring program	500,000	Murkowski
Department of Education	Innovation and Improvement	Aviation Career Enrichment Inc., GA, for STEM education, including aviation workforce development	785,000	Warnock
Department of Education	Innovation and Improvement	Ballet After Dark, Inc., MD, for a comprehensive program for girls and young women focused on wellness, health education, mentorship, and leadership training	1,071,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Baltimore SquashWise, Inc., MD, for youth development programs	200,000	Cardin, Van Hollen

Department of Education	Innovation and Improvement	Best Buddies International, Inc., LA, for the Best Buddies in Louisiana inclusion project	274,000	Kennedy
Department of Education	Innovation and Improvement	Best Buddies International, Inc., MA, to establish and deliver community-based inclusion services	400,000	Markey, Warren
Department of Education	Innovation and Improvement	Best Buddies International, Inc., NC, for the Best Buddies in North Carolina inclusion project	250,000	Tillis
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Puget Sound, WA, for career pathways and training programs for secondary students	1,000,000	Murray
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Rhode Island, RI, for a youth mentoring program	100,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Big Picture Philadelphia, PA, for school-based health and wellness services and nutrition education	350,000	Fetterman
Department of Education	Innovation and Improvement	Big Sister Association of Greater Boston, MA, for school-based mentoring programs	251,000	Markey, Warren
Department of Education	Innovation and Improvement	Boys & Girls Club of Allentown, PA, for equipment for an out-of-school time education program	165,000	Casey
Department of Education	Innovation and Improvement	Boys & Girls Club of East Providence, RI, for youth programming	650,000	Reed
Department of Education	Innovation and Improvement	Boys & Girls Club of the Big Island, HI, for afterschool, academic support, substance abuse prevention, and nutrition programs	683,000	Hirono
Department of Education	Innovation and Improvement	Boys & Girls Clubs of Central Virginia, VA, to increase out-of-school time program participation through the expansion of transportation services	61,000	Kaine, Warner
Department of Education	Innovation and Improvement	Boys & Girls Clubs of Contra Costa, CA, for afterschool and summer youth development programs	900,000	Butler, Padilla
Department of Education	Innovation and Improvement	Boys & Girls Clubs of Warwick, RI, for youth programming	485,000	Reed
Department of Education	Innovation and Improvement	Boys and Girls Club of Delaware, DE, for out-of-school time youth support services, including mentoring, social emotional learning, and mental health	455,000	Carper, Coons
Department of Education	Innovation and Improvement	Boys and Girls Club of Maui, Inc., HI, for youth wellness and mental health programs	700,000	Hirono, Schatz

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Boys and Girls Clubs of Southcentral Alaska, AK, for an out-of-school time program	800,000	Murkowski
Department of Education	Innovation and Improvement	Brockton Public Schools, MA, to replace laptop computers	2,128,000	Markey, Warren
Department of Education	Innovation and Improvement	Cal Ripken, Sr. Foundation, MD, for a STEM education initiative	1,000,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Career Girls, CA, for college and career readiness programs	100,000	Butler, Padilla
Department of Education	Innovation and Improvement	Ceeds of Peace, HI, to expand the community school model at Hawaii public schools	835,000	Hirono
Department of Education	Innovation and Improvement	Charho Regional School District, RI, for tutoring and out of school time programming, including the purchase of vehicles	120,000	Whitehouse
Department of Education	Innovation and Improvement	Chesapeake Bay Outward Bound School, MD, for experiential outdoor learning, including vehicle expenses	250,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Children's Foundation of Mississippi, MS, for a project to improve education outcomes	698,000	Hyde-Smith
Department of Education	Innovation and Improvement	Children's Theatre of Charleston, Inc., WV, for arts education, including for the purchase of equipment	100,000	Capito, Manchin
Department of Education	Innovation and Improvement	Citizens Campaign Fund for the Environment, NY, for an environmental education program	100,000	Schumer
Department of Education	Innovation and Improvement	City of Charleston, WV, for youth nutrition and nutrition education	500,000	Capito, Manchin
Department of Education	Innovation and Improvement	City of North Las Vegas, NV, for literacy and educational access expansion, including the acquisition of four vehicles for mobile library services	2,569,000	Cortez Masto, Rosen
Department of Education	Innovation and Improvement	Cloverleaf Music Associates, OH, for equipment for school music programs	9,000	Brown
Department of Education	Innovation and Improvement	College Visions, RI, for college preparedness and access programming, including student stipends	723,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Collinsville Area Vocational Center, IL, for equipment for education program expansion	3,000,000	Duckworth

Department of Education	Innovation and Improvement	Communities in Schools of Washington State, WA, for student mental health programs	900,000	Murray
Department of Education	Innovation and Improvement	Community Health Center, Inc. of Connecticut, CT, for environmental and health education	550,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Concilio de Organizaciones Hispanas, PA, for pathways to high school graduation, training, mentorships, apprenticeships, internships, and career readiness programs	716,000	Fetterman
Department of Education	Innovation and Improvement	Connecticut Historical Society dba Connecticut Museum of Culture and History, CT, for civic education programs	1,000,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Connecticut Junior Republic Association, Inc., dba CJR, CT, for school-based behavioral and mental health services, including student incentives	1,650,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Connecticut Public Broadcasting, Inc., CT, for educational programming	709,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Consortium for Hawaii Ecological Engineering Education dba Malama Aina Foundation, HI, for education programs of the Kahikina Learning Center	444,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Contemporary American Theater Festival, Inc. (CATF), WV, for educational programming	150,000	Capito, Manchin
Department of Education	Innovation and Improvement	Corning Museum of Glass, NY, for education programs	820,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Crenshaw County School District, AL, for the purchase of equipment and supplies	114,000	Britt
Department of Education	Innovation and Improvement	CUNY School of Labor and Urban Studies Foundation, Inc., NY, for the Public Service Training Corps, including scholarships and stipends	520,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	DC Regional Community Care Coalition, MD, for early childhood education services	100,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Denning Public Schools, NM, to develop career and technical education programming	125,000	Heinrich
Department of Education	Innovation and Improvement	DePaul University, IL, for the Center for Middle School Civic Leadership, including stipends and tuition support	720,000	Durbin
Department of Education	Innovation and Improvement	Doc Wayne Youth Services, Inc., MA, for youth development and mental health services	400,000	Markey, Warren
Department of Education	Innovation and Improvement	Domestic Violence Crisis Center, CT, for youth violence prevention education	108,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Dual Language Education of New Mexico, NM, to improve student outcomes through culturally and linguistically responsive professional development	321,000	Heinrich
Department of Education	Innovation and Improvement	Educating for Leadership, Inc., AK, to improve student safety	1,623,000	Murkowski
Department of Education	Innovation and Improvement	Employ Milwaukee, WI, for career exploration and youth development, including youth stipends	1,200,000	Baldwin
Department of Education	Innovation and Improvement	Empower Yourself Ltd, MA, for STEM education and financial literacy programs	150,000	Markey, Warren
Department of Education	Innovation and Improvement	Fairmont State University, WV, for a dual enrollment program for foster youth, including scholarships	3,869,000	Capito, Manchin
Department of Education	Innovation and Improvement	Families and Schools Together (FAST), WI, for family engagement programs in Wisconsin	1,140,000	Baldwin
Department of Education	Innovation and Improvement	Farm Fresh Rhode Island, RI, for farm to school programming	250,000	Whitehouse
Department of Education	Innovation and Improvement	Flagman, Inc., CT, for road safety education in Connecticut schools	1,473,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Forrest County Agricultural High School District, MS, for the purchase of equipment, technology, and supplies	600,000	Hyde-Smith
Department of Education	Innovation and Improvement	Friendly House, Inc., AZ, for education, training, and support services for immigrants, refugees and underserved populations	1,000,000	Sinema
Department of Education	Innovation and Improvement	Future Focused Education, NM, for youth mental health services and career pathways, including stipends	500,000	Heinrich
Department of Education	Innovation and Improvement	Gadsden Independent School District, NM, for workforce and career readiness, including paid youth internships	250,000	Heinrich
Department of Education	Innovation and Improvement	Genesee Valley Outdoor Learning Center, MD, for social-emotional learning through outdoor experiences	40,000	Cardin, Van Hollen

Department of Education	Innovation and Improvement	Girls on the Run International, MN, to increase access to programming in underserved communities	500,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Goldbelt Heritage Foundation, AK, for culturally responsive curriculum and career pathways for Indigenous youth, including the purchase of equipment	750,000	Murkowski
Department of Education	Innovation and Improvement	Hall County School District Meat Science Center, GA, for a career pathway program in meat processing	700,000	Warmock
Department of Education	Innovation and Improvement	Hawaii Department of Education, HI, for Hawaiian language and culture-based education for workforce development initiative	1,000,000	Schatz
Department of Education	Innovation and Improvement	Heights Philadelphia, PA, for college and career readiness programs	200,000	Casey
Department of Education	Innovation and Improvement	Hispano Roundtable of New Mexico, NM, for STEAM education programs	500,000	Heinrich, Luján
Department of Education	Innovation and Improvement	Homewood Children's Village, PA, to expand services in community schools in Pittsburgh	250,000	Casey
Department of Education	Innovation and Improvement	Howard County Conservancy, MD, for an environmental education program including career awareness	50,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	i3 Academy Charter School Network, AL, for the purchase of equipment and technology	345,000	Britt
Department of Education	Innovation and Improvement	Inupiat Community of the Arctic Slope, AK, for a teacher apprenticeship and mentoring program, including instructor stipends	500,000	Murkowski
Department of Education	Innovation and Improvement	Jacob's Pillow Dance Festival, Inc., MA, for an arts education program	375,000	Markey, Warren
Department of Education	Innovation and Improvement	James City County, VA, for a STEAM bookmobile for early childhood and education for children, including the purchase of a vehicle	300,000	Kaine, Warner
Department of Education	Innovation and Improvement	Jumpstart for Young Children, Inc., MA, for the Accelerated Workforce program for early childhood education	250,000	Markey, Warren
Department of Education	Innovation and Improvement	KAMP Hawaii, HI, for mentoring and education programming, including the purchase of a vehicle	350,000	Schatz

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Kansas Children's Discovery Center, KS, for an afterschool STEM program, including the purchase of equipment	1,400,000	Moran
Department of Education	Innovation and Improvement	Keene Housing Kids Collaborative, NH, to expand out-of-school time programs	247,000	Shaheen
Department of Education	Innovation and Improvement	Kent Intermediate School District, MI, to expand career and technical education programs	750,000	Peters
Department of Education	Innovation and Improvement	Keyz 2 The Future, CA, for an educational initiative, including leadership development and trauma-informed care	100,000	Butler
Department of Education	Innovation and Improvement	Lanai High and Elementary School (LHES) Foundation, HI, to develop the community school model at Lanai High and Elementary School	120,000	Hirono
Department of Education	Innovation and Improvement	Las Vegas Library District, NV, for the Teachers in Libraries tutoring program	1,400,000	Cortez Masto, Rosen
Department of Education	Innovation and Improvement	Leaders of Tomorrow Youth Center, MD, for after-school therapeutic mentoring and art therapy services	50,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Learning Point Alaska, AK, for a tutoring program	300,000	Murkowski
Department of Education	Innovation and Improvement	Learning Undefeated, Inc., MD, for mobile STEM lab and STEM pathway program	500,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Liberty Science Center, NJ, for environmental education	559,000	Booker, Menendez
Department of Education	Innovation and Improvement	Life Through Music, MD, for music education, including stipends	50,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Lincoln Center for the Performing Arts, Inc., NY, for arts education programs	870,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Living Classrooms Foundation, MD, for music education, including the purchase of a vehicle	575,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Long Island Children's Museum, NY, for an education initiative, including improved student access from underserved communities	420,000	Gillibrand, Schumer

Department of Education	Innovation and Improvement	Manufacturing Serving Our Schools Alliance, WI, to acquire equipment for manufacturing education programs	3,000,000	Baldwin
Department of Education	Innovation and Improvement	Maryland Institute College of Art, MD, for an art and design college pathway program, including student stipends	400,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Maryland State Department of Education (MSDE), MD, to improve access to and quality of early childhood education through a statewide, centralized enrollment system	500,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Melwood Horticultural Training Center, Inc., MD, for an afterschool program, including career awareness activities	250,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Mic-Shore Community Foundation—Bellevue Passage Museum, MD, for STEAM education	90,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Milwaukee Jewish Federation, WI, for education on and prevention of antisemitism	312,000	Baldwin
Department of Education	Innovation and Improvement	Milinochet School Department, ME, for equipment, textbooks and educational materials for education programs	1,560,000	King
Department of Education	Innovation and Improvement	Montclair Film Festival Inc., NJ, for film education programs	80,000	Booker
Department of Education	Innovation and Improvement	Mount Hope Community Center, RI, for a youth reading program	220,000	Reed
Department of Education	Innovation and Improvement	Music Hall Center for the Performing Arts, MI, for equipment for arts education programs	2,500,000	Stabenow
Department of Education	Innovation and Improvement	National Aviation Hall of Fame (NAHF), OH, for support for an aviation education program	51,000	Brown
Department of Education	Innovation and Improvement	New Hampshire School Principals Foundation, NH, for a workforce development program for school leaders	342,000	Shaheen
Department of Education	Innovation and Improvement	New Jersey Performing Arts Center, NJ, for equipment and technology for arts education	552,000	Booker, Menendez
Department of Education	Innovation and Improvement	New Mexico State University, NM, for a statewide bilingual education initiative	250,000	Heinrich

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	New Neighbor Connections, NH, for a newcomer student family engagement program for immigrant and refugee students and their families	300,000	Shaheen
Department of Education	Innovation and Improvement	New Urban Arts, RI, for an out-of-school time program in environmental and outdoor education, including youth stipends	350,000	Whitehouse
Department of Education	Innovation and Improvement	New Urban Arts, RI, for arts education and curriculum development, including student stipends	150,000	Reed
Department of Education	Innovation and Improvement	New York Edge, Inc., NY, to improve afterschool programming	420,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	North Slope Borough School District, AK, for culturally relevant curriculum and instruction	500,000	Murkowski
Department of Education	Innovation and Improvement	Northeastern Pennsylvania Educational Television Association, PA, for STEM education, media literacy, and education programs	500,000	Casey
Department of Education	Innovation and Improvement	Northfield Public Schools, MN, for expansion of Full-Service Community schools	100,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Ocean Exploration Trust, CT, for an education initiative, including traveling exhibit development	407,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Onward We Learn, RI, for college access and support services	600,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Operation Shoestring, MS, for an out of school time program	515,000	Hyde-Smith
Department of Education	Innovation and Improvement	Overlake Service League dba Bellevue Lifespring, WA, for educational services for children experiencing homelessness	250,000	Murray
Department of Education	Innovation and Improvement	Ozark City Schools Career Center, AL, for a mobile welding lab, including the purchase of equipment	350,000	Britt
Department of Education	Innovation and Improvement	Partnership for Children and Youth, CA, to improve access to expanded learning programs through a workforce development initiative	700,000	Butler

Department of Education	Innovation and Improvement	PATCH—People Attentive to Children, HI, to improve school readiness through expansion of a credentialing program for early childhood practitioners, including stipends	250,000	Hirono
Department of Education	Innovation and Improvement	Philharmonic-Symphony Society of New York, Inc., NY, for music education programs	1,370,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Pierce County, WA, to improve early childhood education readiness and outcomes	500,000	Cantwell, Murray
Department of Education	Innovation and Improvement	Progreso Latino, Inc., RI, for early childhood education and out of school time programs, including the purchase of vehicles	150,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Project SYNCERE, IL, for equipment for STEM education programs	200,000	Duckworth
Department of Education	Innovation and Improvement	Reach for the Top Therapy Services, NH, to expand speech language and communication services	181,000	Shaheen
Department of Education	Innovation and Improvement	Reach Out and Read Rhode Island, RI, for a child literacy program	60,000	Reed
Department of Education	Innovation and Improvement	Read Aloud West Virginia, WV, for a literacy program	54,000	Capito, Manchin
Department of Education	Innovation and Improvement	Reading Assist, DE, to expand tutoring programs	1,000,000	Coons
Department of Education	Innovation and Improvement	Reading Partners, MD, for literacy tutoring for students in Baltimore City and Baltimore County	800,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Reading Science Center, PA, to expand education programs	220,000	Casey
Department of Education	Innovation and Improvement	Regional School Unit #3, ME, for a day treatment program for public school-aged children experiencing mental health and behavior challenges	250,000	King
Department of Education	Innovation and Improvement	Rhode Island Black Storytellers, RI, for youth educational programming	180,000	Reed
Department of Education	Innovation and Improvement	Rhode Island Environmental Education Association, Inc., RI, for environmental education, including participant stipends	100,000	Reed
Department of Education	Innovation and Improvement	Rhode Island Philharmonic Orchestra & Music School, RI, for youth music education	450,000	Reed
Department of Education	Innovation and Improvement	RI Department of State, RI, for youth civic education programming	120,000	Reed, Whitehouse

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Richland School District, PA, for early childhood literacy and STEAM education programs	250,000	Casey
Department of Education	Innovation and Improvement	Roundabout Theatre Company, Inc., NY, for arts education and trauma-informed training, including incentives	870,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	SciTech2U Inc., MD, for seismic quake lab education initiative	159,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	Shiawassee Regional Education Service District, MI, for equipment for career and technical education programs	267,000	Peters
Department of Education	Innovation and Improvement	Society of Hispanic Professional Engineers, CA, for STEM education programming at two middle schools in San Diego and Los Angeles	236,000	Butler, Padilla
Department of Education	Innovation and Improvement	South Carolina Department of Education, SC, for Liberty STEAM Charter School to support the expansion of an additional grade	500,000	Graham
Department of Education	Innovation and Improvement	Space Foundation, CO, for STEM education in rural and underserved communities	261,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Squash and Education Alliance, NY, for youth development and education programs, which may include lease of a vehicle, stipends, and scholarships	420,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	St. Ann's Warehouse, Inc., NY, for arts education	100,000	Schumer
Department of Education	Innovation and Improvement	St. George Municipal School Unit, ME, for the purchase of equipment and supplies	272,000	Collins
Department of Education	Innovation and Improvement	Sunrise of Philadelphia, PA, for an out-of-school time education program	250,000	Casey
Department of Education	Innovation and Improvement	SWAN Scaling Walls A Note At A Time, PA, for an out-of-school time education program	250,000	Casey
Department of Education	Innovation and Improvement	Tacoma School District No. 10 DBA Tacoma Public Schools, WA, to develop a maritime skills program for secondary students	500,000	Murray
Department of Education	Innovation and Improvement	Teach For America Bay Area, CA, for the Ignite tutoring program	240,000	Butler, Padilla

Department of Education	Innovation and Improvement	Teach For America Greater Baton Rouge, LA, for a high-dosage tutoring program	620,000	Cassidy
Department of Education	Innovation and Improvement	Team Long Run, ME, for a literacy program	250,000	Collins
Department of Education	Innovation and Improvement	Thai Community USA NYC, NY, for out of school time programs	100,000	Schumer
Department of Education	Innovation and Improvement	The Brooklyn Academy of Music, Inc., NY, to expand and improve educational programming	870,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	The Citizen Science Lab, PA, to expand STEM education programs	500,000	Casey
Department of Education	Innovation and Improvement	The Da Vinci Discovery Center of Science and Technology, Inc., PA, for an out-of-school time STEAM education program	385,000	Casey
Department of Education	Innovation and Improvement	The Filipino Veterans Recognition and Education Project, HI, to expand the Duty to Country Education project	1,000,000	Hirono, Schatz
Department of Education	Innovation and Improvement	The Learning Community, RI, for outdoor learning, including the purchase of a vehicle	250,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	The Midtown Management Group Inc. dba Inside Broadway, NY, for a career awareness program	170,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	The Narragansett Indian Tribe, RI, for out-of-school time programming	500,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	The National Aquarium, MD, for environmental education	215,000	Cardin, Van Hollen
Department of Education	Innovation and Improvement	The Possible Zone, MA, for dual enrollment, career pathways, out-of-school time, and social emotional learning programs	800,000	Markey, Warren
Department of Education	Innovation and Improvement	Theatre Development Fund, Inc., NY, for a mobile arts education program, which may include purchase of a vehicle	570,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Thomasville City Schools, GA, for literacy programs	675,000	Osoff
Department of Education	Innovation and Improvement	Three Rivers Education Foundation, NM, for an early childhood literacy initiative	250,000	Heinrich
Department of Education	Innovation and Improvement	Tibetan Community of New York & New Jersey, NY, for out of school time programming, including language instruction, education, and college access programs	420,000	Schumer

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Town of Fontana Dam, NC, for an out-of-school time program, including stipends and the purchase of equipment	750,000	Tillis
Department of Education	Innovation and Improvement	Town of Westerly, RI, for out of school time educational programming	1,000,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Tree of Life, Inc., PA, for educational initiatives on antisemitism and identity-based hate for elementary and secondary education	1,200,000	Casey, Fetterman
Department of Education	Innovation and Improvement	Tucson Children's Museum, Inc., AZ, for equipment and exhibit development for STEAM education	1,000,000	Sinema
Department of Education	Innovation and Improvement	United Way of Berks County, PA, for afterschool literacy tutoring, including tutor stipends	500,000	Casey
Department of Education	Innovation and Improvement	United Way of Kenosha County, WI, for literacy programs	200,000	Baldwin
Department of Education	Innovation and Improvement	University of New Mexico, NM, for indigenous language preservation and child language development	798,000	Lujan
Department of Education	Innovation and Improvement	University of New Mexico, NM, to improve reading outcomes for students at-risk for dyslexia from culturally and linguistically diverse backgrounds	450,000	Heinrich, Lujan
Department of Education	Innovation and Improvement	Urban League of Greater Cleveland, OH, for education, youth development, and college and career readiness programs	500,000	Brown
Department of Education	Innovation and Improvement	Ute Mountain Ute Tribe, CO, for Ute language and history preservation and year-round student programs	1,400,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Virginia Commemorations, Inc., VA, for curriculum development, educational materials and resources, and educator training	900,000	Kaine, Warner
Department of Education	Innovation and Improvement	Vision to Learn, OR, for vision care services for students in under-resourced schools, including the purchase of mobile vision clinic and two vehicles	1,369,000	Merkley, Wyden

Department of Education	Innovation and Improvement	Wagner Free Institute of Science, PA, to expand STEAM education programs to four North Philadelphia schools	200,000	Casey, Fetterman
Department of Education	Innovation and Improvement	Washington County Public Schools, VA, for equipment and installation of accessible playgrounds at Greendale Elementary and Abingdon Elementary Schools	750,000	Kaine, Warner
Department of Education	Innovation and Improvement	West Virginia State University, WV, for agricultural education	500,000	Manchin
Department of Education	Innovation and Improvement	West Virginia Symphony Orchestra, WV, for arts education	600,000	Capito, Manchin
Department of Education	Innovation and Improvement	White Mountain Science Inc., NH, to expand STEM education programming	118,000	Shaheen
Department of Education	Innovation and Improvement	White Salmon Valley School District, WA, to expand after-school programming for under-resourced and low-income students	100,000	Murray
Department of Education	Innovation and Improvement	Windham Regional Career Center, VT, for career and technical education, including subgrants for the acquisition of equipment and vehicles and educator compensation	4,500,000	Sanders
Department of Education	Innovation and Improvement	Winona State University, MN, for a high school to health care career initiative	430,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Youth Guidance, IL, for mentoring programs, including student incentives	500,000	Durbin
Department of Education	Innovation and Improvement	YWCA Tri-County Area, PA, for trauma-informed care in early childhood education	250,000	Casey
Department of Education	Higher Education	2nd LT RICHARD W COLLINS III FOUNDATION, MD, for educational programming, including coursework and internships	50,000	Cardin, Van Hollen
Department of Education	Higher Education	Alabama Community College System, AL, for the purchase of equipment	5,746,000	Britt
Department of Education	Higher Education	Alaska Christian College, AK, for career and technical education, including the purchase of equipment	300,000	Murkowski
Department of Education	Higher Education	Albertus Magnus College, CT, for improving a nursing program, including scholarships and the purchase of equipment	718,000	Blumenthal, Murphy
Department of Education	Higher Education	Anoka Technical College, MN, for improving education and training, which may include the purchase of equipment and technology	400,000	Klobuchar, Smith

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Baker University, KS, for the purchase of equipment and technology	2,000,000	Moran
Department of Education	Higher Education	Barton Community College, KS, for the purchase of equipment	425,000	Moran
Department of Education	Higher Education	Bay Path University, MA, for preparing and training educators, which may include providing financial aid and purchasing technology	975,000	Markey, Warren
Department of Education	Higher Education	Bethany College, WV, for modernizing STEM laboratories, which may include the purchase of equipment	500,000	Manchin
Department of Education	Higher Education	California State University, Stanislaus, CA, for nursing education, including financial aid and scholarships	748,000	Butler, Padilla
Department of Education	Higher Education	Canisius University, NY, for supporting a student success center, including equipment and technology	220,000	Gillibrand, Schumer
Department of Education	Higher Education	Cape Cod Community College, MA, to improve health sciences education, including purchasing equipment and technology	1,732,000	Markey, Warren
Department of Education	Higher Education	Cape Fear Community College, NC, to support technical education, including the purchase of equipment and supplies	650,000	Tillis
Department of Education	Higher Education	Central Maine Community College, ME, for the purchase of equipment and supplies	861,000	Collins, King
Department of Education	Higher Education	Central New Mexico Community College, NM, for expanding education and training in clean energy, including the purchase of equipment and providing scholarships	1,135,000	Heinrich, Luján
Department of Education	Higher Education	Century College, MN, for expanding access to open educational resources for students, which may include purchasing texts and equipment, and providing stipends	405,000	Klobuchar, Smith
Department of Education	Higher Education	Chamber of Commerce of the Borough of Queens, NY, for a cybersecurity education and training program, including the purchase of technology and equipment	1,500,000	Gillibrand, Schumer
Department of Education	Higher Education	Charleston Southern University, SC, to support aeronautics education, including for the purchase of equipment	1,500,000	Graham

Department of Education	Higher Education	Cincinnati State Technical and Community College, OH, for expanding a postsecondary student support program, including academic supports and financial aid	1,000,000	Brown
Department of Education	Higher Education	City College of San Francisco, CA, for a transportation program to help postsecondary students access education	1,000,000	Padilla
Department of Education	Higher Education	Clayton State University, GA, for a crime scene investigation laboratory, which may include the purchase of equipment	421,000	Ossoff, Warnock
Department of Education	Higher Education	Clemson University, SC, for veterinary education, including the purchase of equipment and technology	7,000,000	Graham
Department of Education	Higher Education	College of Charleston, SC, for applied sciences education, including scholarships and the purchase of equipment and technology	695,000	Graham
Department of Education	Higher Education	College of Dupage, IL, for improving electric vehicle education and training, including the purchase of equipment	350,000	Duckworth
Department of Education	Higher Education	College of Southern Nevada, NV, for improving education and training, including purchasing equipment	1,368,000	Cortez Mastro, Rosen
Department of Education	Higher Education	College Unbound, RI, for supporting parenting students and their children, including providing scholarships and childcare	800,000	Reed
Department of Education	Higher Education	CollegeTracks, MD, for expanding programming for first generation and low-income students, including the purchase of equipment	300,000	Cardin, Van Hollen
Department of Education	Higher Education	Collegiate Directions, Inc., MD, for expanding supports for low-income students in the college admissions and financial aid application processes	65,000	Cardin, Van Hollen
Department of Education	Higher Education	Community College of Rhode Island, RI, for health education, including purchasing equipment	180,000	Reed, Whitehouse
Department of Education	Higher Education	Community College of Vermont, VT, for increasing health education in rural areas, which may include stipends and child care	1,350,000	Sanders
Department of Education	Higher Education	Cuyahoga Community College, OH, for improving educational opportunities and supporting workforce development	500,000	Brown

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Dalton State College, GA, for an educator pathways program, including educator stipends and technology	545,000	Ossoff, Warnock
Department of Education	Higher Education	Delaware State University, DE, for improving a neuroscience education program, which may include the purchase of technology and supplies	210,000	Coons
Department of Education	Higher Education	Delaware State University, DE, for supporting an occupational therapy education program, including the purchase of equipment	1,491,000	Carper, Coons
Department of Education	Higher Education	Delta State University, MS, for aviation education, including the purchase of equipment	2,000,000	Hyde-Smith
Department of Education	Higher Education	East Carolina University, NC, for biomanufacturing education, including the purchase of equipment and supplies	6,500,000	Tillis
Department of Education	Higher Education	Eastern Mennonite University, VA, for improving STEM education programs, which may include the purchase of equipment	1,253,000	Kaine, Warner
Department of Education	Higher Education	Elizabeth City State University, NC, for the purchase of aviation equipment	3,900,000	Tillis
Department of Education	Higher Education	Fairmont State University, WV, for the purchase of aviation equipment	1,650,000	Capito, Manchin
Department of Education	Higher Education	Fairmont State University, WV, for the purchase of equipment and technology	712,000	Capito, Manchin
Department of Education	Higher Education	Ferris State University, MI, for college access and success programming, including providing financial aid and scholarships to students	500,000	Peters, Stabenow
Department of Education	Higher Education	Flint Hills Technical College, KS, for the purchase of equipment	320,000	Moran
Department of Education	Higher Education	Future 5, CT, for a college access and success program, which may include financial aid	559,000	Blumenthal, Murphy
Department of Education	Higher Education	Garden City Community College, KS, for the purchase of equipment, technology, and supplies	465,000	Moran

Department of Education	Higher Education	Goucher College, MD, for expanding programming for first generation and low-income students, including laptops, books, and mental health supports	200,000	Cardin, Van Hollen
Department of Education	Higher Education	Grand Valley State University, MI, for improving education for veterans and underserved students	1,000,000	Peters, Stabenow
Department of Education	Higher Education	Great Basin College, NV, for improving education, including purchase of equipment	3,641,000	Cortez Masto, Rosen
Department of Education	Higher Education	Great Bay Community College, NH, for improving education and workforce training, including purchasing equipment	895,000	Shaheen
Department of Education	Higher Education	Green River College, WA, for increasing educational opportunities for military families, which may include providing financial aid and purchasing equipment	750,000	Murray
Department of Education	Higher Education	Hampton Roads Educational Telecommunications Association dba WHRO Public Media, VA, for a student internship program, which may include purchasing equipment and technology and providing salaries, including intern salaries	678,000	Kaine, Warner
Department of Education	Higher Education	Harford Community College, MD, for expanding education and workforce training opportunities, including the purchase of equipment	329,000	Cardin, Van Hollen
Department of Education	Higher Education	Hesston College, KS, for the purchase of equipment, technology, and supplies	800,000	Moran
Department of Education	Higher Education	Highland Community College, KS, for the purchase of equipment	45,000	Moran
Department of Education	Higher Education	Hinds Community College, MS, for aviation education, including the purchase of equipment	1,500,000	Hyde-Smith
Department of Education	Higher Education	Hinds Community College, MS, for the purchase of equipment	236,000	Hyde-Smith
Department of Education	Higher Education	Hocking College, OH, for healthcare education and training, including the purchase of equipment	2,750,000	Brown
Department of Education	Higher Education	Hostos Community College, City University of New York, NY, for education and workforce training, including the purchase of equipment and technology	870,000	Gillibrand, Schumer
Department of Education	Higher Education	Husson University, ME, to support marketing education, including for the purchase of equipment and supplies	1,100,000	Collins, King

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Illinois Wesleyan University, IL, for improving nursing and health sciences education, including the purchase of equipment and classroom technology	1,000,000	Durbin
Department of Education	Higher Education	Independence Community College, KS, for the purchase of equipment	300,000	Moran
Department of Education	Higher Education	Institute of American Indian Arts, NM, for improving computer science education, which may include purchasing equipment and technology and providing financial aid	250,000	Heinrich
Department of Education	Higher Education	Jackson College, MI, for AI education and research, including purchasing equipment and technology	600,000	Peters, Stabenow
Department of Education	Higher Education	Jeremiah Program, MD, for supporting students in postsecondary or graduate education, including financial aid, scholarships, and child care	139,000	Cardin, Van Hollen
Department of Education	Higher Education	Kansas State University, KS, for the purchase of equipment and technology	4,900,000	Moran
Department of Education	Higher Education	Kent State University College of Nursing, OH, for nursing education, including the purchase of equipment	279,000	Brown
Department of Education	Higher Education	Lake Superior State University, MI, for improving a sustainability education program	600,000	Peters, Stabenow
Department of Education	Higher Education	Lane Community College, OR, for improving education and apprenticeship opportunities, including the purchase of equipment and technology	1,600,000	Merkey, Wyden
Department of Education	Higher Education	Lehigh Carbon Community College, PA, for expanding health care education and workforce training, including the purchase of a vehicle to serve as a mobile teaching unit	560,000	Casey
Department of Education	Higher Education	Los Rios Community College District, CA, for expanding an adult learner program, which may include purchasing technology and providing financial aid	1,200,000	Butler, Padilla
Department of Education	Higher Education	Louisiana Christian University, LA, for the purchase of equipment and technology	1,200,000	Cassidy, Kennedy
Department of Education	Higher Education	Loyola College of Nursing and Health, LA, for nursing education	2,850,000	Cassidy

Department of Education	Higher Education	Macomb Community College, MI, for academic support services, including the purchase of technology	230,000	Peters, Stabenow
Department of Education	Higher Education	Maine Maritime Academy, ME, for maritime education, including the purchase of equipment	2,400,000	Collins, King
Department of Education	Higher Education	Maine Maritime Academy, ME, for the purchase of equipment and supplies	2,800,000	Collins
Department of Education	Higher Education	Marquette University School of Dentistry (MUSOD), WI, for dental education, including the purchase of equipment	2,000,000	Baldwin
Department of Education	Higher Education	Marshall University Research Corporation, WV, for improving classrooms, which may include the purchase of equipment and technology	1,000,000	Capito, Manchin
Department of Education	Higher Education	Mic-America Christian University, OK, for the purchase of equipment, technology, and supplies	776,000	Mullin
Department of Education	Higher Education	Millersville University of Pennsylvania, PA, for expanding education and training opportunities, including the purchase of technology and equipment	400,000	Casey
Department of Education	Higher Education	Milwaukee Area Technical College, WI, for supporting parenting students, including providing financial aid and scholarships	1,100,000	Baldwin
Department of Education	Higher Education	Minnesota State University Moorhead, MN, for improving education and training for counselors, including financial aid and stipends	901,000	Klobuchar, Smith
Department of Education	Higher Education	Mississippi College, MS, to support physician assistant education	1,000,000	Hyde-Smith, Wicker
Department of Education	Higher Education	Mississippi Community College Board, MS, to expand nursing degree programs, including for faculty stipends	3,465,000	Hyde-Smith
Department of Education	Higher Education	Mississippi State University, MS, for the purchase of equipment	5,221,000	Hyde-Smith, Wicker
Department of Education	Higher Education	Mississippi State University, MS, to support physician assistant education	1,000,000	Hyde-Smith, Wicker
Department of Education	Higher Education	Mohave Community College, AZ, for supporting advanced manufacturing workforce training programs, which may include the purchase of equipment	2,500,000	Kelly, Sinema

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Mohawk Valley Community College, NY, for education and workforce training, including the purchase of equipment	870,000	Schumer
Department of Education	Higher Education	Morehouse College, GA, for improving research opportunities for postsecondary students, which may include providing student financial aid, stipends and purchasing technology	500,000	Warrick
Department of Education	Higher Education	Mott Community College, MI, for increasing student completion and persistence, including providing child care to parenting students and other supportive services and purchasing equipment	660,000	Peters
Department of Education	Higher Education	Nashua Community College, NH, for air traffic control workforce training, including purchasing equipment	337,000	Shaheen
Department of Education	Higher Education	New Jersey Institute of Technology, NJ, for cybersecurity education, including the purchase of equipment	1,000,000	Booker
Department of Education	Higher Education	New Mexico State University, NM, for developing educational materials and programming, including providing stipends	480,000	Heinrich
Department of Education	Higher Education	Northampton County Area Community College, PA, for expanding education and workforce training, including the purchase of equipment	500,000	Casey
Department of Education	Higher Education	Northcentral Technical College, WI, for firefighter education and workforce development, which may include providing financial aid, purchasing equipment and stipends, and apprenticeship wages	3,126,000	Baldwin
Department of Education	Higher Education	Northern Arizona University, AZ, for supporting nurse education and training, which may include the purchase of equipment	150,000	Kelly, Sinema
Department of Education	Higher Education	Northern Maine Community College, ME, to support nursing and allied health education, including the purchase of equipment	500,000	Collins, King
Department of Education	Higher Education	Northern Michigan University, MI, for improving cybersecurity education, including purchasing equipment and technology	606,000	Peters

Department of Education	Higher Education	Northern New Mexico College, NM, for improving healthcare career pathways, including curriculum development	40,000	Heinrich, Luján
Department of Education	Higher Education	Northwest Technical College, MN, for improving manufacturing education and training programs, which may include the purchase of equipment and providing stipends	1,900,000	Klobuchar, Smith
Department of Education	Higher Education	Nunez Community College, LA, for a wind energy technology program, including the purchase of equipment	500,000	Cassidy
Department of Education	Higher Education	Old Dominion University, VA, for supporting students in postsecondary education, which may include purchasing equipment and addressing student basic needs such as food insecurity	1,000,000	Kaine, Warner
Department of Education	Higher Education	Owens State Community College, OH, for medical and healthcare education, including the purchase of equipment	1,000,000	Brown
Department of Education	Higher Education	Parkland College, IL, for expanding aviation education and training, including the purchase of equipment	1,050,000	Duckworth
Department of Education	Higher Education	Piedmont Technical College, SC, for a mobile welding lab, including the purchase of equipment	1,250,000	Graham
Department of Education	Higher Education	Pierpont Community and Technical College, WV, to increase student access, including the purchase of equipment	424,000	Capito, Manchin
Department of Education	Higher Education	Pivotal Connections, CA, for a college coaching program, including financial aid and scholarships	1,400,000	Butler
Department of Education	Higher Education	Portland Community College, OR, for increasing access to education and training opportunities, which may include providing scholarships, child care stipends, and technology	854,000	Merkley, Wyden
Department of Education	Higher Education	Pratt Community College, KS, for the purchase of equipment	1,400,000	Moran
Department of Education	Higher Education	Providence College, RI, for improving neuroscience education, which may include providing financial aid and purchasing equipment	800,000	Reed, Whitehouse
Department of Education	Higher Education	Quincy University, IL, for expanding doctorate degree programs, including the purchase of equipment and supplies	1,320,000	Durbin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Randolph College, VA, for improving STEM education programs, which may include the purchase of equipment	1,500,000	Kaine, Warner
Department of Education	Higher Education	Red Lake Nation College, MN, for improving postsecondary and career pathways programs, including purchase of technology and internship stipends	666,000	Klobuchar, Smith
Department of Education	Higher Education	Rensselaer Polytechnic Institute, NY, for education and workforce training, including the purchase of equipment and technology	870,000	Gillibrand, Schumer
Department of Education	Higher Education	Rhode Island College, RI, for college access and success programming, including providing financial aid and scholarships	1,300,000	Reed, Whitehouse
Department of Education	Higher Education	Rhode Island College, RI, for improving cybersecurity and technology education programs, including the purchase of equipment and technology	1,509,000	Reed, Whitehouse
Department of Education	Higher Education	Roger Williams University, RI, for an education fellowship program, which may include financial aid	360,000	Whitehouse
Department of Education	Higher Education	Roxbury Community College, MA, for improving education and workforce training, which may include purchasing equipment, providing financial aid and scholarships, and purchasing technology	1,500,000	Markey, Warren
Department of Education	Higher Education	Saginaw Valley State University, MI, for improving environmental research opportunities for students, including purchasing equipment	1,500,000	Peters, Stabenow
Department of Education	Higher Education	Salisbury University, MD, for improving educational opportunities for transfer students	65,000	Cardin, Van Hollen
Department of Education	Higher Education	Salus University in Partnership with Drexel University, PA, for improving optometry education, including the purchase of equipment	250,000	Casey
Department of Education	Higher Education	Schoolcraft Community College District, MI, for an apprenticeship program, including purchasing equipment and providing financial aid and student stipends	2,000,000	Peters
Department of Education	Higher Education	Siena College, NY, for STEM education, including the purchase of equipment and stipends	670,000	Schumer

Department of Education	Higher Education	South Dakota State University College of Nursing, SD, for the purchase of equipment, technology, and supplies	4,700,000	Rounds
Department of Education	Higher Education	Southern Arkansas University Tech, AR, for the purchase of equipment and supplies	5,000,000	Boozman
Department of Education	Higher Education	Southern University and A&M College, LA, for student support services, including stipends	1,030,000	Cassidy
Department of Education	Higher Education	Southside Virginia Community College, VA, for improving criminal justice education programs, which may include purchasing equipment and providing financial aid	940,000	Kaine, Warner
Department of Education	Higher Education	St. Cloud Technical & Community College, MN, for improving an aircraft maintenance training program, which may include purchasing equipment and student supplies	1,136,000	Klobuchar, Smith
Department of Education	Higher Education	St. Mary's College of Maryland, MD, for expanding educational opportunities, including the purchase of equipment and rental costs	114,000	Cardin, Van Hollen
Department of Education	Higher Education	Stark State College, OH, for first responder education and training, including the purchase of equipment and tests	352,000	Brown
Department of Education	Higher Education	Teachers College, Columbia University, NY, for supporting a teacher residency program and improving teacher preparation	420,000	Gillibrand, Schumer
Department of Education	Higher Education	The Research Foundation for the State University of New York (SUNY Oswego), NY, for education and research, including the purchase of equipment	640,000	Gillibrand, Schumer
Department of Education	Higher Education	Thomas College, ME, for STEM education, including curriculum and the purchase of equipment, technology, and supplies	1,750,000	Collins, King
Department of Education	Higher Education	Tiffin University, OH, for improving education and workforce development opportunities, including the purchase of equipment	1,000,000	Brown
Department of Education	Higher Education	Truckee Meadows Community College, NV, for advanced manufacturing education and training, which may include purchasing equipment and technology upgrades	2,000,000	Cortez Masto, Rosen
Department of Education	Higher Education	Tuskegee University, AL, for an aviation and aerotechnology program, including scholarships	5,290,000	Britt

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	University at Buffalo, NY, for education and workforce development, including the purchase of equipment	1,370,000	Schumer
Department of Education	Higher Education	University of Alaska Anchorage, AK, to expand an aviation maintenance technology program	1,000,000	Murkowski
Department of Education	Higher Education	University of Charleston, WV, for improvements to a university library, which may include purchasing equipment and upgrading technology	6,000,000	Manchin
Department of Education	Higher Education	University of Maine System, ME, for the purchase of equipment and supplies	3,000,000	Collins
Department of Education	Higher Education	University of Maryland, MD, for expanding college access programming and early career counseling, including facility rentals and scholarships	225,000	Cardin, Van Hollen
Department of Education	Higher Education	University of Nevada Las Vegas, NV, for improving research opportunities for students, including the purchase of equipment	1,000,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of Nevada, Las Vegas, NV, for nursing education, including purchasing equipment and supplies	2,397,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of Nevada, Reno, NV, for improving nursing education	550,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of New Hampshire, NH, for improving health education and workforce training, which may include financial aid and stipends	1,900,000	Shaheen
Department of Education	Higher Education	University of New Mexico, NM, for implementing a teacher residency program	512,000	Heinrich, Luján
Department of Education	Higher Education	University of Northern Colorado, CO, for improving education research opportunities for postsecondary students, including the purchase of equipment	860,000	Bennet, Hickenlooper
Department of Education	Higher Education	University of Vermont and State Agricultural College, VT, for improving a laboratory technician program, including purchase of equipment and for providing financial aid	2,713,000	Weich

Department of Education	Higher Education	Urban League of Greater Hartford, CT, for college success programming including financial aid and stipends, school supplies and the purchase of technology equipment	150,000	Blumenthal, Murphy
Department of Education	Higher Education	Vermont State Colleges System, VT, for education and training, including the purchase of equipment	2,500,000	Weich
Department of Education	Higher Education	Virginia Commonwealth University, VA, for supporting internship opportunities that provide work-based learning experiences for first-generation, low-income, and underrepresented students, which may include stipends	430,000	Kaine, Warner
Department of Education	Higher Education	Washburn Institute of Technology, KS, for the purchase of equipment	1,600,000	Moran
Department of Education	Higher Education	Washington & Jefferson College, PA, for expanding nursing education	150,000	Casey
Department of Education	Higher Education	Waubensee Community College, IL, for improving education opportunities for parenting students, including purchasing technology upgrades and accessible furniture	250,000	Duckworth
Department of Education	Higher Education	Wesleyan University, CT, for improving education programs, including providing financial aid and scholarships	700,000	Blumenthal, Murphy
Department of Education	Higher Education	West Virginia State University Research and Development Corporation, WV, for a cybersecurity degree program, including equipment and scholarships	500,000	Capito, Manchin
Department of Education	Higher Education	West Virginia University, WV, for a data science program, including curriculum development	2,640,000	Capito, Manchin
Department of Education	Higher Education	West Virginia University, WV, for a digital network system, including the purchase of equipment	2,400,000	Capito, Manchin
Department of Education	Higher Education	West Virginia Wesleyan College, WV, for improving heating and cooling systems, which may include the purchase of equipment	500,000	Capito, Manchin
Department of Education	Higher Education	Western Colorado University, CO, for nursing education, including the purchase of equipment and technology, financial aid for students, and supportive services for students	394,000	Bennet, Hickenlooper
Department of Education	Higher Education	Western Michigan University, MI, for education and training in aviation, including equipment	909,000	Peters

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Western Nevada College, NV, for improving STEM education, including purchasing equipment and technology	2,093,000	Cortez Masto, Rosen
Department of Education	Higher Education	William Carey University, MS, for a nursing program, including the purchase of equipment	500,000	Hyde-Smith
Department of Education	Higher Education	Wilson College, PA, for establishing an occupational therapy doctorate program, including the purchase of equipment	400,000	Casey
Department of Education	Higher Education	Wor-Wic Community College, MD, for education and training in the culinary arts, including the purchase of equipment	214,000	Cardin, Van Hollen

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025
 [In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations	173,649	173,649	173,649	.....	.....
Available from prior year appropriations	712,000	712,000	712,000	.....	.....
Subtotal, available this fiscal year	885,649	885,649	885,649	.....	.....
Advance appropriation FY 2026	712,000	712,000	712,000	.....	.....
less prior year appropriations	- 712,000	- 712,000	- 712,000	.....	.....
Subtotal, appropriated in this bill	885,649	885,649	885,649	.....	.....
Youth Training	948,130	948,130	948,130	.....	.....
Dislocated Worker Assistance, current year appropriations	235,553	235,553	235,553	.....	.....
Available from prior year appropriations	860,000	860,000	860,000	.....	.....
Subtotal, available this fiscal year	1,095,553	1,095,553	1,095,553	.....	.....
Advance appropriation FY 2026	860,000	860,000	860,000	.....	.....
less prior year appropriations	- 860,000	- 860,000	- 860,000	.....	.....
Subtotal, appropriated in this bill	1,095,553	1,095,553	1,095,553	.....	.....
Subtotal, Grants to States	2,929,332	2,929,332	2,929,332	.....	.....
Current year appropriations	(1,357,332)	(1,357,332)	(1,357,332)	.....	.....
Advance appropriations	(1,572,000)	(1,572,000)	(1,572,000)	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
(In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations	100,859	77,859	102,859	+ 2,000	+ 25,000
Available from prior year appropriations	200,000	200,000	200,000		
Subtotal, available this fiscal year	300,859	277,859	302,859	+ 2,000	+ 25,000
Advance appropriations FY 2026	200,000	200,000	200,000		
less prior year appropriations	-200,000	-200,000	-200,000		
Subtotal, appropriated in this bill	300,859	277,859	302,859	+ 2,000	+ 25,000
Subtotal, Dislocated Worker Assistance	1,398,412	1,373,412	1,398,412	+ 2,000	+ 25,000
Native American programs	60,000	60,000	60,000		
Migrant and Seasonal Farmworker programs	97,396	97,396	97,396		
YouthBuild activities	105,000	105,000	110,000	+ 5,000	+ 5,000
Reintegration of Ex-Offenders	115,000	120,000	115,000		-5,000
Workforce Data Quality Initiative	6,000	6,000	6,000		
Apprenticeship programs	285,000	335,000	290,000	+ 5,000	-45,000
Community Project Funding / Congressionally Directed Spending	107,834		109,082	+ 1,248	+ 109,082
Subtotal, National Programs	1,077,089	1,001,255	1,090,337	+ 13,248	+ 89,082
Current year appropriations	877,089	801,255	890,337	+ 13,248	+ 89,082
Advance appropriations	200,000	200,000	200,000		
Total, Training and Employment Services	4,006,421	3,930,587	4,019,669	+ 13,248	+ 89,082
Current year appropriations	(2,234,421)	(2,158,587)	(2,247,669)	(+ 13,248)	(+ 89,082)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)		

Job Corps						
Operations	1,603,325	1,605,741	1,603,325			-2,416
Construction, Rehabilitation and Acquisition	123,000	123,000	123,000			
Administration	33,830	35,635	33,830			-1,805
Total, Job Corps	1,760,155	1,764,376	1,760,155			-4,221
Community Service Employment For Older Americans	405,000	405,000	405,000		+ 3,200	
Federal Unemployment Benefits and Allowances (indefinite)	30,700	33,900	33,900			
State Unemployment Insurance and Employment Service Operations						
Unemployment Insurance (UI) Compensation (trust fund)						
State Administration	2,750,635	3,025,274	2,775,635		+ 25,000	-249,639
Reemployment Services and Eligibility Assessments (RESEA)—UI integrity	117,000	117,000	117,000			
RESEA cap adjustment	265,000	271,000	271,000		+ 6,000	
UI Integrity Center of Excellence	9,000	9,000	9,000			
Subtotal, Unemployment Compensation	3,141,635	3,422,274	3,172,635		+ 31,000	-249,639
Unemployment Insurance National Activities (trust fund)	18,000	48,000	18,000			-30,000
Employment Service (ES):						
Grants to States:						
Federal Funds	21,413	21,413	21,413			
Trust Funds	653,639	658,639	653,639			-5,000
Subtotal, Grants to States	675,052	680,052	675,052			-5,000
ES National Activities (trust fund)	25,000	25,000	25,000			
Subtotal, Employment Service	700,052	705,052	700,052			-5,000
Federal Funds	(21,413)	(21,413)	(21,413)			
Trust Funds	(678,639)	(683,639)	(678,639)			(-5,000)
Foreign Labor Certifications:						
Federal Administration	60,528	64,168	61,528		+ 1,000	-2,640
Grants to States	23,282	23,282	23,282			
Subtotal, Foreign Labor Certification	83,810	87,450	84,810		+ 1,000	-2,640
One-Stop Career Centers/Labor Market Information	62,653	62,653	62,653			

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Total, State Unemployment Insurance and Employment Service Operations	4,006,150	4,325,429	4,038,150	+ 32,000	- 287,279
Federal Funds	(84,066)	(84,066)	(84,066)		
Trust Funds	(3,922,084)	(4,241,363)	(3,954,084)	(+ 32,000)	(- 287,279)
Program Administration					
Training and Employment					
Trust Funds	68,919	71,504	68,919		- 2,585
Employment Security	9,253	9,531	9,253		- 278
Trust Funds	3,621	4,155	3,621		- 534
Apprenticeship Services	42,574	49,149	42,574		- 6,575
Executive Direction	38,913	40,340	38,913		- 1,427
Trust Funds	7,447	7,735	7,447		- 288
	2,188	2,254	2,188		- 66
Total, Program Administration	172,915	184,668	172,915		- 11,753
Federal Funds	(118,900)	(123,734)	(118,900)		(- 4,834)
Trust Funds	(54,015)	(60,934)	(54,015)		(- 6,919)
Total, Employment and Training Administration	10,381,341	10,643,960	10,429,789	+ 48,448	- 214,171
Federal Funds					
Current year appropriations	6,405,242	6,341,663	6,421,690	+ 16,448	+ 80,027
Advance appropriations	(4,633,242)	(4,569,663)	(4,649,690)	(+ 16,448)	(+ 80,027)
Trust Funds	(1,772,000)	(1,772,000)	(1,772,000)		
	3,976,099	4,302,297	4,008,099	+ 32,000	- 294,198
VETERANS EMPLOYMENT AND TRAINING SERVICE					
Veterans' Employment and Training Service					
State Administration, Grants	185,000	185,000	185,000		
Transition Assistance Program	34,379	34,379	34,379		

Federal Administration	47,048	49,008	47,048	.....	- 1,960
National Veterans' Employment and Training Services Institute	3,414	3,414	3,414	.....	.....
Homeless Veterans' Programs	65,500	65,500	65,500	.....	.....
Total, Veterans' Employment and Training	335,341	337,301	335,341	.....	- 1,960
Federal Funds	65,500	65,500	65,500	.....	.....
Trust Funds	(269,841)	(271,801)	(269,841)	.....	( - 1,960)
EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
Salaries and Expenses					
Enforcement and Participant Assistance .....	.....	169,535	.....	.....	- 169,535
Policy and Compliance Assistance .....	.....	24,607	.....	.....	- 24,607
Executive Leadership, Program Oversight and Administration .....	.....	11,521	.....	.....	- 11,521
Employee benefits security programs	191,100	.....	206,100	+ 15,000	+ 206,100
Total, Employee Benefits Security Administration	191,100	205,663	206,100	+ 15,000	+ 437
PENSION BENEFIT GUARANTY CORPORATION					
Pension Benefit Guaranty Corporation Fund	(512,900)	(514,063)	(514,063)	(+ 1,163)	.....
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses	120,500	128,271	120,500	.....	- 7,771
Trust Funds	2,205	2,274	2,205	.....	- 69
Total, Salaries and Expenses	122,705	130,545	122,705	.....	- 7,840
Special Benefits					
Federal Employees' Compensation Benefits	698,000	724,670	724,670	+ 26,670	.....
Longshore and Harbor Workers' Benefits	2,000	2,000	2,000	.....	.....
Total, Special Benefits	700,000	726,670	726,670	+ 26,670	.....
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	66,532	66,966	66,966	+ 434	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Special Benefits for Disabled Coal Miners					
Benefit Payments	28,000	26,200	26,200	-1,800	.....
Administration	5,140	5,167	5,167	+27	.....
Subtotal, available this fiscal year	33,140	31,367	31,367	-1,773	.....
Advance appropriations, FY 2026, 1st quarter	7,000	6,000	6,000	-1,000	.....
Less prior year advance appropriations	-10,250	-7,000	-7,000	+3,250	.....
Total, appropriated in this bill	29,890	30,367	30,367	+477	.....
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	366,906	391,827	391,827	+24,921	.....
Workers' Compensation Programs, Salaries and Expenses	44,059	51,580	51,580	+7,521	.....
Departmental Management, Salaries and Expenses	41,178	41,570	41,570	+392	.....
Departmental Management, Inspector General	368	373	373	+5	.....
Subtotal, Black Lung Disability Trust Fund	452,511	485,350	485,350	+32,839	.....
Treasury Department Administrative Costs	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	452,867	485,706	485,706	+32,839	.....
Total, Office of Workers' Compensation Programs					
Federal Funds	1,371,994	1,440,254	1,432,414	+60,420	-7,840
Current year appropriations	1,369,789	1,437,980	1,430,209	+60,420	-7,771
Advance appropriations	(1,362,789)	(1,431,980)	(1,424,209)	(+61,420)	(-7,771)
Trust Funds	(7,000)	(6,000)	(6,000)	(-1,000)	.....
Total	2,205	2,274	2,205	.....	-69

WAGE AND HOUR DIVISION							
Salaries and Expenses	260,000	294,901	267,500	+ 7,500	- 27,401		
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS							
Salaries and Expenses	110,976	116,132	110,976		- 5,156		
OFFICE OF LABOR-MANAGEMENT STANDARDS							
Salaries and Expenses	48,515	50,845	48,515		- 2,330		
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION							
Salaries and Expenses							
Safety and Health Standards	21,000	21,476	21,000		- 476		
Federal Enforcement	243,000	261,635	246,000	+ 3,000	- 15,635		
Whistleblower enforcement	22,500	23,121	22,500		- 621		
State Programs	120,000	120,000	121,000	+ 1,000	+ 1,000		
Technical Support	26,000	26,483	26,000		- 483		
Compliance Assistance:							
Federal Assistance	78,262	80,561	79,262	+ 1,000	- 1,299		
State Consultation Grants	63,160	63,160	63,160				
Training Grants	12,787	12,787	12,787				
Subtotal, Compliance Assistance	154,209	156,508	155,209	+ 1,000	- 1,299		
Safety and Health Statistics	35,500	35,915	35,500		- 415		
Executive Direction and Administration	10,100	10,325	10,100		- 225		
Total, Occupational Safety and Health Administration	632,309	655,463	637,309	+ 5,000	- 18,154		
MINE SAFETY AND HEALTH ADMINISTRATION							
Salaries and Expenses							
Mine Safety and Health Enforcement	265,774	279,923	268,774	+ 3,000	- 11,149		
Standards Development	5,000	5,235	5,000		- 235		
Assessments	7,191	7,549	7,191		- 358		
Educational Policy and Development	39,820	41,051	41,020	+ 1,200	- 31		
Technical Support	36,041	37,730	36,841	+ 800	- 889		
Program Evaluation and Information Resources [PEIR]	17,990	18,273	17,990		- 283		
Program Administration	16,000	16,777	16,000		- 777		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued

[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Total, Mine Safety and Health Administration	387,816	406,538	392,816	+ 5,000	- 13,722
Total, Labor Enforcement Agencies	1,753,421	1,860,087	1,785,921	+ 32,500	- 74,166
Federal Funds	(1,751,216)	(1,857,813)	(1,783,716)	(+ 32,500)	(- 74,097)
Trust Funds	(2,205)	(2,274)	(2,205)	.....	(- 69)
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics	243,952	253,058	248,952	+ 5,000	- 4,106
Labor Market Information (trust fund)	68,000	68,000	68,000	.....	.....
Prices and Cost of Living	246,000	247,521	246,000	.....	- 1,521
Compensation and Working Conditions	91,000	92,554	91,000	.....	- 1,554
Productivity and Technology	12,000	13,244	12,000	.....	- 1,244
Executive Direction and Staff Services	37,000	38,409	37,000	.....	- 1,409
Total, Bureau of Labor Statistics	697,952	712,786	702,952	+ 5,000	- 9,834
Federal Funds	629,952	644,786	634,952	+ 5,000	- 9,834
Trust Funds	68,000	68,000	68,000	.....	.....
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction	32,658	35,876	32,658	.....	- 3,218
Departmental Program Evaluation	4,281	8,613	4,281	.....	- 4,332
Legal Services	130,754	145,245	134,754	+ 4,000	- 10,491
Trust Funds	308	308	308	.....	.....
International Labor Affairs	116,125	162,395	118,125	+ 2,000	- 44,270
Administration and Management	30,804	31,991	30,804	.....	- 1,187

Adjudication	37,000	38,405	37,000	.....	-1,405
Women's Bureau	23,000	26,282	24,000	+ 1,000	-2,282
Civil Rights Activities	7,586	9,252	7,586	.....	-1,666
Chief Financial Officer	5,681	5,883	5,681	.....	-202
GSA Technology Transformation .....	.....	1,351	.....	.....	-1,351
Total, Salaries and Expenses	388,197	465,601	395,197	+ 7,000	-70,404
Federal Funds	(387,889)	(465,293)	(394,889)	(+ 7,000)	(- 70,404)
Trust Funds	(308)	(308)	(308)	.....	.....
IT Modernization					
Departmental support systems	6,889	6,889	6,889	.....	.....
Infrastructure technology modernization	22,380	28,397	22,380	.....	-6,017
Total, IT Modernization	29,269	35,286	29,269	.....	-6,017
Office of Inspector General					
Program Activities	91,187	100,396	91,187	.....	-9,209
Trust Funds	5,841	5,841	5,841	.....	.....
Total, Office of Inspector General	97,028	106,237	97,028	.....	-9,209
Total, Departmental Management	514,494	607,124	521,494	+ 7,000	-85,630
Federal Funds	(508,345)	(600,975)	(515,345)	(+ 7,000)	(- 85,630)
Trust Funds	(6,149)	(6,149)	(6,149)	.....	.....
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses	43,000	44,876	43,000	.....	-1,876
Total, Workforce Innovation and Opportunity Act Programs	5,766,576	5,694,963	5,779,824	+ 13,248	+ 84,861
Current year appropriations	(3,994,576)	(3,922,963)	(4,007,824)	(+ 13,248)	(+ 84,861)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	.....	.....
GENERAL PROVISIONS—DEPARTMENT OF LABOR					
Treasure Island Job Corps Facility (Sec 111) .....	.....	1,000	1,000	+ 1,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
(In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Proceeds from Job Corps facilities (Sec. 114)	1,000	1,000	.....	- 1,000	- 1,000
Subtotal, Title I General Provisions	1,000	2,000	1,000	.....	- 1,000
Total, title I, Department of Labor	14,975,838	15,517,843	15,129,206	+ 153,368	- 388,637
Federal Funds	(10,653,544)	(10,867,322)	(10,774,912)	(+ 121,368)	(- 92,410)
Current year appropriations	(8,874,544)	(9,089,322)	(8,996,912)	(+ 122,368)	(- 92,410)
Advance appropriations	(1,779,000)	(1,778,000)	(1,778,000)	(- 1,000)	.....
Trust Funds	(4,322,294)	(4,650,521)	(4,354,294)	(+ 32,000)	(- 296,227)
Total, Title I Department of Labor discretionary	13,695,849	14,174,234	13,785,597	+ 89,748	- 388,637
Advance appropriations	(- 10,250)	(- 7,000)	(- 7,000)	(+ 3,250)	.....
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
PUBLIC HEALTH SERVICE					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Health Centers	1,857,772	1,857,772	1,857,772	.....	.....
Free Clinics Medical Malpractice	1,000	1,000	1,000	.....	.....
Total, Primary Health Care	1,858,772	1,858,772	1,858,772	.....	.....
Health Workforce					
National Health Service Corps (NHSC)	128,600	125,600	128,600	.....	+ 3,000
Health Professions Training	.....	.....	.....	.....	.....
Centers of Excellence	28,422	28,422	28,422	.....	.....

Health Careers Opportunity Program	16,000	16,000	16,000	16,000	.....	.....	.....
Faculty Loan Repayment	2,310	2,310	2,310	2,310	.....	.....	.....
Scholarships for Disadvantaged Students	55,014	55,014	55,014	55,014	.....	.....	.....
Subtotal, Training for Diversity	101,746	101,746	101,746	101,746	.....	.....	.....
Primary Care Training and Enhancement	49,924	49,924	49,924	49,924	.....	.....	.....
Oral Health Training	42,673	42,673	42,673	42,673	.....	.....	.....
Interdisciplinary Community-Based Linkages:							
Area Health Education Centers	47,000	47,000	47,000	47,000	.....	.....	+2,000
Geriatric Workforce Enhancement Program	48,245	47,245	49,245	49,245	.....	.....	+1,000
Mental and Behavioral Health	44,053	.....	44,053	44,053	.....	.....	+44,053
Behavioral Health Workforce Education and Training	113,000	253,553	113,000	113,000	.....	.....	-140,553
Subtotal, Interdisciplinary Community-Based Linkages	252,298	347,798	253,298	253,298	.....	.....	-94,500
Substance Use Disorder Treatment and Recovery Loan Repayment Program	40,000	.....	65,000	65,000	.....	.....	+65,000
Workforce Information and Analysis	5,663	5,663	5,663	5,663	.....	.....	.....
Public Health and Preventive Medicine programs	18,000	18,000	18,000	18,000	.....	.....	.....
Subtotal, Health Professions Education and Training (Title VII)	510,304	565,804	536,304	536,304	.....	.....	-29,500
Nursing Workforce Development Programs:							
Advanced Nursing Education	89,581	99,581	89,581	89,581	.....	.....	-10,000
Nurse Education, Practice, Quality, and Retention	64,413	69,413	69,413	69,413	.....	.....	.....
Nurse Practitioner Optional Fellowship Program	6,000	6,000	6,000	6,000	.....	.....	+5,000
Nursing Workforce Diversity	24,343	24,343	24,343	24,343	.....	.....	.....
Nurse Corps Loan Repayment and Scholarship	92,635	92,635	92,635	92,635	.....	.....	.....
Nursing Faculty Loan Program	28,500	28,500	28,500	28,500	.....	.....	.....
Subtotal, Nursing Workforce Development Programs (Title VIII)	305,472	320,472	310,472	310,472	.....	.....	-10,000
Subtotal, Health Professions (Titles VII and VIII)	815,776	886,276	846,776	846,776	.....	.....	-39,500
Children's Hospitals Graduate Medical Education	390,000	385,000	390,000	390,000	.....	.....	+5,000
Medical Student Education	60,000	50,500	36,000	36,000	.....	.....	-14,500
Pediatric Specialty Loan Repayment (Sec. 775)	10,000	10,000	10,000	10,000	.....	.....	.....
Health Care Workforce Innovation Program .....	.....	10,000	.....	.....	.....	.....	-10,000
National Practitioner Data Bank	18,814	18,814	18,814	18,814	.....	.....	.....
User Fees	-18,814	-18,814	-18,814	-18,814	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Subtotal, Health Workforce	1,404,376	1,467,376	1,411,376	+ 7,000	- 56,000
Maternal and Child Health					
Maternal and Child Health Services Block Grant	603,584	603,584	603,584		
Special Projects of National Significance	210,116	228,130	213,116	+ 3,000	- 15,014
Subtotal, MCH Block Grant	813,700	831,714	816,700	+ 3,000	- 15,014
Sickle Cell Disease	8,205	8,205	8,205		
Autism and Other Developmental Disabilities	56,344	56,344	56,344		
Heritable Disorders	20,883	20,883	20,883		
Healthy Start	145,000	172,000	145,250	+ 250	- 26,750
Early Hearing Detection and Intervention	18,818	18,818	18,818		
Emergency Medical Services for Children	24,334	24,334	24,334		
Screening and Treatment for Maternal Mental Health and Substance Use Disorders	11,000	15,500	12,000	+ 1,000	- 3,500
Pediatric Mental Health Care Access	13,000	13,000	14,000	+ 1,000	+ 1,000
Innovation for Maternal Health	15,300	30,300	17,800	+ 2,500	- 12,500
Maternal Mental Health Hotline	7,000	7,000	8,000	+ 1,000	+ 1,000
Poison Control Centers	26,846	26,846	28,846	+ 2,000	+ 2,000
Integrated Services for Pregnant and Postpartum Women	10,000	10,000	10,000		
Subtotal, Maternal and Child Health	1,170,430	1,234,944	1,181,180	+ 10,750	- 53,764
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A)	680,752	680,752	680,752		
Comprehensive Care Programs (Part B)	1,364,878	1,364,878	1,364,878		
AIDS Drug Assistance Program (ADAP) (NA)	(900,313)	(900,313)	(900,313)		
Early Intervention Program (Part C)	208,970	208,970	208,970		
Children, Youth, Women, and Families (Part D)	77,935	77,935	77,935		
AIDS Dental Services (Part F)	13,620	13,620	13,620		

Education and Training Centers (Part F)	34,886	34,886	34,886	.....	.....	.....
Special Projects of Regional and National Significance	25,000	25,000	25,000	.....	.....	.....
Ending the HIV/AIDS Epidemic Initiative	165,000	175,000	165,000	.....	.....	- 10,000
Subtotal, Ryan White HIV/AIDS program	2,571,041	2,581,041	2,571,041	.....	.....	- 10,000
Health Systems						
Organ Transplantation	54,049	67,049	67,049	.....	+ 13,000	.....
National Cord Blood Inventory	19,266	19,266	19,266	.....	.....	.....
C W Bill Young Cell Transplantation Program	33,009	33,009	33,009	.....	.....	.....
Hansen's Disease Services	13,706	13,706	13,706	.....	.....	.....
Hansen's Disease Program—Buildings and Facilities	122	122	122	.....	.....	.....
Payment to Hawaii, Treatment of Hansen's	1,857	1,857	1,857	.....	.....	.....
Subtotal, Health Systems	122,009	135,009	135,009	.....	+ 13,000	.....
Rural Health						
Rural Outreach Grants	100,975	92,975	105,975	.....	+ 5,000	+ 13,000
Rural Health Policy Development	11,076	11,076	12,076	.....	+ 1,000	+ 1,000
Rural Hospital Flexibility Grants	64,277	64,277	64,277	.....	.....	.....
State Offices of Rural Health	12,500	12,500	14,500	.....	+ 2,000	+ 2,000
Black Lung Clinics	12,190	12,190	12,190	.....	.....	.....
Radiation Exposure Screening and Education Program	1,889	1,889	1,889	.....	.....	.....
Rural Communities Opioid Response	145,000	145,000	155,000	.....	+ 10,000	+ 10,000
Rural Residency	12,700	12,500	14,000	.....	+ 1,300	+ 1,500
Rural Hospital Stabilization	4,000	.....	6,000	.....	+ 2,000	+ 6,000
Subtotal, Rural Health	364,607	352,407	385,907	.....	+ 21,300	+ 33,500
Family Planning (Title X)	286,479	390,000	286,479	.....	.....	- 103,521
HRSA—Wide Activities and Program Support						
Program Management	165,300	163,800	165,300	.....	.....	+ 1,500
Community Project Funding / Congressionally Directed Spending	890,788	.....	871,077	.....	- 19,711	+ 871,077
Office of Pharmacy Affairs (340B Program)	12,238	12,238	12,238	.....	.....	.....
Office for the Advancement of Telehealth	42,050	38,050	44,050	.....	+ 2,000	+ 6,000
Subtotal, HRSA—Wide Activities and Program Support	1,110,376	214,088	1,092,665	.....	- 17,711	+ 878,577

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 [In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Total, Health Resources and Services	8,888,090	8,233,637	8,922,429	+ 34,339	+ 688,792
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims	261,497	266,727	266,727	+ 5,230	.....
HRSA Administrative expenses	15,200	20,200	15,200	.....	- 5,000
Total, Vaccine Injury Compensation Trust Fund	276,697	286,927	281,927	+ 5,230	- 5,000
Covered Countermeasures Process Fund	7,000	10,000	7,000	.....	- 3,000
Total, Health Resources and Services Administration	9,171,787	8,530,564	9,211,356	+ 39,569	+ 680,792
Discretionary	(8,910,290)	(8,263,837)	(8,944,629)	(+ 34,339)	(+ 680,792)
Mandatory	(261,497)	(266,727)	(266,727)	(+ 5,230)	.....
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)					
Immunization and Respiratory Diseases	237,358	499,941	464,941	+ 227,583	- 35,000
Prevention and Public Health Fund	(681,933)	(469,350)	(469,350)	(- 212,583)	.....
Subtotal	919,291	969,291	934,291	+ 15,000	- 35,000
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,391,056	1,391,056	1,394,056	+ 3,000	+ 3,000
Emerging and Zoonotic Infectious Diseases	708,272	728,772	753,272	+ 45,000	+ 24,500
Prevention and Public Health Fund	(52,000)	(52,000)	(52,000)	.....	.....
Subtotal, EZID program level	760,272	780,772	805,272	+ 45,000	+ 24,500
Chronic Disease Prevention and Health Promotion	1,192,647	1,304,464	1,192,964	+ 317	- 111,500
Prevention and Public Health Fund	(241,267)	(254,950)	(270,950)	(+ 29,683)	(+ 16,000)

Subtotal, Chronic Disease Prevention and Health Promotion, program level	1,433,914	1,559,414	1,463,914	+ 30,000	- 95,500
Birth Defects, Developmental Disabilities, Disabilities and Health	206,060	205,560	210,060	+ 4,000	+ 4,500
Subtotal: Birth Defects and Developmental Disabilities, program level	206,060	205,560	210,060	+ 4,000	+ 4,500
Public Health Scientific Services	711,533	621,197	481,564	- 229,989	- 139,633
Evaluation Funding (PHS Act Sec 241)	(42,944)	(182,900)	(110,033)	(+ 67,089)	(+ 110,033)
Prevention and Public Health Fund			(182,900)	(+ 182,900)	
Subtotal, Public Health Scientific Services, program level	754,497	804,097	774,497	+ 20,000	- 29,600
Environmental Health	191,850	249,850	193,850	+ 2,000	- 56,000
Prevention and Public Health Fund	(51,000)	(17,000)	(51,000)		(+ 34,000)
Subtotal, Environmental Health, program level	242,850	266,850	244,850	+ 2,000	- 22,000
Injury Prevention and Control	761,379	843,379	776,379	+ 15,000	- 67,000
Evaluation Funding (PHS Act Sec 241)		(100,000)			(- 100,000)
Subtotal, Injury Prevention and Control, program level	761,379	843,379	776,379	+ 15,000	- 67,000
National Institute for Occupational Safety and Health	362,800	363,200	364,030	+ 1,230	+ 830
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358		
Global Health	692,843	692,843	697,613	+ 4,770	+ 4,770
Public Health Preparedness and Response	938,200	943,300	953,200	+ 15,000	+ 9,900
CDC-Wide Activities and Program Support:					
Preventive Health and Health Services Block Grant (Prevention and Public Health Fund)	(160,000)	(160,000)	(160,000)		
Office of the Director	128,570	128,570	131,570	+ 3,000	+ 3,000
Reserve Fund	25,000	35,000	25,000		- 10,000
Public Health Infrastructure and Capacity	350,000	350,000	365,000	+ 15,000	+ 15,000
Subtotal, Public Health Infrastructure and Capacity	350,000	350,000	365,000	+ 15,000	+ 15,000
Prevention and Public Health Fund		(50,000)			(- 50,000)
Subtotal, Center for Forecasting and Outbreak Analytics		50,000			- 50,000
Subtotal, CDC-Wide Activities	503,570	513,570	521,570	+ 18,000	+ 8,000
(Prevention and Public Health Fund)	(160,000)	(210,000)	(160,000)		(- 50,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
(In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Buildings and Facilities	40,000	40,000	40,000		
Total, Centers for Disease Control and Prevention	7,992,946	8,452,490	8,098,857	+ 105,911	- 353,633
Discretionary	(7,937,588)	(8,397,132)	(8,043,499)	(+ 105,911)	(- 353,633)
Mandatory	(55,358)	(55,358)	(55,358)		
(Evaluation Funding (PHS Act Sec 241))	(42,944)	(100,000)	(110,033)		(+ 10,033)
(Prevention and Public Health Fund)	(1,186,200)	(1,186,200)	(1,186,200)		
Total, Centers for Disease Control, program level	(9,222,090)	(9,738,690)	(9,395,090)	(+ 173,000)	(- 343,600)
NATIONAL INSTITUTES OF HEALTH (NIH)					
National Cancer Institute (NCI)	7,224,159	7,839,141	7,274,159	+ 50,000	- 564,982
Additional funding (emergency)			216,000	+ 216,000	+ 216,000
Subtotal, NCI, program level	7,224,159	7,839,141	7,490,159	+ 266,000	- 348,982
National Heart, Lung, and Blood Institute (NHLBI)	3,982,345	3,997,086	3,982,345		- 14,741
Subtotal, NHLBI, program level	3,982,345	3,997,086	3,982,345		- 14,741
National Institute of Dental and Craniofacial Research (NIDCR)	520,163	521,695	520,163		- 1,532
Subtotal, NIDCR, program level	520,163	521,695	520,163		- 1,532
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,310,721	2,309,991	2,360,721	+ 50,000	+ 50,730
Subtotal, NIDDK, program level	2,310,721	2,309,991	2,360,721	+ 50,000	+ 50,730
National Institute of Neurological Disorders and Stroke (NINDS)	2,603,925	2,788,327	2,772,425	+ 168,500	- 15,902
Additional funding (emergency)			179,500	+ 179,500	+ 179,500

Subtotal, NINDS, program level	2,603,925	2,788,327	2,951,925	+ 348,000	+ 163,598
National Institute of Allergy and Infectious Diseases (NIAID)	6,562,279	6,581,291	6,692,279	+ 130,000	+ 110,988
National Institute of General Medical Sciences (NIGMS)	1,832,197	1,230,893	1,857,197	+ 25,000	+ 626,304
Evaluation Funding (PHS Act Sec 241)	(1,412,482)	(2,018,482)	(1,412,482)		(- 606,000)
Subtotal, NIGMS, program level	3,244,679	3,249,375	3,269,679	+ 25,000	+ 20,304
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,759,078	1,766,415	1,779,078	+ 20,000	+ 12,663
Subtotal, NICHD, program level	1,759,078	1,766,415	1,779,078	+ 20,000	+ 12,663
National Eye Institute (NEI)	896,549	898,818	896,549		- 2,269
Subtotal, NEI, program level	896,549	898,818	896,549		- 2,269
National Institute of Environmental Health Sciences (NIEHS)	913,979	916,791	913,979		- 2,812
Subtotal, NIEHS, program level	913,979	916,791	913,979		- 2,812
National Institute on Aging (NIA)	4,507,623	4,425,295	4,645,123	+ 137,500	+ 219,828
Subtotal, NIA, program level	4,507,623	4,425,295	4,645,123	+ 137,500	+ 219,828
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	685,465	689,697	685,465		- 4,232
Subtotal, NIAMS, program level	685,465	689,697	685,465		- 4,232
National Institute on Deafness and Other Communication Disorders (NIDCD)	534,333	535,929	534,333		- 1,596
Subtotal, NIDCD, program level	534,333	535,929	534,333		- 1,596
National Institute of Nursing Research (NINR)	197,693	198,263	197,693		- 570
Subtotal, NINR, program level	197,693	198,263	197,693		- 570
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	595,318	598,903	595,318		- 3,585
Subtotal, NIAAA, program level	595,318	598,903	595,318		- 3,585
National Institute on Drug Abuse (NIDA)	1,662,695	1,668,343	1,667,695	+ 5,000	- 648
Subtotal, NIDA, program level	1,662,695	1,668,343	1,667,695	+ 5,000	- 648
National Institute of Mental Health (NIMH)	2,187,843	2,503,162	2,462,843	+ 275,000	- 40,319

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued

[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Additional funding (emergency)			179,500	+ 179,500	+ 179,500
Subtotal, NIMH, program level	2,187,843	2,503,162	2,642,343	+ 454,500	+ 139,181
National Human Genome Research Institute (NHGRI)	663,200	663,660	663,200		- 460
Subtotal, NHGRI, program level	663,200	663,660	663,200		- 460
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440,627	441,944	440,627		- 1,317
Subtotal, NIBIB, program level	440,627	441,944	440,627		- 1,317
National Center for Complementary and Integrative Health (NCCIH)	170,384	170,894	170,384		- 510
Subtotal, NCCIH, program level	170,384	170,894	170,384		- 510
National Institute on Minority Health and Health Disparities (NIMHD)	534,395	526,710	539,395	+ 5,000	+ 12,685
John E Fogarty International Center (FIC)	95,162	95,415	95,162		- 253
National Library of Medicine (NLM)	497,548	526,796	597,548	+ 100,000	+ 70,752
Subtotal, NLM, program level	497,548	526,796	597,548	+ 100,000	+ 70,752
National Center for Advancing Translational Sciences (NCATS)	928,323	926,086	933,323	+ 5,000	+ 7,237
Subtotal, NCATS, program level	928,323	926,086	933,323	+ 5,000	+ 7,237
Office of the Director	2,592,914	3,000,855	2,471,914	- 121,000	- 528,941
Common Fund (non-add)	(672,401)	(722,401)	(692,401)	(+ 20,000)	(- 30,000)
Office of Research on Women's Health	(76,480)	(153,909)	(76,480)		(- 77,429)
Gabriella Miller Kids First Research Act	12,600	12,600	12,600		
Additional funding (emergency)			625,000	+ 625,000	+ 625,000
Subtotal, Office of the Director	2,605,514	3,013,455	3,109,514	+ 504,000	+ 96,059

Buildings and Facilities	350,000	350,000	350,000	.....	.....
NIH Innovation Account, CURES Act	(407,000)	(127,000)	(127,000)	(- 280,000)	.....
Subtotal, B&F, program level	757,000	477,000	477,000	- 280,000	.....
Advanced Research Projects Agency for Health (ARPA-H) /	1,500,000	1,500,000	1,500,000	.....	.....
Subtotal, National Institutes of Health	46,761,518	47,685,000	48,811,518	+ 2,050,000	+ 1,126,518
Total, National Institutes of Health (with CURES Act funding)	47,168,518	47,812,000	48,938,518	+ 1,770,000	+ 1,126,518
(Evaluation Funding (PHS Act Sec 241))	(1,412,482)	(2,018,482)	(1,412,482)	.....	( - 606,000)
Total, National Institutes of Health, program level (with CURES and PHS Evaluation Act Funding)	48,581,000	49,830,482	50,351,000	+ 1,770,000	+ 520,518
Total, NIH program level (excluding ARPA-H)	47,081,000	48,330,482	48,851,000	+ 1,770,000	+ 520,518
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance	1,068,453	1,226,953	1,107,453	+ 39,000	- 119,500
Prevention and Public Health Fund	(12,000)	(12,000)	(12,000)	.....	.....
Subtotal	1,080,453	1,238,953	1,119,453	+ 39,000	- 119,500
Mental Health Block Grant (MHBG)	986,532	1,021,532	1,021,532	+ 35,000	.....
Evaluation Funding (PHS Act Sec 241)	(21,039)	(21,039)	(21,039)	.....	.....
Subtotal	1,007,571	1,042,571	1,042,571	+ 35,000	.....
Certified Community Behavioral Health Clinics	385,000	450,000	400,000	+ 15,000	- 50,000
National Child Traumatic Stress Initiative	98,887	93,887	103,887	+ 5,000	+ 10,000
Children's Mental Health Services	130,000	180,000	130,000	.....	- 50,000
Projects for Assistance in Transition from Homelessness (PATH)	66,635	66,635	66,635	.....	.....
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	40,000	40,000	40,000	.....	.....
Subtotal, Mental Health	2,775,507	3,079,007	2,869,507	+ 94,000	- 209,500
(Evaluation Funding (PHS Act Sec 241))	(21,039)	(21,039)	(21,039)
(Prevention and Public Health Fund)	(12,000)	(12,000)	(12,000)

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 FOR FISCAL YEAR 2025—Continued
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Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Subtotal, Mental Health program level	2,808,546	3,112,046	2,902,546	+ 94,000	- 209,500
Substance Abuse Treatment					
Programs of Regional and National Significance	574,219	588,969	585,219	+ 11,000	- 3,750
Evaluation Funding (PHS Act Sec 241)	(2,000)	(2,000)	(2,000)		
Subtotal	576,219	590,969	587,219	+ 11,000	- 3,750
Substance Use Prevention, Treatment, and Recovery Services Block Grant	1,928,879	1,928,879	1,968,879	+ 40,000	+ 40,000
Evaluation Funding (PHS Act Sec 241)	(79,200)	(79,200)	(79,200)		
Subtotal, Substance Use Prevention, Treatment, and Recovery Services Block Grant, program level	2,008,079	2,008,079	2,048,079	+ 40,000	+ 40,000
State Opioid Response grants	1,575,000	1,595,000	1,000,000	- 575,000	- 595,000
Additional funding (emergency)			600,000	+ 600,000	+ 600,000
Subtotal, State Opioid Response Grants	1,575,000	1,595,000	1,600,000	+ 25,000	+ 5,000
Subtotal, Substance Abuse Treatment, program level	4,078,098	4,112,848	4,154,098	+ 76,000	+ 41,250
(Evaluation Funding (PHS Act Sec 241))	(81,200)	(81,200)	(81,200)		
Subtotal, Substance Abuse Treatment, program level	4,159,298	4,194,048	4,235,298	+ 76,000	+ 41,250
Substance Abuse Prevention	236,879	236,879	246,879	+ 10,000	+ 10,000
Programs of Regional and National Significance	138,155	141,155	138,155		- 3,000
Health Surveillance and Program Support	72,090	72,090	63,337	- 8,753	+ 63,337
Community Project Funding / Congressionally Directed Spending	(31,428)	(31,428)	(31,428)		
Evaluation Funding (PHS Act Sec 241)					

Subtotal, Health Surveillance and Program Support program level	241,673	172,583	232,920	-8,753	+60,337
Total, SAMHSA	7,300,729	7,569,889	7,471,976	+171,247	-97,913
(Evaluation Funding (PHS Act Sec 241))	(133,667)	(133,667)	(133,667)	.....	.....
(Prevention and Public Health Fund)	(12,000)	(12,000)	(12,000)	.....	.....
Total, SAMHSA, program level	7,446,396	7,715,556	7,617,643	+171,247	-97,913
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	224,109	235,067	230,109	+6,000	-4,958
Subtotal, Research on Health Costs, Quality, and Outcomes, program level	224,109	235,067	230,109	+6,000	-4,958
Medical Expenditures Panel Surveys:					
Federal Funds	71,791	74,621	72,791	+1,000	-1,830
Program Support:					
Appropriation	73,100	77,657	73,100	.....	-4,557
Total, AHRQ	369,000	387,345	376,000	+7,000	-11,345
(Evaluation Funding (PHS Act Sec 241)) .....	.....	.....	.....	.....	.....
Total, AHRQ, program level	369,000	387,345	376,000	+7,000	-11,345
Total, Public Health Service with CURES Act funding	72,002,980	72,752,288	74,096,707	+2,093,727	+1,344,419
Total, Public Health Service, program level	74,790,273	76,202,637	76,951,089	+2,160,816	+748,452
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	574,100,474	595,086,095	595,086,095	+20,985,621	.....
State and Local Administration	24,622,000	26,392,000	26,392,000	+1,770,000	.....
Vaccines for Children	5,814,850	7,711,718	7,711,718	+1,896,868	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Total, Medicaid program level, available this fiscal year	604,537,324	629,189,813	629,189,813	+ 24,652,489	.....
Less appropriations provided in prior years	-197,580,474	- 245,580,414	- 245,580,414	- 47,999,940	.....
Total, Grants to States for Medicaid	406,956,850	383,609,399	383,609,399	- 23,347,451	.....
New advance, 1st quarter, FY 2026	245,580,414	261,063,820	261,063,820	+ 15,483,406	.....
Total, Grants to States for Medicaid, appropriated in this bill	652,537,264	644,673,219	644,673,219	- 7,864,045	.....
Payments to the Health Care Trust Funds					
Supplemental Medical Insurance	373,973,000	408,939,000	408,939,000	+ 34,966,000	.....
Federal Uninsured Payment	44,000	37,000	37,000	- 7,000	.....
Program Management	1,000,000	1,000,000	1,000,000	.....	.....
General Revenue for Part D Benefit	100,805,000	110,786,000	110,786,000	+ 9,981,000	.....
General Revenue for Part D Administration	523,000	613,000	613,000	+ 90,000	.....
HCFAC Reimbursement	375,000	377,000	377,000	+ 2,000	.....
State Low-Income Determination for Part D	5,000	5,000	5,000	.....	.....
Total, Payments to Trust Funds	476,725,000	521,757,000	521,757,000	+ 45,032,000	.....
Program Management					
Research, Demonstration, and Evaluation	20,054	.....	20,054	.....	+ 20,054
Program Operations	2,479,823	2,979,051	2,479,823	.....	- 499,228
State Survey and Certification	397,334	492,334	397,334	.....	- 95,000
Federal Administration	772,533	857,615	772,533	.....	- 85,082

Subtotal, Program Management	3,669,744	4,329,000	3,669,744	.....	.....	- 659,256
Total, Program Management	3,669,744	4,329,000	3,669,744	.....	.....	- 659,256
Health Care Fraud and Abuse Control Account						
Centers for Medicare and Medicaid Services	675,058	703,868	699,058	+ 24,000	.....	- 4,810
HHS Office of Inspector General	107,735	111,508	108,735	+ 1,000	.....	- 2,773
Department of Justice	132,207	125,624	133,207	+ 1,000	.....	+ 7,583
Senior Medicare Patrol (non-add)	(35,000)	(35,000)	(35,000)	.....	.....	.....
Total, Health Care Fraud and Abuse Control	915,000	941,000	941,000	+ 26,000	.....	.....
Program integrity (cap adjustment)	(604,000)	(630,000)	(630,000)	(+ 26,000)	.....	.....
Total, Centers for Medicare and Medicaid Services	1,133,847,008	1,171,700,219	1,171,040,963	+ 37,193,955	.....	- 659,256
Federal funds	(1,129,262,264)	(1,166,430,219)	(1,166,430,219)	(+ 37,167,955)	.....	.....
Current year appropriations	(883,681,850)	(905,366,399)	(905,366,399)	(+ 21,684,549)	.....	.....
Advance appropriations	(245,580,414)	(261,063,820)	(261,063,820)	(+ 15,483,406)	.....	.....
Trust Funds	(4,584,744)	(5,270,000)	(4,610,744)	(+ 26,000)	.....	(- 659,256)
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)						
Payments to States for Child Support Enforcement and Family Support Programs	33,000	33,000	33,000	.....	.....	.....
Repatriation	18,199	22,656	22,656	+ 4,457	.....	.....
Subtotal, Payments to States for Child Support Enforcement and Family Support Programs	51,199	55,656	55,656	+ 4,457	.....	.....
Child Support Enforcement:						
State and Local Administration	3,840,888	4,540,071	4,540,071	+ 699,183	.....	.....
Federal Incentive Payments	706,913	718,273	718,273	+ 11,360	.....	.....
Access and Visitation	10,000	10,000	10,000	.....	.....	.....
Subtotal, Child Support Enforcement	4,557,801	5,268,344	5,268,344	+ 710,543	.....	.....
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year	4,609,000	5,324,000	5,324,000	+ 715,000	.....	.....
New advance, 1st quarter, FY 2026	1,400,000	1,600,000	1,700,000	+ 300,000	.....	+ 100,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Less appropriations provided in prior years	- 1,300,000	- 1,400,000	- 1,400,000	- 100,000	.....
Total, Current Year	3,309,000	3,924,000	3,924,000	+ 615,000	.....
Total, Child Support Enforcement and Family Support Payments, appropriated in this bill	4,709,000	5,524,000	5,624,000	+ 915,000	+ 100,000
Low Income Home Energy Assistance					
Formula Grants	4,025,000	1,536,000	1,625,000	- 2,400,000	+ 89,000
Additional funding (emergency) .....	.....	2,575,000	2,500,000	+ 2,500,000	- 75,000
Subtotal	4,025,000	4,111,000	4,125,000	+ 100,000	+ 14,000
Total, LIHEAP, program level	4,025,000	4,111,000	4,125,000	+ 100,000	+ 14,000
Refugee and Entrant Assistance					
Transitional and Medical Services	564,000	564,000	591,000	+ 27,000	+ 27,000
Refugee Support Services	307,201	307,201	307,201	.....	.....
Victims of Trafficking	30,755	30,755	31,755	+ 1,000	+ 1,000
Unaccompanied Children	5,406,258	5,506,258	5,406,258	.....	- 100,000
Survivors of Torture	19,000	19,000	19,000	.....	.....
Additional funding (emergency) .....	.....	2,914,179	.....	.....	- 2,914,179
Total, Refugee and Entrant Assistance	6,327,214	9,341,393	6,355,214	+ 28,000	- 2,986,179
Total, Refugee and Entrant Assistance excluding emergencies	6,327,214	6,427,214	6,355,214	+ 28,000	- 72,000

Promoting Safe and Stable Families							
Discretionary Funds	345,000	345,000	345,000				-4,000
	72,515	76,515	72,515				-4,000
Total, Promoting Safe and Stable Families	417,515	421,515	417,515				
Payments to States for the Child Care and Development Block Grant							
Additional funding (emergency)	8,746,387	8,521,387	9,846,387				+1,325,000
			500,000				+500,000
Social Services Block Grant (Title XX)							
Subtotal, Payments to States for the Child Care and Development Block Grant	8,746,387	8,521,387	10,346,387				+1,825,000
	1,700,000	1,700,000	1,700,000				
Children and Families Services Programs							
Programs for Children, Youth and Families:							
Head Start	12,271,820	12,540,519	12,271,820				-268,699
Additional funding (emergency)			700,000				+700,000
Subtotal, Head Start	12,271,820	12,540,519	12,971,820				+431,301
Preschool Development Grants	315,000	250,000	315,000				+65,000
Runaway and Homeless Youth Program	125,283	125,283	125,283				
Prevention Grants to Reduce Abuse of Runaway Youth	21,000	21,000	21,000				
Child Abuse State Grants	105,091	105,091	110,091				+5,000
Child Abuse Discretionary Activities	36,000	38,000	36,000				-2,000
Community Based Child Abuse Prevention	70,660	90,000	74,660				-15,340
Child Welfare Services	268,735	288,735	268,735				
Child Welfare Research, Training, and Demonstration	21,984	45,984	21,984				-24,000
Adoption Opportunities	53,000	51,000	54,000				+3,000
Adoption and Legal Guardianship Incentive Payments	75,000	75,000	75,000				
Social Services Research and Demonstration	35,012	30,512	36,012				+5,500
Community Project Funding / Congressionally Directed Spending	40,011		42,850				+42,850
Native American Programs	60,500	65,500	60,500				-5,000
Community Services:							
Community Services Block Grant Act programs:							
Grants to States for Community Services	770,000	770,000	770,000				
Economic Development	22,383	22,383	22,383				
Rural Community Facilities	12,000	12,000	12,000				
Subtotal, Community Services Block Grant Act programs	804,383	804,383	804,383				

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 [In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
National Domestic Violence Hotline	20,500	20,500	20,500	.....	.....
Family Violence Prevention and Services	240,000	240,000	242,000	+ 2,000	+ 2,000
Charter Education and Training Vouchers	44,257	48,257	44,257	.....	- 4,000
Disaster Human Services Case Management	1,864	1,864	1,864	.....	.....
Program Director	219,000	230,500	219,000	.....	- 11,500
Total, Children and Families Services Programs	14,829,100	15,052,128	15,544,939	+ 715,839	+ 492,811
Payments for Foster Care and Permanency					
Foster Care	6,615,000	4,796,000	4,796,000	- 1,819,000	.....
Adoption Assistance	4,706,000	4,659,000	4,659,000	- 47,000	.....
Guardianship	330,000	365,000	365,000	+ 35,000	.....
Independent Living	143,000	143,000	143,000	.....	.....
Foster Care Prevention Services .....	.....	205,000	205,000	+ 205,000	.....
Total, Payments to States available this fiscal year	11,794,000	10,168,000	10,168,000	- 1,626,000	.....
Advance appropriations, 1st quarter, FY 2026	3,400,000	3,600,000	3,600,000	+ 200,000	.....
less appropriations provided in prior years	- 3,200,000	- 3,400,000	- 3,400,000	- 200,000	.....
Total, Current Year	8,594,000	6,768,000	6,768,000	- 1,826,000	.....
Total, Payments to States available in this bill	11,994,000	10,368,000	10,368,000	- 1,626,000	.....
Total, Administration for Children and Families	52,748,216	55,039,423	54,481,055	+ 1,732,839	- 558,368
Current year appropriations	(47,948,216)	(49,839,423)	(49,181,055)	(+ 1,232,839)	(- 658,368)
Advance appropriations	(4,800,000)	(5,200,000)	(5,300,000)	(+ 500,000)	(+ 100,000)

	(34,000,216)	(37,102,423)	(36,444,055)	(+ 2,443,839)	(- 658,368)
Total, Administration for Children and Families, discretionary					
Total, ACF (excluding emergencies)	52,748,216	49,550,244	50,781,055	- 1,967,161	+ 1,230,811
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-Based Supportive Services	410,000	410,000	410,000		
Preventive Health	26,339	26,339	26,339		
Protection of Vulnerable Older Americans-Title VII	26,658	26,658	26,658		
Subtotal	462,997	462,997	462,997		
Family Caregivers	207,000	205,000	209,000	+ 2,000	+ 4,000
Native American Caregivers Support	12,000	12,000	12,000		
Subtotal, Caregivers	219,000	217,000	221,000	+ 2,000	+ 4,000
Nutrition:					
Congregate Meals	565,342	621,692	565,342		- 56,350
Home Delivered Meals	381,342	447,692	381,342		- 66,350
Nutrition Services Incentive Program	112,000	80,069	112,000		+ 31,931
Subtotal, Nutrition	1,058,684	1,149,453	1,058,684		- 90,769
Subtotal, Grants to States	1,740,681	1,829,450	1,742,681	+ 2,000	- 86,769
Grants for Native Americans	38,264	38,264	38,264		
Aging Network Support Activities	30,461	40,461	30,461		- 10,000
Alzheimer's Disease Program:					
Appropriation	16,800	16,800	16,800		
Prevention and Public Health Fund	(14,700)	(14,700)	(14,700)		
Subtotal, Alzheimer's Disease Demonstrations, program level	31,500	31,500	31,500		
Lifespan Respite Care	10,000	10,000	11,000	+ 1,000	+ 1,000
Chronic Disease Self-Management:					
Prevention and Public Health Fund	(8,000)	(8,000)	(8,000)		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 [In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Elder Falls Prevention: Appropriation	2,500	2,500	2,500		
Prevention and Public Health Fund	(5,000)	(5,000)	(5,000)		
Subtotal, Elder Falls Prevention, program level	7,500	7,500	7,500		
Elder Rights Support Activities	33,874	33,874	33,874		
Aging and Disability Resources	8,619	8,619	8,619		
State Health Insurance Assistance Program (SHIP)	55,242	55,242	55,242		
Paralysis Resource Center: Appropriation	10,700	10,700	10,700		
Limb Loss Resource Center: Appropriation	4,200	4,200	4,200		
Traumatic Brain Injury: Appropriation	13,118	13,118	13,118		
Developmental Disabilities Programs: State Councils	81,000	81,000	81,000		
Protection and Advocacy	45,000	45,000	45,000		
Voting Access for Individuals with Disabilities	10,000	10,000	10,000		
Developmental Disabilities Projects of National Significance	12,250	15,350	12,250		-3,100
University Centers for Excellence in Developmental Disabilities	43,119	43,119	43,119		
Subtotal, Developmental Disabilities Programs	191,369	194,469	191,369		-3,100
Workforce Innovation and Opportunity Act: Independent Living	128,183	132,083	128,183		-3,900
National Institute on Disability, Independent Living, and Rehabilitation Research	119,000	119,000	119,000		
Assistive Technology	40,000	40,000	40,000		
Subtotal, Workforce Innovation and Opportunity Act	287,183	291,083	287,183		-3,900

Community Project Funding / Congressionally Directed Spending	29,268		22,043	-7,225	+22,043
Program Administration	48,063	55,063	48,063		-7,000
White House Conference on Aging		2,500			-2,500
Total, Administration for Community Living	2,520,342	2,606,343	2,516,117	-4,225	-90,226
Federal funds					
Trust Funds	(2,465,100)	(2,551,101)	(2,460,875)	(-4,225)	(-90,226)
(Prevention and Public Health Fund)	(55,242)	(55,242)	(55,242)		
	(27,700)	(27,700)	(27,700)		
Total, Administration for Community Living, program level	2,548,042	2,634,043	2,543,817	-4,225	-90,226
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE-1/					
Research, Development, and Procurement					
Biomedical Advanced Research and Development Authority (BARDA)	1,015,000	970,000	320,000	-695,000	-650,000
Additional funding (emergency)			750,000	+750,000	+750,000
Project BioShield	825,000	820,000	85,000	-740,000	-735,000
Additional funding (emergency)			750,000	+750,000	+750,000
Strategic National Stockpile	980,000	965,000	1,010,000	+30,000	+45,000
Pandemic Influenza Preparedness:					
Pandemic Influenza Preparedness	315,000	327,991	335,991	+20,991	+8,000
Pandemic Influenza Balances (non-add)	(20,000)			(-20,000)	
Subtotal, Pandemic Influenza Preparedness, program level	(335,000)	(327,991)	(335,991)	(+991)	(+8,000)
Subtotal Research, Development, and Procurement	3,135,000	3,082,991	3,250,991	+115,991	+168,000
Operations, Preparedness, and Emergency Response					
Operations					
H-Core	34,376	79,867	34,376		-45,491
Preparedness and Emergency Operations	15,000	75,000	15,000		-60,000
National Disaster Medical System	31,154	31,154	31,154		
Hospital Preparedness Program	78,904	65,904	81,904	+3,000	+16,000
Formula Grants (non-add)	305,055	317,055	309,055	+4,000	-8,000
Policy and Planning	(240,000)	(240,000)	(240,000)		
Medical Reserve Corps	14,877	14,877	14,877		
Preparedness and Response Innovation	6,240	6,240	6,240		
Pandemic Preparedness and Biodefense	4,000	4,000	4,000		
	10,000		80,000	+70,000	+80,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
(In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Biodense Production of Medical Countermeasures and Essential Medicines		95,000			- 95,000
Subtotal, Pandemic Preparedness and Biodefense	10,000	95,000	80,000	+ 70,000	- 15,000
Subtotal, Operations and Emergency Response	499,606	685,097	576,606	+ 77,000	- 108,491
Total, Administration for Strategic Preparedness and Response	3,634,606	3,768,088	3,827,597	+ 192,991	+ 59,509
DEPARTMENTAL MANAGEMENT 1/					
General Departmental Management					
General Departmental Management, Federal Funds	221,169	228,503	221,169		- 7,334
Other Programs, Projects, and Activities (PPAs)		13,462			- 13,462
Teen Pregnancy Prevention Community Grants	101,000	101,000	101,000		
Evaluation Funding (PHS Act Sec 241)	(6,800)	(7,400)	(6,800)		(- 600)
Subtotal, Teen Pregnancy Prevention Community Grants, program level	107,800	108,400	107,800		- 600
Sexual Risk Avoidance	35,000		35,000		+ 35,000
Office of Minority Health	74,835	74,835	74,835		
Office on Women's Health	44,140	54,140	44,140		- 10,000
Minority HIV/AIDS Fund	60,000	60,000	60,000		
Embryo Adoption Awareness Campaign	1,000	1,000	1,000		
Planning and Evaluation, Evaluation Funding (PHS Act Sec 241)	(58,028)	(67,094)	(58,028)		(- 9,066)
Subtotal, General Departmental Management	537,144	532,940	537,144		+ 4,204
Cybersecurity	100,000		110,000	+ 10,000	+ 110,000
Office of National Security	8,983		8,983		+ 8,983
Office of Global Affairs			7,009	+ 7,009	+ 7,009

Total, General Departmental Management	646,127	532,940	663,136	+ 17,009	+ 130,196
(Evaluation Funding (PHS Act Sec 241))	(64,828)	(74,494)	(64,828)		(- 9,666)
Total, General Departmental Management fiscal year program level	710,955	607,434	727,964	+ 17,009	+ 120,530
Federal Funds					
Office for Civil Rights	39,798	56,798	39,798		- 17,000
Office of the National Coordinator for Health Information Technology: Evaluation Funding (PHS Act Sec 241)	(69,238)	(86,000)	(69,238)		(- 16,762)
Total, Program Level	69,238	86,000	69,238		- 16,762
Medicare Hearings and Appeals	196,000	196,000	196,000		
Public Health and Social Services Emergency Fund (PHSSEF) 1/					
Cybersecurity		140,500			- 140,500
Office of National Security		14,983			- 14,983
Public Health Emergency Fund		7,009			- 7,009
Supply Chain Coordination Office		10,000			- 10,000
Total, PHSSEF		172,492			- 172,492
Customer Experience					
Customer Experience		14,000			- 14,000
Office of the Inspector General	87,000	97,384	87,000		- 10,384
Retirement Pay and Medical Benefits for Commissioned Officers	657,647	725,619	725,619	+ 67,972	
Survivors Benefits	37,681	46,719	46,719	+ 9,038	
Dependents' Medical Care	97,363	122,457	122,457	+ 25,094	
Total, Medical Benefits for Commissioned Officers	792,691	894,795	894,795	+ 102,104	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 (In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Total, Office of the Secretary	1,761,616	1,964,409	1,880,729	+ 119,113	- 83,680
Federal Funds	(1,565,616)	(1,768,409)	(1,684,729)	(+ 119,113)	(- 83,680)
Trust Funds	(196,000)	(196,000)	(196,000)	.....	.....
(Evaluation Funding (PHS Act Sec 241))	(134,066)	(160,494)	(134,066)	.....	( - 26,428)
Total, Office of the Secretary, program level	1,895,682	2,124,903	2,014,795	+ 119,113	- 110,108
GENERAL PROVISIONS DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Medicare Operations (Sec 227)	455,000	.....	525,000	+ 70,000	+ 525,000
Total, Title II, Department of Health and Human Services	1,266,562,768	1,307,703,770	1,308,241,168	+ 41,678,400	+ 537,398
Federal Funds	1,260,995,085	1,301,895,601	1,302,572,255	+ 41,577,170	+ 676,654
Current Year appropriations	(1,010,614,671)	(1,030,142,602)	(1,029,208,435)	(+ 18,593,764)	(- 934,167)
Emergency appropriations .....	.....	(5,489,179)	(7,000,000)	(+ 7,000,000)	(+ 1,510,821)
Advance appropriations, FY 2026	(250,380,414)	(266,263,820)	(266,363,820)	(+ 15,983,406)	(+ 100,000)
Trust Funds	(5,567,683)	(5,808,169)	(5,668,913)	(+ 101,230)	(- 139,256)
CURES Act	(407,000)	(127,000)	(127,000)	.....	.....
Prevention and Public Health Fund	(1,225,900)	(1,225,900)	(1,225,900)	.....	.....
Total, Title II, Department of Health and Human Services discretionary	117,442,958	122,119,671	122,557,069	+ 5,114,111	+ 437,398
TITLE III—DEPARTMENT OF EDUCATION					
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION					
Education for the Disadvantaged					
Grants to Local Educational Agencies (LEAs)					

Basic Grants:					
Appropriations from prior year advances	763,776	763,776	763,776	763,776	
Forward funded	5,690,625	5,690,625	5,690,625	5,690,625	
Current appropriation	5,000	5,000	5,000	5,000	
Subtotal, Basic Grants available this fiscal year	5,695,625	5,695,625	5,695,625	5,695,625	
Advance appropriations, FY 2026	763,776	763,776	763,776	763,776	
less appropriations available from prior year advances	-763,776	-763,776	-763,776	-763,776	
Subtotal, Basic Grants, appropriated in this bill	6,459,401	6,459,401	6,459,401	6,459,401	
Concentration Grants:					
Appropriations from prior year advances	1,362,301	1,362,301	1,362,301	1,362,301	
Advance appropriations FY 2026	1,362,301	1,362,301	1,362,301	1,362,301	
less appropriations provided from prior year advances	-1,362,301	-1,362,301	-1,362,301	-1,362,301	
Subtotal, Concentration Grants, appropriated in this bill	1,362,301	1,362,301	1,362,301	1,362,301	
Targeted Grants:					
Appropriations from prior year advances	4,357,550	4,357,550	4,357,550	4,357,550	
Forward funded	935,000	1,025,000	1,075,000	1,075,000	+ 50,000
Subtotal, Targeted Grants available this fiscal year	5,292,550	5,382,550	5,432,550	5,432,550	+ 50,000
Advance appropriations FY 2026	4,357,550	4,357,550	4,357,550	4,357,550	
less appropriations provided from prior year advances	-4,357,550	-4,357,550	-4,357,550	-4,357,550	
Subtotal, Targeted Grants, appropriated in this bill	5,292,550	5,382,550	5,432,550	5,432,550	+ 50,000
Education Finance Incentive Grants:					
Appropriations from prior year advances	4,357,550	4,357,550	4,357,550	4,357,550	
Forward Funded	935,000	1,025,000	1,075,000	1,075,000	+ 50,000
Advance appropriations, FY 2026	4,357,550	4,357,550	4,357,550	4,357,550	
less appropriations provided from prior year advances	-4,357,550	-4,357,550	-4,357,550	-4,357,550	
Subtotal, Education Finance Incentive Grants, appropriated in this bill	5,292,550	5,382,550	5,432,550	5,432,550	+ 50,000
Subtotal, Grants to LEAs, fiscal year program level	18,406,802	18,586,802	18,686,802	18,686,802	+ 100,000
Innovative Approaches to Literacy	30,000	30,000	30,000	30,000	
Comprehensive literacy development grants	194,000	194,000	194,000	194,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
State Agency Programs:					
Migrant	375,626	375,626	375,626		
Neglected and Delinquent/High Risk Youth	49,239	49,239	49,239		
Subtotal, State Agency Programs	424,865	424,865	424,865		
Special Programs for Migrant Students (Sec 418A, HEA)	52,123	52,123	52,123		
Total, Education for the Disadvantaged	19,107,790	19,287,790	19,387,790	+ 280,000	+ 100,000
Current year appropriations	(8,266,613)	(8,446,613)	(8,546,613)	(+ 280,000)	(+ 100,000)
(Forward Funded)	(8,179,490)	(8,359,490)	(8,459,490)	(+ 280,000)	(+ 100,000)
Advance appropriations	(10,841,177)	(10,841,177)	(10,841,177)		
Impact Aid					
Basic Support Payments	1,474,000	1,468,242	1,490,500	+ 16,500	+ 22,258
Payments for Children with Disabilities	48,316	48,316	48,316		
Facilities Maintenance (Sec 8008)	4,835	4,835	4,835		
Construction (Sec 8007)	19,000	18,406	20,500	+ 1,500	+ 2,094
Payments for Federal Property (Sec 8002)	79,000	78,313	81,000	+ 2,000	+ 2,687
Total, Impact aid	1,625,151	1,618,112	1,645,151	+ 20,000	+ 27,039
School Improvement Programs 2/					
Supporting Effective Instruction State Grants	508,639	508,639	508,639		
Appropriations from prior year advances	1,681,441	1,681,441	1,681,441		
Subtotal, Supporting Effective Instruction State Grants available this fiscal year	2,190,080	2,190,080	2,190,080		
Advance appropriations, FY 2026	1,681,441	1,681,441	1,681,441		

less appropriations provided from prior year advances	- 1,681,441	- 1,681,441	- 1,681,441	.....
Subtotal, Supporting Effective Instruction State Grants appropriated in this bill	2,190,080	2,190,080	2,190,080	.....
State Assessments	380,000	390,000	380,000	- 10,000
Education for Homeless Children and Youth	129,000	129,000	129,000	.....
Training and Advisory Services (Civil Rights)	6,575	6,575	6,575	.....
Nita M Lowey 21st Century Community Learning Centers	1,329,673	1,329,673	1,329,673	.....
Student Support and Academic Enrichment grants	1,380,000	1,380,000	1,390,000	+ 10,000
Rural Education	220,000	215,000	230,000	+ 10,000
Native Hawaiian Education	45,897	45,897	45,897	.....
Alaska Native Education	44,953	44,953	44,953	.....
Comprehensive Centers	50,000	50,000	50,000	.....
Total, School Improvement Programs	5,776,178	5,781,178	5,796,178	+ 20,000
Current year appropriations	(4,094,737)	(4,099,737)	(4,114,737)	(+ 15,000)
(Forward Funded)	(3,947,312)	(3,952,312)	(3,967,312)	(+ 20,000)
Advance appropriations	(1,681,441)	(1,681,441)	(1,681,441)	.....
School Readiness .....	.....	25,000	.....	- 25,000
Preschool Incentive Demonstration Program (legislative proposal) .....	.....	.....	.....	.....
Safe Schools and Citizenship Education .....	.....	.....	.....	.....
Promise Neighborhoods	91,000	91,000	93,000	+ 2,000
School Safety National Activities	216,000	216,000	221,000	+ 5,000
Full-Service Community Schools	150,000	200,000	150,000	- 50,000
Total, Safe Schools and Citizenship Education	457,000	507,000	464,000	+ 7,000
Indian Education .....	.....	.....	.....	.....
Grants to Local Educational Agencies	110,381	110,381	110,381	.....
Federal Programs:	.....	.....	.....	.....
Special Programs for Indian Children	72,000	72,000	72,000	.....
National Activities	12,365	12,365	12,365	.....
Subtotal, Federal Programs	84,365	84,365	84,365	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
(In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Total, Indian Education	194,746	194,746	194,746		
Total, Office of Elementary and Secondary Education	27,160,865	27,413,826	27,487,865	+ 327,000	+ 74,039
Innovation and Improvement					
American History and Civics Academies	3,000	3,000	3,000		
American History and Civics National Activities	20,000	20,000	20,000		
Teacher and School Leader Incentive Grants	60,000	173,000	60,000		- 113,000
Supporting Effective Educator Development (SEED)	90,000	90,000	90,000		
Charter Schools Grants	440,000	400,000	440,000		+ 40,000
Magnet Schools Assistance	139,000	139,000	139,000		
Ready-to-Learn Television	31,000	31,000	31,000		
Arts in Education	36,500	36,500	36,500		
Javits Gifted and Talented Education	16,500	16,500	16,500		
Statewide Family Engagement Centers	20,000	20,000	20,000		
Education Innovation and Research	259,000	269,000	259,000		- 10,000
Fostering Diverse Schools (legislative proposal)		10,000			- 10,000
Total, Office of Innovation and Improvement	1,115,000	1,208,000	1,115,000		- 93,000
OFFICE OF ENGLISH LANGUAGE ACQUISITION					
English Language Acquisition					
Current year appropriations	57,850	75,200	58,175	+ 325	- 17,025
Forward funded	832,150	864,800	836,825	+ 4,675	- 27,975
Total, Office of English Language Acquisition	890,000	940,000	895,000	+ 5,000	- 45,000

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES					
Special Education					
State Grants:					
Grants to States Part B current year	4,930,321	5,110,321	5,225,321	+ 295,000	+ 115,000
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)		
Grants to States Part B (FY 2026)	9,283,383	9,283,383	9,283,383		
Subtotal, program level	14,213,704	14,393,704	14,508,704	+ 295,000	+ 115,000
Preschool Grants	420,000	425,000	420,000		- 5,000
Grants for Infants and Families	540,000	545,000	545,000	+ 5,000	
Subtotal, program level	15,173,704	15,363,704	15,473,704	+ 300,000	+ 110,000
IDEA National Activities (current funded):					
State Personnel Development	38,630	38,630	38,630		
Technical Assistance and Dissemination	39,345	45,345	39,345		- 6,000
Personnel Preparation	115,000	125,000	115,000		- 10,000
Parent Information Centers	33,152	33,152	33,152		
Educational Technology, Media, and Materials	31,433	31,433	31,433		
Subtotal, IDEA National Activities	257,560	273,560	257,560		- 16,000
Special Olympics Education Programs	36,000	36,000	37,000	+ 1,000	+ 1,000
Total, Special Education	15,467,264	15,673,264	15,768,264	+ 301,000	+ 95,000
Current Year appropriations (Forward Funded)	(6,183,881)	(6,389,881)	(6,484,881)	(+ 301,000)	(+ 95,000)
Advance appropriations	(5,890,321)	(6,080,321)	(6,190,321)	(+ 300,000)	(+ 110,000)
	(9,283,383)	(9,283,383)	(9,283,383)		
Rehabilitation Services					
Vocational Rehabilitation State Grants	3,949,707	4,253,834	4,076,098	+ 126,391	- 177,736
Client Assistance State grants	13,000	13,000	13,000		
Training	29,388	23,388	29,388		+ 6,000
Demonstration and Training programs	5,796	11,796	5,796		- 6,000
Protection and Advocacy of Individual Rights (PAIR)	20,150	20,150	20,150		
Supported Employment State grants	22,548	22,548	22,548		
Services for Older Blind Individuals	33,317	33,317	33,317		
Helen Keller National Center for Deaf/Blind Youth and					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
(In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Adults	19,000	19,000	19,000		
Total, Rehabilitation Services	4,092,906	4,397,033	4,219,297	+ 126,391	- 177,736
(Discretionary)	(143,199)	(143,199)	(143,199)		
(Mandatory)	(3,949,707)	(4,253,834)	(4,076,098)	(+ 126,391)	(- 177,736)
Special Institutions for Persons with Disabilities					
American Printing House for the Blind	43,431	43,431	53,431	+ 10,000	+ 10,000
National Technical Institute for the Deaf (NTID):					
Operations	92,500	92,500	96,500	+ 4,000	+ 4,000
Gallaudet University:					
Operations	167,361	165,361	171,361	+ 4,000	+ 6,000
Total, Special Institutions for Persons with Disabilities	303,292	301,292	321,292	+ 18,000	+ 20,000
Total, Office of Special Education and Rehabilitative Services	19,863,462	20,371,589	20,308,853	+ 445,391	- 62,736
OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION					
Career, Technical, and Adult Education 2/					
Career and Technical Education:					
Basic State Grants:					
State Grants	648,848	678,848	683,848	+ 35,000	+ 5,000
Appropriations available from prior year advances	791,000	791,000	791,000		
Total, Basic State Grants, fiscal year program level	1,439,848	1,469,848	1,474,848	+ 35,000	+ 5,000
Advance appropriations, FY 2026	791,000	791,000	791,000		

less appropriations provided in prior years	- 791,000	- 791,000	- 791,000	.....
Subtotal, Basic State Grants appropriated in this bill	1,439,848	1,469,848	1,474,848	+ 5,000
National Programs	12,421	64,421	22,421	- 42,000
Subtotal, Career Education	1,452,269	1,534,269	1,497,269	- 37,000
Adult Education:				
State Grants/Adult Basic and Literacy Education:				
State Grants, forward funded	715,455	715,455	715,455	.....
National Leadership Activities	13,712	18,712	13,712	- 5,000
Subtotal, Adult Education	729,167	734,167	729,167	- 5,000
Total, Office of Career, Technical, and Adult Education	2,181,436	2,268,436	2,226,436	- 42,000
Current Year appropriations	(1,390,436)	(1,477,436)	(1,435,436)	(- 42,000)
(Forward Funded)	(1,390,436)	(1,477,436)	(1,435,436)	(- 42,000)
Advance appropriations	(791,000)	(791,000)	(791,000)	.....
OFFICE OF POSTSECONDARY EDUCATION				
Higher Education 2/				
Aid for Institutional Development:				
Strengthening Institutions Program	112,070	140,000	113,719	- 26,281
Developing Hispanic-Serving Institutions	228,890	246,547	232,257	- 14,290
Promoting Postbaccalaureate Opportunities for Hispanic Americans	27,451	29,769	27,855	- 1,914
Strengthening Historically Black Colleges and Universities (HBCUs)	400,966	431,585	406,865	- 24,720
Strengthening Historically Black Graduate Institutions	101,286	108,462	102,776	- 5,686
Strengthening Predominantly Black Institutions	22,412	23,672	22,742	- 930
Strengthening Asian American and Native American Pacific Islander-Serving Institutions	18,682	19,899	18,957	- 942
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	24,555	25,840	24,916	- 924
Strengthening Native American-Serving Nontribal Institutions	11,462	11,595	11,630	+ 35
Strengthening Tribal Colleges	51,807	56,408	52,569	- 3,839
Strengthening HBCU Masters programs	20,037	21,269	20,332	- 937
Subtotal, Aid for Institutional Development	1,019,618	1,115,046	1,034,618	- 80,428
International Education and Foreign Language:				
Domestic Programs	75,353	73,282	75,353	+ 2,071

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued
(In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Overseas Programs	10,311	8,249	10,311		+ 2,062
Subtotal, International Education and Foreign Language	85,664	81,531	85,664		+ 4,133
Transition and Postsecondary Programs for Students with Intellectual Disabilities	13,800	13,800	13,800		
Minority Science and Engineering Improvement	16,370	16,370	16,370		
Tribally Controlled Postsec Voc/Tech Institutions	11,953	11,953	11,953		
Federal TRIO Programs	1,191,000	1,211,000	1,211,000	+ 20,000	
GEAR UP	388,000	398,000	393,000	+ 5,000	- 5,000
Graduate Assistance in Areas of National Need	23,547	23,547	23,547		
Teacher Quality Partnerships	70,000	95,000	70,000		- 25,000
Child Care Access Means Parents in School	75,000	80,000	80,000	+ 5,000	
Fund for the Improvement of Postsecondary Education (FIPSE)	171,000	262,000	191,000	+ 20,000	- 71,000
Community Project Funding / Congressionally Directed Spending	202,344		206,150	+ 3,806	+ 206,150
Hawkins Centers of Excellence	15,000	30,000	15,000		- 15,000
Graduate Fellowships to Prepare Faculty		5,000			- 5,000
Total, Higher Education	3,283,296	3,343,247	3,352,102	+ 68,806	+ 8,855
Howard University					
Academic Program	223,288	223,288	223,288		
Endowment Program	3,405	3,405	3,405		
Howard University Hospital	77,325	70,325	70,325	- 7,000	
Total, Howard University	304,018	297,018	297,018	- 7,000	
College Housing and Academic Facilities Loans Program	298	328	298		- 30
Historically Black College and University (HBCU) Capital Financing Program Account					
HBCU Federal Administration	528	581	528		- 53

HBCU Loan Subsidies	20,150	20,150	20,150	.....	.....
Total, HBCU Capital Financing Program Account	20,678	20,731	20,678	.....	-53
Total, Office of Postsecondary Education	3,608,290	3,661,324	3,670,096	+61,806	+8,772
OFFICE OF FEDERAL STUDENT AID					
Student Financial Assistance					
Pell Grants—maximum grant (NA)	(6,335)	(6,435)	(6,435)	(-100)	.....
Pell Grants	22,475,352	24,576,352	22,475,352	.....	-2,101,000
Federal Supplemental Educational Opportunity Grants	910,000	910,000	910,000	.....	.....
Federal Work Study	1,230,000	1,230,000	1,230,000	.....	.....
Total, Student Financial Assistance	24,615,352	26,716,352	24,615,352	.....	-2,101,000
Student Aid Administration					
Salaries and Expenses	1,058,943	1,334,743	1,098,943	+40,000	-235,800
Servicing Activities	1,000,000	1,324,383	1,060,000	+60,000	-264,383
Total, Student Aid Administration	2,058,943	2,659,126	2,158,943	+100,000	-500,183
Total, Office of Federal Student Aid	26,674,295	29,375,478	26,774,295	+100,000	-2,601,183
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development, and Dissemination	245,000	245,000	245,000	.....	.....
Statistics	121,500	121,500	121,500	.....	.....
Regional Educational Laboratories	53,733	58,733	53,733	.....	-5,000
Research in Special Education	64,255	64,255	64,255	.....	.....
Special Education Studies and Evaluations	13,318	13,318	13,318	.....	.....
Statewide Longitudinal Data Systems	28,500	38,500	33,500	+5,000	-5,000
Assessment:					
National Assessment	185,000	185,000	185,000	.....	.....
National Assessment Governing Board	8,300	8,299	8,300	.....	+1
Subtotal, Assessment	193,300	193,299	193,300	.....	+1

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 (In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Program Administration	73,500	80,850	73,500		- 7,350
Total, Institute of Education Sciences	793,106	815,455	798,106	+ 5,000	- 17,349
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	419,907	476,846	419,907		- 56,939
Office for Civil Rights	140,000	162,359	150,000	+ 10,000	- 12,359
Office of Inspector General	67,500	77,497	67,500		- 9,997
Total, Departmental Management	627,407	716,702	637,407	+ 10,000	- 79,295
GENERAL PROVISIONS DEPARTMENT OF EDUCATION					
Community Project Funding / Congressionally Directed Spending	88,084		116,461	+ 28,377	+ 116,461
Total, Title III, Department of Education	83,001,945	86,770,810	84,029,519	+ 1,027,574	- 2,741,291
Current Year appropriations	(60,404,944)	(64,173,809)	(61,432,518)	(+ 1,027,574)	(- 2,741,291)
Advance appropriations	(22,597,001)	(22,597,001)	(22,597,001)		
Total, Title III Related Agencies discretionary	79,052,238	82,516,976	79,953,421	+ 901,183	- 2,563,555
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED					
Salaries and Expenses	13,124	14,800	13,124		- 1,676
Office of Inspector General	(3,150)		(3,150)		(+ 3,150)

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE						
Operating Expenses						
Domestic Volunteer Service Programs:						
Volunteers in Service to America [VISTA]	103,285	136,517	103,285			- 33,232
National Senior Volunteer Corps:						
Foster Grandparents Program	125,363	124,625	125,363			+ 738
Senior Companion Program	56,449	54,303	56,449			+ 2,146
Retired Senior Volunteer Program	55,105	56,510	55,105			- 1,405
Subtotal, Senior Volunteer Corps	236,917	235,438	236,917			+ 1,479
Subtotal, Domestic Volunteer Service Programs	340,202	371,955	340,202			- 31,753
National and Community Service Programs:						
AmeriCorps State and National Grants	557,094	591,336	592,094	+ 35,000		+ 758
Innovation, Assistance, and Other Activities	14,706	14,706	14,706			
Evaluation	6,250	6,250	6,250			
National Civilian Community Corps (sub-title E)	37,735	42,491	37,735			- 4,756
State Commission Support Grants	19,538	19,538	19,538			
Subtotal, National and Community Service Programs	635,323	674,321	670,323	+ 35,000		- 3,998
Total, Operating expenses	975,525	1,046,276	1,010,525	+ 35,000		- 35,751
Payment to the National Service Trust						
Salaries and Expenses	180,000	159,951	160,000	- 20,000		+ 49
Office of Inspector General	99,686	127,104	99,686			- 27,418
	7,595	8,762	7,595			- 1,167
Total, Corporation for National and Community Service	1,262,806	1,342,093	1,277,806	+ 15,000		- 64,287
CORPORATION FOR PUBLIC BROADCASTING						
Appropriation available from FY 2023 advance	525,000	535,000	535,000	+ 10,000		
Total, available this fiscal year	525,000	535,000	535,000	+ 10,000		
Advance appropriation, FY 2027	535,000	595,000	535,000			- 60,000
less appropriations provided from prior year advances (FY 2023)	- 525,000	- 535,000	- 535,000	- 10,000		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2025—Continued

[In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Public television interconnection system	60,000	60,000	60,000		
Total Corporation for Public Broadcasting, appropriated in this bill	595,000	655,000	595,000		- 60,000
FEDERAL MEDIATION AND CONCILIATION SERVICE					
Salaries and Expenses	53,705	53,705	53,705		
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION					
Salaries and Expenses	18,012	17,572	17,572	- 440	
INSTITUTE OF MUSEUM AND LIBRARY SERVICES					
Office of Museum and Library Services: Grants and Administration	294,800	280,000	294,800		+ 14,800
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION					
Salaries and Expenses	9,405	10,698	10,000	+ 595	- 698
MEDICARE PAYMENT ADVISORY COMMISSION					
Salaries and Expenses	13,824	14,477	14,477	+ 653	
NATIONAL COUNCIL ON DISABILITY					
Salaries and Expenses	3,850	4,000	4,000	+ 150	
NATIONAL LABOR RELATIONS BOARD					
Salaries and Expenses	299,224	320,002	299,224		- 20,778
NATIONAL MEDIATION BOARD					
Salaries and Expenses	15,113	15,113	15,113		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 (In thousands of dollars)

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
Social Security Advisory Board	2,700	3,150	2,993	+293	-157
SSI	3,147,092	3,353,410	3,186,608	+39,516	-166,802
Subtotal	12,224,978	13,327,924	12,661,978	+437,000	-665,946
User Fees:					
SSI User Fee activities	150,000	170,000	170,000	+20,000	.....
SSPA User Fee Activities	1,000	1,000	1,000	.....	.....
CBO adjustment	-1,000	-1,000	-1,000	.....	.....
Subtotal, User fees	150,000	170,000	170,000	+20,000	.....
Subtotal, Limitation on administrative expenses	12,374,978	13,497,924	12,831,978	+457,000	-665,946
Program Integrity:					
OASDI Trust Funds	389,050	343,775	343,775	-45,275	.....
SSI	1,461,950	1,559,225	1,559,225	+97,275	.....
Subtotal, Program integrity funding	1,851,000	1,903,000	1,903,000	+52,000	.....
Base Program Integrity	(273,000)	(273,000)	(273,000)	.....	.....
Program Integrity (cap adjustment)	(1,578,000)	(1,630,000)	(1,630,000)	(+52,000)	.....
Total, Limitation on Administrative Expenses	14,225,978	15,400,924	14,734,978	+509,000	-665,946
Total, Limitation on Administrative Expenses (less user fees)	14,075,978	15,230,924	14,564,978	+489,000	-665,946
Federal Funds	32,000	34,000	32,000	.....	-2,000
Trust Funds	82,665	87,254	82,665	.....	-4,589
Office of Inspector General					

Total, Office of Inspector General	114,665	121,254	114,665	.....	- 6,589
Adjustment: Trust fund transfers from general revenues	- 4,609,042	- 4,912,635	- 4,745,833	- 136,791	+ 166,802
Total, Social Security Administration	76,806,643	79,280,178	78,607,643	+ 1,801,000	- 672,535
Federal funds	(67,257,042)	(68,874,635)	(68,705,833)	(+ 1,448,791)	(- 168,802)
Current year	(46,557,042)	(46,774,635)	(46,605,833)	(+ 1,048,791)	(- 168,802)
New advances, 1st quarter, FY 2026	(21,700,000)	(22,100,000)	(22,100,000)	(+ 400,000)	.....
Trust funds	(9,549,601)	(10,405,543)	(9,991,810)	(+ 352,209)	(- 503,733)
Total, Title IV, Related Agencies	79,548,105	82,179,666	81,368,063	+ 1,819,958	- 811,603
Federal Funds	(69,844,680)	(71,611,046)	(71,308,776)	(+ 1,464,096)	(- 302,270)
Current Year	(47,609,680)	(48,916,046)	(48,673,776)	(+ 1,064,096)	(- 242,270)
FY 2026 Advance	(21,700,000)	(22,100,000)	(22,100,000)	(+ 400,000)	.....
FY 2027 Advance	(535,000)	(595,000)	(535,000)	.....	(- 60,000)
Trust Funds	(9,703,425)	(10,568,620)	(10,059,287)	(+ 355,862)	(- 509,333)
Total, Title IV Related Agencies discretionary	17,081,955	18,421,516	17,609,913	+ 527,958	- 811,603
Grand total	1,444,088,656	1,492,172,089	1,488,767,956	+ 44,679,300	- 3,404,133
(Mandatory)	(1,216,815,656)	(1,254,939,692)	(1,254,861,956)	(+ 38,046,300)	(- 77,736)
(Discretionary)	(227,273,000)	(237,232,397)	(233,906,000)	(+ 6,633,000)	(- 3,326,397)
DISCRETIONARY RESCISSIONS					
Nonrecurring expenses fund, HHS (rescission)	- 1,250,000	- 490,000	- 1,656,000	- 406,000	- 1,166,000
Nonrecurring expenses fund, HHS (rescission) (emergency) .....	.....	- 10,000	.....	.....	+ 10,000
Adoption Incentives (rescission)	- 70,000	- 71,000	.....	+ 70,000	+ 71,000
Institute of Education Sciences (Sec.314) (rescission) .....	.....	- 25,000	.....	.....	+ 25,000
Nonrecurring expenses fund, Education (rescission)	- 25,000	.....	.....	+ 25,000	.....
CNCS National Service Trust (rescission)	- 243,000	- 25,000	- 15,000	+ 228,000	+ 10,000
Dislocated Worker National Reserve (rescission)	- 75,000	.....	- 65,000	+ 10,000	- 65,000
Total, Discretionary Rescissions	- 1,663,000	- 621,000	- 1,736,000	- 73,000	- 1,115,000
CHANGES IN MANDATORY PROGRAMS (CHIMPS)					
Surplus property (DOU)	2,000	2,000	.....	- 2,000	- 2,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 [In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
H-1B (rescission) (DOL)	- 206,000	.....	- 217,000	- 11,000	- 217,000
Child Enrollment Contingency Fund (HHS-CMS)	- 14,224,000	- 21,380,813	- 21,380,813	- 7,156,813	+ 12,550,000
Performance Bonus Payments (HHS-CMS) .....	.....	- 12,550,000	.....	.....	+ 5,397,000
Children's Health Insurance Program Allotments to States (HHS-CMS) .....	.....	- 7,425,187	- 2,028,187	- 2,028,187	.....
Pell: Increase maximum award .....	.....	15,000	15,000	+ 15,000	.....
Pell max award (rescission) .....	.....	- 15,000	- 15,000	- 15,000	.....
Vocational Rehabilitation (Education) .....	.....	- 415,000	- 314,000	- 314,000	+ 101,000
Internal Revenue Service Operations (rescission)	- 10,000,000	.....	.....	+ 10,000,000	.....
American Rescue Plan balances (rescission)	- 4,309,000	.....	- 10,000	+ 4,299,000	- 10,000
Total, Changes in Mandatory Programs	- 28,737,000	- 41,769,000	- 23,950,000	+ 4,787,000	+ 17,819,000
OTHER APPROPRIATIONS					
THE INFRASTRUCTURE INVESTMENT AND JOBS ACT, 2022					
(P L 117-58)					
DIVISION J—APPROPRIATIONS					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Administration for Children and Families					
Low Income Home Energy Assistance:					
Appropriations available from prior year (emergency)	(100,000)	(100,000)	(100,000)	.....	.....
Total, Low Income Home Energy Assistance .....	.....	.....	.....	.....	.....
Total, Infrastructure Investment and Jobs Act .....	.....	.....	.....	.....	.....

BIPARTISAN SAFER COMMUNITIES SUPPLEMENTAL APPROPRIATIONS ACT, 2022				
(P L 117-159)				
DIVISION B—APPROPRIATIONS				
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Health Workforce (by transfer) (emergency)	(12,000)	(12,000)	(12,000)	(12,000)
Maternal and Child Health (by transfer) (emergency)	(20,000)	(20,000)	(20,000)	(20,000)
Total, Health Resources and Services Administration				
Substance Abuse and Mental Health Services Administration				
Health Surveillance and Program Support:				
Appropriations available from prior year advances (emergency)	(162,500)	(162,500)	(162,500)	(162,500)
Total, Health Surveillance and Program Support				
Office of the Secretary				
Public Health and Social Services Emergency Fund:				
(transfer out) (emergency)	(- 32,000)	(- 32,000)	(- 32,000)	(- 32,000)
Appropriations available from prior year advances (emergency)	(32,000)	(32,000)	(32,000)	(32,000)
Total, Public Health and Social Services Emergency Fund				
Total Department of Health and Human Services				
DEPARTMENT OF EDUCATION				
Safe Schools and Citizenship Education:				
Appropriations available from prior year advances (emergency)	(200,000)	(200,000)	(200,000)	(200,000)
Total, Safe Schools and Citizenship Education				
Total, Bipartisan Safer Communities Supplemental Appropriations Act, 2022				

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2024 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2025—Continued
 [In thousands of dollars]

Item	2024 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2024 appropriation	Budget estimate
UKRAINE SECURITY SUPPLEMENTAL APPROPRIATIONS ACT, 2024					
Administration for Children and Families					
Refugee and Entrant Assistance (emergency)	481,000			-481,000	
GENERAL PROVISIONS					
Refugee and Entrant Assistance (emergency)	50,000			-50,000	
Total, Ukraine Security Supplemental Appropriations Act, 2024	531,000			-531,000	
Total, Other Appropriations	531,000			-531,000	
Grand Total	1,414,219,656	1,449,782,089	1,463,081,956	+48,862,300	+13,299,867
Appropriations	(1,113,281,839)	(1,110,567,779)	(1,124,603,641)	(+11,321,802)	(+14,035,862)
Emergency appropriations	(531,000)	(5,489,179)	(7,000,000)	(+6,469,000)	(+1,510,821)
Trust funds	(19,593,402)	(21,027,310)	(20,082,494)	(+489,092)	(-944,816)
Advance Appropriations, FY 2025	(296,456,415)	(312,738,821)	(312,838,821)	(+16,382,406)	(+100,000)
Advance appropriations, FY 2026	(535,000)	(595,000)	(535,000)		(-60,000)
Rescissions	(-16,178,000)	(-626,000)	(-1,978,000)	(+14,200,000)	(-1,352,000)
21st Century CURES Act funding	(407,000)	(127,000)	(127,000)	(-280,000)	

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